Health and Social Care Strategy for Older People

Consultation Paper

February 2022

Scottish Government
Riaghaltas na h-Alba
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1. Ministerial Foreword

As the Cabinet Secretary for Health and Social Care and Minister for Equalities and Older People, we are proud to launch this consultation which seeks views on a health and social care strategy for older people.

Following our Statement of Intent published in March 2021, we have engaged with a wide range of older people to get their views on their health and social care services, how these have been affected by the COVID-19 Pandemic and how these services could improve, to better meet the needs of our ageing population.

The importance of health and social care of older people has never been more urgent – with a quarter of Scotland's population projected to be aged 65 years and over by mid-2043, and the impact that the pandemic has had on older people. This has brought to light the inequalities that many older people face in being able to access a wide range of support services, allowing them to maintain their health and wellbeing and help prevent social isolation and frailty, which can then lead to falls and ill health.

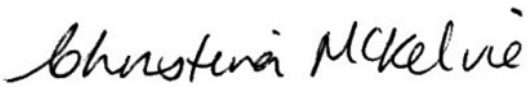
Our framework 'A Fairer Scotland for Older People' recognised that remaining active and engaged in communities is a clear priority for older people, that chronic loneliness is harmful to mental and physical health, and that tackling social isolation and loneliness is fundamental to a thriving older age.

We were clear in our Statement of Intent that our Strategy would be co-produced with older people, and we would like to thank those who took part in our engagement events in the autumn of 2021. Your frank, open and honest views and opinions have been used to form this consultation paper. However, this is just the beginning of our engagement, and we are keen to hear from a wider range of older people and the organisations that support them during this consultation period. We will meet with as many of you as we can, and we want to hear from you on the issues raised in the consultation, as well as any other comments you have. This is your opportunity to influence and form the health and social care services which serve you, to ensure that they meet your needs. We want to hear from older people from all backgrounds, from all areas of Scotland, understanding that health and social care services must be developed and adapted to meet the needs of its local population.

We also want to hear from the wide range of clinicians and health professionals who provide this care – ensuring that we provide integrated care for all older people, no matter where in Scotland they live.

As we undertake the work to co-produce a Health and Social Care Strategy for older people, we will ensure that health and social care services are designed around the needs of older people, allowing them to enjoy a high quality of life, so they can live actively and independently in their own homes and communities for as long as they wish, and make Scotland the best place in the world to grow older.

Humza Yousaf
Cabinet Secretary for Health and Social Care



Christina McKelvie
Minister for Equalities and Older People

2. Background

2.1 The Scottish population is ageing and in 2020, there were an estimated one million Scotland residents aged sixty-five years or older. By 2040, this will rise to an estimated 1.4 million, or 25% of our population[1]. Old age offers great opportunities for us as individuals, for communities, for society and for our economy. Older people provide a valuable contribution to our society through employment, spending, volunteering and often through unpaid caring.

2.2 However, older age can bring disadvantage too. Currently in Scotland people aged over 70 years live with an average of three chronic health conditions[2][3]. People aged 65 years and over account for 70% of emergency admissions to hospitals. Over time, older people are taking a greater number of medications, attending more healthcare appointments and being admitted to hospital more often and despite all this, are experiencing poorer health and more delays in discharge than younger people.

2.3 Scotland must adapt to our increasingly older population and ensure that older people are afforded the opportunity to age well and be resilient. Allowing them to live and die well, in the way they would like to, by listening to and respecting their wishes. We need to address inequalities in this age group and support those most in need, no matter where they live.

2.4 The COVID-19 Pandemic has shone a spotlight on older people, who were amongst the worst affected by the virus in society. In fact, 73.3% or almost three quarters of those currently on the Covid highest risk list are 55 years of age or over[4]. As we rebuild and remobilise the NHS in Scotland, we have a significant opportunity to ensure that older people are placed at the centre of that recovery and focus on a preventative, joined up approach to healthy ageing in older people.

2.5 It is clear that many older people's health and social care services need to adapt now to ensure that health and social care services can adapt to the increasing ageing population and the complex health care needs that older people can have.

2.6 In March 2021, we published our Statement of Intent, setting out our plan to develop a new integrated health and social care strategy for older people. We committed to developing the strategy with older people, and the people and organisations which support them.

2.7 This strategy will build on the work which has already been undertaken across Scotland to deliver integrated, person centred health and social care for older people, address gaps, and develop any new priorities from emerging areas of work from, for example, the impact of Coronavirus (COVID-19).

