Contents

Key Indicators 2
The Care System 4
Housing 10
Health & Fitness 14
Discrimination 20
Justice 24
Employability & Training 26
Local Services 30
References 34
Foreword

At Age Scotland, we are proud to be champions for Scotland’s older people and their interests, and we seek to influence public policy to meet their needs. In a time of single party majority government in Scotland, it becomes even more important that civic Scotland plays its role alongside the Parliament in holding the Scottish Government to account.

In 2011, we published Looking Ahead, our priorities for the 2011–16 Scottish Parliamentary term, based on the views which older people in Scotland expressed to us. We committed to reporting every year on developments, and last year we published our first annual update, Mind The Gap. This second edition for 2012/13 seeks to recognise progress made, but also highlight areas where work still needs to be done.

There are major changes taking place in the health and social care arena. The Reshaping Care for Older People programme was refreshed in September 2013; the Social Care (Self-directed Support) (Scotland) Act 2013 was passed by Parliament and is due to come into force on 1 April 2014; and the Bill to introduce greater integration of health and social care is also due to be passed next Spring. New laws prohibiting age discrimination in products and services came into force last October, and blanket mandatory retirement ages are now a thing of history.

However, despite a terrific response to our Still Waiting campaign, a massive opportunity to make community transport accessible and affordable for older people through our plan to adjust the National Concessionary Travel scheme has, so far, been missed. Equally, although older people are not the most adversely affected by the ongoing welfare reforms, the effects on Pension Credit and Housing Benefit for mixed age couples seem particularly unfair.

While looking back on the year to date, we have also set out the priorities on which we will focus, on older people’s behalf, over the next 12 months. The debate on Scottish independence will no doubt loom large over the coming year, but this should not crowd out other important public policy issues. The twin pressures of demographic change and fiscal consolidation mean we cannot simply put all other progress in tackling unfairness and disadvantage to one side.

Age Scotland will not take a stance on the independence question but we will engage with the debate. Although Scotland’s older people have as many different shades of view as others, they also care about their pensions, age discrimination law, and whether our economy can sustain the services on which they rely. We will work to ensure they are provided with the information they need to make an informed choice.

With experience telling us that many of Scotland’s older people will vote, campaigners and politicians of all stripes would be well-advised to pay attention to their needs and views. This edition of Mind The Gap should help them. Because whatever Scotland’s future is, a positive future for older people is in all of our interests and is something Age Scotland will continue to work to achieve.

Brian Sloan
Chief Executive, Age Scotland
Age Scotland has measured the progress made across a number of key indicators relating to ageing and older peoples’ issues in Scotland, set out here under our seven pillars of policy: the Care System, Housing, Health and Fitness, Discrimination, Justice, Employability and Training and Local Services.

<table>
<thead>
<tr>
<th>The Care System</th>
<th>Latest Results</th>
<th>Previous Results</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of delayed discharge</td>
<td>59 patients delayed for over six weeks (July 2013)</td>
<td>50 patients delayed for over six weeks (July 2012)</td>
<td>+</td>
</tr>
<tr>
<td>Emergency inpatient bed day rates for people aged 75+</td>
<td>5,027 bed days per 1,000 population (2011/12)</td>
<td>5,186 bed days per 1,000 population (2010/11)</td>
<td>–</td>
</tr>
<tr>
<td>Financial cost of unexpected admissions &amp; delayed discharge</td>
<td>£1.4 billion (2008)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient satisfaction with the NHS: % of patients who rated their care in hospital as excellent or good</td>
<td>85 % (2012)</td>
<td>85 % (2011)</td>
<td>=</td>
</tr>
<tr>
<td>Patient satisfaction with the NHS: % of patients who rated their care arrangements on leaving hospital as excellent or good</td>
<td>75 % (2012)</td>
<td>75 % (2011)</td>
<td>=</td>
</tr>
<tr>
<td>Number of patients receiving Direct Payments</td>
<td>5,049 (2012)</td>
<td>4,392 (2011)</td>
<td>+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuel poverty rate amongst pensioners</td>
<td>56% of single pensioner households (208,000) and 40% of older smaller households (169,000) are fuel poor (October 2011)</td>
<td>55% of single pensioner households (196,000) and 40% of older smaller households (161,000) are fuel poor (2010)</td>
<td>+</td>
</tr>
<tr>
<td>Older people living in care homes</td>
<td>916 care homes for older people providing 38,465 places to 33,636 residents, of whom 32,555 were long stay residents (March 2012)</td>
<td>920 care homes for older people providing 38,341 places and housing 33,645 long stay residents (March 2011)</td>
<td>–</td>
</tr>
<tr>
<td>Absolute Pensioner Poverty before housing costs</td>
<td>16% (2011/12)</td>
<td>16% (2010/11)</td>
<td>=</td>
</tr>
</tbody>
</table>
### Health and Fitness

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2011</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of stay in hospital</td>
<td>4.8 days (March 2012)</td>
<td>5.0 days (March 2011)</td>
<td>-</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>76.6 years for men and 80.9 years for women (born in 2011)</td>
<td>76.3 years for men and 80.7 years for women (born in 2010)</td>
<td>+</td>
</tr>
<tr>
<td>Healthy Life expectancy</td>
<td>60.4 years for men and 62.7 years for women (born in 2011)</td>
<td>59.5 years for men and 61.9 years for women (born in 2010)</td>
<td>+</td>
</tr>
<tr>
<td>Dementia diagnosis</td>
<td>41,525 (2011/12)</td>
<td>40,195 (2010/11)</td>
<td>+</td>
</tr>
</tbody>
</table>

### Discrimination

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2011-2012</th>
<th>2010-2011</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of age discrimination claims accepted by Employment Tribunals (UK wide figures)</td>
<td>3,700 (April 2011 – March 2012)</td>
<td>6,800 (April 2010 – March 2011)</td>
<td>-</td>
</tr>
</tbody>
</table>

### Justice

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012-2013</th>
<th>2011-2012</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recorded Crime</td>
<td>273,053</td>
<td>314,188</td>
<td>-</td>
</tr>
<tr>
<td>Feeling unsafe when walking alone after dark</td>
<td>23% of men and 54% of women over 60 feel unsafe (2010/11)</td>
<td>28% of men and 54% of women over 60 feel unsafe (2009/10)</td>
<td>-</td>
</tr>
<tr>
<td>Victims of crime</td>
<td>9% of over 60s (2010/11)</td>
<td>9% of over 60s (2009/10)</td>
<td>=</td>
</tr>
</tbody>
</table>

### Employability and Training

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012-2013</th>
<th>2011-2012</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-64 in employment</td>
<td>663,000 (April 2012-March 2013)</td>
<td>656,000 (April 2011-March 2012)</td>
<td>+</td>
</tr>
<tr>
<td>65+ in employment</td>
<td>71,000 (April 2012-March 2013)</td>
<td>59,000 (April 2011-March 2012)</td>
<td>+</td>
</tr>
</tbody>
</table>

### Local Service

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2007</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of community transport journeys made</td>
<td>3.5m (2012)</td>
<td>2.6m(2007)</td>
<td>+</td>
</tr>
</tbody>
</table>
It is possible both to improve services and make savings.
Social Care Reform

The current health and social care systems are economically and socially unsustainable. Demand, and anticipated costs, will rise dramatically as the population steadily ages, the prevalence and complexity of health and care needs increase, families become more dispersed, and as people expect more choice and control in their care options. The pressure on public expenditure makes tackling this issue yet more pressing.

However, it is possible both to improve services and make savings. There is too much cost-shunting between different statutory services and too much duplication. Unplanned hospital admissions and delayed discharges continue to account for a third of the £4.5 billion Scotland spends annually on caring for older people. Previous efforts to align health and social care structures, through Community Health Partnerships (CHPs) and Community Health and Care Partnerships (CHCPs) for example, had limited success.1 Led by older people’s views, we called on Government to integrate health and social care services to deliver better, and more consistent, outcomes for older people, and to underpin this by statute.

