Cross-Party Group on Older People, Age & Ageing

Wednesday 5th June 2024 - 1pm-2.30pm

Minute

Present

MSPs

Jeremy Balfour - Convenor
Colin Smyth MSP

Non-MSP Group Members

Louise Brady – Independent Age
Elizabeth Baikie – Lothian Older People's Psychology Service
David Budd – Partners in Advocacy
Pedro Cameron – Housing Options Scotland
David Cavanagh – Salvation Army
Eileen Cawley – Scottish Pensioners Forum
Iain Couper – ACE IT (Observer)
Diana Findley – Borders Older Peoples Forum
Beth Friel – Carers Trust Scotland
Anne Gallacher – Luminate
Graham Galloway – Meeting Centres Scotland
Jen Grant – Food Train
Teresa Lavery – SOPA
Mark McDonald – Scottish Autism
Leeanne McGurk – University of Dundee
Fiona McIntyre – Royal Pharmaceutical Society
Brian Murphy – Scottish Fire & Rescue Service
Denis O'Keefe – Voice of Experience Forum
Catherine Quinn – British Geriatrics Society
Jules Robinson – ROSPA
Christine Ryder – Outside the Box
Arvind Salwan – Care Inspectorate
Jo Savege – Mental Welfare Commission for Scotland
Colin Scott – Hourglass
Donna Scott – Robert Gordon University
Mehar Shagufta – Playlists for Life
Prof Judith Sixsmith – Dundee University
Adam Stachura – Age Scotland
Sarah Van Putten – LifeCare Edinburgh

In attendance
Julia Shillito – Senior Caseworker Jeremy Balfour MSP
Andrea Ma – Age Scotland (Secretariat)
Rachel Hewitt – Healthcare Improvement Scotland
Silas McGilvray – Healthcare Improvement Scotland

Apologies

Christine Graham MSP
Moira Bayne – Housing Options Scotland
Sam Blackley – British Geriatrics Society
Bernadine Blair – Scottish Fire & Rescue Service
Sophie Bridger – Chest Heart and Stroke Scotland
Michelle Candlish – Linking Lives
Tony Donohoe – SOPA
Chloe Fawns-Ritchie – University of Dundee
Jennifer Forsyth – Obesity Action Scotland
Alan Gow – Heriot Watt University
Rebecca Hoffman – LGBT Health & Wellbeing
Debbie Horne – Independent Age
Susan Hunter – Befriending Networks
Rose Jackson – Scottish Pensioners Forum
Dr Murdo MacDonald – Church & Society Council - Church of Scotland
Hetty Malcolm-Smith – SOPA
Carolynn Malone – Housing Options Scotland
Robert McGeachy – Food Standards Scotland
Sarah Murray – Royal Voluntary Service
Martha Pollard – University of Edinburgh
Michelle Riddock – Simeon Care
Pat Scrutton – Intergenerational Network
Ruairidh Smith – Generations Working Together
Kim Stringer – Vegetarian for Life
Iain Templeton – Partners in Advocacy

Agenda item 1

Welcome

Jeremy Balfour MSP welcomed and thanked everyone for their attendance to this meeting.

Agenda item 2

Minutes 6th March 2024 (AGM) Meeting

The Minutes were accepted by the membership as accurate.

Agenda item 3

Matters Arising

No matters arising were raised.

Agenda item 4

New Member Requests

There were no new member requests

Agenda item 5

Presentations

An update on the Commissioner for Older People Bill proposal and consultation – Colin Smyth MSP

An update was provided on the Bill to be brought forward before Parliament to establish an Older People's Commissioner, which will establish in law an independent champion for older people, similar to the role established for Children's Commissioner in Scotland.

It is not to have an alternative to the Older person's minister but to have an Older Person's Commission that exists in Wales and Northern Ireland, which would be independent of Government.