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[1] Projected Population of Scotland (2018-based) | National Records of Scotland (nrscotland.gov.uk)
[2] Barnett K et al. Epidemiology of multi-morbidity and implication for health care, research, and medical education: a cross-sectional study. Lancet 2012;380:37-43
[3] Guthrie, B. et al. The rising tide of polypharmacy and drug-drug interactions: population database analysis 1995–2010. BMC Med 13, 74 (2015).
[4] COVID-19 Statistical Report - 27 October 2021 - COVID-19 statistical report - Publications - Public Health Scotland

2.8 This consultation forms part of the engagement to develop the new health and social care strategy for older people.

Why Your Views Matter

2.9 The Scottish Government's ambition is to make Scotland the best place in the world to grow old. As people in Scotland get older they experience a great quality of life though safe, integrated, person centred health and social care. They are able to live actively, and drive the decisions about their health and wellbeing; with their human rights respected and their dignity protected.

2.10 Ageing is inevitable but ageing in poor health should not be. It is important for everyone in Scotland that we make sure our health and social care services are delivering for older people so that we can grow older healthier and live independently. Hearing the views of a wide range of people will therefore be an important part of developing this new strategy.

3. Wider Context

Independent Review of Adult Social Care and the National Care Service.

3.1 The new strategy must take account and be aligned to the recommendations of the Independent Review of Adult Social Care which was published in February 2021.

3.2 The Scottish Government pledged to begin the consultation process on a National Care Service (NCS) within the first 100 days of Parliament and to set up a social covenant steering group, including people with living and lived experience of social care. Both of these pledges have been met. The steering group held its first meeting on 20 July 2021 and the consultation on the National Care Service ran from 9 August 2021 until 2 November 2021.

3.3 The consultation on the National Care Service sought views on:

- Improving how care is planned and delivered in practice, including rights to breaks from caring and non-residential care charges;
- The role and remit of the National Care Service;
- What might be included in the scope of the National Care Service;
- The reform of local health and social care integration;
- Ethical commissioning and improving the commissioning of care across Scotland;
- Improving regulation and scrutiny; and
- Valuing and supporting people who work in social care.

3.4 The Scottish Government published the analysis of the consultation in February 2022 https://consult.gov.scot/ and responses from that consultation will inform this strategy, where appropriate.

A Fairer Scotland for Older People – A Framework for Action

3.5 Published in 2019, *A Fairer Scotland for Older People – A Framework for Action* was developed to challenge the inequalities that older people faced as they age and to celebrate older people in Scotland.

3.6 The result of an engagement process with older people (defined as 50 years and over) across Scotland through the involvement of many organisations that support them, they identified the issues that were key to ensuring people are healthy, happy and secure in older age.

3.7 The Framework identified 56 actions, with 20 of these focussed on the provision of health and social care services. An update on framework actions to support A Fairer Scotland for Older People was published in June 2021.

3.8 The new health and social care strategy for older people will sit alongside *A Fairer Scotland for Older People – A Framework for Action* and will build upon the actions to improve health and social care services.

4. Engagement to Date

4.1 As we committed to in our Statement of Intent, we have engaged with a wide range of older people from a range of organisations and groups that support them, as well as individuals through a questionnaire which ran from September-November 2021.

4.2 Due to COVID-19 pandemic restrictions, this engagement took place online. We recognise that this may have led to many older people being disengaged in this part of our engagement – however, this was the initial part of our engagement, and, as set out later, we will engage further on this consultation paper to ensure we get a wide range of views.

4.3 Many thanks to those organisations and groups who hosted online sessions so we could engage with older people.

4.4 During these sessions we listened and gathered views from attendees on the priorities set out in our Statement of Intent.

- **Prevention.** Staying physically and mentally active can make us more resilient as we age, reduce our risks of dementia, widen our social circle and help prevent falls. This can delay frailty, the stage at which we may become more at risk to illness and disability or become dependent on others for care. We need to get smarter at using our existing information to better anticipate those who may need additional support.

- **Person Centred Care**. Older people must lead the decision making around their care and treatment. They must be able to communicate what matters most to them and these wishes should be recorded, shared with relevant health and social care professionals and acted on. This will enable older people to receive their care, treatment and support in the way that they would prefer. It will ensure that everyone involved in the care and support of that individual is aware of these wishes and act together to support them.

- **Home First Approach**. Our health and social care services must reorganise themselves to better support people to live well and independently in their communities as they age. We will build upon our Hospital at Home and Care at Home services to ensure that they are available throughout Scotland. Hospital care should only occur when necessary and we need to ensure that a person's journey through hospital is seamless, with access to specialist care in a timely fashion.

- **Integrated Health and Social Care**. Supporting people to age well and live well requires a multidisciplinary or even multiagency response. We have integrated health and social care in Scotland but it is not delivered consistently. The independent Review of Adult Social Care paves the way for fundamental changes to our system and provides a roadmap for the future of care provision in Scotland. This ambitious reform will ensure delivery of a high quality, human rights based service that people need to age well and live well, whatever their circumstances.