Following a consultation, the Scottish Government introduced the Public Bodies (Joint Working) (Scotland) Bill in May 2013. This aims to ensure ‘seamless, joined-up, quality health and social care services’ for adults, predominantly older people. We welcome this progress and look forward to the Bill’s successful parliamentary passage. We also welcome that the Bill now establishes principles underpinning the reform.

Integration is not a remedy for everything and legislation will not mean outcomes improve overnight. Pulling together health boards and local authority social work services, two different statutory services with different values, cultures and processes, will only be possible with leadership, trust, creativity and relentless focus on better outcomes for people with health and care needs. However, we have also encouraged the Government to be both bolder and wiser in its approach. A rights-based approach to planning and delivering health and social care services will increase the likelihood that service providers pull together and work creatively in pursuit of a shared, person-centred, goal.

While structural arrangements are necessary, the Bill will miss an opportunity if it focuses on process rather than outcomes for people. The private care sector, third sector providers, and advocates for both service users and carers have considerable expertise and have a stake in making the reform work. All are involved to at least some degree in joint strategic commissioning and community planning, and denying these groups voting rights within Health and Social Care Partnerships seems unhelpful and unnecessary.

The aim of improving outcomes should also be reflected through strategic commissioning to ensure that better health and care for people, not short-term cost saving, is driving decision-making. We call on the Scottish Government, NHS and local government to work together and with the voluntary and private care sectors to make this ambition a reality.

One of the professed aims of the integration Bill is that adult health and social care budgets ‘are used effectively to achieve quality and consistency’. Building on the Quality Strategy’s aims of safe, effective and person-centred care for everyone, making further improvements to care
The Care System

quality is the first key strand of the Route Map for the 2020 Vision for Health and Social Care. We welcome this emphasis on improving quality and consistency.

However, further details are needed about how Health Improvement Scotland and the Care Inspectorate will work together in the context of integrated delivery. Reports into care in residential settings continue to cause concern, and Age Scotland is convinced that a better mechanism needs to be found for commissioning decisions to be based as much on quality of service as they are upon cost.

Financial cost of care

Records of enquiries to the Age Scotland Helpline show a recurring concern that older people will have to sell their homes to pay for the costs of care. This fear persists despite the Scottish Government’s deferred cost of care scheme, which allows care costs to be borrowed from a local authority and settled upon death from the care user’s estate.

Despite free personal and nursing care (up to prescribed financial limits) since 2002, and residential care charges being prescribed by regulations, there is still too little consistency and a lack of transparency in charges imposed by local authorities for non-residential care. We support the work being done through COSLA to collate information on councils’ approaches to charging and to improve the guidance for councils on such costs. However, with no cap in Scotland on the costs of care, and with different approaches adopted with regard to levels of service, cost, eligibility criteria and financial assessment processes, this remains a source of confusion and distress for older people and their families.

We call on the Scottish Government to clarify, in the context of health and social care integration, how those elements of health and social care which are currently free of charge (including health care provided by the NHS and free personal and nursing care) will be kept free for patients and service users.

There should also be greater flexibility in applying the rules in a housing context. When a family member moves in to provide care for an older relative, this costs councils much less than the rates for care home charges, but it can bring financial and/or security of housing tenure penalties for the family. Shifting the balance of care requires a sensible attitude to such instances.

< There is still too little consistency and a lack of transparency in charges imposed by local authorities for non-residential care.
**Self-Directed Support**

The Social Care (Self-Directed Support) Act 2013, passed this year and due to come into force on 1 April 2014, is the latest step in the 10-year strategy. Self-directed support offers great opportunities for people with social care needs, and their carers, to have more control and choice over their care outcomes, and is a key part of the personalisation agenda. However there is potential for cuts in local services to frustrate the intentions of the Act and reduce effective choice. **Age Scotland urges successful implementation of the Act to ensure that all older people with care needs are offered the full range of choices for how they get their social care.**

During 2013, the Scottish Government consulted on draft regulations and guidance to bring the reform into practical effect. These reflected the shift towards an outcomes-based approach to social care and highlighted the crucial role of person-centred assessment, so that older people can make an effective choice from the four options for how support is delivered. However, because of workload pressures, care managers may struggle to ensure that care is properly personalised. Involving others who have knowledge of each person’s needs or have a stake in their care, or who know what care options are available locally, might be most appropriate, but requires time and attention which professionals may not have. **We will continue to monitor the legislation as it is implemented to determine if it lives up to expectations.**

Similarly, the guidance seemed to indicate that resources cannot be used to restrict the assessed need. That is welcome, but seems to conflict with the reality experienced by many older people of waiting too long for care assessments and of having inadequate care options in the local community as services, such as day centres, are restricted or withdrawn. **Age Scotland calls on national and local government to work together to ensure that there is sufficient diversity of provision to meet local need and achieve better outcomes for older people with care needs.**

**Palliative Care**

Most people would prefer to die at home, in a familiar environment where their family can be around them. However, research suggests that more than 50 per cent of people currently die in hospital, while 30 per cent of acute bed days are used by people in their last year of life.

As a member of the Good Life, Good Death, Good Grief alliance, we agree Scotland needs to be open about death, dying and bereavement. Good palliative care is key to increasing the number of older people who are able to choose where they die, and a corresponding reduction in the need for emergency admission to hospital. Palliative care is therefore essential to achieving the transformational change, and shift of resources, envisioned in Reshaping Care for Older People.

The Scottish Government’s first national action plan on palliative care, Living and Dying Well, published in 2008 and reviewed in 2011, has led to a number of notable advances. For example, Age Scotland welcomes the introduction of a national resuscitation (DNACPR) policy. We also recognise that efforts continue to be made to improve the use and usefulness of the electronic Palliative Care Summary (ePCS) and more recently the Key Information Summary (KIS) to improve palliative care for patients in all care settings.

However, Age Scotland is disappointed that palliative and end of life care are not specifically mentioned within the Scottish Government’s, A Route Map to the 2020 Vision for Health and Social Care, published in May 2013. With 54,000 people a year dying in Scotland end of life care is integral to delivering improvements across many of the route map’s priority areas. **We therefore call on the Scottish Government to establish effective mechanisms to ensure high-level palliative and end of life care input to the delivery of the 2020 vision.**
The Care System

In our first *Mind the Gap* review in 2012, Age Scotland called for data on place of death to be published for all patients. Healthcare Information Scotland (HIS) agreed in March 2013 to publish indicators on palliative and end of life care, including those recording place of death. While this is a notable advance, it can only offer an approximation of whether more people are dying in their place of choice. **We would welcome further consideration of whether the wishes of hospital patients with progressive, degenerative or terminal conditions about their intended place of death should be routinely obtained, with sensitivity, and collated so as to further improve the responsiveness of care.**

Last year we reported on the discrepancy between those who have palliative care needs and those for whom these needs are identified. The latest research on this issue, published in September 2013, suggests most people living in the community with advanced, non-malignant progressive illness, such as heart, lung, liver or kidney conditions, or dementia, are not being formally identified as having palliative care needs. The figures suggest that only around 20 per cent of patients with such non-malignant conditions receive palliative care, compared to 75 per cent of patients with cancer.

Identification of those with end of life care needs is included in the new HIS indicators and such regular statistics will help us to chart progress. But more remains to be done. It is worrying that a number of GPs in the research outlined above said they had difficulty discussing death and dying with their patients. This reiterates the need to ensure that health and social care staff are appropriately trained to identify such needs and have the confidence and skill to broach the subject with the patients and families.

