RCN Scotland response

Consultation on the Scottish Government's Health and Social Care Strategy for Older People

Introduction

1. The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and development opportunities. With around 40,000 members in Scotland, the RCN is the voice of nursing and as such a key stakeholder in shaping the outcomes of this consultation of the Strategy for Older People.
2. The RCN welcomes the opportunity to respond to the Scottish Government's consultation on the proposed Strategy for Older People. Our submission is based upon the views of RCN members, who expressed these during a dedicated RCN engagement event in May 2022 and was drawn from professional practice expertise that exists within the RCN.
3. The RCN hopes that the Scottish Government will find this submission helpful. We would be pleased to supply any further information that may be relevant.

Consultation questions

The framing of the consultation and related questions are primarily aimed at individual service users providing little opportunity for highlighting the perspective of those who provide the services including nurses, health care support workers and organisational views. With the highest proportion of nurses caring for adults including older people, the RCN is keen to make sure that this perspective is taken into consideration to ensure the Strategy will effectively contribute to reducing health inequalities.

With this in mind, we separated our response in accordance with four questions that enable us to offer thoughts, feedback and considerations instead of answering the questions as set out in the consultation. Our focus therefore is on the consultation's priorities, possible changes to support older people in preventing ill health, to enable members to better support older people in their work and lastly, how to improve joint working and relatedly, the role of good practice.

<u>RCN questions:</u>

1. The strategy is to cover older people from the age of 65 and over. From your perspective, does the consultation cover the right priorities to better access and improve services for older people and different age groups within? Are there any gaps, and if, what do you think they are and how they should be addressed?

There was broad agreement with the priorities as outlined in the consultation, however, members noted a number of points that should be considered in its development going forward.

1.1 Sub-divide within the category 'older people'.

Members pointed out the need to take a more nuanced approach when it comes to health care needs for older people as these can vary significantly within this group. Despite health-related commonalities between 'older people' there are often significant differences, which are not age related as well as commonalities with other age groups who are not part of the 'older people' category (e.g. there are disabled or chronically sick young people who may have more in common in terms of health needs with a disabled older adult than with a non-disabled older adult). The strategy should reflect these nuances to ensure a more effective approach.

1.2 Interface with social care to support access to meaningful activities.

Members agree with the person-centred approach in the consultation but point out the need to consider this aspect more broadly and beyond that of decision-making, especially for service users in care home settings. The pandemic has put much focus on care homes where decision-making was almost completely removed regarding access to family or mental and physical health support. Considering the surrounding environment and access to meaningful activities to improve mental and physical wellbeing outside care settings are key aspects especially for older people in care homes and how this can be improved as we recover from the pandemic should also be included.

Following on, members also pointed out the importance of considering 'health and wellbeing' separately when designing and delivering services yet treating each with equal status. Someone can be healthy but not 'well' if, for example, they suffer from extreme loneliness and one can have poor health (e.g. a long-term condition) but with good care and a supportive environment, you can be 'well'. When designing services and planning resources this needs to be considered carefully as part of the strategy.

1.3 Categorising specific conditions.

Members highlighted the connection between health-related conditions like dementia and their categorisation into areas that are treated predominantly within social care which is not providing the distinct and appropriate support for such conditions. Conditions, especially dementia, require close involvement of health care professionals including nurses and even better joint working between health and social care. Further consideration of how best to address condition-specific support should be given as part of the strategy.

2. Does the consultation cover the right priorities to enable older people to lead healthier lives or what is needed to support older people in preventing ill health and perhaps decrease the need for services?

2.1 The impact of funding and staffing.

While the consultation covers the right priorities, it seems to do so in isolation of considering fundamental funding and workforce issues. The strategy needs to, at the very least, acknowledge but importantly align with workforce strategies to improve planning across all

health and social care settings and address staff shortages supported through the implementation of the Health and Social Care (Staffing) (Scotland) Act 2019 in order to deliver on its ambitions and to ensure care homes are better equipped to meet the needs of residents. This is also closely linked to workforce data and the need for an evidence-based methodology for determining safe and effective staffing in the care home sector. Our recently published report 'The Nursing Workforce in Scotland'[1] references the Auditor General's review of the NHS in Scotland pointing out the lack of 'robust and reliable workforce data in our NHS' and that workforce planning has 'never been more important' (p. 8).

