



**Scottish Public Health Network (ScotPHN)**

**Health and Social Care of Older People in Scotland**

**Policy Landscape**

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# Health and Social Care of Older People in Scotland

## Policy Landscape

### 1. Introduction

This policy landscape review maps out the key policies and strategies affecting the health of older people in Scotland.

The aim of this document is to provide a brief overview of the policies and strategies which affect the health and wellbeing of older people in Scotland, highlighting the common themes and direction of policy in recent years. It is intended as an aide-memoire for those working in NHS Boards and local authorities of the range and scope of current policies and strategies that affect the health of older people in Scotland.

This document has been produced as part of a Health and Social Care Needs Assessment of Older People undertaken by the Scottish Public Health Network (ScotPHN). Further information on the needs assessment is available at [www.scotphn.net](http://www.scotphn.net)

### 2. What's included?

This review covers key policies and strategies affecting the health of older people in Scotland in 'recent' years. It covers policies/strategies from 2005 to 2012, but also includes selected policies prior to 2005 which are felt to still be relevant (such as Free Personal Care which was introduced in 2002).

The review focuses primarily on Scottish Government policies/strategies. However, it also includes:

- key epidemiological statements (such as [The Health and Well-being of Older People in Scotland: Insights from national data](#) published by ISD in 2001 and the [Health and social care needs of older people in Scotland: Epidemiological Assessment](#) published by ScotPHN in December 2012);
- risk prediction tools such as [SPARRA](#) and [IoRN](#);
- the recent [Audit Scotland Report on Health Inequalities in Scotland](#), published in December 2012; and
- key delivery programmes such as [Keep Well](#) and [Reshaping Care for Older People](#).

The review considers policies/strategies across several domains including health care, social care, housing, transport, the physical environment and income, reflecting the wide range of influences on health.

### 3. What's not included?

This document is not a comprehensive list of all the policies/strategies that might affect older people's health. In some cases (for example, housing) only the most recent policies/strategies have been listed. It does not include policies/strategies for specific

conditions such as Cancer (e.g. [Better Cancer Care: An Action Plan](#)) and Heart Disease/Stroke (e.g. the [Better Heart Disease and Stroke Care Action Plan](#)).

Furthermore, no hierarchy in terms of importance or priority has been applied to the policies and strategies that have been included. This is because different stakeholders have differing views on the relative importance of the differing policies and strategies relating to older people.

#### **4. Policy summaries**

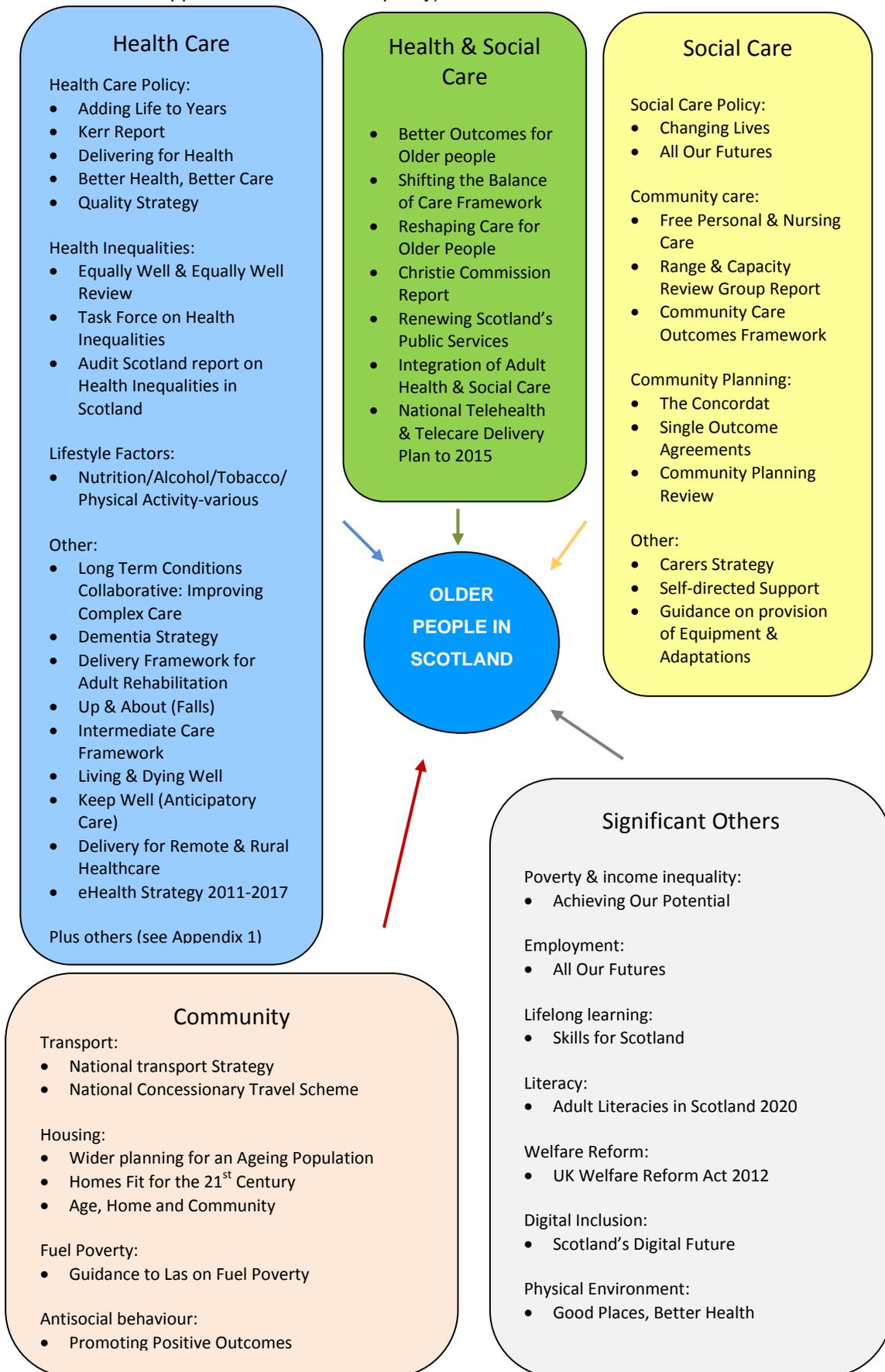
The key policies/strategies which affect the health of the older population in Scotland are summarised in Figure 1 and listed more fully in Appendix 1, under the four domains of:

- [Health care](#);
- [Social care](#);
- [Community](#) (including transport, housing & fuel poverty); and
- [Significant others](#) (including employment, welfare reform & the physical environment).

*There is considerable overlap between the four domains (particularly between the health and social care domains) but the four domain approach is used for simplicity.*

For each policy/strategy considered, a summary is given in the [A to Z](#) list in Appendix 2. These summaries are not intended to be a comprehensive review of each document – instead they aim to provide an overview of the key points, highlighting the aspects that affect older people.

**Figure 1: Key policies/strategies affecting the health of older people in Scotland** (note: there is considerable overlap between the domains shown, particularly between health and social care, but the domain approach is used for simplicity)



## 5. Policy synthesis

### 5.1 Policy drivers

Policy develops in response to a constantly changing world. Drivers of change in recent years include:

- **Growing public expectations** that services will be high quality, tailored to their needs and help them to achieve their personal goals and aspirations;
- **Demographic change** with increasing life expectancy, a larger older population, greater social mobility of the population and a rise in the number of people living alone;
- **Increasing prevalence of long term conditions** and increasing multiple morbidity;
- **Technological change** e.g. in how care can be delivered through telecare, for example, and through changing public expectations in how services can be accessed through advances in internet and mobile technology;
- **Reductions in public funding** due to the recession and current ongoing difficult economic climate;
- **Persisting inequalities in health;**
- **The need to demonstrate outcomes** not just process; and
- **The need to consider the sustainability of services.**

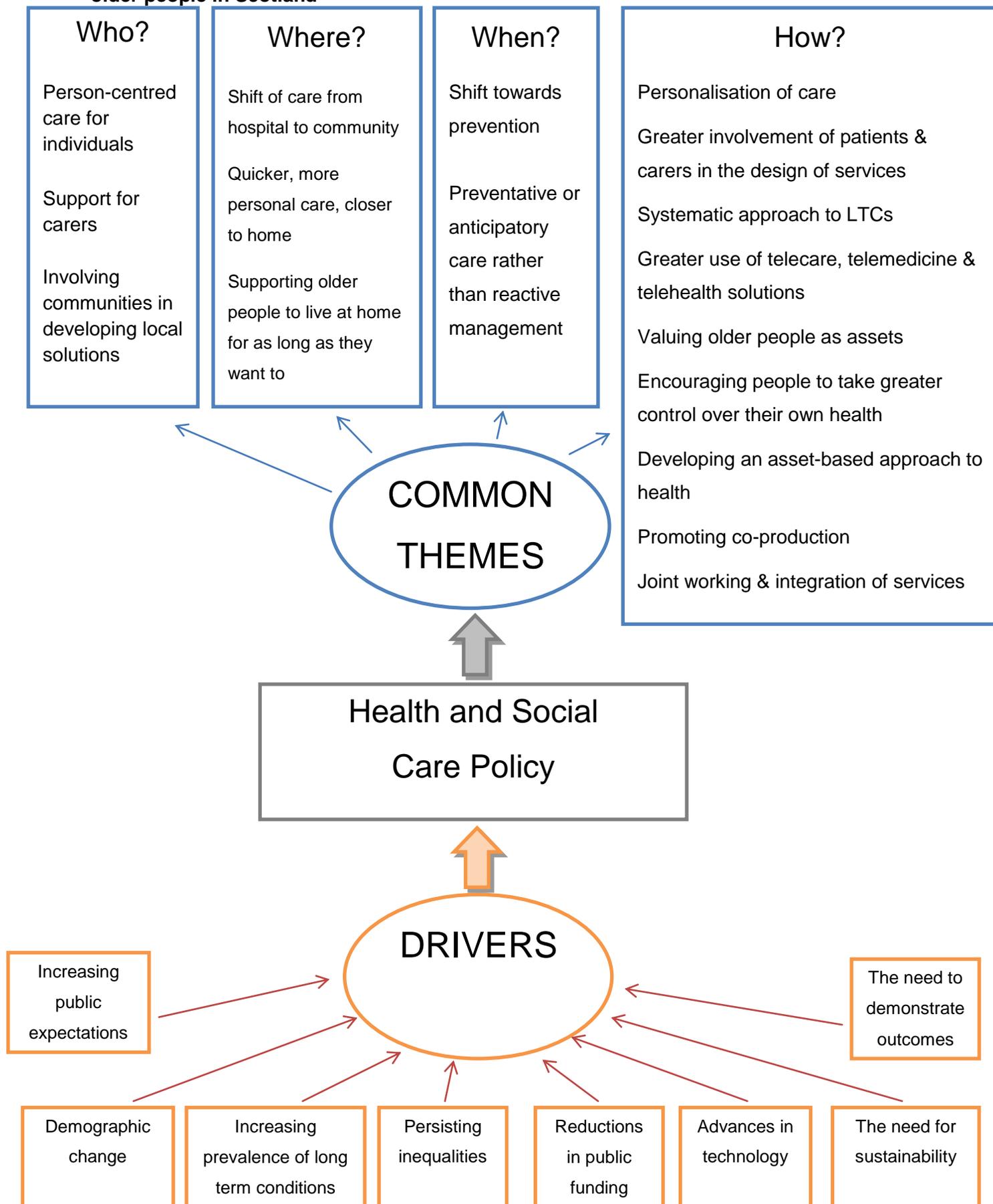
### 5.2 Common themes of policy

Several themes consistently emerge from health, social care and other policy in recent years. These are listed below in Box 1 and presented diagrammatically in Figure 2.