With the end of life care indicators announced by HIS this year necessarily being based on data currently collected, they do not include any data around patient satisfaction and qualitative measures. **We call on the Scottish Government to commit to addressing this and point towards the VOICES survey, a national survey of bereaved relatives commissioned by the Department of Health in England.**

If improvements are to be made in any of the areas highlighted here, there needs to be clear national leadership. The Scottish Government’s National Advisory Group to Living and Dying Well has an important role to play. However we believe there is also a clear need for a palliative and end of life care National Clinical Lead, a position which is currently vacant. **We call on the Scottish Government to ensure the role of NHS Clinical Lead for Palliative Care remains.**
Carers

There are more than 650,000 carers in Scotland, collectively providing care worth more than £10.3bn per year. Shifting the balance of care will mean family members providing more care in the home, more often. By 2037 it is projected that there will be one million carers in Scotland, almost a fifth of the entire population. Many of these carers will be older people themselves; currently 40,000 older people in Scotland provide 20 hours of social care each week for their friends and family members. It is essential that account is taken of their needs.

The Scottish Government committed to publishing a review into Caring Together: The Carers’ Strategy for Scotland 2010–15 by August 2013 and, if necessary, to refresh the actions therein. A progress report was published in May 2013, which confirmed that carers are recognised as ‘equal partners in care’ and seeks to further that ambition.

One commitment within the strategy which has been implemented is the establishment of a Carers’ Parliament. The first of these was held on 1 October 2012. This forum should provide a valuable opportunity for carers to highlight their concerns and propose solutions. The strategy also committed the Government to producing practical guidance on Carer Advocacy. This is expected in Autumn 2013 and we eagerly await its publication.

A central feature of the strategy was the publication of a Carers’ Rights Charter, initially planned for December 2011. During 2013, the Scottish Government engaged Carers Scotland and the Minority Ethnic Carers Project (MECOPP) to take this work forward, with the aim of launching it at the second Carers’ Parliament on 1 October 2013. Age Scotland encourages the Scottish Government, local authorities and other public bodies to mainstream these rights speedily so that a culture of acknowledging and respecting carers’ rights begins to develop.

During 2013 the Scottish Government consulted on draft guidance for local authorities on conducting Carers’ Assessments, and draft regulations to ensure that charges for support for carers are waived.

The Scottish Government committed that 20 per cent of Change Fund monies under the Reshaping Care for Older People programme would be dedicated to supporting carers. This has been reflected in Joint Improvement Team guidance on joint strategic commissioning plans for 2013-14. Partnerships are also required to demonstrate that they have consulted and involved carers. However the absence of any detailed central analysis, or evaluation of Change Plans and Change Fund spending, means we cannot be sure whether, or to what extent, these commitments are being met. We call on COSLA and the NHS Boards to work with the Scottish Government, the Joint Improvement Team and key partners in the third sector representing carers to develop and apply an effective framework, so that future Change Fund monies are monitored and evaluated effectively.

Equally, we support the £13 million the Scottish Government is investing over seven years through the Short Breaks Fund and Family Funds in ‘flexible, high quality breaks’ for carers. Though these are monitored, we need to understand better whether these are addressing carers’ needs appropriately.

Carers UK’s Caring and Family Finances Inquiry, running throughout 2013, will highlight the financial realities for carers in more depth, including the impact of welfare reforms. It is already clear that the under-occupancy penalty (‘bedroom tax’) is hitting many carers hard, forcing them to cut back on essential expenditure and, or, accumulate rent arrears, even facing eviction.

Age Scotland believes that where a family member moves in with a relative to care for them, this should not be detrimental to either of them financially or in terms of housing security of tenure.
Pensioner households remain the most vulnerable to fuel poverty.
Against a backdrop of sustained increases in energy prices of 16 per cent for gas and 8 per cent for electricity in the year to July 2012,1 pensioner households remain the most vulnerable to fuel poverty. More than half (56 per cent) of single pensioners were fuel poor in October 2011, with pensioner households accounting for more than half (55 per cent) of all fuel poor in total (377,000).2 With household budgets continuing to contract and more extreme winter weather patterns seeming set to be the norm, a concerted effort will be needed if this picture is to change.

Following the recommendations of the Scottish Fuel Poverty Forum in 2012,3 the Scottish Government has taken forward a range of activities as part of its National Retrofit Programme, aimed at maximising the uptake of energy efficiency measures for housing, with a strong focus on area-based approaches.

Age Scotland is pleased to acknowledge the three major schemes established in 2012 to support households; the Scottish Government’s Home Energy Efficiency Programmes for Scotland (HEEPS) and the Westminster Government’s Green Deal and Energy Company Obligation. The complexity surrounding the development of these schemes led to some slippage around implementation which reinforces the certainty that the ambition of eradicating fuel poverty by 2016 will not be met. While this represents a significant failure on the part of successive governments, there remains much that can be achieved with sufficient will.

Early results from the Green Deal are of extreme concern, with uncertainty around complexity for householders remaining high.5 With much of the cost of the UK Government’s schemes levied as part of an added cost on household fuel bills, Age Scotland calls for a review of how this can be more fairly spread in order that those already struggling to pay their bills are not disproportionately penalised.

Communication with target groups will be vital to securing a meaningful uptake of the assistance available. While there have been examples of good practice, there is a real risk that people are becoming immune to messages around the need to implement efficiencies. For example, a Consumer Focus Scotland report revealed that, while awareness amongst the public of the Scottish Government’s activities was high (nearly two-thirds of respondents), less than a fifth (15 per cent) had actually applied to any of the schemes available.4

By focussing on area-based approaches and using both traditional and new media, emphasis should be placed on the promotion of best-practice case studies and neighbourhood champions who can sell the tangible benefits to households. Age Scotland calls on the Scottish Government to work with energy companies and local authorities to carefully target messaging towards their intended audiences.

The Scottish Government’s Sustainable Housing Strategy has been broadly welcomed by key stakeholders such as the Existing Homes Alliance (of which Age Scotland is a member). Central to the achievement of what is included within the Strategy will be adequate resourcing and a broader understanding of obligations for individual householders. Within the social rented sector, the Government’s Energy Efficiency Standard for Social Housing, scheduled for publication this Autumn, promises to make a significant contribution towards reducing carbon emissions and helping householders with their energy bills. However to achieve meaningful change across

---

1. Scottish Government
2. Scottish Government
3. Scottish Government
4. Consumer Focus Scotland
5. Scottish Government
the sectors and support private investment by homeowners it is essential that the Scottish Government not only sustains but, indeed, increases its support for energy efficiency measures across all sectors.

At the time of going to print, the Scottish Government’s draft Budget for 2014/15 revealed an under-spend in HEEPS activities, with proposals to reallocate funding outwith fuel poverty programmes. Age Scotland is concerned about these implications and will work with its partners in the Fuel Poverty Forum to seek clarification from the Scottish Government.

**Housing Stock**

Demographic change is raising difficult questions around how we respond to the demand on housing stock across all tenures. As people live longer and the size of the average household shrinks, the number of households headed by people aged 65 and over is projected to increase by almost 60 per cent by 2035 to 954,000 households.

This changing demographic profile is reinforcing the policy focus of ensuring that older people are supported to live independently in their homes whenever possible. For this policy to work, greater consideration of the needs of older and disabled households will be necessary, including how adapted properties are managed and allocated (see below).

The Audit Scotland report, *Housing in Scotland*, has highlighted the significant mismatch between housing supply and demand. Over the last few years, production of new private sector homes has more than halved. It is estimated that it may take more than two decades before a supply of new homes is built that is sufficient to the anticipated rise in households across any single year.

This is against a backdrop of inadequate housing supply, with more than 157,000 people waiting for a council home. Currently, housing associations are responsible for the supply of most new build affordable rented housing and own nearly half of all affordable rented homes. Age Scotland therefore calls for the Scottish Government to:

- adopt a substantial shift towards investment in house building in future budgets.
- ensure new-build housing is sufficient to the demands of our older population through the provision of one and two-bed properties which are compliant with the Lifetime Homes Standard.

