The Royal Society of Edinburgh
KNOWLEDGE MADE USEFUL

Advice paper
July 2022 AP22-16

Response to the Health and Social Care Strategy for Older People

Summary

The Royal Society of Edinburgh (RSE), Scotland's National Academy, and the Young Academy of Scotland (YAS) welcome the opportunity to respond to the Scottish Government's consultation on the development of a Health and Social Care Strategy. We are well placed to offer supporting evidence to this consultation with our varied expertise in health and social care. Our recent working group included experts in geriatric medicine, end-of-life care, the built environment and wellbeing, and digital healthcare. The comments from the working group have informed the below response.

With the development of a National Care Service, now is a critical time to consider a more holistic approach to social care. A cultural change can help drive this approach, with a fresh perspective on how we view our ageing population, valuing what older people can contribute to society and encouraging their participation in meaningful ways.

We need more collaboration between our health and social care services, with a clear line of accountability. Coordination and collaboration will improve outcomes and ensure more effective and efficient working across the public and third sectors.

The RSE we happy to note the accessibility of the questions and believe the views of the people subject to this strategy are vital to its development. However, we believe that this should be considered alongside the scientific evidence. Scientific research should be at the heart of future policy.

Consideration must be given to addressing the lack of access to specialist mental health services for people over 65. Research from Support in Mind Scotland estimated that people experience a 75% reduction in access to community psychiatric nurse services when they reach retirement age.

Design guidance might also be considered to ensure integrated and socially supportive environments in new developments that are built-in by design to encourage more accessible neighbourly/neighbourhood connections for older and more vulnerable people.

We believe there is a need to collect more data at a local level to understand what services are required locally and where there are gaps in services.

Summary (continued)

Before any changes can be implemented, it is essential to address the current health and social care crisis that exists in Scotland. There are currently many people on the waiting list for social care, with 43% of people found to need substantial or critical care waiting more than six weeks to access services.

Anticipatory care planning should be done proactively and be person-centred rather than focusing on the specific timing of an individual's death. There is a need for more openness when talking about the ageing process and expectations of death in society so that service users and their families are more willing to discuss their preferences in palliative care.

We would like to see a cultural emphasis on the goal of care, one that promotes independence and, where possible, helps people to move back into their own homes.

Introduction

1. The Royal Society of Edinburgh (RSE), Scotland's National Academy, and the Young Academy of Scotland (YAS) welcome the opportunity to respond to the Scottish Government's consultation on the development of a Health and Social Care Strategy. We are well placed to offer supporting evidence to this consultation with our varied expertise in health and social care. Our recent working group included experts in geriatric medicine, end-of-life care, the built environment and wellbeing, and digital healthcare. The comments from the working group have informed the below response.

2. The RSE was pleased to see the accessibility of the questions within this consultation, and we were glad to see that it was aimed toward people who use health and social care services. We believe that a self-directed approach to care and support is vital. The person should always be in control of their health and care planning and have a voice in the decision-making process when government policy directly impacts their lives. Therefore, we have only answered those questions that are suitable for an answer from an organisation, and we have included a summary of broader points relevant to the consultation.

Summary of broader points

3. We welcome the government's intention to create a health and social care strategy for older people. This is a critical time to make changes to social care, considering the aim to build a national care service in the near future. The current context provides the opportunity to consider a more holistic approach to health and social care towards the care of the individual and the sector as a whole.

4. However, given the multifactorial nature of health and social care and how it integrates into many other current strategies (e.g., National Care Service, Fairer Scotland for Older People), the government should consider ways to encourage and ensure collaboration within the sector and establish a clear line of accountability and public clarity on service provision and support. Coordination and collaboration will improve outcomes and ensure more effective and efficient working across the public and third sectors. There also needs to be a co-developed strategy and guidance for working practices and broader communication of that strategy.

5. In developing a strategy based on the responses from older people to this consultation, it will also be essential to include evidence from scientific research about what interventions work and which do not and how best to implement such interventions and services. This scientific research must be at the heart of future policy. For example, there is extensive literature on the pros and cons of the 'hospital at home' or admission to a hospital for acute illness and the role of the hospital at home in supporting people after discharge. The findings from such research must be considered alongside the views of older people in order to develop a strategy that is scientifically robust but also rooted in lived experience.

6. The RSE understands that, following consultation with stakeholders, there is a desire to ensure a fresh perspective on how we view our ageing population, emphasising a more positive outlook on the value and assets that an ageing population brings to society. We should tap into the positive aspects of ageing, including wisdom, experience, and the joy that older people can bring to others and society (e.g., in their roles as grandparents and great-grandparents). Working with the third and public sectors as well as business, we must promote a culture free from age discrimination and signpost how older people can continue contributing to society in meaningful ways.