### Box 1: Common Policy Themes

- **Developing person-centred services**, with personalisation driving the shape of all public services and a strong focus on developing a person centred approach to care and care planning;
- **Delivering quicker, more personal care, closer to home;**
- **A shift of care from hospital to community;**
- **A shift towards prevention**, with preventative care or anticipatory care rather than reactive management. The desire is to prevent problems before they occur and resolve problems effectively at an early stage when they do occur. By addressing the causes and not the symptoms of problems, for example, it is hoped to tackle rising demand and reduce inequalities;
- **Targeting action in deprived areas** (using anticipatory care approaches, for example) to prevent future ill health and reduce health inequalities;
- **Developing a systematic approach to managing long term conditions;**
- **Increased use of Telecare, Telemedicine and Telehealth solutions** to support local care delivery and diagnosis;
- **Supporting older people to lead more independent lives**, have more personal control over their lifestyles, care and environment and to live at home for as long as they want to;
- **Valuing older people** as an asset;
- **Improving support for carers;**
- **Greater involvement of patients and carers** in the design of services and greater involvement of communities in developing sustainable local solutions;
- **Developing an asset-based approach to health** (which involves mobilising the skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and deficits), thus empowering individuals, enabling them to rely less on public services;
- **Encouraging people to take greater control over their own health;**
- **Promoting ‘co-production’** (which involves delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours);
- **Agencies working together more effectively**, with an increasingly stronger focus on not just joint working but on the **integration of services**; and
- **Using an outcome based approach** to improve outcomes that are relevant to patients and their carers, with an increasing focus now on **shared outcomes**.

**Figure 2: Drivers and common themes of policies/strategies affecting the health of older people in Scotland**



## Acknowledgements

- The following reports, produced by the Scottish Centre for Public Health Research and Policy, were used when summarising some of the policies described in this document:

Frost H, Haw S and Frank J. *Promoting Health and Wellbeing in Later Life: Interventions in Primary Care and Community Settings*. Edinburgh: Scottish Centre for Public Health Research and Policy; 2010. Available at <https://www.scphrp.ac.uk/node/198>

Dow C, Wyke S, O'Donnell K, Rummery K, Bowes A & Watt G. *Enabling Health and Wellbeing in Later Life: Mapping Scottish policies, programmes and initiatives*. Scottish Collaboration for Public Health Research and Policy; March 2011. Available at: <https://www.scphrp.ac.uk/node/48>

- Thank you also to Helen Ryall, NHS Health Scotland, for providing reference material on which some of the summaries in this document are based.
- Any errors in this document are the author's own.

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**Date:** April 2013

[www.scotphn.net](http://www.scotphn.net)

**Appendix 1: Policies & strategies affecting the health of older people in Scotland, listed by domain**

<b>HEALTH CARE DOMAIN</b>
<p><b>Health care policy, in general:</b></p> <ul style="list-style-type: none"><li><a href="#">Building a Health Service Fit for the Future (the Kerr Report, 2005)</a></li><li><a href="#">Delivering for Health (2005)</a></li><li><a href="#">Better Health, Better Care: A Discussion Document (2007)</a></li><li><a href="#">Better Health, Better Care: Action Plan (2007)</a></li><li><a href="#">Shifting the Balance of Care Framework (2009)</a></li><li><a href="#">NHS Scotland Quality Strategy (2010)</a></li></ul>
<p><b>Health care policy, focused on older people specifically:</b></p> <ul style="list-style-type: none"><li><a href="#">Adding Life to Years (2002)</a></li><li><a href="#">Reshaping Care for Older People: A Programme for Change 2011-2021</a></li></ul>
<p><b>Health &amp; social care policy:</b></p> <ul style="list-style-type: none"><li><a href="#">Better Outcomes for Older People: A Framework for Joint Services (2005)</a></li><li><a href="#">Commission on the Future Delivery of Public Services (the Christie Commission Report, 2011)</a></li><li><a href="#">Renewing Scotland's Public Services: Priorities for reform in response to the Christie Commission (2011)</a></li><li><a href="#">Integration of Adult Health and Social Care in Scotland (2012/13)</a></li></ul>
<p><b>Health inequalities:</b></p> <ul style="list-style-type: none"><li><a href="#">Equally Well (2008)</a></li><li><a href="#">Equally Well Review (2010)</a></li><li><a href="#">Reconvening of the Ministerial Task Force on Health Inequalities (November 2012)</a></li><li><a href="#">Health Inequalities in Scotland (Audit Scotland Report, 2012)</a></li></ul>
<p><b>Remote &amp; rural healthcare:</b></p> <ul style="list-style-type: none"><li><a href="#">Delivering for Remote and Rural Healthcare (2008)</a></li></ul>
<p><b>Long term conditions:</b></p> <ul style="list-style-type: none"><li><a href="#">Long Term Conditions Collaborative: Improving Complex Care (2009)</a></li></ul>

<p><b>Anticipatory care:</b></p> <p><a href="#">Keep Well Scotland (formerly Prevention 2010)</a></p>
<p><b>Dementia:</b></p> <p><a href="#">Scotland's National Dementia Strategy (2010)</a></p>
<p><b>Falls prevention:</b></p> <p><a href="#">Delivery framework for adult rehabilitation: Prevention of falls in older people (NHS HDL 2007/13)</a></p> <p><a href="#">Up and About: Pathways for the prevention and management of falls and fragility fractures (2010)</a></p>
<p><b>Adult rehabilitation:</b></p> <p><a href="#">Delivery Framework for Adult Rehabilitation (2007)</a></p>
<p><b>Intermediate care:</b></p> <p><a href="#">Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland (2012)</a></p>
<p><b>End of life care:</b></p> <p><a href="#">Living and Dying Well: A national action plan for palliative and end of life care in Scotland (2008)</a></p>
<p><b>Oral health:</b></p> <p><a href="#">National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless (2012)</a></p>
<p><b>Mental health:</b></p> <p><a href="#">Mental Health Strategy for Scotland: 2012-2015</a></p>
<p><b>Sexual health:</b></p> <p><a href="#">The Sexual Health and Blood Borne Virus Framework (2011-2015)</a></p>
<p><b>Substance misuse:</b></p> <p><a href="#">The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (2008)</a></p>
<p><b>Older people in prison:</b></p> <p><a href="#">Prison Health In Scotland: A Health Care Needs Assessment (2007)</a></p>
<p><b>Lifestyle factors: Nutrition</b></p> <p><a href="#">Food, Fluid and Nutritional Care in Hospitals (QIS, 2006)</a></p> <p><a href="#">Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)</a></p>

<p><a href="#">Recipe For Success: Scotland's National Food and Drink Policy (2009)</a></p> <p><a href="#">Eating well in care homes for older people (Care Commission, 2009)</a></p> <p><a href="#">Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2010)</a></p>
<p><b>Lifestyle factors: Tobacco</b></p> <p><a href="#">A Breath of Fresh Air for Scotland (2004)</a></p> <p><a href="#">Tobacco Control Strategy (due March 2013)</a></p>
<p><b>Lifestyle factors: Alcohol</b></p> <p><a href="#">Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)</a></p>
<p><b>Lifestyle factors: Physical activity</b></p> <p><a href="#">Let's Make Scotland More Active: A strategy for physical activity (2003)</a></p> <p><a href="#">Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)</a></p> <p><a href="#">Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2010)</a></p> <p><a href="#">Start Active, Stay Active: A report on physical activity for health from the four home countries (2011)</a></p>
<p><b>Epidemiological assessments of the health of older people:</b></p> <p><a href="#">The Health and Well-being of Older People in Scotland: Insights from national data (ISD Report, 2001)</a></p> <p><a href="#">Health and social care needs of older people in Scotland: Epidemiological Assessment (ScotPHN Report, 2012)</a></p>
<p><b>eHealth:</b></p> <p><a href="#">eHealth Strategy 2011-2017</a></p>
<p><b>Risk prediction tools:</b></p> <p><a href="#">Scottish Patients at Risk of Readmission and Admission (SPARRA)</a></p> <p><a href="#">Indicator of Relative Need (IoRN)</a></p>
<p><b>Other:</b></p> <p><a href="#">Health in Scotland 2010 Assets for Health: Annual Report of the Chief Medical Officer Joint Improvement Team (2004 onwards)</a></p>

<b>SOCIAL CARE DOMAIN</b>
<p><b>People &amp; society:</b></p> <p><a href="#">All Our Futures: Planning for a Scotland with an Ageing Population (2007)</a></p>
<p><b>Social care policy:</b></p> <p><a href="#">Changing Lives: Report of the 21st Century Social Work Review (2006)</a></p> <p><a href="#">Shifting the Balance of Care Framework (2009)</a></p> <p><a href="#">Reshaping Care for Older People: A Programme for Change 2011-2021</a></p> <p><a href="#">Integrated Resource Framework (2010)</a></p> <p><a href="#">Commission on the Future Delivery of Public Services (the Christie Commission Report, 2011)</a></p> <p><a href="#">Integration of Adult Health and Social Care in Scotland (2012/13)</a></p>
<p><b>Community care:</b></p> <p><a href="#">Free Personal &amp; Nursing Care (from 2002)</a></p> <p><a href="#">Range and Capacity Review Group: The Future Care of Older People in Scotland (2006)</a></p> <p><a href="#">Community Care Outcomes Framework (2009)</a></p>
<p><b>Community planning:</b></p> <p><a href="#">Concordat between the Scottish Government and local government (2007)</a></p> <p><a href="#">Single Outcome Agreements (2007 onwards)</a></p> <p><a href="#">Community Planning Review: Statement of Ambition (2012)</a></p>
<p><b>Equipment &amp; adaptations:</b></p> <p><a href="#">Guidance on the Provision of Equipment and Adaptations (2009)</a></p>
<p><b>Carers (unpaid):</b></p> <p><a href="#">Caring Together: The Carers Strategy for Scotland 2010-2015</a></p>
<p><b>Self-directed support:</b></p> <p><a href="#">Self-directed support: A National Strategy for Scotland (2010)</a></p>
<p><b>Telecare:</b></p> <p><a href="#">National telehealth and telecare delivery plan to 2015</a></p>
<p><b>Risk prediction tools:</b></p> <p><a href="#">Indicator of Relative Need (IoRN)</a></p>

## COMMUNITY DOMAIN

### Transport:

[Scotland's National Transport Strategy \(2006\)](#)

[National Concessionary Travel Scheme \(since 2006\)](#)

### Housing:

[Wider Planning for an Ageing Population \(2010\)](#)

[Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020](#)

[Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012-2021](#)

### Fuel poverty:

[Guidance to Local Authorities on Fuel Poverty \(2009\)](#)

[The Energy Assistance Package](#)

[Universal Home Insulation Scheme](#)

### Antisocial behaviour:

[Promoting Positive Outcomes: Working Together to Prevent Antisocial Behaviour in Scotland \(2009\)](#)

## SIGNIFICANT OTHERS

### Poverty & income inequality:

[Achieving Our Potential \(2008\)](#)

### Employment:

[All Our Futures: Planning for a Scotland with an Ageing Population \(2007\)](#)

### Lifelong learning:

[Skills for Scotland: A Lifelong Skills Strategy \(2007\)](#)

[Skills for Scotland: Accelerating the Recovery and Increasing Sustainable Economic Growth \(2010\)](#)

### Literacy:

[Adult Literacies in Scotland 2020: Strategic guidance \(2011\)](#)

### Welfare reform:

[UK Welfare Reform Act 2012](#)

### Digital inclusion:

[Scotland's Digital Future: A Strategy for Scotland \(2011\)](#)

[Scotland's Digital Future: Delivery of Public Services \(2012\)](#)

### Physical environment:

[Good Places, Better Health \(2008\)](#)

## Appendix 2: A to Z listing of policy summaries

[A](#)   [B](#)   [C](#)   [D](#)   [E](#)   [F](#)   [G](#)   [H](#)   [I](#)   [J](#)   [K](#)   [L](#)   [M](#)  
[N](#)   [O](#)   [P](#)   [Q](#)   [R](#)   [S](#)   [T](#)   [U](#)   [V](#)   [W](#)   [X](#)   [Y](#)   [Z](#)

### A

#### ***Achieving Our Potential (2008)***

*Achieving Our Potential* is a framework aimed at tackling poverty and income inequality in Scotland launched by the Scottish Government in 2008. It highlights that in 2006–07 relative poverty affected around 17% of Scotland’s population (and 20% of all pensioners in Scotland). The framework sets out priorities across four main areas:

- reducing income inequalities;
- introducing longer-term measures to tackle poverty and the drivers of low income;
- supporting those experiencing poverty or at risk of falling into poverty; and
- making the tax credits and benefits system work better for Scotland.

