

Response ID ANON-Q39F-ERZB-P

Submitted to Health and Social Care Strategy for Older People
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Place and Wellbeing

1 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?

Please add your response to the text box:

The terminology of sectors used here is confusing and unhelpful, given the lack of inclusion of the independent sector who also play a critical role - often in partnership with other organisations and sectors - to support older people's health and wellbeing in their communities. The independent social care sector - comprising of private, voluntary sector and employee-owned organisations of varying and diverse models and sizes delivering care home, home care, housing support and day care and support - provides the majority of care and support services to older people (89% of care home places and 55% of home care hours for older people) and therefore any strategy aimed at supporting the wellbeing of older people in the future must be cognisant of this and recognise the need for positive partnership across all sectors as the key to achieving better outcomes for older people. Scottish Care's Partners for Integration project - which supports collaboration with the independent social care sector within health and social care partnerships - has evidenced numerous positive examples of where effective engagement and inclusion with the sector has produced better outcomes across areas as diverse and important as promoting physical activity, preventing pressure ulcers, upskilling around dementia awareness and getting the right care in the right place. More information on these and more examples can be found in the Partners for Integration: The Story So Far report.

2 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?

Please add your response to the text box:

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

Please add your response to the text box:

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

Please add your response to the box below:

5 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?

Please add your response to the box below:

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

Please add your response to the box below:

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

Please add your response to the box below:

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

Please add your response to the box below:

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

Please add your response to the box below:

There are over 30,500 older people living in care homes in Scotland any night of the year, and over 800 other individuals living in care home services for adults with mental health issues. Additionally, an estimated 55,000 individuals over the age of 65 access homecare support. Given these figures, it is crucial that high quality mental health care and support is built into the provision of these services which over 85,000 older people access.

Scottish Care's Fragile Foundations report highlighted a need for increased recognition of older people's mental health issues as a human rights issue. The right to health includes the right to have one's mental health supported and addressed regardless of the age, setting or circumstances in which mental health distress and challenges may occur. Whilst this report was published in 2017, the issues raised have not been sufficiently addressed and in fact are more pertinent and urgent than ever in light of the Coronavirus pandemic. Scottish Care's members have shared numerous examples of the ways in which services and staff across both care homes and homecare have required to provide enhanced mental health care and support as a result of lockdown impacts, isolation measures and the removal of additional critical forms of support including direct family contact. In many instances, these individuals and services were the only support and contact available to individuals who were often experiencing significant loneliness, anxiety, depression

and ill health alongside other existing conditions and care needs.

The absence of a robust recognition and acknowledgement within the Mental Health Strategy of the mental health challenges faced by older persons has been a significant oversight, and there needs to be greater understanding across policy areas of the scope of mental health issues facing older individuals in our communities, the interventions and supports which are currently working, and the capacity and ability of the system as it is at present to support wellbeing. This should be a key priority area for a national older people's health & social care strategy, as well as for local planning and commissioning covering both existing and new models of care and support.

There must also be increased resource allocated and protected to prioritise mental health and wellbeing amongst older Scots. The findings of Scottish Care's Fragile Foundations report further highlighted that there are serious issues relating to transitions from adult to older people's mental health provision and support. There is a sense of individuals 'falling through the gaps' and of over dependence being placed on parts of the social care system, notably homecare and care homes often due to a lack of specialist or geographical options available. Whilst these services can play an important role in supporting a range of mental health needs, they are not currently resourced or enabled contractually or practically to meet often significant and specialist mental health needs and instead, there is an increasing sense of having to provide care at crisis point, with very little information or wider support in place. A strategic emphasis on supporting individuals within their community and encouraging independence must be supported by an adequacy of resource and effective collaborative working. Scottish Care wants to see an Improvement Plan centred around addressing the distinctive mental health needs of older Scots.

10 Tell us about your current housing. Do you own your home, or is it social housing? Does it meet your needs, allowing you to live independently?

Please tell us about the type of housing you live in at the moment:

11 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?

