Scottish Older People’s Assembly

Scottish Parliament

Saturday 5th October 2019

2019 Report
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements:</td>
<td>3</td>
</tr>
<tr>
<td>Introduction:</td>
<td>3</td>
</tr>
<tr>
<td>Event programme:</td>
<td>4</td>
</tr>
<tr>
<td>Opening speeches:</td>
<td>5</td>
</tr>
<tr>
<td>Question Time with MSP’s:</td>
<td>8</td>
</tr>
<tr>
<td>Workshop 1: Age-Friendly Communities</td>
<td>10</td>
</tr>
<tr>
<td>Workshop 2: Hearing the voices of older people</td>
<td>14</td>
</tr>
<tr>
<td>Workshop 3: Digital Connectivity</td>
<td>15</td>
</tr>
<tr>
<td>Workshop 4: Food and Nutrition</td>
<td>18</td>
</tr>
<tr>
<td>Workshop 5: Primary Care</td>
<td>21</td>
</tr>
<tr>
<td>Workshop 6: Older Veterans</td>
<td>24</td>
</tr>
<tr>
<td>Draft Action Plan:</td>
<td>26</td>
</tr>
<tr>
<td>Links to further information</td>
<td>32</td>
</tr>
<tr>
<td>Attendees:</td>
<td>33</td>
</tr>
<tr>
<td>Evaluation and Feedback:</td>
<td>34</td>
</tr>
</tbody>
</table>
Acknowledgements:

Many thanks to everyone that participated in the 2019 Assembly. Particular thanks to those that led workshops, made speeches, took notes and helped the day to run smoothly. Thanks to the Scottish Parliament for hosting and supporting the event and to the SOPA Board and members for their ongoing work to ensure that the voices of older people are heard.

Introduction:

What is SOPA?

The Scottish Older People's Assembly exists to give a strong voice to older people about their experience of life in Scotland, their challenges and concerns, and to celebrate the positive contribution that older people make to society.

SOPA aims to enable and empower older people to use their experience and skills to influence policy decisions that affect later life. The Assembly provides an important opportunity to bring people together to share their views, learn from others and to engage directly with politicians and decision makers.

This was the 10th Assembly arranged by SOPA, coinciding with the 20th Anniversary of the Scottish Parliament and following International Day of Older Persons on 1st October.

It was an interesting and informative day providing lots of opportunity for discussion and interaction between the attendees.

The 2019 Assembly:

The 2019 Assembly took place on 5th October at the Scottish Parliament. The aim of the event was to bring together older people from across Scotland to have their voices heard on issues important to them. The event also provided the opportunity for focussed discussion, this year’s themes included Age-friendly Communities, Hearing the Voices of Older People, Digital Connectivity, Food and Nutrition, Older Veterans and Primary Care. 165 people registered for the event and there were 124 attendees on the day.

Watch the Assembly Online

Footage of the speeches and panel discussion is available on the Scottish Parliament TV channel:

Event programme:

We met at 10am for registration and refreshments. We then convened in the Chamber in the Scottish Parliament to hear the opening speeches. The Deputy Presiding Officer, Christine Grahame MSP gave a very engaging welcome speech. We then heard from Christina McKelvie MSP, Minister for Older People and Equalities, and Diana Findley, Chair of the Scottish Older People’s Assembly.

Opening statements from SOPA members followed, including Maureen O’Neil, Jimmy Miller, Gerry Kiernan, Betty Milton and Diana Stirling, with each talking about priorities for the older people that their organisations represent.

After a short break we reconvened for “Question Time” with a panel of MSPs including Stewart Stevenson MSP, Alex Rowley MSP and Jeremy Balfour MSP.

It was then time for lunch, we enjoyed sandwiches and hot drinks. This allowed for networking and conversation between the members.

In the afternoon attendees split into 6 different themed workshops. These included:

1) Age-friendly Communities
2) Hearing the Voices of Older People
3) Digital Connectivity
4) Food and Nutrition
5) Primary Care
6) Older Veterans

After the workshops we joined one final time to announce our calls for action as discussed in the workshop. We then heard closing remarks from Diana Findley (SOPA Chair) and Caroline Clark (SOPA Co-ordinator).

Feedback from Attendees - Venue

Scottish Parliament – meeting rooms and Chamber:

- Many attendees were impressed with the venue, some even stated this was the best part of the day
- “The Scottish parliament is a wonderful venue and a great place to have such a wonderful event”
- Some attendees were disappointed as they found it inaccessible, feedback included:
  - Movement between rooms was unorganised and more staff were needed to navigate members to the next room
  - Lots of stairs made it difficult for those with walking impediments
  - Screens in the debating chamber with live reporting of speeches would help people sitting at the back
**Opening speeches:**

**Christine Grahame MSP**

Christine Grahame MSP opened the Assembly with a speech that reminded us of the great things brought about for older people as we joined on the anniversary of the Scottish Parliament. Christine mentioned free personal care and the concessionary bus pass for those aged 60+ and disabled people, introduced by the Scottish Parliament. However, she recognised that there is still a long way to go in order to elevate the interests and needs of older people in Scotland. She condemned the withdrawal of the free BBC TV license for over 75’s. Christine then congratulated the work of SOPA for creating such events that allow for the voices of older people to be heard.

**Christina McKelvie MSP**

Christina discussed “A Fairer Scotland for Older People” and the forthcoming annual report containing 56 actions. Christina emphasised that tackling ageism is a priority for improving the general welfare of older people. She recognised that local transport can be inaccessible for many older people and the problems imbued with banning free TV licenses for over 75’s adds to generational divides.

**Diana Findley, Chair of SOPA**

Diana recognised the anniversary of the Scottish Parliament, and the recent Older People’s Day celebrated on the 1st October. She emphasised a few key issues facing older people today, including access to broadband, closure of banks and lack of IT knowledge. She said she was proud to see the growth of SOPA, with 21 new members last year. SOPA is looking to the future, encouraging Local Authorities to appoint ‘older people’s champions’ to represent older people in Scotland.
Speeches from SOPA members:

Maureen O’Neil - Faith in Older People

Maureen is the Director of Faith in Older People.

She spoke about spirituality – what gives us meaning and purpose in our lives. Spiritual care is core to the ‘what matters to me’ approach and Maureen highlighted the importance of educating those involved in delivering all aspects of care to older people.