Age Scotland welcomed the establishment in 2012 of two important areas of work from the Scottish Government aimed at better supporting tenants in the social and private sector: the Social Housing Charter and the Tenancy Deposit Scheme. While most older people remain owner-occupiers, social renting is a key housing solution and, with the longer-term impacts of the economic downturn, it is likely many people will struggle to get on the property ladder in future. This could increase levels of older people renting across both sectors which could have particular significance around supporting independent living. We are reassured the Scottish Government is taking action to safeguard the rights and needs of both social and private tenants and would encourage the widespread promotion and enforcement of these policies by the relevant bodies.

< Over the last few years, production of new private sector homes has more than halved.
Adaptations

Age Scotland’s member groups and individuals consistently tell us that their top priority is to remain living independently at home for as long as possible. This represents an excellent opportunity for service planners and providers as it not only should improve quality of life, it is also more cost-effective than higher level care services such as hospitals and care homes. The number of household members with a long-standing limiting illness, health problem or disability aged 60-69 increased from 20 per cent in 2011 to 33 per cent in 2012 and, for those aged 70 and over, from 33 per cent to 54 per cent over the same period. These figures emphasise the urgency of ensuring that practices and policies are in place to support people in remaining at home despite the challenges posed by their health issues.

Throughout 2012/13 Age Scotland has contributed towards the activities of two Scottish Government Working Groups on Adaptations and Preventative Support. Both groups were tasked with taking forward the outcomes of the Older People’s Housing Strategy, Age, Home and Community, and in 2012 each presented reports to Ministers. These identified a range of obstacles needing to be addressed if the aims of the strategy are to be realised.

The Adaptations Working Group’s report highlighted concerns around the complexity of policy, legislation and funding systems which has restricted the intended purpose of adaptations as timely, cost-effective interventions. Age Scotland agrees that streamlining of both delivery and funding of adaptations can be achieved, enabling a person-centred approach which minimises the time spent by individuals navigating bureaucracy and maximises the time they spend benefitting from the services. The principal outcomes identified by the working group included neutrality of tenure, such that provision is effective irrespective of which housing sector a client is in, better anticipation of future need, and greater options around funding.

Similarly, the Preventative Support Working Group’s report to Ministers identified the need for greater recognition of the value of low level support, such as handyperson services or meals on wheels, backed up by investment. The need to expand housing options advice, upscale successful projects and develop improved links with the private sector were also identified.

At the delivery level, Age Scotland remains concerned about the extent to which local authorities have sought to implement the ambitions of the Strategy since its launch in December 2011 and the further areas emerging from discussion across the Working Groups. It is hoped that the development of local authorities’ refreshed Single Outcome Agreements from 2013 will mean that their local Housing Strategies better reflect the outcomes established in Age, Home and Community. While further guidance is still to emerge from Government around broader implementation, local authorities should be ensuring agendas which fit with prevention and personalisation are prioritised now. Such action will ensure service users are not forced to wait for innovative solutions which will ultimately support our shared ambitions of enabling older and disabled people to remain living independently at home.

Taken together there are clear linkages between the three strands of housing discussed above – the house-building agenda, supporting independent living and improving the energy efficiency of housing stock. Age Scotland, therefore, considers the Scottish Government’s activities in each of these areas should be better co-ordinated to maximise the effectiveness of engagements with householders through improved dialogue between agencies and other service providers.

Furthermore, Age Scotland calls for a more radical shift towards investment in preventative spending from existing acute services such as care homes and hospitals. Such a redistribution of funding will be necessary if we are to see truly transformative change.
Scotland continues to face significant public health challenges, and many of these are marked by stark health inequalities.
Management of long-term conditions

Two out of every five Scots has at least one long-term health condition, but their prevalence increases with age. Two-thirds of those aged 65 and over have developed one, and 27% of people aged 75-84 have two or more such conditions. People with long-term conditions are twice as likely to be admitted to hospital and stay in hospital disproportionately longer.¹ Put simply, significantly improving Scotland’s record on long-term health conditions would transform our society and potentially save billions.

Cancer, heart disease and stroke remain the ‘big three’ killer conditions in Scotland. Figures released in August 2013 suggest that progress is being made in tackling these, but remains much slower for those aged 75 and over.² For example, cancer survival rates are improving due in part to earlier diagnosis, advances in treatments and investment in staff and equipment, but the ageing population means that actual numbers of cancer diagnoses are increasing. The Better Cancer Care Action Plan and Heart Disease and Stroke Care Action Plan, remain the respective strategies for addressing these diseases, but neither specifically focused on older people or the age profile of those diagnosed.

Age Scotland believes there must remain a focus on service delivery as well as aligning strategies with the needs of an ageing population. For example, revised standards for stroke care were launched in January 2013 and a new stroke HEAT target adopted in March 2013, which seeks to ensure that 90 per cent of stroke patients are admitted to a specialist Stroke Unit on the day of their admission, or the day following presentation. However, the Stroke Care Audit suggests that only five of the 14 NHS Boards are meeting this target.

Dementia

There has been much progress since tackling dementia was made a national priority in 2007 and the Scottish Government published its first Dementia Strategy in 2010. For example, in 2011 Promoting Excellence, a framework for Health and Social Care staff working with people living with dementia, was published and new Standards of Care for dementia were introduced.

The Scottish Government has provided a new HEAT target that, from April 2013, people receiving a diagnosis of dementia will be offered one year post-diagnostic support, based on the 5 Pillars Model of Post-Diagnostic Support established by Alzheimer Scotland.

A second, refreshed, Dementia Strategy was published in May 2013. This seeks to empower people with dementia and encourage self-management and a preventative approach. It endorses Alzheimer Scotland’s 8 Pillars of Community Support model and encourages dementia-friendly communities. It also seeks to improve dementia care in care settings and to align the Dementia Care Standards with new National Care Standards, upon which a consultation is expected to begin in December 2013.

Over the past year, a target for improving diagnosis rates was achieved, with 64 per cent success in Scotland (contrasted with 44 per cent in England and 38 per cent in Wales). The Chief Medical Officer has been working with the NHS to improve dementia care in hospitals. As health and social care integration proceeds, Alzheimer Scotland is working to ensure that a Dementia Nurse Consultant is in place in each NHS Board area. The first 100 Dementia Champions were trained and in place in 2012. A further 200 were trained and in place in March 2013.
Age Scotland welcomes this progress on identification, treatment and long-term care. However, we would also want to see more research into preventing dementia so that public health messages and proper preventative work can be undertaken. There are some indications that diet and exercise may be contributory factors, but this is still an emerging field. To this end, we welcome the launch of the Scottish Dementia Research Consortium (SDRC) in August 2013 and urge NHS Scotland and the Scottish Government to support its work.

Mental Health

Dementia naturally remains a profound concern for older people, but the Mental Health Strategy 2012–15 confirms that more older people experience mental ill-health, such as depression and anxiety, than dementia, and that older people are less likely to be diagnosed or to receive treatment. The Scottish Government committed, within the context of the process to integrate health and social care, to develop outcome measures related to older people’s mental health and to take forward the recommendations of the Older People’s Psychological Therapies Working Group. These include a matched care approach, access to specialist psychological services, and better community and self-help opportunities. This is particularly important where mental health issues occur alongside physical long-term conditions. Appropriate treatment can reduce avoidable hospital admissions, and improve clinical outcomes of the physical conditions. We look forward to both developments.

Diabetes

The number of Scots diagnosed with diabetes has more than doubled over the last decade and now sits at more than a quarter of a million people. Over half of those diagnosed are aged 65 or older, meaning that the rate of diabetes for this age group (15 per cent) is more than triple that of the general population. As the population increases and ages, the number of people diagnosed increases by 10,000 every year. And there may be many thousands more who experience the condition, sometimes for years, without it being diagnosed.