7. Consideration also needs to be given to how we define the term 'older people,' (i.e., whether this is a specific age group or a group that shares similar health and social care needs). Whilst some issues are likely to have a more significant impact on older people (65+) within our society, this must not impede people with similar health and social care needs from accessing the appropriate services at a younger age. Arguably the ageing process starts when we are born, and the term 'older people' implies that reaching old age is inevitable. However, individuals who experience a life-shortening illness as a child, young adult or in middle age may not reach older age. In the current Scottish context, reports have found that people from lower socio-economic backgrounds are more likely to enter older age with poorer health than more affluent individuals.[1] This could mean they were already suffering afflictions usually associated with the later stages of life, such as multimorbid complexity. Younger individuals who face the same health and social care challenges as older adults should benefit from the same care and support recommended within this response.

[1] Public Health Scotland (2021) *Older People* [online] Available at: http://www.healthscotland.scot/population-groups/older-people.

Place and well-being

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 they experience?

8. The RSE supports cohesion in the health and social care sector and believes that collaboration between public services, communities and third-sector organisations will play a vital role in tackling health inequalities and improving overall well-being through increasing the available level of support. The RSE has previously called for the provision of multi-faceted support enabled by the collaboration between NHS services (such as general practice) and second-line services, including support from third-sector organisations.[2]

9. Some good examples of collaboration projects include:

- Alzheimer Scotland on Post Diagnostic Support (PDS) for early-onset dementia, in which Alzheimer Scotland provides Dementia Link Workers on behalf of the NHS.[3]
- The National Rheumatoid Arthritis Society supports health and wellbeing by working with the NHS to provide resources and services.[4]

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

10. We have concerns about access to mental health services, and long-standing workforce shortages could potentially escalate the issue.[5] Consideration must be given to addressing the lack of access to specialist mental health services for people over 65. Research from Support in Mind Scotland estimated that people experience a 75% reduction in access to community psychiatric nurse services when they reach retirement age.[6]

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

Developing inclusive communities

11. Developing services at the neighbourhood/ community level is essential, both to ensure joined-up provision across social and health care and also to benefit from the development of local knowledge and networks of support across sectors. Collateral social connection, familiarity, and community activity play an important role in well-being and in the creation of a health community. Guaranteeing that social support can be provided in people's own homes, with additional external spaces and infrastructure that are accessible to older people, promotes social inclusion, ensuring that older people can remain active in their communities.

12. In terms of infrastructure, design guidance might also be considered to ensure integrated and socially supportive environments in new developments that are built-in by design to encourage more accessible neighbourly/neighbourhood connections for older and more vulnerable people. Such facilities are already in use in some locations; for example, Shettleston and Govan Housing Associations in Glasgow already provide some developments with shared garden areas, men's sheds, and mini allotments.[7] There is already evidence of the benefits of these communal spaces. For example, an Age UK survey suggests that men who had taken part in the Men's Shed Movement valued it as a means of building companionship and a sense of purpose and reported that it positively impacted their health and wellbeing.[8]

---

[2] The Royal Society of Edinburgh (2022) *The Scottish government's health, social care and sport committee inquiry on health inequalities: RSE response*. [online] Available at: https://rse.org.uk/wp-content/uploads/2022/04/RSE-AP-Inquiry-on-healthcare-inequalities-2022.pdf.

[3] More information is available here: https://www.alzscot.org/living-with-dementia/.newly-diagnosed/accessing-post-diagnostic-support.

[4] More information is available here: https://nras.org.uk/wp-content/uploads/sites/2/2022/01/NRAS-22-25-3-Year-Plan-FINAL.pdf.

[5] Royal College of Nursing Scotland (2022) *The Nursing Workforce Scotland* [online] Available at: https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322.

[6] Voluntary Health Scotland (2020) *Falling Off A Cliff: Discussion Paper and Evidence* [online] Available at: https://vhscotland.org.uk/wp-content/uploads/2020/03/FALLING-OFF-A-CLIFF-AT-65-DISCUSSION-PAPER-AND-EVIDENCE-Final.pdf.

[7] More information is available here: https://www.shettleston.co.uk/about-us/wider-role/.

[8] Age Scotland (2019) Men's Sheds - '*The Shed Effect*' [online] Available at: https://www.ageuk.org.uk/scotland/our-impact/policy-and-research/political-briefings/mens-sheds/.

