



## Chairman's Introduction to our Winter Newsletter

Dear reader,

I hope that you enjoy our newsletter, which rounds up what HSCN and its partners have been doing since we last wrote.

We are indebted to Lesley McDade and others in the Membership and Communications Group for putting together our new style Newsletter. Please let us know what you think of it; make suggestions and even provide us with contributions.

We have a few important things to record:

\* Our new Website is now live; again let us know what you think. [www.hscn.co.uk](http://www.hscn.co.uk)

\* On November 19th Betty Farmer, our Vice-Chair, and Hazel Allen, our Engagement and Development Officer, gave a presentation to a Cross-party Committee of MSPs at Holyrood on the Care of Older People. The focus of the meeting was on quality of care and in particular the role of the Care Inspectorate. Unsolicited feedback confirms that the HSCN made an

effective contribution to the discussion. Three MSPs were present and Rhoda Grant represented Highland.

\* The Scottish Older People's Assembly was restricted due to the weather on 5th December. Several Members and Board Members attended the Highland group in Inverness.

\* At our Board Meeting held on 25th November we were joined by Garry Coutts, Chairman NHS Highland, and Elaine Mead, Chief Executive NHS Highland, who came to discuss issues we had raised with them. We had a lively and informative debate which we report below.

\* Our Coffee Morning on Saturday 30th November in the Old High Church Hall raised the sum of £615. We are indebted to Christine Nicholson and her team and all those who helped in so many different ways.

It only remains for me, on behalf of all our Board members to wish you an enjoyable Festive Season and a Good New Year. It promises to be a busy one for the HSCN.

- Chairman's Letter
- New Banners
- HSCN Coffee morning
- Hot Tips Calendar
- HSCN Late Response to the Scottish Human Rights National Action Plan 2013
- Questions and Responses for Discussion at HSCN Board Meeting on 25 November 2013
- Giving "one in three" a say in matters
- The Sunday Lunch Club
- Connecting Carers – Time2Be funding
- Volunteering Opportunity
- Stay Safe Highland Project
- Living It Up
- Silver Line Scotland





# Highland Senior Citizens Network

**HSCN Coffee morning & Christmas Fayre held on 30 November 2013 raised £615. Donations are always welcome however small.**

**AGE Scotland:** The timing for Silver Line Scotland couldn't be better, as we know that for older people who are lonely the winter months can be particularly hard.

Winter's cold days and dark nights also bring worries about home heating and safety, which is why we published a

### Hot Tips Calendar.

Please request your free copy while stocks last. I hope you enjoy the attractive design, but also that the information in it relieves seasonal worries and helps you save money.

Contact : 0800 4 70 80 90

### HSCN Annual Conference

Lochardil House Hotel  
Stratherrick Road  
Inverness IV2 4LF

**23 April 2014**

### HSCN New Banners



[www.hscn.co.uk](http://www.hscn.co.uk)



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Us  
Today!*



Registered Scottish Charity Incorporated Organisation SC034260



[www.hscn.co.uk](http://www.hscn.co.uk)



*Nothing about us  
without us*

A Highland-wide network of local voices

Collective advocacy for older people

Information and support for local and regional issues

Registered Scottish Charity Incorporated Organisation SC034260





## HSCN's Response to the Scottish Human Rights National Action Plan 2013

The Scottish Government has provided a policy lead on the health and wellbeing of older people, including Reshaping Care for Older People. HSCN endorses this drive for increased user engagement. The feedback that we receive shows that the practice and delivery of some of the current policies is patchy, can be poor, and above all is too late for some.

What would we like to see to raise standards?

### Getting Care Right

There are exemplary providers of excellent person centred care in the Highlands. This makes it even less acceptable that in a significant part of the care sector the human rights of vulnerable older people are not guaranteed. On rare occasions this has even had a fatal outcome.

In a letter to the HSCN in March of this year the Cabinet Secretary for Health and Wellbeing, Alex Neil stated: 'Currently 20% of Care Homes for older people have been assessed as 'High Risk' and in need of closer and more regular scrutiny'. This is an astonishing admission of failure of either the quality standards that are set or the testing of quality of care against these standards. What would HSCN like to see?

\* The Government must demonstrate zero tolerance of 'High Risk' situations.

\* Owners of Care Homes who fail in their duty of care such that Human Rights are abused should be criminally liable. This is being considered in other parts of the United Kingdom.