- **Dignity and Respect at End of Life**. As people become older there is a growing awareness of mortality, yet this can be a difficult subject to talk about. We need to discuss issues around death and dying in an open and honest way, and support and encourage opportunities for these conversations. When people require end of life care, they must have access to high quality care, focussing on the physical, social psychological and spiritual dimensions of care. This care must be provided in a way that minimises harms whilst retaining dignity and humanity. We must also acknowledge and continue to support families through their bereavement, recognising that people grieve in different ways.

4.5 Views and opinions expressed during our engagement events have been used in the development of this consultation paper and the questions within it.

5. What You Have Told us and Where We Need Your Help

5.1 This consultation on a health and social care strategy for older people is based on the views gathered from our engagement in late 2021.

5.2 The following questions are designed to be deliberately open to allow you to share your thoughts. If there is not a specific question focusing on an area/issue you feel strongly about, please add it to the final comments section. You may not have any thoughts about some of the questions or there may only be a specific area you are interested in commenting on; we would still appreciate your thoughts. If you do not have an answer for a question, just skip it and move onto the next. Your responses will still help shape the strategy.

5.3 The consultation is split into four sections which relate to the key themes from the engagement:

- Place and Wellbeing
- Preventative and Proactive Care
- Integrated Planned Care
- Integrated Unscheduled Care

Place and Wellbeing

5.4 Our health is determined by the conditions in which we are born, grow, age, live and work. Supporting partnership working between communities, third sector and public sector and to align policy across government is vital to improve health and wellbeing and reduce health inequalities of older people. The focus is on supporting local level actions and aligning national policy behind these; accepting that further large scale change will also be needed if we are to eliminate some social determinants of health inequalities. The social determinants of health include housing, education, employment, social support, family income, our communities, childhood experiences and access to health services.

5.5 In this section we want to concentrate on the range of organisations which provide support to older people, ranging from health services to support provided by the third sector and how these work together to provide the care and support needed in their local community. Place and Wellbeing also considers the aspects in our lives which impact on our health, including inequalities.

5.6 The ‘third sector’ is an umbrella term that covers a range of different organisations with different structures and purposes, belonging neither to the public sector (i.e. the state) nor to the private sector (profit-making private enterprise). You may have heard other terms used to describe such organisations – the voluntary sector, non-governmental organisations, non-profit organisations – particularly in public discussions around policy and politics.

What You Told Us

5.7 There are some excellent examples of support being provided by third sector organisations across all areas of Scotland. In most circumstances these support

mechanisms may be vital to an older person's wellbeing and increasing their social circle. This can help reduce social isolation and frailty, which can lead to a higher risk of falls and dementia.

Example of Best Approach – Good Morning Service

The Good Morning Service (GMS) began as a community safety initiative lead by the then Strathclyde Police in 2000 in response to an elderly man who had, very sadly, passed away without anyone noticing. The gentleman had been active in his community, yet no-one noticed his absence, or took any action if they had indeed noticed.

Initially, a micro Social Work service which provided a telephone check-in service to vulnerable adults who'd previously been in receipt of social work support were transferred to GMS. The Service has grown steadily to support people across Glasgow City and South Ayrshire Council areas. In year 20/21 421 people were supported with approx. 52,000 Good Morning Call befriending sessions which also acted as a safety-net alert system.

Throughout the COVID 19 Pandemic the service has continued to provide Good Morning Calls as normal, 7 days a week. The relationships built over the past 21 years are proving to be a protective factor at this time, and the safety-net alert service is providing reassurance.

Operationally, Good Morning Calls lasted twice as long as they did before the pandemic as whatever time is needed is taken to help people to implement their coping strategies and build resilience. The need for daily emotional support and safety-net alert service has never been greater.

Example of Best Approach – Kirrie Connections

Kirrie Connections formed in 2015 as a dementia friendly community project in the Angus town of Kirriemuir. The charity is the first in Scotland to follow the "Meeting Centre" model of dementia support. Originally developed in the Netherlands, Meeting Centres are a local model of social community support for people who are living with dementia and their family carers. Meeting Centres are not service driven, but instead are led by the needs and wishes of the membership. They do offer an easy and accessible community route to access other local support and services though, for example the local Dementia Post Diagnostic Support Team are based in the centre one day a week.

Kirrie Connections run the Meeting Centre from their community hub in the heart of the town. From here they offer support 5 days a week to their members, offering a wide variety of creative and physical activities. Everything in the centre is based on a person-centred & strengths-based approach, with all activities being driven by the needs and aspirations of the members. All contribute in some way, and everyone brings something to the Meeting Centre. There is a strong focus on upskilling, enabling & empowering members, and there is representation on the charity's board of trustees from both a person living with dementia and a family carer.

During the Covid lockdown last year, Kirrie Connections moved quickly to a new remote support model. They secured funding to get digitally excluded members online, purchasing tablets and data connections, and held their first group video session two weeks after the first lockdown.