13. At the development scale, new residential developments have been subject to a Secure by Design review (running for over two decades) to identify potential security failings in the design of homes and neighbourhoods. Similarly, Housing for Varying Needs has been used to address individual home design. The Dementia Services Development Centre has developed a new tool for designing for dementia and ageing, the Environments for Ageing and Dementia Design Assessment Tool (EADDAT), which 'can help foster healthy and active ageing'. [9]

The role of data in community planning

14. We support the government's intentions to develop a health and social care and data strategy and acknowledge the current call for evidence. We believe there is a need to collect more data at a local level to understand what services are required locally and where there are gaps in services.

Supporting the work of the third-sector in communities

15. The government should consider the vital role that third-sector organisations play at a local level. To ensure that there is more development and good quality services supporting older people in their communities, the government should offer further support and funding for non-profit organisations that reinvest surplus profits into future developments and the improvement of local services.

Preventative and proactive care:

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?

16. The Frailty at the Front Door Collaborative has been a valuable way to ensure continuity in the care and support of older people.[10] It can help to facilitate improvements in care coordination between various healthcare teams in the form of multidisciplinary meetings, including social care (known as daily frailty huddles).[11] The impact report suggests that it has been constructive in dealing with patients' ailments faster and more effectively, with more people spending less time in hospital and, in turn, more people being supported at home.[12] The introduction of online meetings via Zoom and Teams has made collaboration between teams easier.

17. The Hospital-at-Home schemes which provide short-term acute care in the patient's home were set up around Scotland and appear to have worked well in creating the option to be looked after at home, where possible. The project has been proven to reduce the likelihood of people being placed in residential care within six months and may lead to increased patient satisfaction.[13] This scheme can help remove barriers for the people who need specialist care (usually restricted to hospital) but would like to stay at home, helping to deliver person-centred care and support. This option may also reduce the risk of hospital-acquired infection, delirium, and physical deconditioning by decreasing time spent in the hospital. However, we believe home teams should be supported by consultant geriatricians and geriatricians linked to primary care/GP practices. As suggested by Healthcare Improvement Scotland, this scheme works best when it is part of an integrated acute and community-based service model.[14]

---

[9] More information available here: https://www.dementia.stir.ac.uk/our-services/ea-ddat.
[10] Healthcare Improvement Scotland (2019) *Improving acute care for people living with frailty* [online] Available at: https://ihub.scot/news/improving-acute-care-for-people-living-with-frailty/#:~:text=There%20are%20approximately%20560%2C000%20people,used%20by%20the%20over%2065s.
[11] Scottish Government (2017) NHS Fife: getting it right for our most vulnerable patients [online] Available at: https://www.gov.scot/publications/nhs-fife-getting-right-vulnerable-patients/pages/8/.
[12] Healthcare Improvement Scotland (2019) *The Frailty at the Front Door Collaborative Impact report* [online] Available at: https://ihub.scot/media/6870/201912-frailty-at-the-front-door-collaborative-impact-report-v10.pdf.
[13] Healthcare Improvement Scotland (2020) *Hospital at Home Guiding principles for service development – supporting appendices* [online] Available at: https://ihub.scot/media/6929/20200130-hospital-at-home-supporting-appendices.pdf.
[14] https://ihub.scot/project-toolkits/hospital-at-home/hospital-at-home/.

18. Community Rehabilitation Teams (CRT) have been helpful in both proactive and reactive care. They provide advice on managing disabilities at home in order to avoid unnecessary hospital admissions.[15]

19. Local community support groups such as Dementia Friendly Communities (DFCs), supported by Life Changes Trust, have helped people with dementia to remain active in their communities (both geographic and interest-based). This model has proven to be successful as it empowers people to continue participating in the activities they enjoy. The communities take an asset-based approach that values the individual's skills and knowledge within the community.[16] This type of community service provides a fresh perspective on how we view our older people in society and in helping to tackle isolation and loneliness.

20. Faith-based community support links people through local parishes, the Living Well Project in Newhills, Aberdeen being one example.[17] Such initiatives provide support through local befriending groups and, due to their nature, can also nurture spiritual well-being. This is an important component of health that can be explicitly promoted through faith communities in particular and contributes to individual well-being, social cohesion, and belonging.

How do you think services could be improved?

21. Before any changes can be implemented, it is essential to address the current health and social care crisis that exists in Scotland. There are currently many people on the waiting list for social care, with 43% of people found to need substantial or critical care waiting more than six weeks to access services.[18] There is an urgent need to implement immediate interventions to address these issues.