Jimmy Miller – North Ayrshire Council

Councillor Jimmy Miller is a Labour representative for the Stevenston Ward and is the Older People’s Champion for North Ayrshire Council.

He discussed the importance of free TV licenses to older people and how the removal of this will leave up to 3.7 million pensioners worse off, and will hit house-bound, lonely and isolated older people hardest.

Gerry Kiernan - Independent Age

Gerry Kiernan is the National Wellbeing Manager for Independent Age.

Gerry described how in June, Independent Age launched its Credit Where It’s Due campaign which has shone a light on the scandal that £3.5 billion of the important financial lifeline, Pension Credit, is not reaching older people entitled to this benefit every year.

Despite the UK Government admitting this, it has done little to change improve the situation and as a result, millions of pounds is going unclaimed each year. In Scotland alone there are 123,000 pensioner households missing out on up to £332 million.

Independent Age is calling on the Government to introduce an action plan and to commit to a 75% uptake target by the end of 2020.
Betty Milton - Sighthill Broomhouse and Parkhead Community Council

Betty Milton is the Chair of Sighthill Broomhouse and Parkhead Community Council and is a member of a local partnership with health, care and community services called "Joining Up the Dots".

She discussed the impact that falls outside can have on older people. She highlighted the need for better pavements and the need to ask local councils and the government to help with this.

Dianna Stirling - Disabled Living Foundation

Dianna Stirling is the Independent Living Lead for Scotland for the Disabled Living Foundation.

Dianna highlighted the importance of technology, aids and equipment in helping people to live independently for as long as possible. She discussed the targeting and mis-selling of mobility equipment and adaptions across Scotland, with some sellers putting pressure on people to purchase over-priced and low quality equipment that does not meet people’s needs. The Disabled Living Foundation aims to increase awareness about these issues and encourage people to access their independent information and impartial advice.
Question Time:

Chaired by Christine Grahame MSP

With -

Stewart Stevenson MSP (SNP) Alex Rowley MSP (Labour) Jeremy Balfour MSP (Conservative)

Questions, answers and discussion can be viewed in full on the Scottish Parliament channel at https://www.scottishparliament.tv/

**Question:** The new GP contract allows GP’s to refuse to carry out vaccinations in their practices and to refer them centrally at a place determined by the Health Board and Integrated Joint Board. This will result in many older people not being vaccinated due to the distances they would need to travel, consequently the demand on hospital beds will increase. Does the panel agree this provision of the contract should be rescinded?

John White, Dumfries and Galloway Over 50s

**Question:** The chronic underfunding of adult social care adversely affects the safety and wellbeing of vulnerable older people in Scotland, undermines their Human Rights, and threatens the viability of care homes and home care services as well as financially penalising many who can ill afford their care. Apart from the usual ‘warm words’ how and when will the Government act to rectify this long-standing neglect of care?

Joan Philip, Highland Senior Citizens Network
**Question:** What measures could be put in place to ensure that we can expect responsive diagnosis, services and support for mental ill-health regardless of age? Also, how do we ensure that older people living with autism and other neuro-diversities have access to the support they need?

Dr Pam Boxx, Highland Senior Citizens Network

**Question:**

Is it acceptable that older people's wellbeing is being sacrificed by the First Ministers' obsession with Independence and would you oppose the near constant refrain from certain quarters that older people are a growing burden on society?

Ian Clement, Edinburgh Association of Community Councils

**Question:** With bank branches, ATMs and Post Offices closing at an ever-increasing rate, the impact is particularly felt by older people, rural populations and those who are not online. What creative solutions might be found to give access to banking services for these members of our communities?

Marie Higgins, Borders Older Peoples Forum

**Question:** When will planners hear that older people need local smaller dwellings (as options when isolation requires them to relocate, perhaps downsize, so to be closer to friends and facilities), and when will planners ensure that builders actually build smaller dwellings in new developments?

Ro Pengally, Scot Sector Link

---

**Feedback from Attendees - Catering**

Tea, coffee, pastries and biscuits were available on arrival. Sandwiches, fruit, tea, coffee and orange juice were provided for lunch

Comments about the catering included:

- Lack of labelling on sandwiches
- Serving of a hot drink at 3pm would have been welcomed
- Service at lunch time was slow
Workshop 1: Age-friendly Communities

What does an age-friendly community mean to you?

What might the benefits and challenges for Scottish Communities joining the UK Network of Age-friendly communities be?

What examples do you have of communities that are particularly age-friendly, or places with significant barriers preventing people from having healthy and active later lives?

What more could be done at both local and national level to make Scotland more age-friendly?

This workshop focused on age-friendly communities: what are they, how would they improve the lives of older people and how can we develop them?

This workshop was led by Ange Jones, Age-friendly Communities Manager from the Centre for Ageing Better. Ange led a very interesting presentation on Age-Friendly Communities, in which she discussed what makes a community age-friendly, positive examples of such, considered what could be done locally and nationally to make Scotland a leader in developing age-friendly communities.

We then opened up for group discussion about personal examples of both positive and negative aspects of community life in attendees’ hometowns, and how age-friendly communities could deliver much needed changes.

What is an Age-Friendly Community?

An Age-friendly Community is a place where people are able to live healthy and active later lives. Age-friendly Communities:

- Are places that foster healthy and active ageing
- Enable people to stay in places of their choosing as they age and to continue to play an active role in their communities for as long as possible
- Minimise barriers to participation as abilities decline
Age-friendly Communities is a concept developed by the World Health Organisation in 2006, designed to establish that all services, local groups, businesses and residents in a community ought to work together to identify and make the changes to both the physical and social environment needed to enable people to lead healthy later lives.

There are 8 domains of Age-friendly Communities which cover aspects of community life that ought to be considered as part of age-friendly plans.

Ange then offered examples of places in which age-friendly communities are being developed.

In Leeds, an initiative called ‘Shared Tables’ has been introduced whereby the project invites older people living alone to enjoy a meal together in a local restaurant at weekends and in the evenings.

The following questions were raised for individual reflection and discussion:

1. Thinking about where you live, what would be the one thing that would make the most difference to make your place more age-friendly?