Research evidence has shown that people with dementia showed significant improvement in quality of life particularly self-esteem, happiness and feelings of belonging by attending a Meeting Centre. A large majority of caregivers have also reported feeling less burdened by after participating in the programme of support offered by the centre.

Question

Do you have examples of communities, voluntary/third sector and public sector organisations working together to improve older people's health and wellbeing and reduce any health inequalities which they experience?

5.8 However it was also clear that, especially during the pandemic, that older people were having to rely on these short term funded third sector support services, which were not sustainable in the long term.

5.9 You told us that information sharing between the third sector, NHS and social care services needed to improve, with referrals being made to third sector supports, however older people having to provide their history and backgrounds to several different organisations – which was time consuming on both parts.

5.10 In regard to local level actions and services, you told us that provision was not equal across the country, and indeed sometimes not even in the same health and social care partnership area.

5.11 We heard from a wide range of allied health professionals (AHPs), who reiterated the fact that knowing your local population, and developing and targeting services using that information was vital to ensure that appropriate services are available in areas which meet its population's needs. This links highly in areas of deprivation and poverty, which can have very different needs – with older people possibly having more social isolation, frailty and more chronic health conditions.

5.12 Older people who suffer from social isolation are more likely to contact the Scottish Ambulance Service in a time of need or crisis.

5.13 Research suggests that social isolation and loneliness can be both a cause and a consequence of poor health (mental and physical). The Scottish Government's 'A Connected Scotland' strategy recognises the role of social care in helping to tackle social isolation and loneliness, including through social prescribing and self-directed support.

5.14 Social prescribing is a framework and process for linking patients to non-medical sources of support within the community. This means enabling communities to build the infrastructure and pathways that empower individuals to make new choices.

5.15 We recognise social isolation and loneliness as a public health issue, and we know that older people can be disproportionally affected by it. We are working with the Social Isolation and Loneliness Advisory Group to develop a five year plan to tackle social isolation and loneliness.

Question

Thinking about your physical health, what kind of advice and support would you need to help you make decisions about your health, care and treatment?

What kind of people or organisations would you like to help you with this?

Thinking about your broader wellbeing, what kind of support and activities would help you to stay socially connected with other people in your community?

How could local organisations and places such as community groups, cultural centres such as libraries, museums and art galleries and leisure/sports centres, help you with this?

Mental Health and Wellbeing

5.16 We know that older people are more likely to experience circumstances which contribute to poorer mental health, such as poverty, isolation, loneliness and poor physical health. The impacts of the current pandemic may exacerbate these circumstances. We also know that the mental health and wellbeing of people on the Shielding or Highest Risk was impacted negatively and disproportionately compared to the rest of the population.

Question

If you were worried about your mental health who or which (health or care) services would you approach for advice and support?

What impact do you think the pandemic has had on your ability to access mental health services if you needed them?

What could we do to improve your access to mental health services if you needed them?

Is there anything else you would like to add about mental health services for older people?

Housing

5.17 A person's home has a huge impact on our health and wellbeing, and even more so when we grow older and we must ensure that our homes support older people in being able to live independently at home for as long as possible.

Question

Tell us about your current housing.

What kind of housing, and adaptations and/or equipment for your housing would assist you in living independently at home for as long as you wish?

Who would you like to be able to provide and support you to get the kind of housing and adaptations you need?

Question

Is there anything else you would like to add about Place and Wellbeing for older people?

Preventative and Proactive Care

5.18 Early identification and prevention of issues as they arise is critical in delivering improved outcomes for people. A "Getting it Right for Everyone" approach to community health and social care brings individual and family needs into sharp focus. The approach should be anticipatory and preventative, avoiding crisis wherever possible and services should cluster around individuals and families to support them.

5.19 The approach is well established in children's services through Getting it Right for Every Child.

5.20 In this section we want you to think about things which might help all older people and also things which might help older people who have more health conditions or vulnerabilities. Preventative work can be wide-ranging and might include work to address mental wellbeing or interventions aiming to reduce the likelihood falls or frailty in later life.

What You Told Us

5.21 Most people see prevention as being able to continue to use the ordinary services and activities in the community, which are not always described as health and social care services but are a very important part of people's physical and mental wellbeing. These include

- Places where people meet and are a reason to go out, such as libraries, cafes, etc.;
- Publicly accessible toilets and benches/seating that make public places more accessible;
- Transport, including community-run transport; and
- Enough money, including help with keeping fuel costs down.

5.22 Accessibility and affordability of being able to access services was a continuing issue – with some local community and leisure centres not reopening after the pandemic and the lack of affordable and suitable public transport in some

areas to enable older people to access services. Cost was a great barrier for some – with high costs involved in accessing fitness and gym classes, for example.

5.23 The location and accessibility to local centres was also an issue, with some local authorities moving to 'community hubs' which were located in larger towns, and not all facilities were open to the public during the day, due to their co-location with schools – not ideal for older people who wish to access services during the day.