Please add your response below:

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

Please provide your response below:

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

Please tell us if there is anything else you would like to add:

A significant omission within the consultation paper is recognition of the role of social care services in supporting wellbeing and consideration of how this can be better utilised in the future, particularly in terms of the role of care homes. Whilst the paper notes the 'A Connected Scotland' strategy, there needs to be stronger links recognised between social care and the support of wellbeing in its widest sense, including but not limited to addressing social isolation and loneliness, and these need to be articulated within this particular strategy. The lack of mention of care homes is particularly problematic, given the role and assets these services offer in their local communities. Whilst the policy ambition to support people in their own homes where possible is correct, it fails to recognise the continued importance of care homes as a positive choice for many individuals when their needs and wishes determine this type of support to be most suitable. There are numerous examples of the ways care homes can reach in to and reach out to their local communities to provide meals, meaningful activities, volunteering opportunities and companionship to name but a few. What's more the skills and knowledge of care staff can serve their communities more widely in areas such as dementia support, palliative and end of life care and wellbeing. For these reasons, Scottish Care's 'What If and Why Not' report asks us to consider the potential for care homes to be considered as a community-based approach and model of lifelong care planning and delivery into the future, rather than a setting and place of care, where their skills and assets can support both residents and communities. The strategy should therefore be considering broader possibilities in terms of how it can support ambitious, person-led and community driven health and social care beyond current understanding of delivery models.

Preventative and Proactive Care

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

Please provide your response in the box below:

Scotland has made significant progress towards health and social care which is person-led and human rights-based and it is this forward-looking journey which we must continue on, not least because the circumstances, needs and preferences of individuals who require care and support have also changed substantially in recent years and in many cases have become much more complex, therefore requiring new and enhanced skills and models of provision. However, where we can learn from the past in terms of what is important to take into the future is in times and models which better prioritised relationship-based, time-flexible support. For instance Scottish Care's 'Bringing Home Care' report tracks the development of homecare provision, highlighting that these services emerged on the basis of relationships and retained this as they evolved into preventative services, delivering the assistance determined by an individual's needs rather than a system's resources. As needs, budgets and priorities changed, so did the focus of home care. From a 'mopping and shopping' support, the preventative dimension of provision became obscured as needs, budgets and priorities changed. This is particularly evident in examining the impact of Free Personal Care and tightened eligibility criteria. Now, home care tends to consist of 'time and task' delivery around an extremely complex set of activities. What is needed is a return to the principles upon which support at home was based, whilst also recognising the extremely skilled and complex work now undertaken by homecare staff to support people who would previously have been in other settings to remain at home with as much independence as possible.

2 What is currently working well?

Please provide your response in the box below:

Whilst there are of course some examples of positive practice within health and social care for older people in Scotland, the reality is that so much of the social care sector is so severely compromised by deficiencies in financial resource, workforce capacity (as a result of recruitment and retention challenges) and the value placed on the sector that it inevitably compromises if not the quality of care provision then certainly the ability and potential for services and staff to innovate, develop and be responsive and flexible to the different needs of older people and other health and social care partners. It is therefore essential that the underpinning systemic challenges facing the sector are comprehensively addressed in order to offer older people a sustainable, high quality health and social care system for the future that offers meaningful choice and upholds human rights.

This involves thinking differently about traditional services and roles and truly embracing integrated approaches that offer equity and parity of esteem. For instance in England, there is work underway which is trialling Care at Home staff undertaking more traditional 'health work' to great impact. It is creating more stable shift patterns for care staff so they can have a salary rather than an hourly rate (providing Fair Work conditions), they are spending more consistent time with people they are supporting so are able to build more stable relations (therefore enhancing the wellbeing of both staff and individuals supported) and it is reducing travel time across organisations (which saves time and is better for planet). These approaches are not particularly radical but evidence effective joined up working that addresses various challenges and delivers better outcomes for all.

3 How do you think services could be improved?

Please provide your response in the box below:

Social care services need to be afforded much greater flexibility to enable them to adapt and tailor support to meet people's needs and wishes in the short, medium and longer term, including at end of life. This requires the enablement of a proactive approach to care and support, rather than the reactive approach that the current system of late assessment, limited capacity and resource and high eligibility thresholds often dictate.

Prevention must be the space in which we re-balance our care and health system through partnership working and proactive local social care-based solutions in order to refocus support on people starting from their own home rather than on acute settings. Home care services have an essential and constructive role to play in the reorientation of planning, costs and delivery of proactive support where they are enabled to do so, and technological innovations offer the potential to also support more proactive care where they can complement the skills and expertise of care staff and support individuals' rights and choices to be upheld.