   - More respect for one another but especially for the age of our city (community)
   - The ability to get out in the evening to spend time with others – we need accessible public transport
   - Disabled/blind folk who are unable to apply for benefits/housing due to no access to computers. Experience of one place no longer providing such a service due to lack of funding
   - Problems with transport timetabling. Experiences with all buses coming at once with long waits in between
2. What might the benefits (and challenges) be for Scottish Communities making the commitment to becoming an Age-friendly Community?

- **Reducing social isolation and costs of this**
- **Benefits – engagement and accessibility, and improved participation**
  - Challenges – buy-in

3. What could be done at both national and local levels to make Scotland more age-friendly?

- **Government should get involved with local churches and social clubs…**
- **National and local train network**
  - **Better regulation of pavement café licenses – tables and chairs making footway use difficult for pedestrians/wheelchair users/pram pushers**
- **Community centres providing befriending activities to involve people**
- **R...
Calls for action

1. An older people’s champion should be nominated in every local council

2. To develop Age-friendly Communities across Scotland – this will engender looking at better access to public transport and even pavements, alongside reducing digital exclusion

3. Opportunity to build upon Herriot-Watt University’s ‘Place-Age’ research carried out in Edinburgh and Glasgow, to promote greater understanding of the barriers faced by older residents that an Age-friendly Community would need to work to address.
Workshop 2: Hearing the voices of older people

There were approximately 15 people attending the workshop. Initially there was a short discussion attempting to ascertain the plan and desired outcomes of the workshop. The points raised were as follows:-

- Information scrutiny
- Different needs and preferences of groups involved with older people
- What has worked in the past
- What hasn’t worked in the past
- How to reach older people

The group then took part in a carousel to identify barriers and pathways to certain issues, each small group spent 5 minutes at each flip chart (station) these included:

- Digital tools
- Working in groups
- Creative methods (drama ?)
- Events/Assemblies
- Meeting MSP’s

At each station small groups discussed and made notes on the flip charts, the advantages and disadvantages of each method in raising the voices of older people. Discussions included individuals’ experience with each method, and discussed ways to encourage older people to raise their concerns and issues.

The workshop concluded by having a collective discussion to highlight the priorities, which would be taken back to the entire SOPA assembly and final event of the day. The workshop concluded the best methods of raising the voice of older people were as follows:-

1. Ensuring **feedback** from all methods, were outcome focussed and ensuring older people felt they had been listened to.
2. That any event had as many representatives there as possible and those representatives felt safe, they were in a social setting and they were **inclusive**.
3. **Outreach** projects were set up so older people who were unable to attend events or assemblies also had a voice and had the opportunity to be listened to. Inability to attend could include things such as mobility or location (i.e in a rural location)
Workshop 3: Digital Connectivity

Twelve workshop participants attended, supported by five other attendees:

- Stewart Stevenson MSP
- Elaine Thornton-Nicol, Borders Council
- Leoncha Leavy, Scottish Parliament
- Peter Kirwan, Haddington Citizens Advice Bureau
- Mark Hayden, SOPA Volunteer

Elaine explained that she was Scottish Borders Council’s Older Person’s Champion and was passionate about supporting older people to access digital services, which was the focus of the workshop.

Leoncha added that she was a community outreach worker, responsible for connecting the Scottish Parliament with local communities. She explained that the workshop would focus on the benefits to communities of having access to superfast broadband, and the potential impact should access be lost. She added that the outcome of the workshop should be two or three ‘Calls to Action’ to be presented to the panel at the end of the workshop.

Peter then explained how the internet had changed the world in terms of access to information in much the same way as electricity had done for access to energy. The internet provided new possibilities and challenges, and there was a growing social gap between those individuals with online access, and the skills to utilise that access, and those with limited or no access. He added that the introduction of superfast broadband could potentially increase this social gap.

Peter said that there were three main challenges to those seeking to utilise the internet: having the skills and confidence to use the technology, the cost of hardware to access the internet, and the ease and availability of connectivity to the internet.

Peter asked for a show of hands to answer the following questions:

- How many workshop attendees had used the internet in the past month, all confirmed they had;
- In the last week, again all attendees had; and
- In the past day, all except one attendee confirmed they had.

He then asked for a breakdown of whether the attendees lived in a rural or urban area. The split was 7 rural, compared with 9 from urban areas.

There followed a discussion on how the attendees utilised the internet. Examples included:

- Remote working
- Facebook
- Email
- Podcasts
- Shopping (e.g. eBay)
- Crosswords
- Banking
- News (e.g. BBC News)
Stewart was then asked to provide some background to the R100 programme, which aims to provide 100% of the Scottish population (specifically all businesses and homes) with access to superfast broadband by the end of 2021.

He also provided some background to the development of computers, specifically the part women played in the development of computers, including Ada Lovelace who is credited with developing the first computer programme, and Grace Hopper who is credited with developing the way we still program computers today and was retained by the US Navy until the age of 88 to support their IT programme. He also told the story of Mary Queen of Scots, who used a box with two locks to send secret correspondence, but forgot that once the correspondence was no longer in the box, it was no longer secure; adding that this was true of the majority of modern computer security breaches today.

Peter then separated the attendees into three groups and asked them to discuss two scenarios.

Scenario 1

One group considered the benefits to an individual of being able to access the internet. The circumstances of the individual were that he lived in a remote location, was widowed with his children living in Canada, was retired but repaired bicycles part-time, had limited mobility and enjoyed music in the pub.

Following discussion, this group highlighted a number of potential benefits, including:

- Access to telecare and healthcare, including NHS “Attend Anywhere”;
- Access to “AskSARA”, an online advice service for older people;
- Ability to keep in touch with his children through email and Skype/Facetime, which could be much cheaper than a phone call;
- Access to music from across the world, in addition to visiting the pub for socialising;
- Access to YouTube or other sites for advice on bike repairs;
- Online shopping;
- Ability to purchase more bicycles or bike parts; and
- Ability to sell his bikes.

This group’s primary call to action was that access to the internet should be affordable.

Scenario 2

Two groups considered the impact on a small remote community of 200 people losing access to the internet. The community was three hours from the nearest city, was popular with tourists and whose population included a number of farmers and people who worked from home.