Although members recognise that there may not necessarily be a failure of intent in service design, they emphasise that without the right number and the right skill mix of staff from both health and social care good services can't be provided putting people's clinical care needs at risk of being unmet, also causing barriers and blocks including significant delays in discharges and challenges to accessing packages of care and funding. 'In social care, one in 10 nursing posts in care homes for adults is unfilled and one in 12 nursing posts in care homes for older people is unfilled' (SSSC and Care Inspectorate, 2021, p. 21)[2]. Due to staff shortages being experienced across all social care providers many are reducing or even having to refuse offering care packages. Although this is not new, the pandemic moved the baseline dramatically hugely exacerbating the situation. With increasing vacancy rates in both care homes for adult and older people, there is a nursing workforce gap, which is a long-term problem. The impacts are felt across the system with people providing and receiving care not only feeling disempowered but failing to deliver or receive the care they deserve. For older people the consequences can be grave as this increases the likelihood of a permanent decline in their health possibly leading to needing 24 hr care. Therefore, action is needed at strategic level but also at practitioner level. Members felt strongly that mechanisms of professional accountability need to be made clearer and options to reduce care dependency should be considered.

Relatedly, members also note that long anticipated population projections including the needs of an aging population[3], the high proportion of nursing staff soon being of retirement age (currently 21% of the NHS nursing and midwifery workforce[4]), and carers who are often older people themselves also need to be acknowledged and addressed. This requires the strategy to commit to robust planning, protecting the registered nursing role and services (physically and virtually), providing them with the ability and means to support prevention and their adaptability to drawing on technological advances including information management and ICT [5]to meet these challenges across the country. Various models have been adopted across the different Health Boards (HB) that can be learnt from.

[1&2] https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322

[3] https://www.gov.scot/publications/scotland-future-opportunities-challenges-scotlands-changing-population/pages/6/

[4] Source: NHS Education for Scotland NHS Scotland Workforce Statistics

[5] eHealth | Clinical | Royal College of Nursing (rcn.org.uk)

3. What does the system need to change to better enable members in their work to support older people in preventing ill health or in providing services?

Members identified a number of themes and issues that challenge the system as it stands and make it difficult for our members to support current health and social care needs of older people not to mention this group's more complex needs and demands in future. These include the need for:

3.1 Increasing the value of caring

Much of the feedback from members focused on value. Value society assigns to older people, to caring, and to caring for older people as this sets the strategic importance and resulting conditions for both people receiving care and staff providing care including nursing staff. Members agreed that there is not only room for improvement across society more broadly and government specifically but noted that the aims of the strategy will only be achievable when older people are more valued by society. This will, by extension, lead to staff being more valued for their work within the sector. Although in part a philosophical argument that we will not consider in more detail, it is worth reflecting the role of the strategy in contributing, if not making it a primary aim, to increasing the value of older people and the skilled and specialist nursing role that it requires across health and care to support older people appropriately in accordance with the strategy's aim of following the GIRFE approach.

3.2 Making gerontological nursing an attractive career

Considering measures to increasing the attractiveness and promotion of a career in working with older people that is rewarded and valued for its specialist role would add to enhancing the value of caring for older people. Part of that is the role of students and the interface with universities, gerontology-focused course design and curricula including placements. Creating career and education pathways specialised in older people care reflecting the breadth and skills need that should be considered in the strategy also linking to future ambitions set elsewhere including SG's forthcoming Health and Care Framework and the Health and social care: national workforce strategy[6]. Learning from good practice, where initiatives have been developed between health and social care professionals helping to increase this pipeline of talent need to be drawn on to develop models that can be shared, scaled up and adopted across services.

3.3 Providing fair pay, good working conditions and training

Fair pay, working conditions and training are fundamental cornerstones that are needed to retain, attract and support nursing professionals across all health and care settings. The RCN's work and positions to influence and shape policies and conditions accordingly are ongoing priorities. Our feedback focuses on enablement through funding to ensure safe staffing and training. Key in ensuring that health and social care professionals can take the time within their working hours to undertake the training they need requires funding to have the right staff numbers and the appropriate configuration with the appropriate skill mix across any given health and social care service. Achieving that requires the swift implementation of the Health and Social Care (Staffing) (Scotland) Act 2019. As with many

[6] Health and social care: national workforce strategy - gov.scot (www.gov.scot)

other government strategies and related measures, the success of the Health and Social Care Strategy for Older People very much rests on the proper provision of time to train and the implementation of the 2019 Act. Without it, the Older People Strategy will, in our view, fail to achieve its proposed measures and overall aim to reduce health inequalities for older people.

Current evidence from RCN's regular employment survey[7] in 2019 exemplifies the above where in Scotland almost a quarter of respondents (24%) were unable to complete all their mandatory training in the previous 12 months and, for 43% of respondents, mandatory training 'was done in their own time, continuing a gradual decline of completion of mandatory training during working time' (page 6). A year on, there is no positive change rather the opposite. Data from the survey in 2021, shows the percentage of respondents unable to complete all their mandatory training had risen to almost 57%[8].

3.4 Increasing funding and capacity

Following on from the above, it is critical to set funding levels based on modelling of future services and population-based need to address workforce shortages and respond to an aging nursing workforce consistently across all settings and geographies and enable a move away from emergency responses e.g., reducing staff numbers from one area of care to bulk up other areas. Members particularly note the detriment this has had on support for people living at home.

A further point made is the need for funding resources to be more versatile and flexible in use between health and social care to:

- enable better partnership and more joined up working across services increasing their impact for the better of older people and their care,
- facilitate more collaborative working, create better career pathways and development opportunities alongside pay progression for staff

3.5 Communication and digital infrastructure for better information sharing

Communication related issues have been raised frequently by members in almost every forum where we request input, feedback and engagement. In relation to care for older people, members note specific communication needs that need to be considered in the strategy and aligned with plans set out in SG's Data Strategy for Health and Social Care[9] covering:

- *Transitions - hospital and follow-on* care
  A significant aspect affecting care for older people are transitions especially between hospital and follow-on care in the community i.e. at home or in a care home. This requires the input from staff members of multidisciplinary teams across services and providers in health and social care. To make this as seamless as possible for the service user and their family much depends on communications and professional accountability between the teams of people involved. This requires them to have access to digital infrastructures and IT systems where information can be trailed and shared by staff

[7] https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-employment-survey-scotland-2019-28-nov-2019

[8] Last-Shift-Survey-Scotland-Briefing-060622.pdf

[9] Digital health and care strategy - gov.scot (www.gov.scot)

across teams and services thereby minimising people to repeat their care need history, reducing delayed discharges and discharges to multiple settings even within hospitals has been detrimental often resulting in older people dying in places they did not want to be.

We have summarized our position on this in our 2021 manifesto 'Protect the Future of Nursing' and previously provided evidence to the Scottish Parliament's Health and Sport Committee Inquiry into Technology and Innovation in the NHS in 2017, noting that 'timely access to the right information can improve care quality and safety, reduce error and help patients and professionals make better informed decisions.'[10] Other factors that still need to be agreed are data governance provisions and mandated standards for gathering, storing and accessing data at national level should both be determined via consultation[11].

- *Assessments – tailoring information and professional accountability*
  Further aspects impacting on transitions for older people from hospital to care settings in the community, cover professional accountability and communication around how information of assessments are shared. Members' feedback specifically relates to the ineffectiveness of single shared assessments as they often lack information or specific information required for certain care settings like care in care homes. While we remain committed to principles[12] set out in 2017 created by the Primary Care Clinical Professions Group (PCCPG) and co-signed by the RCN that commit health and social care professionals to 'improving patient outcomes', we recognise that more guidance is needed to ensure professional accountability and the creation of a template with clear guidance on what assessments should cover for different care settings.
- *Promotion and signposting of self-directed services*
  Members noted that self-directed services are often under-utilised by older people. Promoting the options and services available that can be self-directed to and accordingly how best to signpost to these should be considered as part of the strategy.

4. What would be the impact of improving joint working between health and social care services and how could this be done? How can we learn from good practices across the system?

4.1 Selecting good practice examples for sharing and signposting

Partnership and joint working are features Scotland has adopted broadly across different sectors including health and care. The value of working together to increase the impact of the sum of its parts as opposed to working in isolation is well understood and work to improve this is being considered regularly. As confirmed by members, this is based more often than not on trusting work relationships built up between colleagues across teams who work regularly together and understand each other's roles, practice and specialisms

[10] https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/sco-parl-digital-technology-and-innovation-in-the-nhs-written-evidence
[11] https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-pol-a-national-care-service-for-scotland
[12] https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/principles-for-a-technology-enabled-health-and-social-care-service

supported by information management. It also requires appreciation of the skills, expertise, and strengths different roles not only bring but are required in supporting the health and care of older people. Although this is not practiced and experienced consistently, members have reported that there are many examples of good practice across the country including Health Board or Local Authority-related HSCP groupings set up during the pandemic (e.g., for NHS Grampian: Aberdeen City, Aberdeenshire, Moray) mandating a multi-agency approach to support care homes, care at homes and community hospitals in areas touched throughout this response.

4.2 Promote the use and application of Health and Social Care Standards

Members also referred to the Health and Social Care Standards[13] as an example to bring more consistency of approach and quality to services across health and social care settings.

5. Recommendations

5.1 The Government must:

5.1.1 Address staff shortages and provide funding to enable services to support prevention, adaptability and transitions specifically drawing on technological advances including information management and ICT

5.1.2 Mandate the allocation of time for CPD for nursing staff, commit sufficient and dedicated funding to their training across all health and social care settings alongside pay progression and career development opportunities. Funding must be based on modelling of future services and population-based need and required skills mix. Part of that includes efforts to increasing the attractiveness of a career in working with older people.

5.1.3 Focus on increasing the value of older people and the skilled and specialist nursing role that it requires to support older people appropriately in accordance with the strategy's aim of following the GIRFE approach

5.1.4 Working in partnership to set criteria for good practice examples with potential to scale these up and be replicated across the country

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[13] 1: I experience high quality care and support that is right for me - Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)