Example of Best Approach – Sporting Memories Low Level Physical Activity Course

The Sporting Memories KITbags was developed during lockdown specifically aimed at getting isolated older people who have become increasingly inactive and immobile, active again in their own homes. The equipment and exercises were carefully selected and tested with members and were designed to be safe for those who are relatively frail. Crucially they combined the physical activities with some reminiscence activities and four editions of their Sporting Pink newspaper.

Also included within the pack was information about their online groups and new phone circles, which can support activity at home and help connect isolated and lonely sports fans with like-minded individuals.
The KITbags has been used by people in their own homes as well as residential settings and proved to be very popular with Club members where they use the equipment in sessions on our Virtual Clubs and telephone circles.

Sporting Memories #KITBag aims to engage older people on a weekly basis to increase physical well-being and prolong independent living.

With continued and frequent use, the #KITBag resource and advertised activities, look to specifically improve strength and balance of individuals to support falls prevention.

A total of 500 KITbags were produced and dispatched to individuals and organisations across Scotland.

5.24 Clubs and groups that are for, or used more by older people, are very important as a place to meet up and to get information about other things from workers and volunteers they know and trust. This is even more important for people who do not use English as their first language, people who have no or poor internet access and people who find it hard to remember or follow complicated information.

5.25 Many of these activities are also a place to meet workers from other services and so give people access to these supports and care. These community services have been hit hard with the pandemic. To get these community services going again and keep them there for the future, people listed:

- Up to date advice on getting going, how to keep people safe – many places are still following advice from Spring 2020 which hasn't been updated – and giving people in communities good advice about any future incidents.

- Councils changing their policies when they were ultra-safe in response to COVID and kept Community Centres and libraries shut (although there are suspicions this is just part of closing these facilities, which has already been happening in some areas for several years).
- Reasonable rents for Community Centres etc. – some of the bodies now running public halls have put the prices so high people can't afford to use them at all, and this has been a growing problem for many years.
- Easy enough access to funding for these activities – sometimes very small sums, sometimes more for the bigger groups. Participatory budgeting has been a problem for older people's groups in many places as the public participation processes tend to have the effect of favouring activities for children and young people. The sort of funding arrangements during COVID were generally much more practical and helpful.

5.26 It is important that as we develop a strategy we do not lose the things which work or have worked well.

Question

When thinking about health and social care services for older people in Scotland, what do you feel has worked well in the past?

What is currently working well?

How do you think services could be improved?

Question

Access to leisure facilities or any other type of physical activity – what would make this easier?

5.27 Another type of prevention people raised is help with keeping yourself and your house safe, such as tips on preventing falls and small changes to homes such as grab rails. Access to Care and Repair services is a problem in many areas and people really miss this very practical service.

5.28 Food and nutrition are important aspects for every human, but even more so for older people with prevention and early identification of malnutrition key to having good nutritional health in older age.

Example of Best Approach - The Eat Well Age Well Project

The Eat Well Age Well project, developed by Scottish Charity Food Train, works to tackle malnutrition (as undernutrition) amongst older people living at home in Scotland. Eat Well Age Well is a cross sectoral, Scotland-wide project working across public, private, community and voluntary sectors to make a difference to the lives of older people, together.

The project focuses on the older adult population (65+ years) who are particularly at risk of malnourishment and have been most affected by the Covid-19 virus in society.

The project has been running since 2018, and is focused sharply on prevention in the community as that is where most malnutrition occurs (93%). The project is focused on three strands of work: Capacity Building, Screening and early intervention and Policy and Communications.

Eat Well Age Well works closely with other organisations and sectors, draws on evidence, engagement from a wide range of stakeholders and advocates for policy and practice change. A key strand is capacity building of the wider community workforce and individuals supporting older people providing training on malnutrition and unintentional weight.

The project delivers existing accredited training by REHIS- Eat Well for Older People and Eat Well Age Well's specific, Raising the Issue of Malnutrition Training.

Both courses are available for all individuals who support older people across Scotland, as well as older people themselves.

So far 760 people have attended Malnutrition Training by Eat Well Age Well, to support action on prevention, effective intervention and treatment to support healthier better lives.

5.29 Many of you told us of the inequalities in accessing podiatry services.

5.30 NHS Podiatry services do not include personal footcare, which include tasks that adults normally do for themselves such as cutting and filing toenails, smoothing and moisturising skin, looking for signs of infection or other problems which may need referral to a podiatrist.

5.31 In 2013, the Scottish Government published guidance on personal footcare, including information on how to care for your feet, the services that NHS Podiatry provide and signposting to appropriate local services.