The two groups identified a number of impacts from losing access to the internet, including:

- Loss of internet shopping in a location with potentially limited access to local shops;
- Inability of farmers to order feed for their livestock, report to the authorities or apply for grants;
• Inability to run business from home, potentially incurring costs to travel to another location or (worst case) losing their jobs through inability to perform their role;
• Impact on tourism either through poor feedback owing to lack of internet access, or inability to receive bookings;
• Some individuals becoming frustrated or angry owing to the impact on their lives, although some individuals may like the impact as it will encourage more local communication;
• Potential impact on health and wellbeing, and an increase in social isolation;
• In a community that may not have a bank branch or post office, inability to perform banking transactions;
• A catch-22 of losing access to the information necessary to report the loss of connectivity; and
• Inability to access online-only benefits such as Universal Credit.

Both groups felt that access to the internet should be a basic right and affordable. They also highlighted that the poorest and most vulnerable in society could benefit the most from internet access, given the ability to communicate easily and inexpensively, access to cheaper online goods and services, and also the ability to save money through price comparison websites etc.

The calls to action included affordability, raised by the first group, and also that internet access should be available to all and should be reliable.

Elaine then summarised the calls to action discussed by all groups into four actions, centred around access to the internet, namely:

• Parity of access – everyone should have access to the internet, regardless of where they live or work;
• Access to digital skills – everyone should have support to develop the skills to use the internet effectively;
• Reliability of access – internet access should be resilient, with high availability to all;
• Affordability of access – cost should not be a barrier to internet access.
Workshop 4: Food and Nutrition

The workshop on Food and Nutrition was facilitated by Laura Cairns of the Eat Well, Age Well project (which is a Scotland wide project run under the auspices of the award winning Scottish Charity ‘The Food Train’ and financed by the National Lottery Community Fund). The project is focused on the prevention, detection and treatment of malnutrition and dehydration in older adults.

Laura began the workshop by pointing to the Scottish Government’s framework document entitled ‘A Fairer Scotland for Older People’ which was published in April 2019. This includes a specific focus on tackling the twin problems of malnutrition and dehydration, but what is actually being done to put older people at the centre of this drive and to continue to raise public awareness about this important public health issue for older people?

Laura outlined for workshop participants the official definition of what constitutes malnutrition:

“A serious condition which occurs when an individual’s diet does not meet his or her nutritional needs”

Those at risk of such a condition are often older people, particularly those with long-term health conditions. It is estimate that this figure could be 10% or even higher; meaning in Scotland approximately 100,000 adults are at risk. Across the UK more than 3 million people are either malnourished or at risk of becoming malnourished.

Laura then asked people to break off into pairs and discuss some of the reasons why malnutrition amounted to such a big, but largely hidden, problem. Many possible reasons were put forward by attendees and they corresponded with the reality that it is often a question of the availability of, the cost of, and access to good quality food that lies at the root of the problem.

Discussion then turned to the causes of malnutrition, which are often complex but fall into three broad categories – medical, physical and social. Malnutrition is both a cause and a consequence of ill health. The signs that someone is malnourished can include more obvious ones like unintended weight loss, reduced appetite and lack of energy to more subtle ones like confusion, dizziness and muscle weakness. Also, such things as clothes no longer fitting, rings or items of jewellery no longer staying on fingers or wrists and something as simple as a person’s dentures no longer sitting well in their mouth can also be tell-tale signs of a deeper problem.

Whatever the reasons, the consequences can be huge and have a major impact on independence and quality of life, with those who are malnourished twice as likely to visit their GP and more likely to be admitted to hospital and to stay longer as an in-patient.

In England in 2011, according to the National Institute of Health and Care Excellence, malnutrition was the sixth largest cost expenditure to the NHS; some £19.6 billion. The problems associated with malnutrition, and the concomitant costs, are predicted to worsen with an ageing population.

The best way to prevent malnutrition is to eat a healthy, balanced and nutritious diet, as outlined in the Eat Well guide which Laura described. This details the division of the food...
groups and how much of each group should form the basis of a healthy meal. It also outlines that 6-8 glasses of fluid a day are what most people need to stay properly hydrated. Laura highlighted that this guidance is not appropriate if a person is underweight or needs to put on weight, it is better to eat a fortified diet with high protein, high calorie foods and eat little and often with small meals being consumed every 2-3 hours. A good way of gaining weight is to add full fat varieties of things like butter, cheese and cream to meals, or honey or dried fruit to puddings, cereals or porridge, as well as putting things like beans and pulses into soups, sauces and stews.

Laura also made the point that public awareness of malnutrition is low, especially when compared to the topic of obesity, so raising awareness of this silent issue is a major part of the project.

If you are concerned about yourself or worried that someone else may be living with malnutrition, there are a number of things that you can do. Monitoring your weight regularly can alert you to losing weight without meaning to. If someone struggles with a poor appetite, then eating smaller amounts more often can help. Talking about food intake, appetite and fluids with friends, family and your GP can be the first step to noticing a problem and getting help and guidance that they may need. However, Laura also stressed the importance of simple screening tools to identify those that might be at risk in the community which are being promoted by the Eat Well, Age Well project and discussion then turned to these tools and how to use them.

Participants again broke into smaller groups to look at the screening tools which are designed to raise the issue of eating, drinking, appetite and weight loss amongst the target audience. There are two different screening tools being emphasised by the project; the ‘paperweight’ armband and the Nutrition Checklist, developed by the Patients Association.

The armband is designed to fit round your upper arm and then if the armband easily slides up and down then this along with key weight loss questions might mean the individual is at risk of malnutrition. It is intended to open a conversation with the user about nutrition. This is particularly important as malnutrition mostly occurs in the community and the problem is often identifying those who are malnourished and getting the right services to them at the right time.

Likewise, the ‘Nutrition Checklist’ is useful in signposting and giving advice to people. The Malnutrition Task Force in England are also promoting both the armband and the checklist to a variety of public and third sector organisations as part of their work.

The feedback given on the checklist was mixed, with participants feeling that, even if someone did not identify as a member of any of the categories mentioned in Section A of the checklist, answering the questions in Section B was still useful as it asked for more in-depth information.

Laura pointed out that these screening tools were designed to open up a conversation about nutrition, as self-management of the condition is usually the best approach. If someone is identified as being at risk of malnutrition through using the screening tools, the
next step is to signpost them to food first guidance and to local sources of support and assistance.