22. Existing services would benefit from taking a holistic approach towards how and what care and support are given to older people in our communities. Scotland should consider ways to improve overall life quality with concepts such as social prescribing and a sustainable income sufficient to maintain a healthy diet and keep homes warm, notably in the context of the present cost-of-living crisis and the pandemic which have had a disproportionately negative impact on older people in our society.

23. The government should examine the process of accessing self-directed support. Audit Scotland's Self-Directed Support Progress Report in 2017 noted that, despite many examples of positive progress, the process of applying for self-directed support can be long and bureaucratic.[19]

24. The government should consider increasing community support that is already in operation in order to reduce the number of people in full-time care. As noted above in our answer to 'things that are working well,' there are examples of support that can be extended.

25. The government could also consider the benefits that modern technology could bring to the health and social care sector. Increasing the use of digital data-sharing platforms may help improve clinical outcomes and reduce clinical variation and errors. For example, COHESION Citizen Care Wallet is a data-driven, person-centred, community-focused digital service platform that connects with citizens to give standardised processes and provides service performance and intervention outcomes.[20] In addition, digital systems can be installed in people's homes where they can access information and health and social care services via a virtual platform. One example of this is Blackwood Clevercogs systems provided by Blackwood Homes, which install digital connectivity devices in their homes for their tenants' use.[21]

---

[15] Healthcare Improvement Scotland (no date) *Hospital at Home* [online] Available at: https://www.nhsinform.scot/scotlands-service-directory/health-and-wellbeing-services/10564%201edb1116 (Accessed 15/06/2022).
[16] Life Changes Trust (2017) *Community and Dementia: Dementia Friendly Communities in Scotland Report 3 April 2016 - March 2017* [online] Available at: https://www.lifechangestrust.org.uk/sites/default/files/publication/files/Dementia%20Friendly%20Communities%20Third%20Report.pdf.
[17] More information is available here: https://thelivingwellproject.org.uk/.
[18] Age UK (2019) *43% waiting too long for social care* [online] Available at: https://www.ageuk.org.uk/scotland/latest-news/2019/may/43-waiting-too-long-for-social-care/#:~:text=New%20research%20from%20the%20national,the%20social%20care%20they%20need.
[19] Audit Scotland (2017) *Self-directed support: 2017 progress report* [online] Available at: https://www.audit-scotland.gov.uk/publications/self-directed-support-2017-progress-report.
[20] More information is available here: https://www.bioindustry.org/member/cohesion-medical-ltd-1.html.
[21] More information is available here: https://www.blackwoodgroup.org.uk/clevercogs.

What would make access to leisure facilities or any other type of physical activity easier?

26. The RSE welcomes the idea of increasing older people's access to leisure facilities. Exercise and fitness training is essential in reducing frailty, dementia, cardiovascular disease, stroke, falls, and cancer and in enhancing physical and mental resilience to acute medical illness.[22] Research suggests several reasons why older people do not take part in physical activity, including deterrents such as poor physical health (with complaints of shortness of breath and pain) and lack of interest.[23] In order to successfully implement these policies, these barriers to exercise in older people must be understood and overcome.

27. The government should also consider how they can fund support for neighbourhood provision of activity classes, investing in both the activities and in their promotion. Understanding local demographics may help reduce barriers such as a lack of interest (mentioned above) and support local services in developing leisure programmes tailored to local interests which also target hard-to-reach individuals.

28. Planning and development proposals need to consider accessibility issues such as disability access, safe walking and cycling provisions, and easily accessible locations via public transport. For existing facilities, 'community access audits' (routes from home to facility) might be considered to identify blockages to use. Consultation and outreach can identify further necessary supports such as 'walking routes', the provision of seating, induction loops, etc.

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

29. Anticipatory care planning should be done proactively and be person-centred rather than focusing on the specific timing of an individual's death. There is a need for more openness when talking about the ageing process and expectations of death in society so that service users and their families are more willing to discuss their preferences in palliative care.[24] An example of good practice is Good Life, Good Death and Good Grief (Scotland), which includes spaces to discuss loss in workplaces and opens up conversations about grief, loss, care and end of life, including the annual Tae Absent Friends events. We also recommend guidance from the Scottish Partnership for Palliative Care, an effective umbrella organisation that brings together many stakeholders and is an excellent source of support and guidance for Scottish government policy on palliative care.[25]

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

30. Whilst we believe in a self-directed care approach, it is also essential to consider the generational differences that can arise when it comes to seeking support. Some older people may be less likely to seek help and support due to a strong belief in independence and self-sufficiency. The strategy should therefore be proactive in reaching out to people who feel uncomfortable seeking support.