5.32 In August 2020 the Scottish Government published its Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic which provides a strategic framework with overarching principles and high-level recommendations, which inform and shape the provision of rehabilitation and recovery services across Scotland for the coronavirus (COVID-19) period and post coronavirus (COVID-19). This sets out important aspects in rehabilitation and prehabilitation, both important in preventative and proactive healthcare

Anticipatory Care Plans

5.33 Anticipatory Care Planning is a 'thinking-ahead' approach to care, whereby people are supported to discuss and consider how they would like to be treated and cared for, should there be a future change or deterioration in their health. Anticipatory Care Plans are a way of documenting what would be important to the

individual in the context of their health and care, with some specific information about what type of treatment or care would or would not be acceptable to them. These can be shared in advance with the appropriate people and services who may be able to help.

Question

How much do you know about Anticipatory Care Plans?

How do you feel about having an Anticipatory Care Plan yourself?

What do you think about this Anticipatory Care Planning aspect of care?

If you would consider having an Anticipatory Care Plan, who would you like to discuss it with?

When is a good time to have discussions about Anticipatory Care Planning with older people?

Minority Ethnic Communities

5.34 Through our engagement we know that minority ethnic communities, experience some of the poorest health outcomes. We want to engage more with minority ethnic communities during this consultation so we can learn more about this and consider whether specific, more bespoke and targeted approach may be required.

Question

Is there anything else you would like to add about preventative and proactive care for older people?

Integrated Planned Care

5.35 Everyone in Scotland should get the right care, at the right time, in the right place based on their individual circumstances and need. Planned care is care and treatment that is scheduled in advance with health and care professionals. This includes planned surgery for routine and elective treatments, planned social care at home and planned hypertension reviews in general practice, for example.

5.36 In this section we want you to consider your experiences of planned care, and improvements which could be made as we re-build and re-mobilise from the pandemic.

What You Told Us

Social Care

5.37 Many of the issues on social care we heard about were around staffing.

5.38 When older people have a carer supporting them in their own homes, experiences were mixed and again people want to see the good practice being the standard everyone can expect. Some points made were:

- There are a lot of very good staff, dedicated people providing the support, and there needs to be training and support for them and better respect for the role.
- Some people who have earlier experience for themselves or someone they care about thought things had improved over the past 10 years or so, and most of the really bad experiences were from a while back, but there are still problems with poor quality care and these make a lot more people fearful of getting care.
- The main recent problem has been care workers not turning up – COVID restrictions, staff vacancies etc.
- People want to still have choices in who provides the social care, including enough local providers who know the area and people who share the circumstances of equalities groups.
- If social care is seen as part of what a good local, caring and inclusive community looks like, then care jobs would be better and both people getting support and people working in the jobs would have more opportunities and be respected

5.39 The main changes people suggested to make care at home even better are:

- Workers always turning up or telling you if they are running late, which people understand will happen
- Consistency in who provides the care – this is one of reasons people like smaller local providers or teams within bigger providers
- Having a friend or relative with you when you want that, and the person you choose and not just one person named as your carer
- All people providing health or social care in people's homes remembering that this is your home first, not their workplace, and treating both you and your home with respect
- Another reason why people like local support is that it gives more accountability and safety – other people in the area will know if the care is not good. They know people still can want anonymity and confidentiality and don't see that this can't get worked out especially when people have choices.

Question

Tell us about any social care or other outside help with everyday living that you (or a family member) have received in your own home?

What was your experience of these services?

As an older person, what are your experiences of health and social care services working together?

What could be done to improve joint working between health and social care services?

5.40 The Scottish Government is aware of the specific health care needs of residents of care homes and how this is provided across Scotland. We are currently working on developing an integrated healthcare framework for adults and older people living in care homes in Scotland.

5.41 The aim of the framework is to provide a bold and ambitious document that will set a blueprint to transform the healthcare for people living in care homes receive.

Planned Health Care and Reviews

5.42 Several participants proposed and informed us of a regular health check (a health MOT') for older people provided by a range of health professionals, which would provide the opportunity for patients to have any medication reviewed and a general health check as well as discuss self-management. This could be used as a tool to tackle health inequalities, in perhaps targeting older people who have several chronic conditions or who are classed as frail. This would not necessarily be provided by GPs but by other healthcare professionals.

Question

Do you live with a long term physical or mental health condition or illness?

If yes, how do you feel about the way your health is monitored and reviewed?

If no, how do you feel about your ability to access regular health checks?

Where would you prefer that regular health checks are provided and who by?

Question

What support would you need to assist you in self managing your general health or any long term health conditions that you have?

Alternative Methods of Consultation

5.43 In regard to having medical consultations, whether that be with GP's or hospital appointments, many of the people we engaged with told us of their frustration in the perceived lack of face to face appointments available during the COVID pandemic, with the perception that only phone calls or online services were available in some areas.

5.44 Phone calls for shorter questions or advice were deemed to be worthwhile but not so much when it was a serious and/or a long call – people mentioned poor hearing, difficulty holding a phone for a long time, and finding it hard to write things down quickly enough or remember details. Phone calls also meant that it was harder for another person to be part of the conversation, such as a friend or relative.