Laura then summarised the main focus of what the project is designed to tackle:

Malnutrition is a significant, but often silent and unseen, public health issue with the overwhelming majority of cases found in the community. It is therefore a significant cost to the health and social care budget of Scotland but is an entirely preventable condition.

The Eat Well, Age Well project will:

- Help train staff, carers and volunteers to use the screening tools to identify malnutrition in the community
- Fund local projects e.g. lunch clubs, intergenerational work
- Campaign for action and raise public and professional awareness
- Test innovative ideas, conduct research and evaluate methods to gather better and more robust intelligence on the nature of the problem.

The next major focus will be Malnutrition Awareness Week, which will be held between 14 and 20 October. The project will be visiting a number of local projects delivering key messages, training staff and working with volunteers to support the ‘Food First’ strategy in the community.

The workshop then moved into its final section where participants discussed what 2-3 major issues we would like to focus on in the Calls for Action for the Scottish Government and Parliament. Discussion on this was wide-ranging with the following being decided upon as the Calls for Action which would be given by the group to the closing plenary session of the Assembly:

1. Training in the community-based screening tools to identify malnutrition should be supported and advanced and their use across Scotland made wider and better through awareness raising initiatives

2. There must be more local investment in third sector organisations and more support offered to local projects to aid the prevention and identification of malnutrition and dehydration.

3. The Scottish Government must acknowledge that access to good quality, nutritious food is a human right.
**Workshop 5: Primary Care**

Eddie Fraser, Director of East Ayrshire Health and Social Care Partnership (HSCP) explained that General Practice and Primary Care Teams are at the heart of the Health Care System. The National Primary Care Vision has 6 Primary Care Outcomes which seek to improve population health and enable service delivery to be planned differently and to be delivered in a more responsive and seamless way.

He described how East Ayrshire HSCP are taking forward the new national model of Primary Care, noting their initial focus was around the need to digitalise records and enable space to be made available within the GP practices for new staff.

It was necessary to understand the patients’ experience and how to work across different aspects of Primary Care to provide integrated seamless care in a new way.

The intention is that health and care services are to be integrated and focused around the home so that people who need care will access the right professional at the right time and their care will remain at, or near, their home whenever possible.

An enhanced multidisciplinary team of specialist professionals will deliver care alongside the GP - including Pharmacists, Advanced Nurse Practitioners, community link workers, social workers, physiotherapists, and mental health workers.

The enhanced Primary Care team have the specialist knowledge and skills to diagnose, assess, treat and manage a range of care needs allowing the GP to focus on patients with more complex and chronic care needs.

People often know what care they need and, in future, more people will be able to seek this directly. For example, a person with shoulder pain may choose to see a physiotherapist as a first point of contact.

It is envisioned that, as a result, patients will have better access to services and experience more consistent and appropriate wrap around care which also supports and enables self-care. Most importantly patients will have as much control over their life as possible.

Eddie spoke about the impact on health and wellbeing of Social Determinants of Health - e.g. staying active, social isolation, housing, income, employment, education - and the need for positive action across all sectors to address these issues. Third sector, life long learning and leisure services have an integral role in supporting the wellbeing of older people.

These new changes will be phased in over the next three years as part of a Primary Care Improvement Plan. East Ayrshire Integration Joint Board will have the responsibility to ensure the plan is in place and delivered across Ayrshire before the transition period at March 2021. Eddie stated that issues around recruitment and retention of the expanded primary care workforce were a significant challenge and may influence the pace of change in some areas.

Professor Anne Hendry spoke briefly about the various projects on ageing she is involved with in Scotland, in the UK and in the EU - including the Frailty Prevention Approach
Advantage project that involves 22 European member states and the global Decade of Action on Healthy Ageing.

Anne said this builds on previous work in Scotland on active and healthy ageing in which SOPA reported on what matters to older people: they want to have fun and enjoy themselves, connect with family and friends, continue to contribute to society and to be respected.

Anne pointed to the benefits of midlife preparation for ageing well. Age friendly communities are important with safe access to green spaces, accessible libraries, public transport and public buildings. An age friendly environment, well integrated care systems and high quality long term care all need to be in place to support the health and wellbeing of older people.

Anne also spoke about the Frailty Matters project – a collaboration between University of the West of Scotland, the Health and Social Care Alliance, NHS Ayrshire and Arran and Burdett Trust for Nursing. This project seeks to capture the lived experience and voices of older people and carers and provide education and leadership development for community nurses managing older people who are frail.

She also highlighted the experience of Compassionate Inverclyde where ordinary people support others at times of crisis. She noted that all communities are different and have different challenges but all offer a wide range of assets and supports.

The older people Champion in East Ayrshire spoke of their work to promote self-motivation and physical activity and how to identify older people who may not be accessing services. He stressed that everyone needs to play a part and keep their eyes open, for example the important role of the post man etc.

One delegate spoke about tea dances in his area and their contribution to reducing social isolation and how much one lady had enjoyed the event once gently encouraged to go along.

The delegates discussed the implications for older people of these new models of care.

Eddie was asked to explain the difference between a hub and a cluster - a hub being a base from which professionals work together to provide care and support to patients living in the area; a cluster was a grouping of GP practices looking at the health needs and quality of services in the area.

The value of additional link workers and physiotherapists appeared to be appreciated.

Delegates expressed frustrations regarding their current experiences of primary care and noted some issues and concerns that are affecting their wellbeing:

- delivery of flu vaccination at locations too far from patients’ homes
- patients told to phone for an appointment at 8.30 am which means that no-one can get through to reception
• elderly patients waiting in the cold for the surgery to open in the morning in order to be seen by the GP.
• young workers and patients are over represented on professional / treatment / policy groups
• lack of consistency across different GP practices.
• diversity not encouraged and little representation at the Assembly
• pension income severely limits participation in health enhancing activities and needs more recognition.
• call number found not to be working
• lack of communication when services change

Overarching principles

All actions/recommendations should ensure that the principles of diversity and equality are taken into account, including financial issues. The voice of older people must be taken into account given they often present with complex issues.

Recommendations

1. Communications and information must be improved so that planned changes within GP practices or the intentions behind any reorganisation of local services are clearly sent to individuals. This can include by post, digital, etc

2. Efforts must be made to tackle the inconsistencies across Scotland in relation to wrap around primary care services. Integral to this is ensuring ease of access to prompt appointments, a responsive telephone system and helpful triage. It was acknowledged that the precise nature of each primary care service would take into account geography, demography and deprivation.