The Scottish Government published the Diabetes Action Plan in August 2010 and its three year duration is now coming to an end. However diabetes is not yet acknowledged as a clinical priority, with nationally agreed standards of care. Age Scotland would like to see action on both of these fronts through a refreshed and renewed strategy, to ensure that the importance of diabetes awareness, diagnosis and treatment for Scotland’s health is properly recognised.

Sensory Impairment

In Scotland, 850,000 people suffer from hearing loss, 180,000 from sight loss and 5,000 have a dual sensory impairment. The development of sensory impairments in later life may not only make older people feel more isolated and depressed, it can contribute to accidents such as falls. When combined with conditions such as dementia, sensory impairment can be devastating.

In 2013, the Scottish Government consulted on a draft strategic framework for meeting the needs of people with a sensory impairment in Scotland. This was intended to address cradle to grave sensory impairment and was set against a backdrop of increasing demand and the prospect of integration. Age Scotland believes that statutory agencies should commit to seeking the greatest possible consistency of approach across Scotland, including access to sensory screening, quality of treatment and staff training.
The European Nutrition for Health Alliance estimates that up to 40 per cent of patients of all ages admitted to hospital are malnourished, and older people are at greater risk of malnourishment.

Nutrition

Age Scotland’s publication, Looking Ahead: 2011–16, noted some of the costs and consequences of malnutrition. The European Nutrition for Health Alliance estimates that up to 40 per cent of patients of all ages admitted to hospital are malnourished, and older people are at greater risk of malnourishment. Malnutrition leads to increased health and social care demand as it predisposes people to infection and conditions such as pneumonia, delays recovery, and can increase frailty and falls. However, the effects are very often reversible, and support and treatment can be extremely effective in improving health and reducing mortality.

Despite this, malnourishment often goes unrecognised, methods for detection are inconsistent and the issue does not have a high political profile. A 2013 report from Health Improvement Scotland found in inspections it carried out in five hospitals, staff were not consistently carrying out assessments to identify whether a patient was at risk of malnutrition, or where they were, they weren’t necessarily being carried out within the correct timeframe (within 24 hours of admission).7

In the same report HIS found limited information in the nutritional assessments or care plans about patients’ nutritional needs, likes and dislikes, special dietary requirements, food allergies or any assistance needed with eating and drinking. These are important for older patients with cognitive impairments (who may not be able to communicate properly their allergies or dietary requirements) or who are underweight.

Age Scotland therefore welcomes the fact that Healthcare Improvement Scotland has begun a programme to monitor and improve care for older people in acute hospitals, including nutrition and hydration. In particular, HIS calls on NHS Boards to ensure that protected mealtimes are observed: this structure can help to ensure that patients eat and drink appropriately and that those who need assistance receive it. Age Scotland welcomes the continued focus on this area and urges NHS Scotland to show greater resolve in implementing Improving Nutrition, Improving Care.

While much of the focus around malnutrition is on care in formal settings, where the Scottish Government is able to set standards for service providers, it must not be forgotten that half of malnourishment occurs in the community. There have been numerous studies into the nutritional needs of older people in community settings8 but this area would benefit from greater consistency in the approach taken by local authorities.
Healthy Living

As well as reshaping care, increasing healthy life expectancy must be a key public policy objective as life expectancy continues to rise. The latest figures\(^9\) suggest that boys born in 2011 in deprived areas may spend the last 16 years of their life in an unhealthy state, while for girls born in 2011 the figures is 18 years. Lifestyle factors, such as diet, smoking, alcohol intake and exercise, contribute to this, but even if the causes are partly personal, the consequences are widespread.

A national outcome on increasing healthy life expectancy among the most deprived groups was added to the national performance framework in 2011. During the 2010 to 2011 period, healthy life expectancy rose from 60.7 years to 61.5 years. For the first time since 2006, the rise was greater among men than among women; while for the first time since 2008, the increase in healthy life expectancy exceeded the increase in life expectancy generally. **Age Scotland welcomes this direction of travel, though progress must continue.**

Scotland continues to face significant public health challenges, and many of these are marked by stark health inequalities. These inequalities have proved stubborn to shift, despite a national focus for six years on reducing inequality through the national performance framework. This implies we need to understand better what works and what doesn’t. In December 2012, Audit Scotland reported on Scotland’s efforts to address health inequalities.\(^10\) They considered that the Scottish Government and Community Planning Partnerships (CPPs) need a more systematic approach to assessing the cost effectiveness of actions aimed at reducing health inequalities, and many initiatives need to be more outcome-focused. In particular, the evidence cited by CPPs in meeting their Single Outcome Agreement targets on health inequality is often weak and ineffective in allowing national monitoring.

In the previous *Mind The Gap*, Age Scotland reported on the need for access to green spaces among older people living in urban areas. Research published this year by the European Centre for Environment and Human Health\(^11\) confirms that those living in urban areas who have access to green spaces experience better life satisfaction, significantly improved well-being and significantly lower mental distress. **Protecting and enhancing urban green spaces is therefore not only important for environmental reasons but as a public health issue.**

There has been some development in home and community support for management of long-term conditions, including the National Telehealth and Telecare Delivery Plan for Scotland,\(^12\) under which it is planned to extend telecare to an extra 300,000 people and for the service to be proactively managed by patients and staff. The Telecare Development Programme has also achieved 3-star accreditation under the European Innovation Partnership on Active and Healthy Ageing.
Active Ageing

The figure of older adults taking the recommended level physical activity each week has remained stubbornly low for a number of years. The most recent data shows that just a fifth (20 per cent) of all adults aged 65-74 did the recommended amount, falling to less than a tenth (8 per cent) among the over 75s.13

2012 was notable for being the European Year of Active Ageing and because Glasgow hosted the Eighth World Congress on Active Ageing. These events, not to mention the Summer Olympics in London, provided the ideal backdrop to what should have been a greater focus on active and healthy ageing.

NHS Health Scotland, the Scottish Government and Joint Improvement Team, in association with equivalents in Wales and Northern Ireland, are developing an Active and Healthy Ageing Action Plan. This will aim to support active ageing and thereby enhance and improve older people’s quality of life, building on the existing PATH to Active Ageing and its Twelve propositions for active ageing, and is due to be launched at the Scottish Older People’s Assembly in December 2013. However, with less than a year to go until the 2014 Commonwealth Games in Glasgow, there are still no substantive plans to develop meaningful and detailed legacy activities or outcomes for older people.14

Age Scotland is working with the Scottish Government, as part of our Housing Project, to develop a resource on active ageing and exercise, highlighting best practice and information on getting fit and healthy. With the broader expectation that older people will be enabled to live at home for as long as possible, we believe that healthier later lives and active ageing should be considered a core element around how we achieve this with the result of people experiencing a higher quality of life, not simply a longer one.

However, with particular reference to the diverging opinion on the effectiveness of the 2012 London Olympic legacy, Age Scotland calls on the Scottish Government to be bolder in its vision for older people’s healthy living and to ensure the Commonwealth Games legacy has detailed proposals around how older people might be encouraged to become and remain active.
Discrimination >
Elder Abuse

Over the past 12 months the public’s concern about, and awareness of, mistreatment of older people has continued to grow across the UK, with often harrowing reports of mistreatment and abuse of vulnerable people in formal care settings making the news headlines.

The legislation which seeks to protect adults at risk of being abused is the Adult Support and Protection (Scotland) Act 2007. This Act introduced investigative rights and duties, a range of post-assessment interventions and also led to the creation of Adult Protection Committees (APC) in local authorities to oversee abuse investigations and develop prevention strategies.

Since our last edition of Mind the Gap went to press, five national priorities for adult protection have been set. These are:

• Adults at risk of Financial Harm
• Adult Support and Protection in Care Home settings
• Adult Support and Protection in A&E settings
• Services Users and Carers Involvement in Adult Support and Protection
• National Data Collection

These have been agreed by the Adult Protection Policy Forum, of which Age Scotland is a member, and we welcome the Scottish Government’s commitment to ensuring these areas are delivered on throughout 2013/14. In our previous edition of Mind the Gap, we raised particular concerns about a lack of any Scottish Government led review of the legislation and its effectiveness. A detailed analysis of how the legislation is working across Scotland is vital to understanding how, and if, the policy needs to be progressed further. We hope the inclusion of the priorities around data collection and the involvement of services users and carers will help to deliver on this.