5.45 However there was also recognition that the GP is not always the first port of call, and some NHS Boards had been running promotional campaigns detailing the different types of services available – who to contact and when.

5.46 In the July 2020 the Scottish Government launched Right Care Right Place, highlighting the way in which access urgent care had changed. This included the use of minor injuries units and pharmacies in providing healthcare advice and support to treat minor illnesses and common conditions in local communities.

Question

Tell us about your experience of any health care appointments you have had in the last 2 years:

- **which healthcare services did you use?**
- **what type of appointments did you have (e.g. face to face, phone, video)?**

What additional support would you need to make it easier?

Question

What would make it easier for you to know who to contact when in need of advice, support or assistance for a health issue?

5.47 The most frequent single improvement that people said was needed was around patient transport. Aspects and examples that often came up were:

- Getting times of transport and times of clinics etc. to match up
- Improving awareness of staff making appointments and at clinics and on wards of how the system there worked
- Taking account of the needs of people with dementia or other reasons why they need someone they know with them
- Making the telephone contact a Freephone number – calls of an hour or longer happening when people are left on hold, all at the person's or their relative's /friend's expense
- Again, there are places where it works well.

Question

What is currently working well to support planned health care and treatment?

What needs to be improved?

Is there anything else you would like to add?

Palliative and End of life

5.48 As people become older, they are often more aware of their mortality and will often live with health conditions which cannot be cured. Palliative care can be defined as 'good care' for people whose health is in irreversible decline and whose lives are coming to an inevitable close. Palliative care includes, but is not exclusively about care at the very end of life. Holistic palliative care interventions can sit alongside planned treatments which are aimed at controlling the underlying disease process. Palliative care can also be provided in an urgent or emergency setting.

5.49 Many of the people we talked to had experience of end-of-life care for a relative or friend over the past few years - this included both before and during COVID. A few people were at this stage themselves or for someone very close to them so were describing recent or current experience.

5.50 The majority of who we spoke to thought this was important and that people should be talking about issues around mortality more to professionals and with their family and friends, even though it could be difficult. Most of the people involved in these conversations had discussed it with at least one person, but not with everyone in their family or with the services they were in touch with: mostly they thought of who was sensible, who would listen to them and who would not get too upset.

5.51 There were also usually a series of small conversations rather than sitting down for one big conversation. People also talked about where they had the conversations, such as on a walk, or on holiday, or just having a chat in the garden because it felt the right time, or around something in a TV programme they were watching together.

5.52 People also said they talked as much or more about what they did not want to happen to them as they approached the end of their life. Some people said they had talked about this around COVID and what they wanted to happen if they did become very ill now or when it happened in the future.

5.53 More people would be reassured and be willing to talk about what they want for the end of their life – both around care and how they wanted to live at that point – if they knew that the services would be there to ensure that pain and other distressing symptoms could be managed and that their family or friends would not be left with practical care for them and no real back up advice or support.

5.54 Those people who had received support from a palliative care and/or end of life team had almost all experienced delays in getting the care started, usually because someone in the NHS did not understand how to make the referral or delayed because they did not understand what these services do.

5.55 Those who did have access to the support were very positive about the impact for the person and their family. One person described the team that supported her husband as the NHS's best kept secret as well as its best service.

5.56 People thought that getting better awareness and confidence around end-of-life conversations and support among health and social care staff is as much a priority as getting awareness among the public.

Example of Best Approach – Compassionate communities

In recent years, several community development initiatives have been established to help improve experiences of death, dying and bereavement, for example the Truacanta Project, Compassionate Inverclyde and Strathcarron Compassionate Communities.
Community Development is a process where community members come together to take collective action and generate solutions to common problems. Community development seeks to support communities to harness their existing assets, and empower individuals and groups of people with the skills they need to effect change within their communities. Community Development approaches to end of life care are about establishing strong care and support networks that reinforce a sense of control over life-threatening/limiting illnesses, and enhance the community's ability to deal with death dying, loss and care. Collectively, these types of initiatives are often referred to as 'compassionate communities' initiatives.

Compassionate communities do not assume the formal service responsibilities of health and social care services - their role is different and complimentary. Examples of initiatives undertaken by compassionate community initiatives include:

- No-one Dies Alone – an initiative that trains and supports compassionate citizens as companions for people and families in the last hours of life. Currently there are NODA initiatives in Inverclyde and Ayrshire.
- Compassionate Neighbours – a hospice-led social movement of local people enabled and supported to be more compassionate in their local communities. In Scotland, Strathcarron Hospice and St Columba's Hospice are supporting Compassionate Neighbours Initiatives.
- Creating supportive opportunities to talk - several community-led organisations including Say Something Dundee, Truacanta Perthshire, Highland Truacanta and North Berwick Compassionate Community run informal events providing opportunities for local people to discuss and plan ahead for ill health and dying.