3. Greater awareness and recognition of frailty along with improved prevention and early intervention to promote independence and reduce disability through better integrated care in the community and with hospitals and care homes.
Workshop 6: Older Veterans

The workshop was chaired by Charlie Wallace, the Scottish Veterans’ Commissioner.

Discussion was lively and covered many issues. The veterans who attended this workshop gave insights about their experiences of what it was like to be a veteran living in Scotland. There were many examples where they felt that they had lacked information about where to get help and some Local Authorities seemed to be more proactive than others though all councils have now signed up to the Armed Forces Covenant. Charlie Wallace, the Scottish Veterans Commissioner (SVC), pointed out that Scottish Government wanted veterans to be treated fairly and in an equable way. After he took up his post last year he commented that there were 63 action points from previous reports and he was following them up. He also said that it was important that veterans’ relatives should not be forgotten as they could also be affected.

It was agreed that the following three action points covered the majority of the discussion though the SVC also said that he would follow up on some individual points made.

Action points:

1. There were challenges around the passage and dissemination of information. This was a key issue and it was felt that veterans needed to be made more aware of information which would provide them with a variety of support. Though there are improved discharge information packs available for those leaving the armed forces nowadays and the new Defence Transition Service will be working to make further improvements in future, some of the older veterans are still finding it difficult to find information by which access support services. Also it was felt that communities needed to be more aware of what is due to veterans.

2. There are many excellent projects to support veteran communities but plans should be put in place for the long term as often they are not sustainable due to lack of funding. Eg The Unforgotten Forces has funding until next year and its previous Defence Medical Welfare Service (DMWS) service provision in both Grampian and Ayrshire has been recently discontinued when the funding expired at the end of June this year,

3. Scottish Government should consider the provision of funding to ensure that every Local Authority has a Veterans First Point (V1P) service in place as well educate Primary and Secondary healthcare facilities about the needs of veterans.

Generally it was felt that the discussion had been helpful and that the implementation of these action points would greatly assist veterans in Scotland. Charlie also pointed out that we have a much smaller military presence now and there may be a lack of awareness about the military due to the reduced numbers serving nowadays in the armed forces.
Draft Action Plan

This action plan will continue to be developed and implemented by SOPA and partners. Progress updates will be provided on SOPA’s website and at the next Assembly.

Overarching actions will include:

- SOPA to send a copy of the report and action plan to the Minister for Older People and Equalities as many points raised are included in “A Fairer Scotland for Older People: A Framework for Action”. The points made at the Assembly add further detail, evidence and weight relating to the experience and views of older people which should be incorporated into the implementation of the Framework.

- SOPA to send the report to the two Parliament Committees that are taking forward specific workstreams of relevance to the workshops:
  - Health and Sport Committee (inquiries into Primary Care and Social Care)
  - Rural Economy and Connectivity Committee

As well as the following Cross-Party Groups:

  - Age and Ageing
  - Armed Forces and Veterans Community

- SOPA to send the report to COSLA and NHS Scotland as many points are relevant to the work of Local Authorities and Health and Social Care Partnerships

- SOPA asks that all of its members and those that participated in the Assembly share the report with relevant decision makers to help ensure that the views of older people are heard and acted upon.
<table>
<thead>
<tr>
<th>Calls for Action</th>
<th>How can this be delivered?</th>
<th>Who needs to be involved?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workshop 1: Age-Friendly Communities</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. An older people’s champion should be nominated in every local council | All Councils should be encouraged to nominate an Elected Member to undertake this role. SOPA, Age Scotland and COSLA will work together to promote the role and encourage Councils to identify Champions. | • Scottish Government  
• COSLA  
• Age Scotland  
• SOPA |
| 2. To develop Age-friendly Communities across Scotland – this will engender better access to public transport and even pavements, alongside reducing digital exclusion | Local authorities to consider developing local age-friendly initiatives and joining the Age-friendly Communities Network. SOPA to continue to promote the work of the Age-friendly Communities Network in Scotland (facilitated by the Centre for Better Ageing). | • Scottish Government  
• COSLA/ Local Authorities/ Older People’s Champions  
• SOPA/ Centre for Ageing Better |
| 3. Opportunity to build upon Heriot-Watt University’s Place-Age research carried out in Edinburgh and Glasgow, to promote greater understanding of the barriers faced by older residents that an Age-friendly Community would need to work to address | SOPA to develop links with Heriot-Watt University, promote and support the work being developed following the Place-Age research. | • SOPA/ Heriot-Watt University |
| **Workshop 2: Hearing the Voices of Older People:** | Actions from this workshop will be taken forward by the Scottish Parliament’s Committee Engagement Unit | • Scottish Parliament |
| 1. To get feedback with consultations in order to encourage participation and inclusion | | |
2. More involvement to feel safe and confident – social events

3. Representative groups and charities to engage in outreach to older people – this diminishes the reliance on public transport and increases the comfort of members

**Workshop 3: Digital Connectivity:**

- **Actions from this workshop will be shared with the Rural Economy and Connectivity Committee as they take forward work to monitor the roll out of superfast broadband and deal with digital connectivity issues more generally.**

  **1. Parity of access – everyone should have access to the internet, regardless of where they live or work;**

  **2. Access to digital skills – everyone should have support to develop the skills to use the internet effectively;**

  SOPA and partners can help raise awareness of digital skills support available.

  Local authorities, private businesses, third sector organisations, intergenerational projects all have a role to play.