The action plans specifically aimed at older people include abolishing prescription charges, providing assistance for central heating and supporting community planning partnerships.

Scottish Government (2008). *Achieving Our Potential: A Framework to tackle poverty and income inequality in Scotland*. Edinburgh: Scottish Government; November 2008. Available at: <http://www.scotland.gov.uk/Publications/2008/11/20103815/0>

#### ***Adding Life to Years (2002)***

*Adding Life to Years*, published by an Expert Group on the Healthcare of Older People led by the Chief Medical Officer in 2002, highlighted the health and healthcare needs of older people in Scotland.

The report examined specific issues such as ageism and delayed discharges from hospital. It highlighted that older people are the main users of many community and hospital services, but that health services have failed to adapt to a gradual but very substantial increase in the numbers of older patients being treated. It recommended that the care of older people should continue to be “mainstreamed” within NHSScotland services.

Scottish Executive (2002). *Adding life to years: A report of the expert group on healthcare of older people*. Edinburgh: Scottish Executive; Jan 2002. Available at: <http://www.sehd.scot.nhs.uk/publications/alty/alty-00.htm>

#### ***Adult Literacies in Scotland 2020: Strategic guidance (2011)***

While largely focused on adults of working age, *Adult Literacies in Scotland 2020: Strategic guidance* aims to promote equal access to and participation in literacies learning for all adults. It is intended to promote equality of opportunity to those who face persistent disadvantage and to increase the numbers of people economically active across all groups within society.

The Scottish Government's vision is that: "By 2020 Scotland's society and economy will be stronger because more of its adults are able to read, write and use numbers effectively in order to handle information, communicate with others, express ideas and opinions, make decisions and solve problems, as family members, workers, citizens and lifelong learners."

To achieve this vision, it focuses on four overarching outcomes:

- improved access to literacies learning opportunities;
- high quality learning and teaching;
- improved infrastructure; and
- evidence of impact.

Scottish Government (2011). *Adult Literacies in Scotland 2020: Strategic guidance*.

Edinburgh: Scottish Government; January 2011. Available at:

<http://www.scotland.gov.uk/Publications/2011/01/25121451/0>

### ***Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012-2021***

*Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012-2021* proposes ways of enabling older people to live independently at home, and prevent or reduce the need for more intensive services. It is aimed not only at those who are older people now, but also at those people preparing for retirement.

The strategy presents a ten year vision and programme of action and is based on four key principles: older people as an asset; choice; planning ahead; and preventative support. It identifies five key outcomes for housing and related support for older people, covering:

- clear strategic leadership;
- information and advice;
- better use of existing housing (e.g. housing adaptations, repairs & maintenance, keeping warm);
- preventative support (e.g. housing support services, handyperson services and telecare); and
- new housing provision (e.g. building new, affordable and sustainable housing).

Scottish Government (2011). *Age, Home And Community: A Strategy For Housing For Scotland's Older People: 2012-2021*. Edinburgh: Scottish Government; November 2011.

Available at: <http://www.scotland.gov.uk/Publications/2011/12/16091323/0>

### ***All Our Futures: Planning for a Scotland with an Ageing Population (2007)***

*All Our Futures: Planning for a Scotland with an Ageing Population* was published in March 2007 and considers the issues around the demographic ageing of the population in Scotland. *All Our Futures* sets a vision for a future Scotland which values and benefits from the talents and experience of older people. In particular *All Our Futures* sees older people as contributors to life in Scotland, seeks to break down barriers between generations, and aims to ensure that services are in place so that people can live life to the full, as far as possible, as they grow older. *All Our Futures* identified six priority areas for action:

1. Improving opportunities for older people - removing barriers and creating more chances for older people to participate and to be involved in their communities;
2. Forging better links between the generations;
3. Improving the health and quality of life of older people;

4. Improving care, support and protection for older people;
5. Developing housing, transport and planning services; and
6. Offering learning opportunities throughout life.

One of the issues discussed is the growing importance of the employment of older adults and one of the priority areas in the report is 'improving opportunities and removing barriers' to older adults participating fully in later life, including in employment, learning, volunteering and caring. The strategy is designed to encourage practices and processes that ensure people over 50 are enabled to work for as long as they want or need to, and in the ways that suit them best.

Scottish Executive (2007). *All Our Futures: Planning for a Scotland with an Ageing Population*. Edinburgh: Scottish Executive; March 2007. Available at: <http://www.scotland.gov.uk/Topics/People/Equality/18501/Experience>

#### ***Assets for Health: 2010 CMO Annual Report***

See entry [below](#) (under "Health in Scotland 2010 Assets for Health: Annual Report of the Chief Medical Officer").

#### ***Audit Scotland Report on Health Inequalities (2012)***

See entry [below](#) (under "Health inequalities in Scotland").

**B*****Better Health, Better Care: A Discussion Document (Aug 2007) and Better Health, Better Care: Action Plan (Dec 2007)***

*Better Health, Better Care* (2007) follows on from the [Kerr Report](#) in 2005. The three main components of the policy are health improvement, tackling health inequality and improving the quality of healthcare. The *Better Health, Better Care Action Plan* sets out the Scottish Government's plans to extend anticipatory care approaches. There is a particular emphasis on commitments to public participation, improving patient experiences, patient rights and enhanced local democracy and a more mutual approach to healthcare, with better, local and faster access to health care. The report emphasises the need to ensure that older people get the services and support they need to live as independently as they can, whether they are living at home, with carers or in a care home.

Scottish Executive, 2007. *Better Health, Better Care: A Discussion Document*. Edinburgh: Scottish Executive; August 2007. Available at: [www.scotland.gov.uk/Resource/Doc/194854/0052337.pdf](http://www.scotland.gov.uk/Resource/Doc/194854/0052337.pdf)

Scottish Government, 2007. *Better Health, Better Care: Action Plan*. Edinburgh: Scottish Government; December 2007. Available at: <http://scotland.gov.uk/Publications/2007/12/11103453/9>

***Better Outcomes for Older People: Framework for Joint Services (2005)***

*Better Outcomes for Older People: Framework for Joint Services* promotes the development and mainstreaming of joint and integrated services, as part of the Joint Future drive for better outcomes for individuals and their carers. It sets out the requirements which the local partnerships of NHS health boards and local authorities should meet in developing and delivering joint and integrated services such as augmented care at home, extra care housing, equipment and adaptations, to support older people better in their own homes. The framework focuses on the development of joint and integrated services which assist older people to lead more independent lives and have more personal control over their lifestyles, care and environment. The framework also emphasises the need for joint services for health promotion, prevention and early intervention (such as GP exercise referral schemes and income maximisation) which can assist older people to lead healthy and active lives in their own homes.

Scottish Executive (2005). *Better Outcomes for Older People: Framework for Joint Services*. Edinburgh: Scottish Executive; May 2005. Available at: <http://www.scotland.gov.uk/Publications/2005/05/13101338/13397>

### ***Building a Health Service Fit for the Future (Kerr Report, May 2005)***

The *Kerr Report* sets out a 20 year plan for the NHS that aims to shift the emphasis of care from hospital based care to preventative management. It has a number of key messages relevant to the care of older people:

- A shift of care from hospital to community;
- Preventative or anticipatory care rather than reactive management;
- Better integration of the NHS to improve the system of care delivery;
- Development of a systematic approach for caring for the most vulnerable with long term conditions;
- Targeting action in deprived areas including using anticipatory care to prevent future ill-health and reduce health inequality;
- Improving support for carers; and
- Improving Community Health Partnerships between primary and secondary care including better integration of social care.

Scottish Executive (2005). *Building a health service fit for the future: a national framework for service change in the NHS in Scotland ('The Kerr Report')*. Edinburgh: Scottish Executive; May 2005. Available at:

<http://www.scotland.gov.uk/Publications/2005/05/23141307/13104>

### ***Caring Together: The Carers Strategy for Scotland 2010-2015***

*Caring Together: The Carers Strategy for Scotland 2010-2015* was published in 2010 and builds on *Care 21: The Future of Unpaid Care in Scotland*, published in 2006.

*Caring Together* recognises that carers are equal partners in the planning and delivery of care and support, without whom the health and social care system would not be sustained. The report also recognises that older people provide more care than they receive and are a major strength and resource, contributing much to society.

The report's vision is that carers are: recognised and valued as equal partners in care; supported to manage their caring responsibilities; fully engaged in the planning and development of services; and not disadvantaged or discriminated against by virtue of caring.

*Caring Together* sets out 10 key actions to improve support to carers over the next five years. The focus is on improved identification of carers, assessment, information and advice, health and wellbeing, carer support, participation and partnership.

Scottish Government (2010). *Caring Together: The Carers Strategy for Scotland 2010-2015*. Edinburgh, Scottish Government; October 2010. Available at: <http://www.scotland.gov.uk/Resource/Doc/319441/0102104.pdf>

### ***Changing Lives: Report of the 21st Century Social Work Review (2006)***

*Changing Lives* sets out a vision for the future direction of social work services in Scotland.

The review reached three over-riding conclusions:

- Doing more of the same won't work. Increasing demand, greater complexity and rising expectations mean that the current situation is not sustainable. Tomorrow's solutions will need to engage people as active participants, delivering accessible, responsive services of the highest quality and promoting wellbeing;
- Social work services do not have all the answers. They need to work closely with other universal providers in all sectors to find new ways to design and deliver services across the public sector.
- Social workers' skills are highly valued and increasingly relevant to the changing needs of society. Yet we are far from making the best use of these skills. Tomorrow's solutions will need to make the best use of skills across the care workforce.

Its key messages include building capacity to deliver personalised services and building the capacity of the workforce. It acknowledges the need to find new ways of working in partnership and "to harness all our resources and expertise to design services around the needs of people, delivering the right outcomes for the people who use them". As with [\*Delivering for Health\*](#) (2005) there is an emphasis on shifting the balance of resource allocation towards preventing problems and early intervention.

Scottish Executive (2006). *Changing Lives: Report of the 21st Century Social Work Review*. Edinburgh: Scottish Executive; Feb 2006. Available at: <http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

### ***Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)***

Alcohol problems are a major concern for public health in Scotland, including concerns about the potential impact of rising levels of alcohol consumption among 'baby boomers' on healthy ageing (Alcohol and Ageing Working Group, 2006).

Recent Scottish Government policy aims to change cultural attitudes in Scotland to alcohol. *Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)* is broad based, focusing on reducing alcohol consumption, supporting families and communities, developing a positive public attitude towards alcohol, ensuring that individuals are better placed to make positive choices about the role of alcohol in their lives, and improving support and treatment for those who require it.

Scottish Government (2009). *Changing Scotland's Relationship with Alcohol: A Framework for Action*. Edinburgh: Scottish Government; Feb 2009. Available at: <http://www.scotland.gov.uk/Publications/2009/03/04144703/0>

Alcohol and Ageing Working Group (2006). *Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers?* Edinburgh: NHS Health Scotland; 2006. Available from: <http://lx.iriss.org.uk/sites/default/files/resources/Alcohol%20and%20ageing.pdf>

### ***Christie Commission Report***

See entry [below](#) (under "Commission on the Future Delivery of Public Services").

### ***Commission on the Future Delivery of Public Services ( the Christie Commission Report, 2011)***

The *Commission on the Future Delivery of Public Services*, led by Dr Campbell Christie, was established by the Scottish Government in November 2010. The Commission was asked to develop recommendations about how public services must change to meet the medium and long term financial challenges and the expectations of the people of Scotland. The Commission operated independently of government and published its report in June 2011.