\* Mechanisms need to be in place for rapid intervention when residents in Care Homes are found to be at risk.

\* The complexity of the work and responsibility of being a Care Worker needs far greater recognition, both in terms of salary and continuing professional development.

\* The input from family members to enhance the personalisation of care should be mandatory.

### Delayed Discharge 'Targets'

Delay in leaving hospital when ready to be discharged is bad for a patient's well being. Unsurprisingly the Government sets targets for Health Boards to meet. Reasons for a Delayed Discharge are many, often complex and outwith the immediate control of the NHS. It is certainly not in the interest of the NHS to keep a patient one day longer than necessary. What is essential is that all discharges are 'safe', and that wherever the patient is going, be it home or to a Care Home, the Discharge Care Plan is in place in practice and not just on paper.

Unrealistic targets for discharge can only result in loss of personalised care and the likelihood of readmission.

### See, Hear, Now

Over 100,000 older people in Scotland are lonely. A lack of resource can imprison an older person in their own home. This has measurable negative health effects – it has been calculated to

be worse than smoking 15 cigarettes per day. Those who work in services providing Care at Home recognise that only in exceptional cases is a fifteen minute visit ever justified let alone achievable. The personal contact between the client and their Care Assistant is often the only contact the individual has with another person.

Those who set national budgets for such care, far removed from face to face contact with older people, still believe that fifteen minutes is adequate. There is a mountain to climb to reverse such thinking.

### Making ends meet

There are 40,000 excess deaths per winter in the UK with many people suffering from hypothermia and associated illnesses inevitably impacting on the NHS; 60% of pensioner households in the Highlands suffer fuel poverty.

Recently introduced Welfare Reform will adversely impact thousands of low-income couples where only one partner is a pensioner. These reforms which amount to social engineering have resulted in breaches in the safety net of the Welfare system which had hitherto provided security for the most disadvantaged.

It behoves us all to be alert to those who may be at risk and where possible representation be made of their behalf to explore how we can help them.



## Discussion with Garry Coutts and Elaine Mead at Board Meeting on 25 November

### 1. Care Homes

The first issue we discussed was our concern over the quality of care in certain Care Homes in the Highlands following the loss of Registration of Clachnaharry Care Home.

Our concerns were shared by the NHS which has been proactive in ensuring the safety and welfare of residents in Care Homes who have been found to be providing an unacceptable level of care. Other than removing residents who are deemed to be at risk and placing an embargo on placements in poorly performing Homes, the NHS has to work with owners and offers support if, and when, invited to do so.

For ourselves there is a feeling that the Care Inspectorate, if not somewhat belatedly, is now applying the standards it sets more rigorously.

We asked about the setting up of 'Friends and Relatives' Groups in Care Homes under the management of the NHS. Mr Coutts reported that several already existed and was in complete agreement with our view that they should be in all Homes.

We asked what contingency plans are in place if a Care Home closes at short notice for whatever the reason. We were assured that the NHS would do all that it could to ensure the wellbeing of residents.

We were told that the Care Inspectorate is aware of the consequences of loss of Registration of a Care Home and would not want to destabilise the local situation if it were avoidable by an immediate improvement of care.

### 2. Care at Home

We expressed our concern over the worrying feedback we receive about Care at Home, in particular the concern over visits of only fifteen minutes.

The Care Inspectorate had given a poor grading when the service provided by the NHS was inspected last year.

Ms Mead reported that Care at Home is undergoing a major review. This included a re-assessment of all those receiving Home Care that it had inherited from the Highland Council following integration of Health and Social Care last year. Some recipients had been found to need more care.

We heard that there are logistical problems to be ironed out in making the service run more efficiently. Some of these had become evident to Ms Mead when she had spent time working alongside Home Care Assistants.

Ms Mead had been impressed by the dedication of those she worked alongside. Ms Mead agreed with us that fifteen minute visits could be only justified in very exceptional circumstances. Two that she cited were the administration of easy to administer medication and the 'setting of fires' for individuals who were unable to light their fire. This last was an important, if not somewhat unusual, service for people living in rural Sutherland, and is charged for if people have sufficient income.

We all agreed that more training and raising the status of Home Care Assistants is crucial to improving the service.

### 3. Acute Hospital Care

It is often reported by patients that the nurses appear over stretched on the wards.

We asked about the implementation of the Nursing & Midwifery Workload & Workforce Planning Tools that became mandatory from April this year.