We also note concerns expressed by the Mental Welfare Commission for Scotland about some instances of maltreatment of people for whom a power of attorney has been granted. As cases of dementia increase and more adults with diminished capacity need protection, it will be increasingly important that safeguards of older people’s rights are being enforced effectively.

Such is the level of growing concern around the ill treatment of older people that, in England, former Care Services Minister Paul Burstow MP has called on the UK Government to consider an offence of corporate neglect for care providers which repeatedly fail to prevent incidences of abuse in care environments for which they are responsible.

< Since our last edition of Mind the Gap went to press, five national priorities for adult protection have been set.
The Equality Advisory Support Service reports the case of an 80-year-old who was refused a Nectar Credit Card by Sainsbury’s Bank as they applied an upper-age limit. Following a complaint to the company, it was confirmed that there was no objective justification for this policy and it had been dispensed with. The applicant was able to pursue his application for a card in the normal way.¹
In Scotland the requirement of two annual inspections for every care home, one announced and one unannounced, ended in 2011, and the Care Inspectorate is now concentrating on those it deems high risk or poorly performing. While a targeted approach has much to recommend it, the experience of care homes such as Pentland Hill and Elsie Inglis Nursing Homes shows how quickly care can deteriorate if management arrangements break down, leaving a risk that where care standards slide quickly this might not be spotted. The Care Inspectorate has the power to shut down a failing Care Home, but circumstances would have to be extreme for this to be in the best interests of residents. **Age Scotland calls for a review of the Care Inspectorate’s powers, including whether it has a sufficient range of enforcement levers available to it short of closing down a service, and the criteria for applying this and other enforcement powers.**

### Equalities

After much campaigning by Age Scotland and its partner organisations around the UK, on 1 October 2012 it became unlawful to discriminate, with limited exceptions, in the provision of goods and services on the basis of age, following the 2006 ban on workplace age discrimination. This also builds on the public sector equality duty in respect of age as a protected characteristic.

This is a significant advance for older people in the equalities field. Even after the abolition of the default retirement age, most older people are not in the labour market; but almost all are consumers of goods and services.

As Age Scotland has previously noted, it will take time for this new right to establish itself in our culture and for rights to be understood both by older people and those for whom the duty applies (i.e. goods and service providers, and clubs and associations). For example, the Equalities and Human Rights Commission still needs to update the Equality Act statutory code of practice for services, goods and associations to reflect the age discrimination provisions of the Equality Act coming into force, and we ask them to do so promptly.

Similarly, we are not aware of significant cases in the courts interpreting and applying the law as yet. This may reflect a more co-operative approach to resolving issues as they arise. Though it is too early to tell if the new rights are having a significant effect, **Age Scotland will work with its partner organisations and with the EHRC to monitor implementation of the Act.**

We continue to welcome the practice of equality budgeting within the draft Scottish Budget and equality impact assessments for proposed legislation. The equality budget published in September 2013 noted that older people in particular might benefit from the Council Tax freeze, the continued concessionary travel scheme, free personal and nursing care, and a specific new shingles vaccination programme. While we would not dispute the benefits of the latter three initiatives, the Council Tax freeze has been associated with cutbacks in, and increased charging for, local support services that enable older people to enjoy independence and quality of life.

We have also commented elsewhere that the Change Fund could, and should, be more focused on prevention and anticipatory care, and the programme of court closures may make it more difficult to travel to the nearest court building (see below). However, **equality impact assessments for legislation could routinely provide more detail for each protected characteristic.**
Earlier this year Angus Council, East Dunbartonshire and East Renfrewshire trading standards authorities launched a scheme that allows residents to block unwanted scam, marketing or nuisance phone calls. Through the project the local authorities offer trueCall units that can block calls to domestic phone lines and record all voice calls. The results of the trial suggest that the technology has blocked up to 98 per cent of nuisance calls, leaving residents feeling safer and in greater control of who contacts them. In a set of recommendations now being investigated further by the councils, it was suggested that call blocking technology should be installed in all council sheltered housing, and available to vulnerable adults in the community or victims of scams in the same way as community alarms.
Safety and Security

Despite levels of reported crime broadly falling for more than a decade and a half, older people may feel more vulnerable and insecure. Fear of crime, which can be debilitating in extreme cases, therefore remains a concern.

National data suggests the number of people aged 65 and over who perceive that crime in their area has fallen or stayed the same has risen slightly, from around 70 per cent (2008/09) to just over 73 per cent (2010/11). However, there remains more to do to ensure older people are not living in fear and stay engaged with their local community. Good community policing is vital and we hope the move to a single national force, Police Scotland, will not disrupt this.

Older people may be particularly susceptible to financial exploitation through scams, bogus callers, doorstep crime and nuisance calls. The Scottish Business Resilience Centre (SBRC) has claimed that fraudsters are increasingly targeting older people and those they perceive to be vulnerable or at risk.

Age Scotland’s partner, Age UK, has published advice on avoiding scams. Age Scotland welcomes SBRC’s proposal for a Scotland Against Scams initiative involving social work, trading standards, citizens advice and others.

A Trading Standards Institute investigation in three Scottish local authority areas found that older people are the victims of 40 per cent of all nuisance calls, since they tend to be at home during the working day more often than other age groups. The extent of nuisance calls may also increase the risk of older people tripping or falling as they rush to answer the phone. Age Scotland promotes the right of older people to register with the Telephone Preference Service (TPS), and supports the call by the Information Commissioner’s Office for stiffer penalties for companies and organisations which fail to comply with legislation allowing people to opt-out of marketing calls.

We are also pleased to note that nuisance call blocking technology is currently being tested by some local authorities with vulnerable householders. Subject to the success of these pilots, this should be rolled out nation-wide.

The Crown Office and Procurator Fiscal Service is developing a policy on prosecution of crimes against older people, to form part of their Victims and Witnesses manual. Age Scotland strongly welcomes the focus on the specific needs of older people within the justice system. We encourage other authorities and professional bodies with a stake in the justice system (including Police Scotland, the Law Society, the Faculty of Advocates, the Scottish Court Service and the Judiciary) to consider what steps they should take to take account of older people’s specific needs.

For example, the Scottish Government’s court closure programme under the Criminal Justice (Scotland) Bill, involving ten Sheriff Court and seven District Court closures, risks making courts more remote and access to justice more difficult for older people who may have mobility issues, and who rely on public transport. The problem of physical access to court buildings may be particularly acute for older people in Scotland where there is no upper age limit for jury service, and older people – many of whom have retired – make up a significant proportion of juries sitting. The Scottish Government acknowledged this issue in the Equality Statement accompanying the 2014-15 Draft Scottish Budget, yet few steps seem to have been taken yet to address it.
Age Scotland urges the government to ensure older people’s needs in the workplace are met to ensure active, healthy and happy careers in older age.
Lifelong Learning

In our first Mind the Gap last year, Age Scotland recommended a full evaluation of the impact of learning and employment, particularly in terms of its health and societal benefits.

At present, there is no integration and a lack of clarity in the commitment and services provided for learning for older people. Age Scotland had hoped that the Scottish Government’s consultation on the post-16 education strategy would reflect the country’s changing demography and consider the needs of older adult learners.

Instead, the Post-16 Education (Scotland) Act does not contain a specific commitment to learning for older members of society. While the Charity welcomes the widening of access to education for under-represented socio-economic groups contained within the Act – and while the focus on a principal commitment to helping young people into employment may be understandable – the fact that there remains no specific mention of older people is, in our view, unacceptable.