Integrated planned care

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

31. As mentioned in paragraph eighteen, projects similar to the Frailty at the Front Door Collaborative can help improve coordination and communication between health and social care teams.

---

[22] Langhammer, B. Bergland, A. Rydwick, E. (2018) *The Importance of Physical Activity Exercise among Older People* [online] Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6304477/.
[23] Crombie, I, K. Irvine, L. Williams, B.McGinnis, A, R. Slane, P, W. Alder, E, M. McMurdo, M, E, T. (2004) *Why older people do not participate in leisure-time physical activity: a survey of activity levels, beliefs and deterrents* [online] Available at: https://academic.oup.com/ageing/article/33/3/287/21329.
[24] More information is available here: https://www.goodlifedeathgrief.org.uk/.
[25] More information is available here: https://www.palliativecarescotland.org.uk/.

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

32. Multidisciplinary teams (MDT) are an effective method used to deliver planned care. With a large team that offers different medical and social care perspectives (such as physicians, occupational health, nursing teams, social work etc.), this approach helps to facilitate the early identification of discharge goals (i.e., what does the MDT need to achieve to enable a person to get home, e.g., treatment of the acute medical problem, provision of the commode, bed move downstairs, carers for personal care, etc.). However, it is essential the person or their family is also involved in any decisions about their treatment.

What needs to be improved?

33. We would like to see a cultural emphasis on the goal of care, one that promotes independence and, where possible, help people to move back into their own homes. This can be done with good training amongst health and social care staff. However, as mentioned, the infrastructure to develop community-based care and support will require expansion. Integrating the third-sector, and civil society coordination into the planning and delivery of care services would be helpful here.

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

34. There must be accessible training for healthcare staff to support 'shared decision-making' to ensure the views of the older person are of central importance to care planning. The role of health care professionals is to talk honestly about treatment options and support the older person in making difficult decisions. Therefore, staff should have the skills and knowledge to help people make decisions about their care.

Integrated unscheduled care

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

35. Similar to our response to this question under planned care, multidisciplinary teams are an effective method of working to deliver care to people with complex needs. MDT has been proven to improve patient and family outcomes and the quality of person-centred care.[26]

What could be improved?

36. An increase in levels of collaboration and sharing of best practices across health boards should be sought. This may help address any variation in practices across the Scottish health service.

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.

37. The document does not explore how the aspirations laid out in this document will be funded. This is a fundamental question which requires difficult decisions to be made about resource allocation. The pandemic has impacted the health and well-being of the health care workforce and has also contributed to staffing issues such as experienced workers taking earlier retirement. Additionally, new staff will take time to be recruited and trained. Ensuring that there are sufficient health care staff to deliver the aspirations laid out in the consultation document is a complex question, but one that needs addressing.

Additional information

38. Any enquiries about this advice paper should be addressed to Stephanie Webb, Policy Advice Officer, at swebb@theRSE.org.uk.

[26] NHS England (2021) *Working differently together: Progressing a one workforce approach Multidisciplinary Team Toolkit* [online] Available at: https://www.hee.nhs.uk/sites/default/files/documents/HEE_MDT_Toolkit_V1.1.pdf.

CREATED IN 1783 BY ROYAL CHARTER
SCOTTISH CHARITY NO. SC000470

22-26 George Street, Edinburgh, EH2 2PQ
rse.org.uk

OPTIONAL:
Background
- 5/10%
colour tint

Title 20pt Roboto Bold (colour)

Text area, single column

Intro - 14pt Roboto Light

Body - 10pt Roboto Light (minimum)

Subtitles - 12pt Roboto Bold (colour to highlight)

Paragraph spacing - 2mm (minimum)

1pt line
(black or colour)

Infographic/icon area -

Flexible,
suitable creative
communication

2pt line
(black or colour)

OPTIONAL:
Background
- 5/10%
colour tint

Title 20pt Roboto Bold (colour)

Text area, single column

Intro - 14pt Roboto Light

Body - 10pt Roboto Light (minimum)

Subtitles - 12pt Roboto Bold (colour to highlight)

Paragraph spacing - 2mm (minimum)

1pt line
(black or colour)

Figure/chart/box-out area

Background - 8/10% colour tint

Title - 9pt Roboto Light Italic (minimum)

Text area, column 1

Body - 10pt Roboto Light (minimum)

Subtitles - 14pt Roboto Bold
(black or colour to highlight)

0.5pt line
(black or colour)

Text area, column 2

0.5pt line

Footnote area - 9pt Roboto Light (minimum) - anchored to baseline