The 5 main aims in the bill are that the Commissioner is to have powers to:

- raise awareness of the rights and issues facing older people in Scotland and the need to tackle those issues
- promote the need to eliminate discrimination against older people in Scotland (eg improving recruitment processes)
- encourage best practise in the treatment of older people, whether that's our public services, workplaces or communities. Fourthly, they would have a key role and keep it under regular review.
- review adequacy and effectiveness of the current laws in existence for older people
- investigate issues and concerns that matter to people in later life.

Consultation occurred on the bill and those 5 aims last year. The publication of results will be due in the next few weeks.

Mr Smyth MSP took the opportunity to thank everyone who participated in the consultation process, provided suggestions, and their support for the bill. He added that he has taken a considered approach for the following reasons:

- the Parliament's finance and Public Administration Committee are currently carrying out an inquiry on Scotland's Commissioner Landscape, and

- the government are also committed to publishing a Human Rights Bill

Recommendations from the inquiry will need to be considered as will the Human Rights Bill and whether it could strengthen the human rights of older people.

He is exploring how Parliament could consider a specific bill for an Older People's Commissioner before the next Scottish election. The bill would be drafted over the summer recess, with a view to bring it before Parliament before the end of this year for consideration and to give MSPs an opportunity to vote.

The convenor opened the floor for questions and thanked Mr Colin Smyth for his update. There were no questions from the CPG.

The convenor took the opportunity to provide a brief update on the Disability Commissioner Bill and stated that the bill has been progressed to the Equalities Committee with the first evidence session held on 4th June. A further two evidence sessions would be held before the summer recess with views from charities and individuals. In September the Bill would be looked at afresh. The stage one report is expected to go to Parliament, after the October recess.

A consultation on Ageing & Frailty Standards- Draft standards for the care of older people – Rachel Hewitt, Programme Manager and Silas McGilvray, Project Officer, Healthcare Improvement Scotland

A brief introduction was provided as to the role of Healthcare Improvement Scotland in providing evidence-based recommendations, for health and social care, such as development of SIGN guidelines, and inspections in hospitals. Additionally Healthcare Improvement Scotland look at improvement and support, intelligence and evidence, and provide assurance for health services across Scotland. This includes development of national standards on what people should expect to experience.

The ageing and frailty standard is to replace the 2015 care of older people in hospitals standard. The importance and impact of the standard, and how people can get involved and provide feedback via the consultation was explained.

The standards are for people who plan, commission, develop and deliver services. It provides national consistency for the service expected which should be safe,

effective and person centred; reduces unwarranted variation across Scotland; and allows for flexibility in local implementation as not one size fits all.

Standards are generally used as a benchmark, and what they plan improvement work around. It can also be considered as part of the wider quality management system and a tool to self-assess and measure how they are doing in meeting people's needs and providing services.

The standards are written with consideration to advance equality, promote diversity and champion human rights, as such they tackle health inequalities and enhance improvements in health and social care for everyone, regardless of their protective characteristics. The standards were developed with evidence from people with lived experiences, including Scottish Older People's Assembly (SOPA), residents in care homes across Scotland and collecting views from various events in different areas. A standards development group was gathered with various representatives from across the sector, which reviewed the best evidence to develop the draft standard. A consultation is running presently to gather further additional views to allow further opportunity for feedback.

Healthcare Improvement Scotland uses robust international methodology as part of its governance mechanism, to reduce bias and are open and transparent about the entirety of the process. They support NHS boards and services in quality management, and quality assurance. A lot of it involves co-design and co-production with service providers and other stakeholders.

The intention of the standards is to support people to live well and age well, and what aspects of health and social care services need to be available to enable people to live the life they want into their old age. The revised standard applies to all settings and not hospital alone, including care homes, peoples' homes and hospital with a focus on age related frailty: older people who are living with frailty, or at risk of frailty. It provides a holistic approach, about what an older person may need what works best for them.