We were reassured that these tools are being implemented in the region. It is hoped that we will have a chance to see how the tools are put in to effect when a demonstration of the methodology is provided by web link from Edinburgh for Members of the Board.

### 4. Action Research

Although at an early stage, we asked if and how any areas for improvement that we identified through our Action Research project would be implemented and how we would know they had been acted on.

One preliminary finding has been the frustration experienced by patients ready to leave the ward but being kept waiting for medication to be delivered from the Pharmacy. We raised this issue many months ago but apart from being told it had been referred to a Rapid Improvement Workshop we were none the wiser.

We are aware that it is a complex issue involving nurse and doctor behaviour, ward management and the Pharmacy itself.

Mr Coutts explained that this was not a new problem and confirmed it had been referred to a 'Rapid Improvement Workshop'. This is a system of reviewing a service by involving a representative from every group that has a part to play in the service.

For the issue we had raised we were told that one of the critical issues is the role of the Junior Hospital doctor in signing prescriptions. Mr Coutts advised us that on one ward discharges before noon had improved from less than 25% to 75%.

From our point of view it was frustrating that no one had considered our raising the issue to merit a fuller response and explanation as to the action being taken.

Let us hope communication gets better and that the improvement on one ward is spread throughout the hospital. It is however still a recurrent finding in our research.

## 5. Care Planning and Co-ordination

We still receive feedback that care planning in preparation for discharge is still lacking on a significant number of occasions, The recent Healthcare Improvement Scotland review into Older People in Acute Care (September 2013), while praising many aspects of NHS Highland care, also highlighted the need for better documented discharge planning.

Ms Mead agreed that discharge planning needs improvement. One suggestion we made was that if Care Planning was done at the bedside rather than at the Nurses Station the patient would be part of the discussion. With the growing use of mobile hand held technology this should be possible.



Cartoon from Private Eye

## 6. Palliative/End of Life Care

Ms Mead stressed the importance of the need for excellent End of Life care and stressed that we should be active participants in the provision of these services.

It is recognised that many older people still do not die at the place of their choosing; particularly when it is their own home. The NHS is carrying out a consultation process on services for older people in preparation for its Strategic Commissioning Plan for Adult Care. We need to ensure that this subject is embedded in the plan.

for its Strategic Commissioning Plan for Adult Care. We need to ensure that this subject is embedded in the plan.

## 7. Macular Degeneration Services

One specific issue we raised was the Hospital Clinic services provided for patients with Macular Degeneration. We had been asked several months ago to raise the issue by the Highland Macular Society which had been trying to have its voice heard for over a year. They know that the services and support offered at the eye clinic could be greatly improved.

Sara Bradley, our Researcher, and our Chairman had attended the meeting of the Macular Society the week before. Their guest speaker was Maimie Thomson (Head of Public Relations & Engagement NHS Highland). She had come well briefed, having spoken to various people who work in the eye clinic. There was a very lively exchange of ideas and suggestions for ways of improving services for patients at the clinic which Ms Thomson took away with her.

Ms Thomson intends that the service for Macular Degeneration sufferers will engage with improvement workshops and HSCN will be following the issues. Watch this space.



## Sunday Lunch Club for the over 60s – every 3<sup>rd</sup> Sunday in the month

Are you over 60 and wishing you could meet new friends or just have company on a Sunday?

At the Royal Highland Hotel, Inverness on the 3<sup>rd</sup> Sunday of the month at one o'clock people from all over Inverness and surrounding areas arrive ready to enjoy an excellent two course lunch together. It is an opportunity to chat, have your lunch made for you and sometimes enjoy arranged entertainment.

The lunch club is open to anyone 60 or over. If you would like to come you must contact **Liz Syred** on **07925145496** or **01463 831161** by no later than the Thursday preceding the Sunday to guarantee a place. Due to popular demand you **CANNOT** turn up without prior booking.

It costs a total of £3.50 plus 50p tip.

You will be very welcome.



## Connecting Carers Time 2 Be Funding

Are you an unpaid carer?

Unpaid carers in the Highlands can receive financial help to go on a short break or other activity

For an application form, call 01463 723 560

A carer can be a person of any age who provides physical and / or emotional support to another person.