Preventative care and support can only be realised if it goes hand in hand with a culture shift in how we view not only health and social care and support but how we value and plan for ageing, in order that people are equipped with the knowledge and choices to inform their support options. Scottish Care's 'Coileanadh' report, which sets out 8 key concepts for the future of social care, advocates for a life course approach to how we provide information, promote awareness, provide opportunities for learning and normalise expectations around health, wellbeing and support as we grow older. That way, people can prepare for and navigate life stages and emerging and future support needs more proactively and positively.

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

Please provide your response in the box below:

5 How much do you know about Anticipatory Care Plans?

Please provide your response in the box below:

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

Please provide your response in the box below:

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

Please provide your response in the box below:

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

Please provide your response in the box below:

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

Please provide your response in the box below:

Anticipatory Care Planning should be undertaken as early as is possible and appropriate in someone's care journey, in order to minimise the need for decision making in times of crisis as is so often the case currently. Given their communication skills and relationships with individuals, including their ability to identify additional needs or periods of decline in someone's health and wellbeing, social care staff often support this and could do so more effectively if they were recognised and resourced properly to undertake this role.

It should be noted that the negative experience of the inappropriate use of DNACPRs during the early stages of the Coronavirus pandemic has arguably made the work of developing ACPs harder. Work needs to be undertaken to ensure that planning is part and parcel of later life and ageing. It may even require different language and terminology, such as a Later Life Plan, or An Ageing Plan, in order to be less off-putting. This would also be more reflective of the fact that for some, support may be required, for others care and others still may want to indicate what they would like at end of life and what matters most to them. Included in consideration of effective Anticipatory Care Planning must be the importance of developing within the 'ACP' a section

on the role of technology in later life and in relation to complementing care and support. This should include individuals' stance on issues such as data sharing, privacy, use of monitoring technology, etc and they should be supported to understand different implications and choices available to them which might in turn require consideration of additional roles and expertise amongst the health and social care workforce. We would recommend referring to Scottish Care's work on human rights and technology, including 'TechRights' and 'A Vision for Technology and Digital in Social Care' to support this.

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

Please tell us in the box below if there is anything you would like to add on this section:

Integrated Planned Care

1 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?

Please provide your response in the box below:

2 What was your experience of these services?

Please provide your response in the box below:

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

Please provide your response in the box below:

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

Please provide your response in the box below:

There are three areas where we believe change is essential in order to achieve effective joint working:

- Better understanding of social care both by professionals and wider society, incorporating an articulation of its distinctive contribution and how this differs from health care. This includes recognised the value of 'social' care and how this supports wellbeing in its widest sense. Scottish Care produced a suggested definition of social care within our 'What Does A Human Right to Social Care Look Like?' report which we recommend as useful to supporting this area of improvement - 'The enabling of those who require support or care to achieve their full citizenship as independent and autonomous individuals. It involves the fostering of contribution, the achievement of potential, the nurturing of belonging to enable the individual person to flourish.'

- Increased professional esteem, recognition & respect within health and social care, particularly for social care staff and especially in relation to decision making and information sharing. Throughout Scottish Care's research and feedback from practice on the ground, we hear examples of where this is lacking or inconsistent and the very real harms this does not only to partnership and workforce morale (and ultimately staff retention) but also to decisions and outcomes around individuals' care and support, including instances as extreme and unacceptable as ambulance refusals and withholding of healthcare due to dismissal of the professional judgement and feedback of social care staff who often know the health and wellbeing indicators of the people they support best.

- Currently there is a significant burden on social care services to produce and report regularly on data in various forms. Whilst data is essential for the planning, monitoring and improvement of support, the current reality is of substantial duplication, over-reporting and lack of feedback or access to that data by various stakeholders. In order to improve joint working, there needs to be more effective, streamlined, user-friendly mechanisms for capturing and using data which is citizen led, with the ability for professionals across health and social care to access appropriate information and data in a timely manner. This also extends to information sharing between services, which can often be delayed or refused on the grounds of 'data protection' but which often represents a risk averse approach to sharing essential intelligence needed to make informed decisions about someone's care and support needs.

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

Not Answered

6 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?