The report focuses on four principles that should shape reform:

- empowering people and communities to have a greater say in the services they need;
- integrating design, delivery and funding for public services across all sectors, to improve outcomes;
- investing in preventative approaches which tackle rising demand and reduce inequalities; and
- improving efficiency across the whole system of public services – public, third and private sectors – by reducing duplication and sharing services wherever possible.

For each of these four key objectives of reform, the Commission made a number of specific recommendations.

The Scottish Government's response to the Christie Commission report is outlined in [Renewing Scotland's Public Services: Priorities for reform in response to the Christie Commission](#).

Christie, C (2011). *Commission on the Future Delivery of Public Services*. Scotland: Public Services Commission; June 2011. Available at: <http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

### **Community Care Outcomes Framework (2009)**

In December 2008, the Scottish Government issued a set of national outcomes for Community Care - the *Community Care Outcomes Framework*. The purpose of the Community Care Outcomes Framework is to improve joint delivery of community care services and, as a result, provide better outcomes for people who use those services and their carers.

There are four high level community care outcomes which challenge partner agencies to improve:

- Health;
- Well being;
- Social inclusion; and
- Independence and responsibility.

Beneath this, sixteen performance measures are grouped under six themes to support local partnerships to measure progress against each of these outcomes.

It is hoped that the *Community Care Outcomes Framework* will promote continuous improvement by:

- enabling local partnerships (local authorities and their NHS partners) to understand their performance locally at a strategic level in improving outcomes for people who use community care services or support, and their carers;
- sharing this information with other partnerships in Scotland; and
- comparing their performance directly on the basis of consistent clear information.

The *Community Care Outcomes Framework* fits with the Scottish Government's focus on improving outcomes. The framework underpins the NHS national performance framework (HEAT) and current Single Outcome Agreements for Scottish local authorities.

<http://www.scotland.gov.uk/Resource/Doc/924/0075698.pdf>

### **Community Planning Review: Statement of Ambition (2012)**

In March 2012, the Scottish Government and COSLA (Convention of Scottish Local Authorities) jointly published the *Community Planning Review: Statement of Ambition*. The review aims to provide clearer guidance and support for Community Planning Partnerships, the main local mechanism for coordinating cross-sector action on health inequalities. It places community planning at the heart of public service reform as a key means to drive integration, encourage a focus on prevention and improve performance, all with a view to achieving better outcomes for communities.

Scottish Government and COSLA (2012). *Community Planning Review: Statement of Ambition*. Scottish Government; March 2012. Available at:  
<http://www.scotland.gov.uk/Topics/Government/local-government/CP/soa>

### **Concessionary travel scheme**

The *National Concessionary Travel Scheme* was introduced in April 2006. The Scotland-wide concessionary travel scheme allows those aged 60 and over, and eligible disabled people, to travel free on both local registered services and long distance bus services in Scotland. The national scheme replaced previous local free travel schemes provided across Scotland since 2002, which in turn had replaced a variety of locally determined schemes dating back to the late 1960s.

The scheme forms part of the Government's efforts to improve the quality, accessibility and affordability of public transport, as described in [Scotland's National Transport Strategy](#) (2006), that enable older people to participate and access opportunities and other services.

<http://www.transportscotland.gov.uk/public-transport/concessionary-travel>

### **Concordat between the Scottish Government and local government (2007)**

In November 2007, national and local government signed a concordat which set out the terms of a new relationship between the Scottish Government and local government, where the direction of policy and overarching outcomes are set by central government but local authorities and their partners are given greater autonomy to deliver their services to meet the varying local needs and circumstances across Scotland. It represents a fundamental shift in the relationship between the Scottish Government and local government, based on mutual respect and partnership.

Part of the concordat involved national and local government committing to move towards Single Outcome Agreements ([SOAs](#)) for all 32 of Scotland's councils initially and then extending these to Community Planning Partnerships.

Scottish Government & COSLA (November 2007). *Concordat between the Scottish Government and local government*. Available at:  
<http://www.scotland.gov.uk/Resource/Doc/923/0054147.pdf>

## D

### ***Delivering for Health (2005)***

*Delivering for Health* builds on the vision and principles of the [Kerr Report](#) and describes a policy agenda for NHS Scotland that aims to improve the health of the people of Scotland, and close the gap in life expectancy.

The report emphasises the need to encourage people to take greater control over their own health, with a shift towards preventive medicine and proactive anticipatory care approaches. The report highlights the need to develop dedicated resources in primary care for those with long term conditions particularly those living in deprived areas.

Plans to reduce unscheduled hospital admissions include: shifting towards more continuous care in the community; strengthening local services; greater support for self-care; more intensive case management for individuals with serious long term conditions; and more capacity for local diagnosis and treatment. Specific changes planned include shifting care locally to GP practices, community pharmacies or Community Health Centres, with greater use of day case treatment.

Scottish Executive, 2005. *Delivering for Health*. Edinburgh: Scottish Executive; November 2005. Available at:

<http://www.scotland.gov.uk/Publications/2005/11/02102635/26356>

### ***Delivering for Remote and Rural Healthcare (2008)***

As part of [Shifting the Balance of Care](#), a remote and rural steering group was established by the Scottish Government to develop a framework for sustainable healthcare within remote and rural Scotland. The group published their final report *Delivering for Remote and Rural Healthcare* in 2008, which recognises the interdependence of individual services and focuses on integration through the care system.

The report explores the issues of delivering high quality care in remote and rural areas. The key recommendations include:

- integrated and co-located extended community care teams;
- increased use of Telecare, Telemedicine and Telehealth solutions to support local care delivery and diagnosis;
- more anticipatory care;
- the development of obligate networks linking rural communities and specialist care; and
- the importance of the role of integrated community transport.

Scottish Government (2008). *Delivering for Remote and Rural Healthcare: The Final Report of the Remote and Rural Workstream*. Edinburgh: Scottish Government; May 2008.

Available at:

<http://www.scotland.gov.uk/Resource/Doc/222087/0059735.pdf>

### ***Delivery Framework for Adult Rehabilitation (2007)***

The *Delivery Framework for Adult Rehabilitation* is a joint document for health and social work. It gives strategic direction and support to all health and social care services and practitioners who deliver rehabilitation or enablement services to individuals and communities. The vision underpinning the framework is the creation of a multi-disciplinary, multi-agency approach to rehabilitation services that are flexible and responsive in meeting the needs of individuals and communities in Scotland.

The framework focuses on three key groups – older people, adults with long-term conditions and people returning from work absence and/or aiming to stay in employment – with the aims of maximising individuals’ participation in their communities and improving quality of life for them, their family and carers.

Scottish Executive (2007). *Co-ordinated, integrated and fit for purpose: A delivery framework for adult rehabilitation in Scotland*. Edinburgh: Scottish Executive; Feb 2007. Available at: <http://www.scotland.gov.uk/Publications/2007/02/20154247/0>

### ***Dementia Strategy***

See entry [below](#) (under “Scotland’s National Dementia Strategy”).

### ***Digital Inclusion***

See entry [below](#) (under “Scotland’s Digital Future: A Strategy for Scotland”).

## E

### ***eHealth Strategy 2011-2017***

This, the second eHealth Strategy for NHSScotland, supersedes its predecessor which ran from 2008 to 2011. The report outlines five new strategic aims as the focus of its activity over the next six years. They are:

- supporting people to communicate with NHS Scotland;
- contributing to care integration;
- improving medicines safety;
- enhancing the availability of information for staff; and
- maximising efficient work practices.

Scottish Government (2011). *eHealth Strategy 2011-2017*. Edinburgh: Scottish Government; September 2011. Available at:

<http://www.scotland.gov.uk/Publications/2011/09/09103110/0>

### ***Equally Well (2008)***

The report of the Ministerial Taskforce on health inequalities, *Equally Well*, emphasises that the overall goal of the government (sustainable economic growth) can only be achieved through a reduction in health inequalities. Reducing inequalities in health is therefore critical to achieving the Scottish Government's aim of making Scotland a better, healthier place for everyone, no matter where they live. However this is a challenging area to tackle as research suggests that, whilst the health of the country as a whole is improving, some inequalities are widening. The [Equally Well Review 2010](#) updated this work, and highlighted areas for more intense effort.

Scottish Government, 2008. *Equally Well: Report of the Ministerial Task Force on Health Inequalities*. Edinburgh: Scottish Government; June 2008. Available at:

<http://www.scotland.gov.uk/Publications/2008/06/25104032/16>

### ***Equally Well Review 2010***

During 2008 and 2009 the Scottish Government and COSLA published jointly three linked social policy frameworks: [Equally Well](#), the *Early Years Framework* and [Achieving Our Potential](#). Each of these frameworks aimed to address the underlying causes of Scotland's health and other inequalities. In 2010 the Ministerial Task Force reconvened to review progress with implementing the three frameworks and concluded that the three social policy frameworks remain the best approach to deliver long term improvements in outcomes for people. It was therefore recommended that action should continue at Scottish Government and local level on all of the frameworks' recommendations, while at the same time recognising the need to identify local priorities to maximise the impact of available resources.

The Equally Well review highlighted that:

- A more collaborative approach across different public services is required to influence effectively the range of circumstances that contribute to people's health and wellbeing; and
- Joint action by the full range of community planning partners to redesign local services is key in delivering the vision of change set out in the three frameworks. This means Community Planning Partnerships delivering genuinely integrated services, through partnership working and shared resources, which target the underlying causes of inequalities. It also means that the third sector should be actively involved and that communities themselves must be engaged and consulted.

Scottish Government (2010). *Equally Well Review 2010: Report by the Ministerial Task Force on implementing Equally Well, the Early Years Framework and Achieving Our Potential*. Edinburgh: Scottish Government; June 2010. Available at: <http://www.scotland.gov.uk/Resource/Doc/315880/0100454.pdf>

## F

### **Free Personal & Nursing Care (from 2002)**

The *Free Personal and Nursing Care* policy, unique to Scotland, came into effect on 1 July 2002 under the Community Care and Health (Scotland) Act 2002. The policy was reviewed in the *Sutherland Report* in 2008 and new guidance on waiting times for personal and nursing care was issued to local authorities in 2009.

Personal care is provided free for people aged over 65, provided they are assessed as needing it, and arranged via the local authority's social service. Free Personal Care applies to both older people living in their own home and those living in care homes. It supports the Scottish Government's vision of supporting people to remain in their own homes for as long as they are able to. Personal care includes: personal assistance (e.g. help with dressing, assisting with surgical appliances, getting up & going to bed, using a hoist); personal hygiene; continence management; food and diet (e.g. help with eating, special diets, meal services, preparing specialist meals such as pureed food); problems of immobility that affect personal care; behaviour management and psychological support, including reminding and safety devices; and simple treatments (e.g. help with eye drops, creams and lotions, simple dressings, oxygen therapy).

Free nursing care is available to people of all ages who are assessed as requiring this service.

General information on Free Personal & Nursing Care is available at:

<http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/Free-Personal-Nursing-Care>

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/FPNC>

Sutherland (2008). *Independent Review of Free Personal and Nursing Care in Scotland: A report by Lord Sutherland*. Edinburgh: Scottish Government; April 2008. Available at:

<http://www.scotland.gov.uk/Publications/2008/04/25105036/0>

### **Fuel Poverty Policy, Scottish Government**

The Scottish Government aims to ensure that by November 2016, so far as is reasonably practicable, people are not living in fuel poverty in Scotland.

#### **Energy Assistance Package**

The Energy Assistance Package, launched in April 2009, provides a four-stage approach to addressing fuel poverty that aims to increase incomes, reduce fuel bills and improve the energy efficiency of homes. It benefits people likely to be fuel poor including older adults.

The Energy Assistance Package replaces the previous Warm Deal and the Central Heating Programme. It has four stages:

- Stage one offers free expert energy advice via the Energy Savings Scotland Advice Centre;
- Stage two provides benefits and tax credit checks and information on low cost

energy tariffs to those at risk of fuel poverty;

- Stage three provides a package of standard insulation measures (cavity wall and loft insulation) to older households and those on one of a range of benefits; and
- Stage four offers a package of enhanced energy efficiency measures (such as central heating, air source heat pumps, external and internal wall insulation) to those who are most vulnerable to fuel poverty.