The principle of the fund is to provide carers with funding of up to £250 to help them get a short break from their caring role and experience something different. For example

- Short break
- Golf Club membership
- Gym membership
- Short courses
- Driving lessons





## “Giving one in three a say” – Article in the Inverness Courier

People aged over 55 now make up one-third of the population of the Highlands. Most of them volunteer or work, and remain active and independent in their own homes.

One look at your local newspaper will provide many examples of older people contributing their lifetime skill and expertise to supporting their local communities. More older people provided unpaid care than receive paid care.

And yet for some, older people are portrayed as a problem and a burden on the public purse.

The Highland Senior Citizens Network strives to dispel this myth by involving volunteers across the Highlands in its activities. HSCN acts in three ways to ensure that older people are not a silent minority.

HSCN chairman Ian McNamara said: “We represent voices of older people to the Scottish Government, to ministers and MSPs, to NHS Highland and Highland Council.

“We support local groups to raise their issues and solutions for local services, providing information and guidance as requested.

“We are forming a network across the Highlands for local groups and individuals to support each other to act and to be heard.

“We are campaigning to ensure that people’s voices are heard in every decision that affects them: that there is “nothing about us, without us”.

HSCN has campaigned long and hard to ensure that care providers understand and respect the human rights of the most frail and vulnerable older people, some of whom cannot speak for themselves.

The Human Rights Act has been used nationally to ensure that people’s needs are met by care services in reasonable time, that

families are not separated by one member being placed in a distant care home, and that people’s right to choose their treatments are respected.

Dr McNamara said: “We refer individuals to the right support services, and work with NHS management to address issues directly.

“We liaise with the Care Inspectorate and others to ensure that people who use services have a say in how services are delivered”.

HSCN is a membership led organisation and the experiences, values and concerns of members help to shape HSCN campaigns and campaign outcomes. Membership is free. Members receive a quarterly newsletter, a monthly e-bulletin, are involved in campaigns and have the chance to contribute to or start a discussion forum.

In addition, group members will have the chance to post group information and share their activities and success on the website.

### Silver Line Scotland

is recruiting home based volunteers to support the telephone befriending part of the service.

Telephone for more information.

**0800 4 70 80 90**





# Highland Senior Citizens Network

Highland Senior Citizens Network

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24 Station Square  
Inverness IV1 1LD

Phone: 07716 884 989

**“Nothing about us,  
Without us”**

Email:  
enquiries@hscn.co.uk  
Website: www.hscn.co.uk

**The Stay Safe Project** has 'flown the nest' and moved forwards from being hosted by the Highland Community Care Forum.

**Stay Safe Highland** is a new independent company, SCIO No. SC 044253. It will continue to operate as before in and around Inverness, and plans in addition to spread the safety messages across the Highlands.

Local groups will be established in the separate counties and will mirror the Inverness work in their own individual areas. Early contacts have been established in Lochaber, Caithness, Lochalsh and Ullapool. So it's onward and upwards.

Become aware of scams, know what to do about nuisance calls, internet phishing, banks, lottery and investment scams, miracle cures and much more. Contact 07553 353 825

## Living it Up

- aims to encourage people to be healthy and happy;
- connect people with their local community;
- support people with long term conditions and those that care for them;
- provide local links to useful information, products and services.

Register as “Highland” at [www.livingitup.org.uk](http://www.livingitup.org.uk) or

Email us at : [highlands@livingitup.org.uk](mailto:highlands@livingitup.org.uk) or phone : 01369 708 358

Come along to one of our pop-up events or workshops.

Let us know something great about your community.

**AGE Scotland** joined Esther Rantzen to celebrate the launch of **Silver Line Scotland**.

This brand new service offers information, friendship and advice and protection from abuse or neglect to older people, all day, every day, through a single phone number - **0800 4 70 80 90**. Silver Line Scotland combines the expertise of Age Scotland's information and advice team with the telephone befriending specialism of **The Silver Line**, the charity Esther founded in response to **her personal experience of loneliness**. Callers looking for a chat, whatever time of the day or night, will be able to speak to someone 24 hours a day – this could be about what you've been doing, what's important to you or even just what you've been watching on the television. If you would like to receive a regular phone call or email from a Silver Line Friend, this can be arranged too. Alternatively you can join a Silver Circle, and take part in regular conference calls on topics that interest you.

**No question too big; No problem too small; No need to be alone**

Together, we're offering a better helpline service than either charity could provide alone.



Connect, inform and campaign

**JOIN US TODAY!**