Please provide your response in the box below:

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

Please provide your response in the box below:

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

Please provide your response in the box below:

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

Please provide your response in the box below:

10 What additional support would you need to make online or telephone medical appointments easier?

Please provide your response in the box below:

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

Please provide your response in the box below:

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

Please provide your response in the box below:

13 What needs to be improved?

Please provide your response in the box below:

14 Is there anything else you would like to add?

Please add any additional comments you have on this section:

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

Please provide your response in the box below:

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

Please provide your response in the box below:

Existing partnership work between palliative care specialists such as hospices and social care services has provided invaluable opportunities for shared learning, better understanding across the sector and peer support, including during the pandemic when much of this connection had to be undertaken virtually. As per Scottish Care's 'Trees that Bend in the Wind' report which focused on palliative and end of life care provision in the social care sector, this collaborative approach supports delivery to be joined up and for resources to be maximised effectively at a local level.

The creation of a Bereavement Charter for Adults and Children in Scotland, which Scottish Care was part of, is also extremely positive work in supporting access to bereavement care for all as a human right. This is even more important in light of COVID-19 and the many individuals, families and health and social care staff who are dealing with bereavement and trauma.

In Scottish Care's engagement with stakeholders across health and social care, including individuals who experience support and their loved ones, a consistent message is the positive role of social care staff - often but not exclusively care home staff - in providing high quality, relationship-based, sensitive and inclusive palliative and end of life care not only to individuals but to their wider support networks. Again, the Strategy should reflect these forms of support as necessary and ones that should be learned from, supported and enhanced wherever possible to continue to ensure equitable access to support.

17 What could be improved?

Please provide your response in the box below:

Again, Scottish Care's 'Trees that Bend in the Wind' report made a number of recommendations for areas of improvement in relation to palliative and end of life care within Scotland's social care sector. There still requires to be more consistent access to high quality care and support for all who require it, and for this support to be better recognised, valued and resourced. Part of this requires better understanding of the services, supports and options available to people, which effective anticipatory care planning and availability of advocacy services can help to facilitate.

For people to live and die where they want to be with the right support, we need to resource services to have the staff and skills required to support people best with palliative and end of life care needs or we risk diminishing and reducing support rather than improving it. For instance, the current homecare crisis caused by staff shortages and unsustainable funding means more people who could have been supported at home will likely end up having to be supported in hospitals or other settings. The full pathway of support must be invested in and valued, not only acute services, if we are to get support such as palliative and end of life care right and ensure it is based around the needs and wishes of individuals, as it should be.

18 Is there anything else you would like to add?

Please any additional comments you have on palliative and end of life care:

19 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?

Please provide your response in the box below:

20 Who would you prefer to have these conversations with?

Please provide your response in the box below:

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

Please add any additional comments you have on this section:

Integrated Unscheduled Care

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

Please provide your response in the box below:

2 What could be improved?

Please provide your response in the box below:

3 Is there anything else you would like to add?

Please provide your response in the box below:

4 What support do older people need after surgery?

Please provide your response in the box below:

5 Do you have any experience of Hospital at Home? What are your thoughts on the service?

Please provide your response in the box below:

Much more consideration should be given to how care at home services can effectively support models such as Hospital at Home. Whilst such support may include acute and secondary health pathways, these should lead on to the vital contribution from homecare teams in order to continue to support recovery, reablement and wellbeing. It is a clear example of where there must be a joined up, integrated approach to health and social care and individuals' pathways through supports. Without valuing and investing in a stable and skilled homecare sector to enable continuity of quality provision, there risks a 'cliff edge' in terms of care and support access.

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

Please provide your response in the box below:

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

Please add below any additional comments you have on this section:

The strategy's description of planned and unplanned care reads as predominantly hospital focused and clinicalised. There needs to be more recognition of the role of social care in supporting both planned and unplanned care and therefore what is required to enable social care services to do this effectively, recognising that they are often supporting people at times of crisis and supporting the rest of the health and social care 'system' in doing so. However, it must be recognised that planning for integrated unscheduled care must be about what delivers the best outcomes for the individual. The focus should not be on what best relieves pressure on acute settings or on approaches that mean people fitting into 'the system' rather than planning and designing supports around their needs.

8 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.

Please add any additional comments you have in the box below:

About you

1 What is your name?

Name:

Becca Young

2 What is your email address?

Email:

becca.young@scottishcare.org

3 Are you responding as an individual or an organisation?

Organisation

4 What is your organisation?

Organisation:

Scottish Care

5 Where in Scotland do you live?

Please select your answer from the dropdown list:

6 What age are you?

Please select your answer from the dropdown list:

7 The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

8 We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

9 I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent