



## 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

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 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

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'<sup>1</sup> 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

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

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

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.'<sup>10</sup> 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<sup>11</sup>.

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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<sup>13</sup> 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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