  **3. Reliability of access – internet access should be resilient, with high availability to all;**

  **4. Affordability of access – cost should not be a barrier to internet access.**

**Workshop 4: Food and Nutrition:**
<table>
<thead>
<tr>
<th>1. Training in the community-based screening tools to identify malnutrition should be supported and advanced and their use across Scotland made wider and better through awareness raising initiatives</th>
<th>Action within “A Fairer Scotland for Older People” being taken forward to support this action.</th>
<th>• Scottish Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. There must be more local investment in third sector organisations and more support offered to local projects to aid the prevention and identification of malnutrition and dehydration.</td>
<td>Recognition of the importance of projects that support nutrition and hydration by funders.</td>
<td>• COSLA/ Local Authorities/ Health and Social Care Partnerships  • Other funding organisations</td>
</tr>
<tr>
<td>3. The Scottish Government must acknowledge that access to good quality, nutritious food is a human right.</td>
<td></td>
<td>• Scottish Government</td>
</tr>
<tr>
<td><strong>Workshop 5: Primary Care:</strong></td>
<td>Actions from this workshop will be shared with the Health and Sport Committee which is progressing inquiries into Primary Care and Social Care.</td>
<td>• Health and Sport Committee</td>
</tr>
<tr>
<td>1. Communications and information must be improved so that planned changes within GP practices or the intentions behind any reorganisation of local services are clearly sent to individuals. This can include by post, digital, etc</td>
<td></td>
<td>• Health and Social Care Partnerships</td>
</tr>
<tr>
<td>2. Efforts must be made to tackle the inconsistencies across Scotland in relation to wrap around primary care services. Integral to this is ensuring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ease of access to prompt appointments, a responsive telephone system and helpful triage. It was acknowledged that the precise nature of each primary care service would take into account geography, demography and deprivation.

3. Greater awareness and recognition of frailty along with improved prevention and early intervention to promote independence and reduce disability through better integrated care in the community and with hospitals and care homes.

<table>
<thead>
<tr>
<th>Workshop 6: Older Veterans:</th>
<th>Aim of the Advantage JA EU project.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Local frailty projects being taken forward by Health and Social Care Partnerships.</td>
</tr>
<tr>
<td></td>
<td>SOPA can help raise awareness of these initiatives.</td>
</tr>
</tbody>
</table>

- Advantage
- Health and Social Care Partnerships
- SOPA

<table>
<thead>
<tr>
<th>1. Improve passage of information on services available for veterans.</th>
<th>Greater face to face outreach efforts by service providers with relevant groups such as Service and Regimental Associations, veterans clubs &amp; groups as well as amongst civic groups within the general populous etc. to help raise awareness of services on offer for veterans. Funding of services should be dependent upon specific provision for communications plans to ensure awareness amongst the veteran community. Greater collaborative working amongst service providers, such as that already established by the Unforgotten Forces consortium, would enhance awareness of the availability of services available across the sector to both staff and service users.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• UK &amp; Scottish Government</td>
</tr>
<tr>
<td></td>
<td>• Corporate &amp; Third Sector Funders</td>
</tr>
<tr>
<td></td>
<td>• Armed Forces charities</td>
</tr>
<tr>
<td></td>
<td>• Third Sector charities</td>
</tr>
<tr>
<td></td>
<td>• Veterans Scotland</td>
</tr>
<tr>
<td></td>
<td>• Veterans UK</td>
</tr>
</tbody>
</table>
| 2. Ensure that funding for veterans’ services is sustainable. | Longer term and enduring financial commitment, thinking and mindset required from funders to ensure that effective and well established support programmes do not simply cease when limited term funding expires and cannot be replaced. | • UK & Scottish Government  
• Corporate & Third Sector Funders |

| 3. Scottish Government should consider the provision of funding to ensure that every Local Authority has a Veterans First Point (V1P) service in place as well educate Primary and Secondary healthcare facilities about the needs of veterans. | Relevant organizations might lobby the Scottish Government to make a case for this and thereby persuade it to investigate the feasibility of this and the funding options required to encourage NHS Regions not currently participating to consider the establishment of V1P services in their regions. | • Scottish Government via the Veterans Minister  
• Veterans Scotland  
• Scottish Parliament’s Cross Party Armed Forces Community Forces Community Group  
• Scottish Government’s Defence Policy Unit  
• Veterans First Point Scotland  
• NHS Regions |
Links to further information about the workshop topics

1) Age-friendly Communities
Centre for Ageing Better [https://www.ageing-better.org.uk/](https://www.ageing-better.org.uk/)
Heriot-Watt University Place Age project [www.placeage.org](http://www.placeage.org)

2) Hearing the Voices of Older People
Scottish Parliament’s Committee Engagement
[https://www.parliament.scot/parliamentarybusiness/110850.aspx](https://www.parliament.scot/parliamentarybusiness/110850.aspx)

3) Digital Connectivity
Rural Economy and Connectivity Committee
[https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/rural-economy-committee.aspx](https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/rural-economy-committee.aspx)
Citizens Advice Scotland [https://www.citizensadvice.org.uk/scotland/](https://www.citizensadvice.org.uk/scotland/)

4) Food and Nutrition
Eat Well Age Well Project [https://www.eatwellagewell.org.uk/](https://www.eatwellagewell.org.uk/)

5) Primary Care
Health and Sport Committee Primary Care Inquiry
[https://www.parliament.scot/parliamentarybusiness/111193.aspx](https://www.parliament.scot/parliamentarybusiness/111193.aspx)
Advantage project [http://www.advantageja.eu/](http://www.advantageja.eu/)

6) Older Veterans
Scottish Veterans’ Commissioner [https://scottishveteranscommissioner.org/](https://scottishveteranscommissioner.org/)
Attendees

124 attendees, from the following organisations:

ACWA
A City for All Ages Advisory Group, Edinburgh
Aberdeen Citizens Advice Bureau
Advantage JA
Age Scotland
Borders Older People's Forum
Broomhouse Centre
Centre for Ageing Better
Citizens Advice Bureau, Haddington
City of Glasgow Royal Naval Association
Clackmannanshire Older Peoples Forum
Clydesdale Community Activities Group
Community Action Blackburn
Dementia Friendly Tranent
Disabled Living Foundation
Dumfries & Galloway over 50's Group, Public Partnership in Dumfries
East Ayrshire Council
East Ayrshire Health and Social Care Partnership
Edinburgh Association of Community Councils
Edinburgh U3A
Faith in Older People
Food Train/Eat Well Age Well
Frailty Matters Project
Generations Working Together
Heriot-Watt University
Highland Senior Citizens Network
Human Development Scotland
Independent Age

Lanarkshire Unite Retired Members Association
Learning in Later Life (3Ls) Students’ Association, University of Strathclyde
Legion Scotland
Living Streets Scotland
Merchiston Community Council
NFOP
NFOP Lanarkshire
North Ayrshire Council
Pilmeny Development Project
Poppyscotland
PPF Stirling
Prestwick North Community Council
Pilmeny Resource Centre
Retired Members Association Unite Dumfries
Retired Police Officers Association Scotland (RPOAS)
Retired Unison Member
Scottish African Older Member
Scottish Borders Council
Scottish Government
Scottish Parliament
Scottish Veterans Commissioner
SOPA
Stirling University
Transport Scotland
U3A
U3A Falkirk
War Widows Association of Great Britain
Feedback:

We asked each member to fill out an evaluation form on the day. Their answers are summarised below.