***Universal Home Insulation Scheme***

The Universal Home Insulation Scheme provides energy efficiency measures to a large number of Scottish households while delivering emission savings and helping to reduce fuel poverty. It offers free loft and cavity wall insulation, in selected areas. The scheme is delivered by local authorities in conjunction with local delivery partners.

***Guidance to Local Authorities on Fuel Poverty (2009)***

Local authorities are expected to take fuel poverty into account in their local housing strategies, with the Scottish Government issuing *Guidance to Local Authorities on Fuel Poverty* in 2009.

Scottish Government (2009). *Guidance to Local Authorities on Fuel Poverty*. Scottish Government; May 2009. Available at:

<http://www.scotland.gov.uk/Publications/2009/05/28154359/0>

<http://www.scotland.gov.uk/Topics/Built-Environment/Housing/warmhomes/fuelpoverty>

## G

### ***Good Places, Better Health (2008)***

In [Equally Well](#), the Health Inequalities Task Force highlighted the need to work to reduce further people's exposure to factors in their physical and social environments that cause stress, damage health and wellbeing and lead to inequalities.

*Good Places, Better Health* was launched in 2008 as the Scottish Government's strategy on health and the environment. Traditionally the focus within environmental health has been on toxic, infectious, allergic and physical threats. However, there is now a growing recognition of an additional need to shape places which are nurturing of positive health, wellbeing and resilience. *Good Places, Better Health* is about responding to the challenges we face in creating safe and positive environments which nurture better and more equal health and wellbeing.

*Good Places, Better Health* recognises that the relationship between environment and health is complicated and creating safe and positive environments for health requires us to think, plan and deliver in new and more effective ways. *Good Places, Better Health* therefore aims to offer an innovative approach to understanding the complexities and to finding more effective and inclusive ways to engage national and local stakeholders. Subsequent work has focused on testing a new approach to the environment and health by considering four health challenges facing children in Scotland: obesity; asthma; unintentional injury; and mental health and wellbeing.

Scottish Government (2008). *Good Places, Better Health: A New approach to the Environment and Health in Scotland: Implementation Plan*. Edinburgh: Scottish Government; December 2008. Available at:

<http://www.scotland.gov.uk/Publications/2008/12/11090318/0>

<http://www.edphis.org/>

### ***Guidance on the Provision of Equipment and Adaptations (2009)***

Equipment and adaptations can help older and disabled people to remain living independently in their own homes, and can reduce the need for more costly home care services, or long term admission to a care home. In 2009, the Scottish Government issued *Guidance on the Provision of Equipment and Adaptations* to local authorities and NHS Boards. The guidance aims to help local authorities and the NHS modernise their equipment and adaptations services. It encourages partnerships to:

- Place the user and carer at the centre of provision;
- Ensure a consistent approach to assessment, and provision of services, including equipment and adaptations; and
- Ensure accurate and accessible information on equipment and adaptations is available to all service users and their carers.

Scottish Government (2009). CCD 5/2009: *Guidance on the provision of equipment and adaptations*. Edinburgh; Scottish Government; 1st December 2009.

[http://www.sehd.scot.nhs.uk/publications/CC2009\\_05.pdf](http://www.sehd.scot.nhs.uk/publications/CC2009_05.pdf)

A number of good practice guides, information booklets and useful toolkits have also been

developed by the Scottish Government and the Joint Improvement Team. These are available at <http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Independent-Living>.

## H

### ***Health and social care needs of older people in Scotland: Epidemiological Assessment, ScotPHN (2012)***

This report, undertaken by the Scottish Public Health Network on behalf of the Scottish Directors of Public Health group, describes epidemiological data on the health and social care needs of older people in Scotland. It updates, in part, the data described in the 2001 ISD report [The Health and Well-being of Older People in Scotland: Insights from national data](#).

Harding et al (2012). *Health and social care needs of older people in Scotland: Epidemiological Assessment. Interim Report: December 2012*. Glasgow: Scottish Public Health Network (ScotPHN). Available at: [www.scotphn.net](http://www.scotphn.net)

### ***Health Inequalities in Scotland, Audit Scotland (2012)***

*Health Inequalities in Scotland* (2012) describes a recent audit by Audit Scotland which aimed to assess how well public sector organisations are working together to tackle health inequalities. It focuses on how bodies work together to identify need, target resources and monitor their collective performance in reducing health inequalities.

Key recommendations include the need for:

- Better monitoring, both nationally and locally, of progress in reducing health inequalities. Specific recommendations include: introducing national indicators to specifically monitor and report on progress in reducing health inequalities; including measurable outcomes in the GP contract to monitor progress towards tackling health inequalities; rationalisation of Community Planning Partnership (CPP) performance measures to provide a clearer indication of progress in reducing health inequalities; and inclusion in Single Outcome Agreements of clear outcome measures for reducing health inequalities which demonstrate impact, and improve the transparency of their performance reporting;
- Building robust evaluation (including cost effectiveness) into local initiatives to reduce health inequalities;
- Ensuring that all CPP partners are clear about their respective roles, responsibilities and resources in tackling health inequalities, and take shared ownership and responsibility for actions aimed at reducing health inequalities;
- Reviewing the distribution of primary care services to ensure that needs associated with higher levels of deprivation are adequately resourced;
- Better monitoring of the use of primary care, preventative/early detection services and hospital services to identify systemic under-representation of particular groups and improve uptake where needed; and
- NHS Boards and councils should identify what they collectively spend on reducing health inequalities locally, and work together to ensure that resources are targeted at those with the greatest need.

Audit Scotland (2012). *Health Inequalities in Scotland*. Edinburgh: Audit Scotland; December 2012. Available at: [http://www.audit-scotland.gov.uk/docs/health/2012/nr\\_121213\\_health\\_inequalities.pdf](http://www.audit-scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf)

### ***Health in Scotland 2010 Assets for Health: Annual Report of the Chief Medical Officer***

The Chief Medical Officer for Scotland's 2010 Annual Report discussed the need to change the methods we use to improve health, and to move to more asset based approaches to improve outcomes.

'Assets' can be defined as the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health status. Central to the assets approach is the idea of helping people to be in control of their lives by developing the capacities and capabilities of individuals and communities. A key underlying principle is that having control of one's life and circumstances is health enhancing.

'Co-production' also uses an assets type of approach. Co-production is the process of active dialogue and engagement between people who use services and those who provide them. It is a process which puts service users on the same level as the service provider. It aims to draw on the knowledge and resources of both to develop solutions to problems and improve interaction between citizens and those who serve them.

The key characteristics of co-production exemplify asset based principles:

- Recognising people as assets rather than as problems;
- Building on people's existing skills and resources;
- Promoting reciprocity, mutual respect and building trust;
- Building strong and supportive social networks;
- Valuing working differently, facilitating rather than delivering; and
- Breaking down the divisions between service providers and service users.

Co-production changes the dynamics between individuals and communities, creating more collaborative relationships. Co-production is increasingly featuring in Scottish Government public policy.

Scottish Government (2011). *Health in Scotland 2010 Assets for Health: Annual Report of the Chief Medical Officer*. Edinburgh: Scottish Government; 2011. Available at: <http://www.scotland.gov.uk/Resource/0038/00387520.pdf>

Other co-production resources include:

<http://www.coproductionscotland.org.uk/resources/>

[http://www.jitscotland.org.uk/downloads/1341577230-co-productionJuly2012%20\(2nd%20Ed\).pdf](http://www.jitscotland.org.uk/downloads/1341577230-co-productionJuly2012%20(2nd%20Ed).pdf)

### ***Healthy Eating, Active Living***

See entry [below](#) (under "Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity" in the Nutrition section).

***Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020***

*Homes Fit for the 21st Century* sets out the Scottish Government's housing vision and strategy for the decade to 2020, and a range of actions and proposals to realise that vision.

It describes ways in which the effective supply of housing across all tenures can be increased, by building new, high quality, affordable homes (including social housing) to meet current need and the demand arising from Scotland's growing and ageing population. It also sets out actions to promote flexibility and choice within the housing system, and a range of measures to improve houses and neighbourhoods, in particular to make them more sustainable.

*Homes Fit for the 21<sup>st</sup> Century* made the following commitments on independent living for older people and disabled people:

- The publication of a national strategy on housing for older people in 2011 (see [above](#));
- Development of a national register of accessible housing;
- Simplification of the arrangements for the public and housing providers to access funding for housing adaptations;
- Ensuring the needs of older people and disabled people are better reflected within national and local planning and housing investment processes; and
- Building on the introduction of the new Change Fund for Older People's Services and work with local authorities and the NHS to ensure the housing, health and social care needs of individuals are addressed more holistically.

Scottish Government (2011). *Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020*. Edinburgh: Scottish Government; February 2011. Available at:

<http://www.scotland.gov.uk/Topics/Built-Environment/Housing/reform>

**Indicator of Relative Need (IoRN)**

The Indicator of Relative Need (IoRN) is a nationally supported tool for local Partnerships to use to gather information about the relative dependency levels of (mainly) older people receiving support or services. It can be used for individual case management or for service management and planning.

The IoRN is based on a questionnaire covering characteristics such as activities of daily living, food and drink preparation and mental health and behavioural issues to categorise the individual into one of nine groups - where group A is 'most independent' and group I is 'least independent'.

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Dependency-Relative-Needs/In-the-Community/>

**Integration of Adult Health and Social Care in Scotland (2012/13)**

In December 2011, the Scottish Government announced its plan to integrate adult health and social care in Scotland. The Scottish Government consulted on these proposals between May and September 2012 and published an analysis of this and its response by early 2013. They intend to introduce a Bill to the Scottish Parliament before the 2013 summer recess. Key elements of the proposed plans include:

- NHS Boards and Local Authorities will be required, in partnership, to integrate health and social care services for all adults, with the option of including other areas of service provision, such as housing or children's services, through Health and Social Care Partnerships;
- Health and Social Care Partnerships will be jointly accountable for the delivery of nationally agreed outcomes to their respective Health Board and Local Authority;
- Health and Social Care Partnerships will have responsibility for an integrated budget that will encompass, at a minimum, adult community health, adult social care and an element of adult acute spend;
- Each Partnership will employ a jointly accountable officer to manage the integrated service; and
- The legislation will require that professionals and other key stakeholders are central to the planning of health and social care services.

Scottish Government (2012). *Integration of Adult Health and Social Care in Scotland: Consultation on Proposals*. Edinburgh: Scottish Government; May 2012. Available at: <http://www.scotland.gov.uk/Publications/2012/05/6469/0>

Scottish Government (2013). *Integration of Adult Health and Social Care in Scotland: Consultation Analysis Report*. Edinburgh: Scottish Government; December 2012. Available at: <http://www.scotland.gov.uk/Publications/2012/12/1068>

Scottish Government (2013). *Integration of Adult Health and Social Care in Scotland: Consultation: Scottish Government Response*. Edinburgh: Scottish Government; February 2013. Available at: <http://www.scotland.gov.uk/Publications/2013/02/4208>

### ***Integrated Resource Framework***

Development started on the *Integrated Resource Framework* (IRF) in 2008, as part of the Scottish Government's focus on Shifting the Balance of Care. The purpose of the IRF is to help partnerships to understand more clearly current resource use across health and social care, by providing partners with mechanisms to ensure clear understanding locally of patterns of spend, activity and variation in service provision.

By providing Health Boards and Local Authority partners with the information required to plan strategically and review services more effectively, and by developing financial relationships that integrate resources around populations instead of organisations, partners are able to realign their resources to support shifts in clinical/care activity within and across health and social care systems.

The IRF was developed in two main components:

- Phase 1: Explicit mapping of patient and locality level cost and activity information for health and adult social care, to provide a detailed understanding of existing resource profiles for partnership populations;
- Phase 2: Implementation of agreed and transparent mechanisms that allow resource to flow between partners, following the patient to the care setting that delivers the best outcomes.

