Consultation Response

Health and Social Care Strategy for Older People

June 2022

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. We work with our members and others to address health inequalities and to help people and communities live healthier and fairer lives. Our members and network include a range of medium and large condition specific organisations, smaller community organisations, as well as social enterprises.

In this response we focus strongly on older people's mental health, as an area needing concerted attention and effort. Since 2019 VHS has led an initiative involving Support in Mind Scotland, the Mental Health Welfare Commission and other third and public sector bodies, to gather evidence and raise awareness about what happens to people with serious mental health conditions, other than or alongside dementia, once they become 65. Issues we have explored include under-diagnosis, under-provision, poor transitions from 'adult' services to 'older people' services, discrimination and the ignoring of human rights. For some people with serious mental health issues, their 65th birthday feels like 'falling off a cliff' in terms of service provision. For example, on their 65th birthday some people with schizophrenia will lose all support from the community psychiatric nursing service. In this response we draw heavily on the evidence we gathered and published as "Falling Off a Cliff at 65: Mental Health in Later Life."[1]

VHS also facilitated an engagement event with our members and the Scottish Government's Cancer & End of Life Care Unit on the Health and Care Strategy for Older People. We have fed the views of our members into our response.

Place & 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?*

Eat Well Age Well: Preventing malnutrition in older adults is key to improving older people's health and wellbeing and reducing health inequalities. We welcome Eat Well Age Well being recognised as an example of best practice in the Health & Social Care Strategy for Older People.[2] Early identification and regular malnutrition screening are key to supporting older adults at risk of malnutrition to improve their diet and quality of life. Eat Well Age Well provide a range of resources to help support older adults or those who work with/care for older adults who may be concerned about their diet, difficulties eating and whether they are eating enough.

[1] https://vhscotland.org.uk/falling-off-a-cliff-at-65-discussion-paper-and-evidence/

[2] https://vhscotland.org.uk/jens-blog-eat-well-age-well-preventing-malnutrition-in-older-adults/

Generations Working Together: Generations Working Together (GWT) the centre for excellence in in intergenerational work in Scotland places emphasis on the '*real*' difference that intergenerational work makes to health and wellbeing of individuals both young and old and the communities that they live in. Intergenerational work can tackle issues in our communities to help build safer places, reduce inequality, social isolation, and loneliness, build relationships that improve mental health and wellbeing and listen to community voices on issues that contribute to the social determinants of health. GWT wrote a short piece for VHS in September 2021 outlining some positive examples of intergenerational projects.[3] These included the Guide to Intergenerational Practice Involving Good Food[4], the Old's Cool toolkit[5] and the Apples and Honey Nightingale House, an intergenerational nursery collocated in the ground of a care home.

Referrals to the third sector: There are multiple third sector organisations operating at a local level in communities to improve older people's health and wellbeing. During the pandemic we saw organisations pivot towards the specific needs of communities and we were given the flexibility by grant funders to do this. However, there are now significant concerns that this flexibility to adapt services to the needs of communities will be lost. Additionally short-term funding cycles mean that by the time local initiatives are established they lose funding and communities are left with a significant gap in service provision. During our engagement on this strategy, we heard from an organisation which set up a befriending service and was still receiving calls from people asking for support once its funding had ended. The project only received short term funding so they could no longer provide the service, but it was clearly still needed in the community. By the time GPs hear about some of the third sector initiatives they could be signposting to, funding is coming to an end. This leaves GPs feeling reluctant to refer to community organisations all together. Furthermore, we have heard that initiatives in the community which support people's mental health are increasingly getting referrals of people with higher support needs. The third sector continues to plug gaps in a health care system which is struggling under pressure, but we need long-term sustainable funding to develop and maintain local services.

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

The transition between adult and older people's mental health services needs to be significantly improved. It is said that for some people with serious mental health issues, their 65th birthday is like 'falling off a cliff' in terms of service provision. Voluntary Health Scotland worked with colleagues across the third sector to explore this issue and produced a briefing and research on the specific issues in service provision for older people's mental health.[6] According to research conducted by Support in Mind Scotland with older people who use their services, they found a 75% reduction in access to Community Psychiatric Nurse support for people on reaching the age of 65. The research also highlighted the lack of community mental health

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[3] https://vhscotland.org.uk/bellas-blog-intergenerational-approaches-make-a-real-difference/

[4] https://www.fflgettogethers.org/media/rmqcm2zq/ffl_gt_guide_intergen_practice_good_food.pdf

[5] https://education.gov.scot/improvement/documents/cld32-olds-cool-ip.pdf

[6] https://vhscotland.org.uk/wp-content/uploads/2020/03/FALLING-OFF-A-CLIFF-AT-65-DISCUSSION-PAPER-AND-EVIDENCE-Final.pdf

services and projects for people 65 and over, due to restrictions applied by funders. There was also a lack of joined up care for people suffering from a range of multi-morbidities which can be the case for people as they age and experience physical and mental health issues.