A general overview was provided on the 11 standards within the wider Ageing and Frailty Standard and an explanation that each has a standard statement, rationale and criteria:

- Service Design: Should be provided with a holistic approach, with involvement of the person receiving the care in planning of services and decision making including social support in the community, and social care for example.
- Identification and assessment: identifying those who may have frailty or be at risk of it and the severity of the condition in order to provide early prevention, and intervention and support required such as dietetic advice, and social prescribing.
- Person-led care coordination and future care planning: Having conversations early on, having a person-centred approach and understanding what support

they may need when their condition deteriorates and what they may want to enjoy life.

- Support for staff and care partners: The term 'care partners' include family, unpaid carers, neighbours, friends and established carers. This standard is to ensure that training is provided for staff to ensure the legal rights of carers are upheld and care partners have the information they need.
- Keeping active: Ensuring people have meaningful activities that resonate with them, that they wish to engage in, and not restricting movement due to risk of falls, but instead, allowing movement to help build up muscle and confidence. There is a balance between enabling mobility, exercise, and meaningful activity; to uphold rights, improve mental health and wellbeing and promote independence against preventing and reducing the risk of falls.
- Nutrition and hydration: identifying malnutrition, use of oral supplements, dietetic advice, reducing dehydration and understanding that food is important as a social and cultural aspect of life. Ensuring those that need support are provided it and that people can eat with others.
- Medicines management: ensuring that a seven-step polypharmacy review is carried out, reducing medicine interactions and side effects
- Living and dying well: Ensuring a respectful holistic approach is taken and provision of choice and involvement in care. That access to community groups is available for example to allow people to live and do what they want as they grow older, within reason.
- Care in Hospital: Information on delayed discharges, access to specialty palliative care, speciality geriatric medicine, medicines reviews and recognition of delirium and other specific circumstances such as difficulty with communication, and impact of lighting levels for example. In addition, carers having access to discharge planning and notes to help support care.
- Delirium, dementia and cognition: This was written with consideration of the [Dementia SIGN Guidelines](#) and recognises that there are aspects such as temporary delirium and adults with incapacity and provides more of a rights-based focus of health and social care standards.
- Mental Health: There is more recognition that older people may have long term mental health conditions which can impact on their experience of services and the additional support that they should receive should they have a bipolar, schizophrenia or substance misuse disorder diagnosis. This standard is to ensure that people have equitable access to mental health support regardless of their age and other conditions.

A few examples were given, with excerpts taken from the standard as to how particular criteria demonstrate the intent of the wider standard statement and fulfils the rationale, followed by a summary of the impact of the standards.

The standards could improve safety, by providing a benchmark for services. This reduces errors, ensures a consistent good standard and quality of care with effective

governance; and provides equity and fairness of provision of services regardless of location. There is also an opportunity for sharing of learning across services, better collaborative working, and quality improvement, in particular sharing of innovative ways of working that could be adapted.

Email addresses were shared with the CPG should they wish to contact Rachel or [the team](#) about the standard or to attend focus groups, events, meetings, provide more information, feedback, or for another purpose. A link was also shared to the [consultation](#) which closes on 18 June 2024.

Discussion and Questions

Following the presentation the discussion and questions covered the following areas:

- Positive feedback was provided on the inclusion of frailty screening and assessment; equity of care and provision of services; use of meaningful activity; and making wards dementia friendly.
- In relation to meaningful activity an example was provided of a gentleman who was a keen cyclist, who did not wish to join in the activities of the residential home. However, once a spin bike was provided with a video travelling through Scotland, the gentleman used it and said it was the most amazing thing. It is very important to find out what matters to people and what they value to engage them in activities to become more active.

- Although there was support for the standard, concern was expressed if there is a lack of resources (e.g. financial and staffing) to meet the standard, such as the creation of dementia wards and time for meaningful activities.
- It was explained that staff should be provided with training, support and time to enable them to provide activities, and residents should be provided extra time to carry out the activities. In relation to dementia friendly wards, governance in the system is required to implement the standards.

- There was a question as to whether poverty was addressed in the standard, as it an existing barrier to a lot of older people and their ability to access and engage with services that exist areas of multiple deprivation.
- Poverty is addressed predominantly under food security, diet and healthy nutrition. There is signposting of community support and outreach groups within the standard. Public Health Scotland provided input into the standard, recognising that quality of life as people age is dependent on social determinants including living location.