An approved amendment to the Act had noted that Scottish Ministers should ‘be able to identify any group of people that share a social or economic characteristic and are under-represented as the focus of activity to increase participation’. Age Scotland believes that, in accordance with the principles of equalities legislation, the Scottish Government should commit to monitoring this wider inclusion strategy and ensuring older people are given an equal stake in post-16 education. This includes ensuring that programmes are designed to give equal access to older people.

Funding can be a barrier to learning for some older people. Individual Learning Accounts (ILAs) have helped some older people with learning, but the narrow eligibility criteria means that many older people may be excluded, for example the stipulation that applicants should not have already completed a degree. Furthermore, the maximum award of £200 cannot be used for travel to and from the courses, which could be a particular problem for older people in remote rural areas who cannot always rely on access to transport. Age Scotland believes that investing in learning for older people is important and urges the Government to investigate how this could be done in a meaningful way, particularly in light of the low uptake of ILAs by older people.

Employers have a duty to their employees to provide and fund training to ensure their skills and knowledge are kept up to date. The Scottish Government could record how many older people who are in work currently receive training through their employer. It should also look into investing in older people’s development through a link with their workplace.

Age Scotland welcomes the Scottish Government’s strengthened commitment to Community Learning and Development (CLD) in March 2013, which established the requirements from local authorities in relation to their community learning development plans. It is hoped the information from local authorities will help inform the take-up of CLD and how this might complement the broader range of educational opportunities for older people, and how to promote participation.
Employability & Training

Jobs

Statistics from the Office for National Statistics (ONS)\(^4\) show that employment for older people has continued to increase. Among 50-64 year olds there has been an increase of 1.1 per cent between between 2011/12 and 2012/13. There are now 663,000 people aged between 50 and 64 in work in Scotland, of whom 317,000 are women and 346,000 men. Overall, there are more men of this age in work than women, but the statistics show the rate for women in employment at this age continues to grow, whilst the rate for men is declining slightly.

Among over-65s the rate of those in employment has grown more considerably. Between 2011/2012 and 2012/13 there was an increase of 21.1 per cent of those over 65 in employment. There are now 71,000 people aged over 65 in work in Scotland. For both men and women over 65 employment has risen, with 27,000 women over 65 in work and 44,000 men.

At the UK level, the picture showed a similar trend in older employment as the Scottish statistics. The last quarter’s ONS figures to September 2013 showed employment among 50-64 year olds in the UK rose by 95,000 to a record 7.72 million. Employment among people aged over 65 also rose by 3,000 to just over one million.

It is too soon to see if these slight increases for the over 65 group are indicative of a longer term pattern. However, it does show that older people are working for longer. Age Scotland urges the government to ensure older people’s needs in the workplace are met to ensure active, healthy and happy careers in older age. The onus also falls on employers to ensure that they have flexible and supportive working conditions to ensure older people are listened to and supported at work. **The Scottish Government should work with employers to ensure that the right mechanisms and supportive environments are in place.**

There should also be a recognition that not every older person is working because they want to, but rather as a necessity due to poverty. In 2011/2012, there were still 140,000 (16 per cent) of pensioners living in relative poverty and 150,000 pensioners living in absolute poverty in Scotland.\(^5\) For this group of older people, **the Scottish Government should work with charities and others to ensure that older people do not suffer from financial hardship.**
Not every older person is working because they want to, but rather as a necessity due to poverty.
Local Services >
**Local Buses**

In February 2013, the Charity launched the *Still Waiting* campaign, which calls on the Scottish Government to include community transport operators within the National Concessionary Travel (NCT) scheme. Community transport is a vital tool in tackling isolation among older and disabled people, and has a key role to play in supporting individuals to remain active and independent in those areas where commercial services no longer operate.

*Driving Change*, Age Scotland’s research paper underpinning the campaign, highlighted the range of areas around which health and social care outcomes can be impacted by the availability, or lack, of transport options. These include access to medical appointments, social engagements and access to broader public and consumer services, particularly in remote and rural areas.

Over the past 12 months more than 450 bus services have been withdrawn across Scotland.\(^1\) Quantifying the impact of service withdrawals or route changes is problematic, however local campaigning suggests older members of communities are often adversely affected. **Age Scotland welcomes the announcement by the Scottish Government that it will fund new research into the impact of community transport and awaits further details of this.**

Commercial service providers are facing difficult decisions around which services to maintain in order to ensure profitability as a result of the diminishing level of reimbursement for participating in the NCT scheme. The reimbursement rate fell from 67 per cent in 2012/13 to 60 per cent in April 2013, with a further reduction to 58 per cent scheduled for April 2014. There remains uncertainty around funding arrangements when the Government’s current settlement with bus companies expires in 2015.\(^2\)

The initial response from the Scottish Government to *Still Waiting* has been mixed, with the Minister for Transport and Veterans, Keith Brown, noting he was ‘sympathetic’ to our aims. However, by dismissing extension of the NCT scheme to community transport, on grounds of potential cost and logistical difficulties, the Minister failed to address the iniquity identified by the Scottish Parliament’s Infrastructure and Capital Investment Committee\(^3\); namely that because of funding constraints, many community transport services have to charge, so people who are unable to use regular bus services due to disability, ill-health or geography, end up out of pocket while their peers enjoy free travel. The Minister also did not address the need for investment to enable community transport to grow and develop in line with our ageing population; growth which the Committee noted had stalled under the current funding regime.

**Age Scotland calls on the Scottish Government to back the *Still Waiting* campaign and adjust the National Concessionary Travel scheme pass to include community transport operators.**

There is a growing problem with non-emergency patient transport, partly due to the Scottish Ambulance Service tightening its eligibility criteria so that their service is focused on emergencies. This has impacted on older people who may be frail but are not classed as medical emergencies. Inadequate public transport provision in some areas, along with the absence of private transport, results in many older people struggling to get to their medical appointments. The NHS does not appear to have a strategy to deal with this, although it loses millions of pounds every year when patients do not attend their appointments.
Local Services

Both Audit Scotland (August 2011)\(^4\) and the Joint Improvement Team (May 2010)\(^5\) produced reports about the acute shortage of transport for health and social care services, and the impact this has on patients and the health system. Audit Scotland found, ‘a lack of leadership, ownership and monitoring of the services provided,’ and said there should be joint working across the public sector, and with private and third sector providers, to develop successful and sustainable transport provision.

**Age Scotland urges the Scottish Government to establish a Working Group to work with Audit Scotland to implement its recommendations to improve planning and management through a structured framework.** Community transport and volunteer driver schemes already operate very successfully in some areas and could be replicated.

Local Government Taxation

It has been reassuring for the Charity that the Scottish Government has shown a commitment to anticipating the impact of Welfare Reform being implemented from Westminster, and is seeking to establish measures which should go some way towards lessening their negative impact.

The Scottish Welfare Fund, available nationally from April 2013, will provide support where there is an immediate threat to health and safety (Crisis Grants) or to enable independent living, or continued independent living, which might prevent the need for institutional care (Community Care Grants).\(^6\) The success of the Fund will depend heavily on awareness amongst eligible individuals. **Age Scotland, therefore, asks the Scottish Government to ensure that touchpoints between service providers and users are utilised as a means of encouraging timely applications to be made.**

Furthermore, the development of the Westminster Government’s under-occupancy penalty – commonly known as ‘the bedroom tax’ – over the review period has led to confusion as to the implications for older people and uncertainty as to whether or not they would be exempt. Age Scotland has highlighted that rules around ‘mixed-age couples’ will result in some being considered of working age (and therefore eligible for inclusion under the bedroom tax) until the younger member of the couple is of Pension Credit Qualifying Age. For those couples with a significant age gap, it is conceivable they could be forced to wait several years or more until they are finally exempted from the bedroom tax. Age Scotland has again been reassured by the Scottish Government’s intent to minimise the impact of the policy and encourages further exploration of how support can been be directed towards those who stand to bear the brunt of regressive Welfare Reform from Westminster.