A key issue was that the focus of services and support for older adults tended to be on dementia and not on other forms of mental ill health which can be experienced for example, depression, anxiety, schizophrenia, bipolar disorder among others. This meant that a large cohort of older adults were left without support to manage their mental health issues and this often impacted on the physical health outcomes they experience.

The ‘Falling Off a Cliff at 65: Mental Health in Later Life’ research partnership commissioned NHS Health Scotland, now Public Health Scotland, to identify the key issues in mental health diagnosis of people aged 65 and over. It found:

- Depression in older people was under-diagnosed and under-treated.
- There were several diagnostic assessment tools available for use with elderly patients.
- Evidence showed that older people were less likely to be referred to specialist services compared with younger people.
- Patients aged 60 and over were identified as being less likely to seek medical help for their mental health as well as being less likely to receive adequate treatment if they did, in comparison to younger adults.
- There was limited evidence on the treatment of older people’s mental health beyond dementia and depression suggesting that further research in this area was required.

From the ‘Falling Off a Cliff at 65: Mental Health in Later Life’ research some policy solutions were developed based on commitments from the Scottish Government’s Mental Health Strategy 2017-27:

- **Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system:** The former HM Chief Inspector of Prisons David Strang’s report, Who Cares? Lived Experience of Older Prisoners in Scotland’s Prisons illustrated the issues that older prisoners faced.[7] The report identified a number of issues, including isolation with older prisoners expressing fears about ageing and dying alone in prison as well as inadequate accommodation which was not designed for elderly prisoners and long waiting times for prescribed medication, all of which impacted negatively on mental health and wellbeing. The report made a number of recommendations, including that the Scottish Prison Service and the Scottish Government work together to produce a strategy for dealing with Scotland’s ageing population. It also recommended that accommodation and activities available to prisoners should be based on their health and social care needs and that older prisoners should have a health and social care plan that goes with them if they move to a different prison. This report was recently reviewed and progress towards

[7] https://www.prisonsinspectoratescotland.gov.uk/publications/who-cares-lived-experience-older-prisoners-scotlands-prisons?page=4

achieving the recommendations was described as "patchy and inconsistent".[8] It concluded the regime design did not always take account of the complex needs of older prisoners to allow them to take up opportunities for visits, exercise, and outdoor recreation. Notably it found older prisoners were deeply concerned about access to medical care and the risk that medical appointments were overlooked. These issues and the health and wellbeing of the older prison population should be considered in the health and social care strategy for older people.

- **Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation:** Voluntary Health Scotland is a member of the forum, which under the leadership of Support in Mind Scotland has developed into a very well supported, large and dynamic network that deserves continuing government support to sustain it. Its membership includes independent and private sector organisations and employers, as well as third and public sector, so is an important example of collaboration and joint working. The forum aims to raise awareness of rural mental health issues on a range of platforms and works in partnership with a range of organisations. In rural areas people over the age of 65 face a number of barriers to accessing support and services (for example, transport, a lack of services, lack of anonymity of services in close knit communities, stigma among others) that can impact on their mental health and wellbeing and it is important for organisations to come together in a collaborative way to tackle these barriers and provide joined up support.
- **Fund work to improve provision of psychological therapy services and help meet set treatment targets:** Evidence suggests that psychological interventions with older people are effective, despite this, older people do not have access to appropriate psychological approaches and treatments. Data shows that as many as 80% of older people with depression do not get any treatment at all, either medication or psychological therapy. A report by the Older People's Psychological Therapies Working Group, showcases seven principles of good psychological care for older people.[9] These are:
    1. A psychologically- and age-aware workforce across all services.
    2. Specialist older people's psychological services based on need not age.
    3. Access for older people to general non-age related services where appropriate.
    4. A matched care approach that meets the needs of older people.
    5. Sufficient numbers of highly trained staff available to undertake low and high intensive therapy, plus training, research and service development.
    6. Trained staff who have reserved and protected time to undertake such work.
    7. Ongoing clinical support, clinical supervision and reflective practice opportunities
- **Ensure equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without a mental illness diagnosis.**

[8] https://www.prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/HMIPS%20-%20Who%20Cares%20-%20A%20follow-up%20review%20of%20the%20lived%20experience%20of%20older%20prisoners%20in%20Scotland%27s%20prisons%202020%20Report.pdf