Four test sites took forward the second phase. An action-learning based evaluation of the test sites was commissioned, concluding in March 2012. The purpose of the evaluation was to contribute to the process of change and determine the effectiveness of the approach. An evaluation report was published in July 2012 <http://www.scotland.gov.uk/Resource/0039/00396974.pdf>

Experience gained from the IRF is now being used to inform legislation to integrate adult health and social care, particularly with respect to integrated budgets, and Joint Strategic Commissioning Plans.

### ***Intermediate Care Framework for Scotland***

See entry [below](#) (under "Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland").

J

**Joint Improvement Team (2004 to present)**

The Joint Improvement Team (JIT) is a collaboration between NHSScotland, CoSLA and the Scottish Government, established in late 2004, to work directly with local health, housing and social care partnerships across Scotland and provide practical support and additional capacity to partnerships. Current areas of work include telecare and supporting *Reshaping Care for Older People*. The Joint Improvement Team currently supports all 32 partnerships in the development and implementation of their responses to *Reshaping Care*, Change Plans and Joint Commissioning Strategies.

<http://www.jitscotland.org.uk/>

## K

### ***Keep Well Scotland (formerly Prevention 2010)***

*Keep Well* is an example of anticipatory health care in practice, developed as part of plans to tackle health inequalities in Scotland. The programme focuses on specific diseases, primarily coronary heart disease and diabetes, and aims to increase the rate of health improvement in 45–64 year olds in areas of greatest need. The approach involves:

- Identifying and targeting those at particular risk of preventable serious ill-health (including those with undetected chronic disease);
- Offering appropriate interventions and services to them; and
- Providing monitoring and follow up.

It is not directly focused on older people but could be viewed as part of an upstream preventative strategy for older people.

[www.keepwellscotland.com](http://www.keepwellscotland.com)

### ***Kerr Report***

See entry [above](#) (under “Building a Health Service fit for the Future”).

L

**Let's Make Scotland More Active**

See entry [below](#) (under "Let's Make Scotland More Active: A strategy for physical activity" in the Physical Activity section).

***Living and Dying Well: A national action plan for palliative and end of life care in Scotland (2008)***

Published in 2008, *Living and Dying Well* is Scotland's first national action plan for the provision of palliative and end of life care. Key to *Living and Dying Well* is its emphasis on a person centred approach to care and care planning and on the importance of communication, collaboration and continuity of care across all sectors and at all stages of the patient journey.

Scottish Government (2008). *Living and Dying Well: A national action plan for palliative and end of life care in Scotland*. Edinburgh: Scottish Government; Sept 2008. Available at: <http://www.scotland.gov.uk/Resource/Doc/239823/0066155.pdf>

Scottish Government (2011). *Living and Dying Well: Building on Progress*. Edinburgh: Scottish Government; January 2011. Available at: <http://www.scotland.gov.uk/Resource/Doc/340076/0112559.pdf>

***Long Term Conditions Collaborative (2008) and Long Term Conditions Collaborative: Improving Complex Care (2009)***

The *Long Term Conditions Collaborative* is one of a number of initiatives within the Scottish Government that aim to improve the quality of care provided for people with long term conditions and this generally, although not exclusively, involves older people.

*Long Term Conditions Collaborative: Improving Complex Care* (2009) identifies ten actions as being important factors in the management of older people with long term conditions. These include: stratifying and identifying those at risk; introducing anticipatory care plans; targeting and delivering a proactive case/care management approach; communicating and sharing data across the system; developing intermediate care alternatives to acute hospital; providing telehealth and telecare support; developing falls prevention pathways and services; providing pharmaceutical care; ensuring timely access, flexible homecare and carer support; and promoting health and wellbeing in later life.

Scottish Government (2009). *Long Term Conditions Collaborative: Improving Complex Care*. Edinburgh: Scottish Government; March 2009. Available at: <http://www.scotland.gov.uk/Publications/2009/03/06140257/0>

## M

### ***Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland (2012)***

Intermediate Care describes a wide range of services which focus on prevention, rehabilitation, reablement and recovery. They can help prevent unnecessary acute hospital admission or premature admission to long-term care and can help ensure a timely discharge following a hospital stay. The *Intermediate Care Framework for Scotland* was published in July 2012 and aims to encourage the development of these services in Scotland.

Scottish Government (2012). *Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland*. Edinburgh: Scottish Government; July 2012. Available at: <http://www.scotland.gov.uk/Publications/2012/07/1181/downloads>

### ***Mental Health Strategy for Scotland: 2012-2015***

In August 2012, a new *Mental Health Strategy for Scotland (2012-2015)* was published. It is the successor document to *Delivering for Mental Health (2006)* and *Towards a Mentally Flourishing Scotland (2009)*.

The strategy sets out a range of commitments across the spectrum of mental health improvement, services and recovery to ensure delivery of effective, quality care and treatment for people with a mental illness, their carers and families. It brings the mental health improvement work in Scotland and work to improve mental health services together for the first time in a single strategy.

The strategy supports and adopts the three *Quality Ambitions* for NHSScotland that healthcare is: person-centred; safe; and effective. It describes a series of commitments in 4 key areas:

- child and adolescent mental health;
- quality and access in response to mental health problems;
- community, inpatient and crisis services; and
- other services and populations (including mental health and offending, neurodevelopmental disorders and veterans).

Within the strategy, there's a focus on prevention, anticipation and supported self-management, and on actions that people can take for themselves and with their communities to maintain and improve their own health. The *Mental Health Strategy* is consistent with the Scottish Government's 2020 Vision where "by 2020 everyone is able to live longer healthier lives at home, or in a homely setting."

#### References:

Scottish Government (2012). *Mental Health Strategy for Scotland: 2012-2015*. Edinburgh: Scottish Government; August 2012. Available at: <http://www.scotland.gov.uk/Publications/2012/08/9714>

Scottish Government (2009). *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009–2011*. Edinburgh: Scottish Government; April 2009. Available at:

<http://www.scotland.gov.uk/Publications/2009/05/06154655/0>

Scottish Executive (2006). *Delivering for Mental Health*. Edinburgh: Scottish Executive; December 2006. Available at: <http://www.scotland.gov.uk/Publications/2006/11/30164829/0>

### ***Ministerial Task Force on Health Inequalities 2012***

The Ministerial Task Force on Health Inequalities has recently been reconvened. The first meeting was held on 29 November 2012, chaired by Michael Matheson MSP, Minister for Public Health. The role of the reconvened Task Force will include reviewing new evidence since the publication of [Equally Well](#), looking at lessons learned so far and highlighting new areas for attention. It is likely that a key area of discussion and exploration will be the concept of people and social connectedness.

## N

### ***National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless (2012)***

For some groups, such as frail older people, maintaining oral health is particularly challenging. The *National Oral Health Improvement Strategy for Priority Groups (2012)* sets out the means by which the 2005 Dental Action Plan commitment, to develop preventive programmes for adults vulnerable to oral diseases, is to be achieved. It focuses on the most frail and those with special needs and highlights actions in a range of settings.

Scottish Government (2012). *National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless*. Edinburgh: Scottish Government; May 2012. Available at: <http://www.scotland.gov.uk/Resource/0039/00394171.pdf>

### ***National telehealth and telecare delivery plan to 2015***

A joint National Delivery Plan from the Scottish Government, CoSLA and NHS Scotland, the National Telehealth and Telecare Delivery Plan to 2015 sets out the vision and direction for the use of technology to be integrated into service development and delivery, transforming access to and availability of services in homes and communities and more acute settings. This Delivery Plan sets out 6 workstreams, each with specific actions to be delivered by 2015.

Scottish Government (2013) *National telehealth and telecare delivery plan to 2015*. Available from: <http://www.scotland.gov.uk/Publications/2012/12/7791>

It builds on previous strategies listed below.

Telecare is a term that covers a range of devices and services that harness developing technology to enable people to live with greater independence and safety in their own homes. The Telecare Programme Board's vision is to promote technology enabled care as an essential means: "To support as many people as possible to live at home for as long as they want to, in comfort and safety, with the best possible health and quality of life."

Scottish Government (2011). *Telecare to 2012: An Action Plan for Scotland*. Edinburgh: Scottish Government; March 2011. Available from: <http://www.jitscotland.org.uk/publications-1/telecare/>

Scottish Government (2008). *Seizing the Opportunity: Telecare Strategy 2008–2010*. Edinburgh: Scottish Government; June 2008. Available from: <http://www.jitscotland.org.uk/publications-1/telecare/>

Telecare programme led by the Joint Improvement Team  
<http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/>

### ***NHSScotland Quality Strategy (2010)***

Published in 2010, the *NHSScotland Quality Strategy* builds on the principles set out in [Better Health, Better Care](#) in 2007. The aim of the *Quality Strategy* is to deliver the highest quality healthcare services to people in Scotland. The strategy aims to improve the effectiveness, efficiency and productivity of the health sector in Scotland by delivering healthcare that is:

6. Person-centred;
7. Safe; and
8. Effective.

Scottish Government (2010). *The Healthcare Quality Strategy for NHSScotland*. Edinburgh: Scottish Government; May 2010.

<http://www.scotland.gov.uk/Publications/2010/05/10102307/0>

### **Nutrition related policies – various**

#### ***Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)***

In 2008, the Scottish Government published *Healthy Eating, Active Living*, a 3-year action plan to improve diet, increase physical activity and tackle obesity in Scotland.

Scottish Government (2008). *Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)*. Edinburgh: Scottish Government; Edinburgh 2008. Available at:

<http://www.scotland.gov.uk/Resource/Doc/228860/0061963.pdf>

#### ***Recipe For Success: Scotland's National Food and Drink Policy (2009)***

This was followed by the publication of *Recipe for Success*, Scotland's first national food & drink policy, in June 2009. *Recipe for Success* aims to promote Scotland's sustainable economic growth by ensuring that the Scottish Government's focus in relation to food and drink, and in particular its work with Scotland's food and drink industry, addresses quality, health and wellbeing, and environmental sustainability, recognising the need for access and affordability at the same time.

Scottish Government (2009). *Recipe For Success - Scotland's National Food and Drink Policy*. Edinburgh: Scottish Government; 2009.

Available at: <http://www.scotland.gov.uk/Resource/Doc/277346/0083283.pdf>

#### ***Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2010)***

In February 2010, the Scottish Government and COSLA published *Preventing overweight and obesity in Scotland: A route map towards healthy weight*. This 'obesity strategy' unveils ambitious plans to work across every area of government to make healthy choices easier for Scotland's population and sets out a range of preventative actions primarily targeted at decision makers in central and local government.

Scottish Government (2010). *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight*. Edinburgh: Scottish Government; Feb 2010. Available at:

<http://www.scotland.gov.uk/Resource/Doc/302783/0094795.pdf>

### **Malnutrition**

The importance of malnutrition and nutrition standards in care settings has been recognised in various policy documents.

### **Nutrition in hospitals:**

NHS Quality Improvement Scotland published clinical standards on Food, Fluid and Nutrition in hospitals in 2003. The standards were reviewed in 2005/06 when it was recommended that the quality of nutritional care in Scotland's hospitals should be improved. A national programme board, chaired by the Chief Nursing Officer, was then established to develop the programme, with monitoring of progress in local areas. These standards are hospital based.

NHS Quality Improvement Scotland (2006). *Food, Fluid and Nutritional Care in Hospitals*. Edinburgh: NHS Quality Improvement Scotland; August 2006.  
<http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=0a3a7acc-86f8-441c-85aa-d9fe57631d89&version=-1>

### **Nutrition in care homes:**

Since the Scottish Government published the National Care Standards (NCS) and established the Care Commission (now Social Care and Social Work Improvement Scotland) in 2002 to regulate care services, there has been an ongoing focus on nutrition in care homes. A national report *Eating well in care homes for older people* was published in 2009. Whilst examples of good quality nutritional care were identified, the report highlighted areas for improvement. The report emphasised that: eating and drinking are an important part of everyone's daily life; meals are social occasions and should be enjoyable; and good nutrition is a fundamental part of good care.