5.57 The Scottish Government has committed to producing a new palliative and end of life care strategy in 2022. It is envisioned that the new national strategy for palliative and end of life care will take a whole system, public health approach.

Question

When you, or a family member approach end of life, what care and support would you want?

When thinking about palliative and end of life care in Scotland, what is working well?

What could be improved?

Is there anything else you would like to add?

Question

What would assist you in having discussions with family or medical professionals about how you would like to be cared for, as you approached the end of life?

Who would you prefer to have these conversations with?

Example of Best Approach – Palliative Care at Home

The Ayrshire Hospice Community Palliative Care Nurse Specialist (SPCN) team has increased their service, extending to cover 7 days a week. The aim is to provide support and advice for patients, families and other health professionals, improving continuity of care, reducing anxiety for patients and their carers, improve symptom management and avoid crisis situations leading to hospital admission if the patient's preferred place of care or death is home.

Early evaluation has shown having input from the SPCN team has avoided crisis situations where previously patients would have been admitted to hospital.

Question

Is there anything else you would like to add about integrated planned care for older people?

Integrated Unscheduled Care

5.58 Unscheduled care is care and treatment which cannot be reasonably forseen or planned in advance. Unscheduled care and treatment can be required at any time of the day. Unscheduled care includes emergency GP appointments or A&E treatment.

5.59 In this section, we want you to think about the range of health services which you use which are not planned in advance. This can include:

- An integrated urgent response to support self care and management that help avoid attendances to hospital or other acute settings, allowing patients to be treated at home/closer to home.

- Delivering high-quality emergency care for all citizens to improve patient experience with a specific focus on first 72 hours – to reduce admission, where possible, and overall length of stay.

- Optimise patient journey that plans for discharge from admission, reducing length of stay and transfers of care.

- Enhance intermediate care services to allow discharge without delay, avoid readmission and keep patients out of an acute setting. Provide support to those citizens in need of urgent health and/or social care and to deliver them back to independent living or continued support from local multidisciplinary teams.

What you Told us

5.60 Post operative is the time period after surgery. Post operative support varies – even in the same health and social care partnership area. Older people need extra assistance post operative – whether it be with dressings or just a general chat on how they are feeling.

Question

What is currently working well to support older people who require urgent or emergency care?

What could be improved?

Is there anything else you would like to add?

Question - What support do older people need after surgery?

5.61 Where the Hospital at Home service is available, we received great feedback. Older people said it helped beat any anxiety which may come when attending a hospital appointment (what time is appointment, how to get there, who to take etc.). All consuming by the time the appointment comes.

Example of Best Approach – Hospital at Home

Hospital at Home is a service that provides acute, hospital-level care by healthcare professionals in a person's own home for a condition that would otherwise require acute hospital admission.

Several health boards across Scotland have this service. There are a variety of different models and approaches through which such a service can be delivered. Care will be delivered to you in your own home and although varies it can include intravenous antibiotics and fluids, oxygen and access to investigations such as X-rays. Care is delivered by multidisciplinary teams of healthcare professionals and is for a short, defined period of time during an acute illness.

Question

Do you have any experience of Hospital at Home?

What are your thoughts on the service?

Question

If you have no experience of Hospital at Home, do you think this is a service you would use if needed and benefit from?

Question

Is there anything else you would like to add about integrated planned care for older people?

Question

Please use this space to highlight or raise any other areas you feel should be included in the new health and social care strategy for older people.

6. Next Steps and How to Respond

6.1 We now seek your comments on this consultation paper, which can be made online at https://consult.gov.scot/ or by emailing us at olderpeopleshealthstrategy@gov.scot.

6.2 As well as this consultation paper we will also carry out an extensive consultation and public engagement exercise where we will meet with a wide range of older people, the organisations that support then and clinicians and health professionals who are involved in the provision of health and social care.

6.3 The consultation process will take place from 28 February-19 June. After which the consultation responses will be analysed and along with feedback from our engagement events will be used to form a final Health and Social Care Strategy for Older People which will be published later in 2022.

Directorate for Healthcare Quality and Improvement: Planning and Quality
February 2022

Responding to this Consultation
We are inviting responses to this consultation by 19 June 2022

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (http://consult.gov.scot. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 19 June 2022

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Older People's Health Team
Scottish Government
Area GR
St Andrews House
Regent Road
Edinburgh
EH1 3DG

Handling your response
If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Next steps in the process
Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at http://consult.gov.scot. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints
If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at olderpeopleshealthstrategy@gov.scot

Scottish Government consultation process
Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: http://consult.gov.scot. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

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

ISBN: 978-1-80201-949-0 (web only)

Published by The Scottish Government, February 2022

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1011078 (02/22)