[9] https://vhscotland.org.uk/wp-content/uploads/2020/03/FALLING-OFF-A-CLIFF-AT-65-DISCUSSION-PAPER-AND-EVIDENCE-Final.pdf

According to the report, The Challenge of Delivering Psychological Therapies for Older People in Scotland, there is a bi-directional relationship between mental and physical health where one exacerbates the other. The co-morbidity of physical illness and psychological factors in older people has a negative impact on outcome: long-term conditions increase depression and anxiety which in turn slows recovery. Psychosocial factors, such as loneliness and poverty also play a major part in exacerbating illness. Significant efforts need to be made to reach those "missing in health", who are less likely to engage with primary care and less likely to be taking up screening opportunities. This can be achieved by implementing an approach of proportionate universalism, targeted those experiencing barriers to taking up screening opportunities and supporting them to do so.

- **Explore innovative ways of connecting mental health, disability, and employment support in Scotland**. Joined up, accessible support at all stages throughout one's health care journey. It is important that older adults are able to access joined up care and support in an accessible manner and that both mental and physical health needs of people can be tended to. This can act as a preventative measure supporting both mental and physical recovery and management of conditions. It is also important to move away from the assumption of hard to reach demographics and gear services and activities up to being more accessible.

Too many older people with serious mental health conditions are denied their rights and access to appropriate services based on their age. Some of the issues raised cross into other portfolios, we believe it is essential that we take a cross-portfolio approach to reducing health inequalities. Without a joined-up approach people will continue to experience gaps in provision and the underlying causes of health inequalities will persist. Tackling inequalities should be central to the Health & Care Strategy for Older People starting with under-diagnosis, under-provision, poor transitions from 'adult' services to 'older people' services, discrimination and flouting of human rights in mental health services.

<u>Preventative and Proactive Care</u>

3. How do you think services could be improved?

Primary Care: Primary care is normally the first port of call for anyone seeking help for their mental health. It is therefore important that the primary care workforce is equipped to identify older people with mental health issues and any complex co-morbidities in order to be able to offer the best tailored support. The current triage model in primary care doesn't always work well for people with comorbidities, which is the case for many older people. Older people need to be enabled to access care for multiple issues at once. Older people are the main cohort of patients supported by primary care, but are not well served by short (ten minute) appointments where they are asked to present a single issue in the interests of time. This does not promote a person centred approach or holistic care and does not reflect a Realistic Medicine approach either. There are now over 220 Community Link Workers attached to primary care practices, with up to 1,000 Mental Health Link Workers planned as an additional resource over the lifetime of the current Programme for Government. It is not evident, to date, that data is being gathered and analysed about the extent to which older patients, in particular those facing the greatest health

inequalities, are able to access and benefit from link workers. This should be an area for attention and development.

Mental Health: Please also see our response to question nine on ensuring equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without a mental illness diagnosis. Additionally, mental health support should also be prioritised during treatment for long-term conditions. With regards to other prevention, we know that some people with serious mental health conditions were very reluctant to take up the Covid-19 vaccines, for a complex set of reasons and barriers, for example the nature of their condition, their existing experience of medication, treatment or public services, and intersectionality with poverty and social exclusion. For example, the Stafford Day Care Centre expressed these concerns very strongly to VHS in April 2021.

Predeterminants of Health: There should also be holistic support available for older people to tackle issues such as poverty and loneliness. We have been hearing from members that some people with long-term conditions are struggling to keep up with the cost of running medical equipment at home due to the rise in the cost of living. People are choosing between their care, heating and eating. Housing, heating and access to good food are especially important for older people who are often more vulnerable during economic shocks due to pre-existing conditions and/or a fixed income. Moreover, as household budgets come under pressure people will no longer be able to afford leisure and social activities, which will have a detrimental impact on social isolation and loneliness. Age Scotland has highlighted 150,000 pensioners in Scotland live in poverty and has called for efforts to be made to increase take-up of pension credit.[10] Although social security is outwith the scope of this strategy, the health service has a significant role to play in signposting older people to the support they are entitled to.

Home Adaptions: In response to this strategy, Cumbernauld Action for Care of the Elderly (CACE), has highlighted larger adaptations for people's homes often have to be recommended by doctors or social work departments which can take a very long time. This can have a significant negative impact on older people's independence, confidence and their overall safety. The whole process of referral for these adaptions needs to be more straightforward and less stressful as older people struggle with the upheaval.[11]

Accessibility: Providing care which is as consistent and reliable as possible is incredibly important for older people. Having access to the same GP and locating services in the same place makes care much easier for older people who might struggle with travel and leaving the house. Additionally, community transport support should be consistently available for those with mobility issues and this requires investment. This service is generally provided by community and third sector organisations, but it needs to be expanded and organisations need resources to do so.