How would you rate the Scottish Older People’s Assembly 2019?

![Venue and Catering Pie Chart]

26 voted excellent; 20 voted good; 3 voted adequate; 0 voted poor; 0 voted very poor
36 voted excellent; 20 voted good; 3 voted adequate; 0 voted poor or very poor

32 voted excellent; 18 voted good; 8 voted adequate; 1 voted poor; 0 voted very poor
Further comments:

What did you like best about the Scottish Older People’s Assembly 2019?

- Workshop 1 – age-friendly communities
- Great to meet some interesting people
- The workshops as they brought out the practical calls to action
- Meeting people from all over the country
- Interesting speakers and meeting new people
- Break out and discussion sessions
- The venue. The Scottish parliament is a wonderful venue and a great place to have such a wonderful event
- Well organised; range of debate; access to MSPs/commissioners
- Prompt start. Usual subjects highlighted with no explanation of possible solutions. Some emphasis on third sector input
- Break out session
- Coming together of older people; Q&A session; workshop
- Listening to general speeches and debates; learning about problem of malnutrition in workshop
- Meeting people who are listening to your views
- Learning and hearing about various issues/opportunities and barriers
- Confirming a number of items
- Hearing the views of others
- Learning new things
- Learning what is going on around the country
- Venue was good
- Workshop – I attended the food and nutrition and found it interesting, helpful and worthwhile
- Interesting topics
- After discussion and points made there was a simple ‘summing up’
- Debate chambers
- Number of older people in attendance; relevant issues raised and good breadth of topics
- All very interesting
- Friendly and informative
- Meeting other interested groups
- Networking; topics on Q&A; workshop
- The workshop
- Venue was excellent
- Eye-opener; very informative
• The morning forum and speakers in the debating chamber
• I loved meeting people; the panel were good at answering questions; the workshop was fab
• Morning open session
• Bringing together of so many different people and organisations; workshops
• The debating chamber – hearing from a range of older people
• Very informative
• Team conversation
• Informative but don’t think it will change as there’s so much demand
• Workshops
• Meeting a variety of people; gaining information to pass on to other older people; enjoyed format of workshops

What did you like least about the Scottish Older People’s Assembly 2019?

• I enjoyed it
• The workshop (4) was too (?), not enough time to allow discussion. Collected 2/3 points ...
• The six ‘speeches’ particularly the politics of one speaker. Today was a day for speaking as one and bringing people together, not creating division
• Travelling
• Too long in debating chamber – needs a shorter/sharper Q&A session
• Nothing
• Could have done with more information tables in lobby
• I was not asked if I gave permission for my photograph to be taken; catering very slow – could have been managed much more efficiently; sometimes difficult to catch what was/is said/weak speaking style/ spoke too fast; some sound interference in back of the chamber during the main speeches; better introduction of main speakers allowing attendees to note names
• No time for anyone to ask a spontaneous question; morning too political
• Enjoyed it very much; was very warm
• Running late at the end of the day caused problems with transport home
• Nothing
• It was a bit cold
• Repeat items
• No information given about earphones being available for hard of hearing
• Lunch – was unable to eat anything as was unsure what was in the sandwiches/wraps etc
• Lunch
• Less or none minority representation; food scene for lunch not impressive
- Nothing
- Cold public and meeting room
- The debate
- Well organised and happy with all contents of today
- The independence march caused logistical problems (outwith SOPA’s control obviously)
- Nothing
- Got lost at times in the building, staff did help when contacted
- Been to previous SOPA assembly – gave opinion and never heard the outcome
- Insufficient lunch and room temperature rather cold
- Not enough time for Q&A
- Primary care workshop promoting themselves; steps difficult
- The primary care workshop was not as expected – knowledge was focused on the specific area and all areas across Scotland seem to be divergent
- No comments
- Too much lighting overhead
- Nothing but if anything, more discussion
- Nothing
- Age-friendly communities’ workshop – the PowerPoint slides were far too dense (small-print) – couldn’t read them; presenter should have given us printed handouts of them
- No comment
- The discussion was good, but talk is cheap!
- No coffee at 3pm
- Feel we should have had some time for spontaneous questions from the floor and official speakers should speak more slowly

Please list any suggestions you have for a future Assembly.

- Keep it going
- Move it around the country
- BSL Interpretation; screens in the debating chamber with live reporting of speeches; materials from SOPA and others to be available in accessible formats
- Time for 2 workshops instead of 1
- Identification of common problems with possible solutions for both urban and rural settings; how to get older voices heard in all areas where decisions are at the moment being made for them instead inclusion by them
- More break-out sessions
- More West Lothian groups involved
- Less time for workshops – more time for questions and answers in main chamber
- None at the moment
- More time for questions
• More time for questions
• Publicity – notification for diverse groups to take part in the future
• Don’t know
• Lack of small injuries units in local communities; signposting of local services at GP surgeries – pointless and not well thought through; need for local image services
• Why were veterans’ champions not invited?
• More intergenerational work to be presented; talks on transferable skills
• Perhaps focus down on some of the issues raised and spend dedicated time/discussion on these key focus issues
• More facilitation in workshops to keep focus
• Report actions from Older People’s framework
• Future of primary care
• Follow up on GP new contracts, transport, TV licence free to over 75; we are not all on pension credit
• Have shorter presentations but covering wider Scottish areas
• More diversity, consistency and equality
• Intergenerational practice and environmental areas
• Use a wider screen to show speakers – makes it easier to follow them from the back of the hall
• Equality and diversity; intervention; assess (health risk), assist and arrange support – follow-up
• Encourage diverse participation for speakers
• First time visiting
• More in depth information about all organisations involved in older people’s services
• Opportunities to attend more than 1 workshop; see above re volume/speed of main speakers