However we are concerned that funding from Fuel Poverty programmes may be reallocated towards limiting the impact of the bedroom tax. Such a proposal introduces a debate across equally deserving priorities as to which should lose out, and **Age Scotland encourages the Government to look at alternative solutions, such as making use of its tax raising powers, to support both areas.**
Third Sector

In the previous edition of Mind the Gap, Age Scotland highlighted the potentially enabling function of new procurement legislation being proposed by the Scottish Government.

The Procurement Reform Bill (previously known as the Sustainable Procurement Bill) aims to establish a legislative framework for sustainable public procurement that supports economic growth, delivers social and environmental benefits, and is transparent, streamlined and proportionate. Whilst the Bill was initially delayed as the Scottish Government sought to anticipate forthcoming reforms to EU procurement law, it was introduced to the Scottish Parliament in September 2013 and could be enacted by Spring 2014. Age Scotland believes that it is essential, so that publicly procured services begin to capitalise on the knowledge, expertise and skills of the third sector, and urges speedy passage of the Bill.

The Government could also act with greater urgency to secure the as yet unrealised potential of the Reshaping Care for Older People’s (RCOP) Change Fund to shift the demand on services in the longer term. Figures to date have suggested that a disappointingly low percentage – around 18 per cent (2011/12) – of Change Fund investment is being targeted at either preventative or anticipatory care, with the vast majority going towards redesigning traditional models of institutional care.7

It is reported there has been some movement in this figure in subsequent years. However, this does not appear to be at a level that indicates the Reshaping Care Partnerships have developed systems that enable them to effectively balance the dual priorities of redesigning traditional services to improve outcomes as well as changing the demand profile in the longer term. This is perhaps unsurprising given the NHS focus on achieving HEAT targets and the suite of improvement measures that are being used to judge the performance of the RCOP programme.

With all the focus on short-term outputs rather than outcomes (short, medium or long-term) or even the processes that achieve the outputs – and given the RCOP Change Fund only has eighteen months left to run – we believe it is essential that each Partnership should now be required to evidence:

1. How the portfolio of their total investment in services for older people has shifted since the introduction of the Change Fund.
2. What proportion of the Change Fund investment is focused on delivering better outcomes for people who use services, and what proportion on shifting the longer term demand profile.
3. In relation to service delivery patterns and investment patterns, what they expect the final position to be at May 2015 (two months after the end of the Change Fund); how this differs from the position in February 2011 (immediately prior to the Change Fund investments being instigated); and the attribution that Partnerships would give to the change fund for catalysing, implementing and delivering these changes.

We would also advocate for a new set of outcomes-focused targets to replace the current RCOP improvement measures for 2014/15 and for this to be complemented by a requirement for a minimum percentage of the total Change Fund resources to be invested in primary prevention activity. Finally, we would argue for this requirement, and the new outcomes, to sustain as performance requirements beyond the lifetime of the Change Fund.
References

The Care System
1 Review of Community Health Partnerships, Audit Scotland (2011)
2 Gomes et al. Heterogeneity and changes in preferences for dying at home: a systematic review. BMC Palliative Care (2013)
3 Review of palliative care services in Scotland, Audit Scotland (2008)
5 A Route Map to the 2020 Vision for Health and Social Care, The Scottish Government (2011)
8 First national VOICES survey of bereaved people: key findings report, Department of Health (2012)
9 Valuing Carers 2011: Calculating the value of carers’ support, Carers UK (2011)
10 Caring Together and Getting it Right for Young Carers Progress, Scottish Government (2013)

Housing
1 Scottish House Condition Survey: Key Findings, The Scottish Government (2011)
2 ibid
4 Keeping the heat in Scotland’s homes: How to make energy efficiency schemes more appealing to consumers, Consumer Focus Scotland (2013)
5 Domestic Green Deal and Energy Company Obligation in Great Britain, Monthly report, Department of Energy & Climate Change (2013)
7 Household Projections for Scotland 2010-based, National Records of Scotland (2012)
8 Housing in Scotland, Audit Scotland (2013)

Health and Fitness
1 Improving the Health & Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan, Scottish Government (2009)
4 The Challenge of Delivering Psychological Therapies for Older People in Scotland, Older People’s Psychological Therapies Working Group (2011)
6 See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland, Scottish Government (2013)
7 Care for Older People in Acute Hospitals Overview Report (August 2012-April 2013), Healthcare Improvement Scotland (2013)
Malnutrition among older people in the community, European Nutrition for Health Alliance (2006); Food Services for Older People in the Community, Consumer Focus Scotland (2011); A Bite And A Blether, Community Food and Health (Scotland); Meals and Messages, Community Food and Health (Scotland); Older People Living in the Community – Nutritional Needs, Barriers and Interventions: a Literature Review, Scottish Government (2009)


Health Inequalities in Scotland, Audit Scotland (2012)


A National Telehealth and Telecare Delivery Plan for Scotland to 2015: Driving Improvement, Integration and Innovation, Scottish Government (2012)

The Scottish Health Survey (2011), Scottish Government


Discrimination

1 www.equalityadvisoryservice.com/app/answers/detail/a_id/241/kw/age%20discrimination

Justice

1 Improve people’s perceptions about the crime rate in their area – National Indicator Data from The Scottish Government (2013)
2 Avoiding scams: Smart ways to protect yourself, Age UK
3 www.tradingstandards.gov.uk/extra/news-item.cfm/newsid/1258

Employability and Training

1 Amendment 8, Joan McAlpine, Post-16 Education(Scotland) Bill
2 Driving Change: The case for investing in community transport, Age Scotland (2013)
3 The Requirements for Community Learning and Development (Scotland) Regulations 2013, Scottish Statutory Instrument (2013)
4 Regional Labour Market: HI11 - Headline Indicators for Scotland, ONS, August 2013

Local Services

2 Scotland-wide Older and Disabled Persons Concessionary Bus Scheme - Further Reimbursement Research, Transport Scotland (2013)
4 Transport for Health and Social Care, Audit Scotland (2011)
5 Reshaping Older People’s Care: Transport for Care and Support, Joint Improvement Team (2010)
7 Mid-Year Progress Report of Reshaping Care Change Plans, COSLA/Joint Improvement Team (2011)
Key Indicator Sources

The Care System
• Rates of delayed discharge: Delayed Discharges in NHS Scotland – July 2013 Census, ISD Scotland.
• Emergency inpatient bed day rates for people aged 75+: HEAT Target: Emergency Admissions for Patients Aged 75+ (Numbers, Bed Days & Rates per 1,000 population), National Statistics Publication June 2013.
• Patient satisfaction with the NHS: Scottish Inpatient Patient Experience Survey 2012, The Scottish Government
• Number of patients receiving Direct Payments: Self-directed Support (Direct Payments), Scotland, 2012, The Scottish Government

Housing
• Fuel poverty rate amongst pensioners: Scottish House Condition Survey: Key Findings 2011, The Scottish Government
• Older people living in care homes: 2011 and 2012 Care Home Census reports, The Scottish Government
• Absolute Pensioner Poverty before housing costs: Poverty and Income Inequality Scotland: 2011-12, The Scottish Government

Health and Fitness
• Length of stay in hospital: Number of inpatient episodes, length of stay and average length of stay by admission type, National Statistics Publication – September 2012.
• Life expectancy and Health Life Expectancy: The annual update of the Healthy Life Expectancy topic from the Scottish Public Health Observatory
• Dementia diagnosis: Scotland Performs - Dementia data for HEAT target from The Scottish Government website
• Participation in sport: Scottish Household Survey for 2011 and 2012.

Discrimination

Justice

Employability and Training
• Employment and unemployment figures taken from Regional Labour Market Statistics published in August 2013 by the Office of National Statistics.

Local Services
Age Scotland has again worked with a number of partners across the Third Sector in compiling this review of Scottish public policy and would like to thank each of them for their support in producing this document.