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[10] https://www.gov.scot/collections/poverty-and-income-inequality-statistics/
[11] https://www.cace.info/

Health Checks: CACE, a charity based in Cumbernauld which promotes the welfare of vulnerable, older people and their carers has raised the potential benefits of Health Checks at regular intervals for older people, as is seen in England. We agree more regular health checks should be explored. If targeted provision is required due to constraints on capacity in the health service, those most likely to be at risk and/or those "missing in health" should be targeted for these checks. VHS believes an approach of proportionate universalism coupled with assertive outreach to those least likely to engage with screening programmes is the best way to avoid worsening health inequalities.

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

Restrictions Applied by Funders: VHS research with partners found a lack of community mental health services and projects for people 65 and over, due to restrictions applied by funders.[12] Removing age as a barrier to access is key if we want to enable older people to stay active and engaged in their community.

Support to Engage: Befriending services, such as those provided by CACE, give older people confidence to leave their homes. Door to door transport support through befriending also helps with mobility and confidence issues on public transport. Having free of charge groups in the community also attracts older people in need of social interaction as rising heating and food bills are often prioritised by the older generation rather than social occasions.

Everyday Exercise: During our engagement on the Health and Social Care strategy for Older People one of our members highlighted that enabling older people to take part in physical activity isn't necessarily about getting them to and from an exercise class. We need to think about how we can support older people to stay active in their everyday life to maintain as much independence as possible. We need to enable older people to participate in a wide range of activities in their local community, from walking to get their shopping to recreational activities and engaging in the community. This involves creating inclusive and accessible places and transport system that allow for everyone to take part and build community connections.

Living Streets: Through its Walking Connects project, Living Streets works alongside older adults to develop ideas for ways to access their communities and walk more. Living Streets asked their participants what would support them to walk and if there was anything holding them back. Keeping footpaths clear from clutter and well maintained to avoid falls was a serious barrier raised. Older adults with impaired mobility or vision felt particularly at risk when they came into contact with other modes of transport. Pedestrian crossing lights that were green for only seconds at a time leave people feeling vulnerable to traffic, and path designs that bring cyclists and pedestrians into the same space can lead to people feeling unsafe. Other suggestions included places for breaks like seating at a bus stop. More information about Walking Connects is available here.[13]

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[12] https://vhscotland.org.uk/wp-content/uploads/2020/03/FALLING-OFF-A-CLIFF-AT-65-DISCUSSION-PAPER-AND-EVIDENCE-Final.pdf

[13] https://vhscotland.org.uk/kates-blog-rights-of-way-what-affects-older-adults-walking-to-stay-healthy-and-happy/

Accessibility: Additionally, the Royal National Institute of Blind People (RNIB) has highlighted the importance of accessible services in preventing ill health. The vast majority of people with sight loss and visual impairment are older people. RNIB estimates that one in five people will live with sight loss in their lifetime and an ageing population is a significant factor in the anticipated increase in those living with sight loss.[14] RNIB raised concerns about the Public Health Scotland physical activity referral standards and whether these referrals were being carried out in a suitable way for blind or partially sighted people.[15] Creating accessible spaces could be about specific classes or even better training for the person leading the class in supporting people with sight loss to make people feel more welcome.

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

Online Services: The pandemic highlighted the importance of digital literacy in maintaining connections with the community and support through services. Support in getting people online and improving their digital literacy remains incredibly important as some services are still only offered online. Improving digital access would also build in resilience for future outbreaks and during winter when more vulnerable people may be more reluctant to leave the house. Online support also offers a way of engaging for older people who may be carers themselves without the flexibility to leave their home. We believe online options, especially in healthcare, should never be the only offer, but it is important people are empowered to engage online where possible. Currently digital poverty and literacy are both significant barriers to older people in engaging with services online. It is important to remember that online and telephone appointments will never be a good solution for some older people by nature of their health condition, in particular dementia. Access isn't necessarily simply a matter of having an internet connection and computer or smart phone. Some conditions mean patients require adaptations and the current digital offering does not cater to their needs. On a similar issue, the appointment length allotted to patients should be based on the patient's condition and tailored to their communication needs. The 20-minute appointment universally allotted to patients is challenging for people who face barriers in communication and may require longer appointments by nature of their condition.