Care Commission, Scottish Commission for the Regulation of Care. *Eating well in care homes for older people*. Dundee: Care Commission; August 2009. Available at:  
[http://www.scswis.com/index.php?option=com\\_docman&task=doc\\_details&qid=260&Itemid=378](http://www.scswis.com/index.php?option=com_docman&task=doc_details&qid=260&Itemid=378)

### **Nutrition for older people living in the community:**

In 2009, the Scottish Government published a literature review entitled *Older People Living in the Community - Nutritional Needs, Barriers and Interventions* which highlights the nutritional needs of this group and effective interventions to address their needs, such as extending nutritional screening practices from the acute to the community setting.

Scottish Government (2009). *Older People Living in the Community - Nutritional Needs, Barriers and Interventions: A Literature Review*. Edinburgh: Scottish Government; 2009. Available at: <http://www.scotland.gov.uk/Resource/Doc/294929/0091270.pdf>

O

***Obesity Route Map***

See entry [above](#) (under “Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight” in the Nutrition section).

***Oral health strategy***

See entry [above](#) (under “National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless”).

**Physical activity related policies – various****Let's Make Scotland More Active: A strategy for physical activity (2003)**

*Let's Make Scotland More Active* (2003) was a 20 year strategy aiming to increase and maintain the proportion of physically active people in Scotland. One of the recommendations of a five-year review subsequently undertaken in 2008 was to increase efforts to improve physical activity among certain groups, including older adults.

Physical Activity Task Force (2003). *Let's Make Scotland More Active: A Strategy for Physical Activity*. Edinburgh: Scottish Executive; Feb 2003. Available at: [www.scotland.gov.uk/Publications/2003/02/16324/17895](http://www.scotland.gov.uk/Publications/2003/02/16324/17895)

Physical Activity Review Group (2009). *Five-Year Review of Let's Make Scotland More Active: A Strategy for Physical Activity*. NHS Health Scotland, Edinburgh. Available at: <http://www.healthscotland.com/uploads/documents/9159-1150-HS%20PA%205yr%20Review%20Final.pdf>

**Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)**

In 2008, the Scottish Government published *Healthy Eating, Active Living*, a 3-year action plan to improve diet, increase physical activity and tackle obesity in Scotland.

Scottish Government (2008). *Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)*. Edinburgh: Scottish Government; June 2008. Available at: <http://www.scotland.gov.uk/Resource/Doc/228860/0061963.pdf>

**Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2010)**

This 'obesity strategy', published in 2010, unveils ambitious plans to work across every area of government to make healthy choices (including promoting physical activity) easier for Scotland's population.

Scottish Government (2010). *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight*. Edinburgh: Scottish Government; Feb 2010. Available at: <http://www.scotland.gov.uk/Resource/Doc/302783/0094795.pdf>

**Start Active, Stay Active: A report on physical activity for health from the four home countries (2011)**

More recently, a report on physical activity from the Chief Medical Officers of England, Scotland, Wales, and Northern Ireland (2011) describes recommendations for physical activity across the life course, including for older adults.

Chief Medical Officers of England, Scotland, Wales, and Northern Ireland (2011). *Start Active, Stay Active: A report on physical activity for health from the four home countries*.

London; Department of Health; July 2011. Available at:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_128210.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf)

### ***Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2010)***

See entry [above](#) (under “Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight” in the Nutrition section).

### ***Prison Health In Scotland: A Health Care Needs Assessment (2007)***

The health needs of prisoners are known to be greater than those of the general population. While the Scottish prison population is largely young, the population of older prisoners (aged over 55) is growing. As the prison population ages, health needs will increase.

The health needs of the Scottish Prison Population are described in *Prison Health In Scotland: A Health Care Needs Assessment (2007)*. The growth in the older (over 55s) prison population is described in the *Prison statistics and population projections Scotland: 2011-12*.

Graham, L (2007). *Prison Health In Scotland: A Health Care Needs Assessment*.

Scottish Prison Service; December 2007. Available at:

<http://www.ohrn.nhs.uk/resource/policy/ScottishPrisonHealthNeeds.pdf>

Scottish Government (2012). *Prison statistics and population projections Scotland: 2011-12*. Statistical Bulletin Crime and Justice Series: Scottish Government; 29 June 2012. Available at: <http://www.scotland.gov.uk/Resource/0039/00396363.pdf>

### ***Promoting Positive Outcomes: Working Together to Prevent Antisocial Behaviour in Scotland (2009)***

In March 2009, the Scottish Government and COSLA jointly published their framework for tackling antisocial behaviour, *Promoting Positive Outcomes: Working Together to Prevent Antisocial Behaviour*.

The four pillars of the framework are prevention, integration, engagement and communication. It describes the need to:

- place prevention and early and effective intervention at the heart of approaches to tackle antisocial behaviour;
- address the causes of antisocial behaviour, such as drink, drugs and deprivation, and not just the symptoms;
- promote positive behaviour and the work of role models and mentors as well as punish bad behaviour in an appropriate, proportionate and timely manner;
- create more choices and chances for people to succeed, reducing the likelihood of them being involved in antisocial behaviour; and

- work better together locally to meet the needs of individuals and communities by integrating services.

Scottish Government & COSLA (2009). *Promoting Positive Outcomes: Working Together to Prevent Antisocial Behaviour in Scotland*. Edinburgh: Scottish Government: March 2009.  
Available at: <http://www.scotland.gov.uk/Publications/2009/03/18112220/0>

Q

**Quality Strategy**

See entry [above](#) (under “NHSScotland Quality Strategy”).

## R

### ***Range and Capacity Review Group: The Future Care of Older People in Scotland (2006)***

Faced with the challenges of an ageing population, the Scottish Executive Health Department established a Range and Capacity Review Group to review community care services for older people. The Review Group's report on *The Future Care of Older People in Scotland*, published in 2006, sets out a vision for the future provision of care services for older people over the next 15 years. The group recommended more flexible service delivery including: better use of equipment and adaptations; increased use of technology and telecare services; housing provision; better intermediate care; falls prevention; active ageing programmes; increased anticipatory care; and the development of forward looking capacity plans in community partnerships.

Scottish Executive (2006). *Range and Capacity Review Group: Second Report: The Future Care of Older People in Scotland*. Edinburgh: Scottish Executive; May 2006. Available at: <http://www.scotland.gov.uk/Publications/2006/04/25111735/0>

### ***Recipe For Success***

See entry [above](#) (under "Recipe For Success - Scotland's National Food and Drink Policy" in the Nutrition section).

### ***Renewing Scotland's Public Services: Priorities for reform in response to the Christie Commission (2011)***

*Renewing Scotland's Public Services: Priorities for reform in response to the Christie Commission* describes the Scottish Government's response to the [Christie Commission Report](#). It outlines the Government's approach to and priorities for public service reform, which are built on four pillars:

- a decisive shift towards prevention;
- greater integration of public services at a local level driven by better partnership, collaboration and effective local delivery;
- greater investment in the people who deliver services through enhanced workforce development and effective leadership; and
- a sharp focus on improving performance, through greater transparency, innovation and use of digital technology.

It describes a need for fundamental reform in public services, rather than incremental improvements, in order to respond to the challenging financial context and demographic trends. It maintains the Scottish Government's emphasis on improving outcomes for people and communities across Scotland, and on improving value for money.

Scottish Government (2011). *Renewing Scotland's Public Services: Priorities for reform in response to the Christie Commission*. Edinburgh: Scottish Government; September 2011. Available at: <http://www.scotland.gov.uk/Resource/Doc/358359/0121131.pdf>

### ***Reshaping Care for Older People: A Programme for Change 2011-2021***

In March 2010, *Reshaping Care for Older People: A Programme for Change 2011-2021* set

out the Scottish Government's vision and immediate actions for reshaping the care and support of older people in Scotland.

The programme provides a framework, built on consensus across all sectors and interests, to address the challenges of supporting and caring for Scotland's growing older population into the next decade and beyond. It aims to improve the quality and outcomes of current models of care, whilst developing services in a sustainable way that address current demographic and funding pressures.

The framework is based on the vision that: "Older people in Scotland are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting." Within the Programme there are three core themes (Care Settings, Complex Care and Community Capacity) with two supporting themes (Workforce and Finance and Analysis).

Local partnerships are expected to develop joint strategies, commissioning plans and Local Change Plans to access funding from the Scottish Government's *Change Fund*.

*Reshaping Care for Older People* sits above, and supports the delivery of, other strategies for particular groups or issues including the [Dementia Strategy](#), [Carers Strategy](#), [Self Directed Support Strategy](#) and [Living and Dying Well](#).

Scottish Government et al (2010). *Reshaping care for older people: A programme for change 2011-2021*. Edinburgh: Scottish Government; March 2010. Available at:

<http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/Reshaping-Care>

<http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/>

### **Rural health care**

See entry [above](#) (under "Delivering for Remote and Rural Healthcare").

### **Road to Recovery**

See entry [below](#) (under "The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem").

## S

### ***Scotland's Digital Future: A Strategy for Scotland (2011)***

Access to, and use of, information technology can impact positively in many ways on the lives of older people. The Scottish Government's digital inclusion strategy *Scotland's Digital Future* is designed to help make Scotland a digitally inclusive society and to overcome the 'Digital Divide', enabling all to participate in and benefit from the growing knowledge society in which we live.

Scottish Government (2011). *Scotland's Digital Future: A Strategy for Scotland*. Edinburgh: Scottish Government; March 2011. Available at:

<http://www.scotland.gov.uk/Resource/Doc/343733/0114331.pdf>

### ***Scotland's Digital Future: Delivery of Public Services (2012)***

*Scotland's Digital Future: Delivery of Public Services* (2012) forms part of the current public service reform programme. It signals a way in which public bodies can collaborate to ensure that services – whether at national or local level – can be truly joined up to meet the needs of the users of public services, the citizens of Scotland.

It sets out a vision for Scotland where digital technology provides a foundation for innovative, integrated public services that cross organisational boundaries and deliver to those in most need. Key to the vision are that public services will:

- use digital technologies to redesign services and better meet people's needs;
- use digital technologies to provide the opportunity for citizens to have more control over when and how they access services;
- deploy digital technologies in ways that reduce the cost of services to the user and provider; and
- deliver services and manage data in a way that supports businesses and provides new business opportunities and contributes to economic growth.

Digital public services should be delivered using the following four principles:

- Citizen/customer focus;
- Privacy and openness, using data appropriately;
- A skilled and empowered workforce; and
- Collaboration and value for money.

Scottish Government (2012). *Scotland's Digital Future: Delivery of Public Services*. Edinburgh: Scottish Government; September 2012. Available at:

<http://www.scotland.gov.uk/Resource/0040/00407741.pdf>

### **Scotland's National Dementia Strategy (2010)**

The National Dementia Strategy was published in June 2010. It provides a long-term objective of transformational change and a more immediate focus on changes within the next three years. There is a particular focus on two key change areas:

1. Work to improve the support and information that people with dementia and their carers receive following diagnosis; and
2. Work to improve the response to dementia in general hospital settings, including alternatives to admission and better planning for discharge.

Progress reports were published in 2011 and 2012 and the strategy is due for review by 2013. The strategy is accompanied by the *Promoting Excellence Framework* (a framework for health and social services staff working with people with dementia, their families and carers).

Scottish Government (2010). *Scotland's National Dementia Strategy*. Edinburgh: Scottish Government; June 2010. Available at:

<http://www.scotland.gov.uk/Resource/Doc/324377/0104420.pdf>

Scottish Government (2011). *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers*. Edinburgh: Scottish Government; June 2011. Available at:

<http://www.scotland.gov.uk/Resource/Doc/350174/0117211.pdf>

### **Scotland's National Transport Strategy (2006)**

*Scotland's National Transport Strategy* (2006) introduced three key strategic outcomes, which are to:

- Improve journey times and connections between our cities and towns and our global markets to tackle congestion and provide access to key markets;
- Reduce emissions to tackle climate change; and
- Improve quality, accessibility and affordability of transport, to give people the choice of public transport and real alternatives to the car.