- A question was asked about Social inclusion and marginalised people as they're ageing, particularly those that experience intersections of poverty such as people living with disabilities and learning disabilities.
- A comprehensive Equalities Impact Assessment was carried with recognition of intersectionality. Healthcare Improvement Scotland worked with the Scottish Older People's Assembly and minority ethnic populations were highlighted with their roles as carers to family members. Further work is expected post-consultation, with inclusion of holistic approaches as evidenced when a transwoman shared her lived experience of having difficulty receiving support for her gender identity in addition to support for health conditions and disabilities as she got older.

- A question was raised on whether a place-based tool was considered in the standards.
- The team are very keen to consider the place-based tool and it is mentioned as one of the practical examples of evidence with examples such as 20-minute neighbourhoods and community asset support, dementia friendly neighbourhoods included within the standards.

There is opportunity for further consideration of poverty; social inclusion; marginalised populations; and the place-based tool when the development group reconvenes post-consultation. Additional thoughts on how to alleviate inequalities was however welcomed.

Discussion on key challenges facing older people in Scotland and potential collective action from CPG – Adam Stachura, Associate Director of Policy, Communications and External Affairs, Age Scotland

Adam posed a question to the CPG to gauge members interest in taking more coordinated activities, whether it's research, influencing work on some broad top issues that are impacting on older people as a collective to campaign for change in the Scottish Government or Parliament. There was reference to the email shared prior to the meeting which asked members to consider what is working well for older people; what areas can be improved; and the top three challenges facing older people as whole in Scotland.

It was highlighted that it may be an opportune moment for some collective action as the next Programme for Government soon. The activities could be similar to Age Scotland's letter to the Scottish First Minister John Swinney MSP, which the Convenor of CPG supported for a dedicated Minister for Older People or reports that the CPG on Poverty produce.

The CPG thanked Adam for raising this topic and comments included:

- That the CPG does have influence and the CPG should be strengthened as an important mechanism to challenge Government.
- There was support for working together as a collective from Scottish Pensioners Forum/ SOPA, the Meetings Centre Network.
- Important issues identified include:
    - safety for older people in relation to access to GP services, to dentistry;
    - the impact of digital exclusion;
    - pensioner poverty with 6.5% of older people in the UK that cannot afford to buy themselves clothes.
    - needs of people living with dementia,
    - climate impact on older people such as flooding. The recommendations from Heriot Watt University's report: [impact of climate change on older people in our communities](#) was mentioned as an option to explore.
    - community sectors around both developing support for older people with particular challenges, but also using older people as a resource.
    - SOPA shared via member surveys the top 3 priorities identified were cost of living, health and well-being, and social care. Working groups were established to discuss the detail and conclusions will be shared in due course.

It was suggested that a short survey is sent to CPG members over Summer to rank the top priorities and help identify individuals who would be keen to be a more active participant on the CPG.

Actions
- The secretariat will send round a survey on key challenges facing older people in Scotland and potential collective action from CPG.
- The secretariat will note this item for discussion at the next CPG meeting in September.

Agenda item 6

AOCB

The convenor raised a suggestion to the CPG to invite the chair who is involved in the independent review on social security benefits in the Scottish Government to the next meeting. The chair is newly appointed but will produce a report in August 2025 and is due to attend the CPG on disability.

The CPG were supportive of this suggestion. It was suggested the CPG could hear about Adult Disability Payment benefit and lobby for the mobility component of the Pension Aged Disability Payment for those over 65.

Actions
- The convenor will contact the chair who is involved in the independent review on social security benefits to invite them to the next meeting.

- The secretariat will note an item on the independent review of social security benefit for discussion at the next CPG meeting in September.

The convenor thanked everyone for their participation and to the speakers who provided presentations to the CPG.

The next meeting is scheduled for Wednesday 9th September 1-2.30pm. The meeting will be held hybrid and held at the Scottish Parliament and online on MS Teams.