Unpaid Carers: We have significant concerns about respite and support for unpaid carers, many of whom are older. Since the pandemic we saw many respite and support services were stopped and in many cases these have not returned. Unpaid carers face significant health inequalities which need to be given serious consideration as part of this strategy. In many cases they aren't able to look after their own health and wellbeing as they are the sole-carer for their loved one. Support for unpaid carers needs to be dramatically increased and services need to be flexible to their needs.

[14] https://www.rnib.org.uk/sites/default/files/Key%20stats%20about%20sight%20loss%202021.pdf
[15] https://www.publichealthscotland.scot/media/11345/physical-activity-referral-standards.pdf

Integrated Planned Care
17. What could be improved?

We anticipate VHS members Scottish Partnership for Palliative Care and Marie Curie will be submitting responses and they are experts in this area. The Scottish Parliament's Health Inequalities Cross Party Group, which VHS has been secretariat to for seven years, discussed inequalities in palliative care in January 2021. The meeting focused on dying while homeless, which is often an indicator of multiple disadvantage and leads to specific barriers in accessing palliative care. We would urge government to read our summary of this discussion with stakeholders.[16]

During the meeting Dr Joy Rafferty, a speciality doctor at Strathcarron Hospice and Master of Public Health, explained that homelessness was not just about housing it is an indicator of multiple exclusion and complex need. Homeless people have worse health than the general population, with 80% having at least one physical health problem and more than 20% suffering from three or more health problems. The mortality rates for people who are homeless are around four times that of the general population, even after adjusting for health problems requiring hospitalisation and deprivation. The Scottish Government's latest homelessness statistics show that older applicants are more likely to become homeless from the private rented sector and fail to maintain accommodation due to physical health.[17]

Palliative care is related to better quality of life, even at times longer life, and better outcomes. It focusses on living well until you die. Dr Joy Rafferty highlighted that homeless people have complex palliative care needs and can have significantly worse symptoms at end of life than other end of life groups. However, they have poorer access to quality palliative care, worse outcomes and often die without accessing any end of life care.

Research by Dr Wendy Ann Webb, 'Life's hard and then you die: the end-of-life priorities of people experiencing homelessness in the UK, shows that issues such as the need for self-determination and control are crucial for people who are homeless and nearing end of life, with the need for more involvement in decisions around health and treatment.[18] People who are homeless often have spiritual concerns and distress, and repeated themes are around regrets, suffering, reconciliation and forgiveness. They also have a range of practical concerns, such as funeral costs. For many homeless people psychosocial care is more important, and they would like their physical care to mean they are treated with kindness and respect, not judged, and understood and accepted. They would like to have palliative care in a familiar environment, where they feel comfortable and with people they know.

Research has also highlighted the need for professionals to take the initiative. Homeless people reported they were unlikely to approach professionals if they were seriously ill and it is helpful for professionals to take the initiative and regularly visit where they are staying. There are many barriers to homeless people receiving palliative care including the fact that many die young and it is hard to give a

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[16] https://vhscotland.org.uk/wp-content/uploads/2021/02/CPG-HI-draft-minutes-26-1-21-Final.pdf
[17] https://www.gov.scot/publications/homelessness-scotland-2020-2021/pages/8/
[18] https://www.researchgate.net/publication/340174579_Life's_hard_and_then_you_die_the_end-of-life_priorities_of_people_experiencing_homelessness_in_the_UK

prognosis or understand the trajectory of their conditions. Homeless people can often live very chaotic lives and can be a transient community which means that continuity of care is difficult. Service providers' default assumption is that people have a home. In order to overcome these barriers greater awareness is needed and the role of community specialist palliative care nurses should be developed; the provision of trauma-informed heath and care training for all staff is needed, as well as provision of in-reach into hospitals, especially A&E where many homeless people present.

Integrated Unscheduled Care

2. What could be improved?

Access to support: During our "Falling off a Cliff" research with partners on the specific issues in service provision for older people's mental health VHS made recommendations for unscheduled care.[19] These recommendations centred on the need for support and services within communities. The Scottish Government's Mental Health Strategy made a commitment to ensuring unscheduled care took full account of the needs of people with mental health problems and addressed the longer waits experienced by them. The strategy also committed to working with NHS 24 to develop its unscheduled mental health services to complement locally-based services. VHS felt there needed to be support available for vulnerable older people with mental and physical health issues when they present to out of hours services as well as services within their communities. It is also important to have a range of support available within a community to reduce barriers for older people with mental health issues who may face access issues.

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[19] https://vhscotland.org.uk/wp-content/uploads/2020/03/FALLING-OFF-A-CLIFF-AT-65-DISCUSSION-PAPER-AND-EVIDENCE-Final.pdf