The strategy transferred responsibility and funding for the provision of demand responsive transport (DRT) services to local authorities. It encourages local authorities to ensure that the provision of DRT services is appropriate to their areas and to work with the Scottish Ambulance Service and Health Boards to improve the co-ordination of DRT services in relation to health care. It aims to see Regional Transport Partnerships, Local Authorities and Health Boards working together to address co-ordination issues with a view to maximising the contribution of the investment being made in transport services across a region, including social work transport, local authority subsidised bus services, non-emergency patient transport and community transport.

Scottish Executive (2006). *Scotland's National Transport Strategy*. Edinburgh: Scottish Executive; December 2006. Available at:

<http://www.scotland.gov.uk/Publications/2006/12/04104414/0>

### **Scottish Patients at Risk of Readmission and Admission (SPARRA)**

SPARRA (Scottish Patients at Risk of Readmission and Admission) is a national risk prediction tool which predicts an individual's risk of emergency hospital inpatient admission for the forthcoming year.

Developed by ISD, the tool is primarily used by multi-disciplinary teams within Community Health Partnerships and GP practices to identify those people who would most benefit from case / care management, anticipatory care planning or other interventions in order to reduce their risk of attendance at an Emergency Department or avoidable emergency hospital admission.

[www.isdscotland.org/sparra](http://www.isdscotland.org/sparra)

### ***Self-Directed Support: A National Strategy for Scotland (2010)***

Self-Directed Support (SDS) gives people the opportunity to manage their own support funding. Self-Directed Support is the support individuals and families have after making an informed choice on how their Individual Budget is used to meet the outcomes they have agreed.

Self-Directed Support aims to give people choice and control about their support and reflects the common goals of current health and social care policy to deliver better outcomes for individuals and communities, with a shift to outcomes focused assessment and review. Self-Directed Support encompasses what has historically been called direct payments but can include personal budgets, and other forms of control and direction on how support is provided.

*Self-Directed Support: A National Strategy for Scotland (2010)* is a 10 year strategy for SDS in Scotland which aims to set out and drive a cultural shift around the delivery of care and support in Scotland, with self-directed support becoming the mainstream approach. Implementation of the strategy involves adopting the co-production approach, whereby support is designed and delivered in equal partnership between people and professionals. The approach is consistent with current policy priorities to engage people using services, personalisation and enablement and an assets approach to health.

Scottish Government (2010). *Self-Directed Support: A National Strategy for Scotland*. Edinburgh: Scottish Government; October 2010. Available at:

<http://www.scotland.gov.uk/Publications/2010/11/05120810/0>

<http://www.selfdirectedsupportscotland.org.uk/>

### ***Sexual Health & Blood Borne Virus Framework***

See entry [below](#) (under "The Sexual Health and Blood Borne Virus Framework").

### ***Shifting the Balance of Care Framework (2009)***

*Shifting the Balance of Care* (SBC) is a strategic objective for the Scottish Government, NHS and Local Authorities. SBC describes changes at different levels across health and social care – all of which are intended to bring about better outcomes for people, providing

services which reduce inequalities, promote independence and are quicker, more personal and closer to home.

In July 2009, the *Shifting the Balance of Care Improvement Framework* was issued. As part of this, eight broad complex SBC impact areas have been identified as key to the delivery of national and local outcomes and targets and likely to make the biggest improvements in health and wellbeing. These provide the basis for the framework for Health Boards, Community Health Partnerships (CHPs), Local Authorities and other care giving bodies on which to focus, while enabling partners to agree local priorities for SBC. The eight areas are:

1. Maximise flexible and responsive care at home with support for carers;
2. Integrate health and social care and support for people in need and at risk;
3. Reduce avoidable unscheduled attendances and admissions to hospital;
4. Improve capacity and flow management for scheduled care;
5. Extend scope of services provided by non medical practitioners outside acute hospital;
6. Improve access to care for remote and rural populations;
7. Improve palliative and end of life care; and
8. Improve joint use of resources (revenue and capital).

The SBC Improvement Framework directly supports the delivery of HEAT Targets and Community Care Outcomes which inform Single Outcome Agreements and the Scottish Government National Performance Framework.

Scottish Government et al (2009). *Improving Outcomes by Shifting the Balance of Care: Improvement Framework*. Shifting the Balance of Care Delivery Group, July 2009. Edinburgh: Scottish Government. Available from: <http://www.shiftingthebalance.scot.nhs.uk/improvement-framework/>

### ***Single Outcome Agreements (2007 to 2012/2013)***

In November 2007 national and local government signed a [Concordat](#), which committed both to moving towards Single Outcome Agreements (SOAs) for all 32 of Scotland's councils and extending these to Community Planning Partnerships.

SOAs are agreements between the Scottish Government and Community Planning Partnerships which set out how each will work towards improving outcomes for local people in a way that reflects local circumstances and priorities, within the context of the Government's National Outcomes and Purpose. Single Outcome Agreements are part of the Government's drive towards better outcomes, allowing greater flexibility to deliver services to meet local needs.

In March 2012, the Scottish Government & COSLA jointly published the [Community Planning Review: Statement of Ambition](#), after which it was agreed that new Single Outcome Agreements between the Scottish Government and Community Planning Partnerships would be established. New SOA guidance for local authorities was therefore published in December 2012, with the intention that another round of SOAs will be produced in Spring 2013 to better reflect the ambitions of public service reform. It is expected that each SOA will align with the Government's four pillars of public service

reform: prevention; local integration and partnership; investment in people; and performance improvement. The new SOAs will continue to emphasise the importance of: partnership working; community engagement; co-production; and preventative and early intervention approaches to reduce outcome inequalities.

Outcomes for older people is one of the key priority areas identified for the new SOAs. It is expected SOAs will reflect local plans for the *Reshaping Care for Older People* and the integration of health and social care.

Scottish Government and COSLA (2012). *Single Outcome Agreements: Guidance to Community Planning Partnerships*. Scottish Government; Dec 2012. Available at: <http://www.scotland.gov.uk/Topics/Government/local-government/CP/SOA2012/SOA2012>

### **Skills for Scotland (2007 & 2010)**

Offering learning opportunities throughout life is underpinned through the Scottish Government's Lifelong Learning Strategy. *Skills for Scotland* (2007) called for a more integrated employment and skills service with a view to "promoting sustained employment and in work progression for individuals". This commitment was restated in the refresh of the strategy in 2010.

Increasing the opportunities for individuals to develop and use their skills as best they can is seen not just as a strategy for increased efficiency and improved economic performance, but also as an effective way of improving the satisfaction and security of work and promoting the health and well-being of individuals and the fabric of communities.

The strategy is structured around four key priority themes:

- empowering people;
- supporting employers;
- simplifying the skills system; and
- strengthening partnerships and collective responsibility between public, private and third sectors to help improve skills.

Scottish Government (2007). *Skills for Scotland: A Lifelong Skills Strategy*. Edinburgh: Scottish Government; September 2007. Available at <http://www.scotland.gov.uk/Publications/2007/09/06091114/0>

Scottish Government (2010). *Skills for Scotland: Accelerating the Recovery and Increasing Sustainable Economic Growth*. Edinburgh: Scottish Government; October 2010. Available at <http://www.scotland.gov.uk/Publications/2010/10/04125111/0>

### **Start Active, Stay Active**

See entry [above](#) (under "Start Active, Stay Active: A report on physical activity for health from the four home countries" in the Physical Activity section).

T

### **Telecare**

See entry [above](#) (National telehealth and telecare delivery plan to 2015)

### ***The Health and Well-being of Older People in Scotland: Insights from national data (2001)***

This report, published by ISD in 2001, provided detailed epidemiological data on the health of older people in Scotland and supported the publication of the [Adding Life to Years](#) report in 2002.

Wood R, Bain MRS. *The Health and Well-being of Older People in Scotland: Insights from national data*. Edinburgh: Information and Statistics Division; 2001. Available at: <http://isd.scot.nhs.uk/isd/files/older.pdf>

### ***The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (2008)***

*The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem* is the Scottish Government's national drugs strategy, published in 2008. It has a strong focus on the concept of recovery but also considers prevention, treatment and rehabilitation, education, enforcement and the protection of children.

The strategy places a strong emphasis on outcomes and recovery and describes action required across public services in Scotland. Recovery is described as “a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when service users’ needs and aspirations are placed at the centre of their care and treatment. In short, an aspirational, person-centred process.”

Scottish Government (2008). *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*. Edinburgh: Scottish Government; May 2008. Available at: <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

### ***The Sexual Health and Blood Borne Virus Framework (2011-2015)***

In 2011 the Scottish Government brought together Sexual Health, HIV, Hepatitis C and Hepatitis B policy into *The Sexual Health and Blood Borne Virus Framework (2011-2015)*. The framework provides a joined up approach to tackling poor sexual health and blood borne viruses (BBVs) in Scotland. It states: “We want to live in a society where attitudes towards sexual health and wellbeing, to HIV, hepatitis C and hepatitis B are supportive and non-stigmatising. Where people of all ages and from all backgrounds feel enabled to seek the support they need without fear of discrimination or recrimination”. It recognises that older people living with HIV may not have prepared for older age and may need additional support.

Scottish Government (2011). *The Sexual Health and Blood Borne Virus Framework (2011-*

2015). Edinburgh: Scottish Government; 2011. Available at:  
<http://www.scotland.gov.uk/Resource/Doc/356286/0120395.pdf>

### ***Tobacco Control Strategy (due 2013)***

Various policy documents on smoking have been published in recent years (as described by ScotPHO at <http://www.scotpho.org.uk/behaviour/tobacco-use/policy-context> ).

A new national tobacco strategy is currently under development (due to be published in March 2013), to replace *A breath of fresh air for Scotland (2004)*, which included new and expanded smoking cessation services, health education campaigns, nicotine replacement therapy on prescription, a ban on tobacco advertising, enhanced health warnings on cigarette packets and tobacco test purchasing pilots.

### ***Transport Strategy***

See entry [above](#) (under “Scotland’s National Transport Strategy”).

## U

### **UK Welfare Reform Act 2012**

The *UK Welfare Reform Act 2012* is one element within a wider series of initiatives aimed at restructuring the UK's welfare system. The overarching principles of the welfare reform programme are to 'make work pay', simplify the benefits system and to make significant savings to the welfare budget by 2014/15.

The range of reform measures planned and their potential impact on health are described in a recent report by the Scottish Public Health Network: *UK Welfare Reform: Interim Guidance for NHS Boards in Scotland on mitigating actions* (2012).

Scottish Public Health Network (2012). *UK Welfare Reform: Interim Guidance for NHS Boards in Scotland on mitigating actions*. Glasgow: Scottish Public Health Network (ScotPHN); December 2012. Available at:

[http://www.scotphn.net/pdf/2012\\_12\\_18\\_Final\\_Report\\_UK\\_Welfare\\_Reform\\_-\\_Interim\\_guidance\\_for\\_NHS\\_Boards\\_in\\_Scotland1.pdf](http://www.scotphn.net/pdf/2012_12_18_Final_Report_UK_Welfare_Reform_-_Interim_guidance_for_NHS_Boards_in_Scotland1.pdf)

### **Up and About: Pathways for the prevention and management of falls and fragility fractures (2010)**

In 2007, the Falls Working Group recommended the development of falls prevention strategies linked with the *Delivery Framework for Adult Rehabilitation in Scotland*, as described in HDL(13)2007. In 2010 *Up and About: Pathways for the Prevention and Management of Falls and Fragility Fractures* was published which aims to assist the planning and development of falls prevention services across Scotland. *Up and About* focuses attention on the key stages of the journey of care of an older person living in the community.

Scottish Executive (2007). *Delivery framework for adult rehabilitation. Prevention of falls in older people. NHS HDL (2007) 13*. Edinburgh: Scottish Executive Health Department; 21 February 2007. Available at: [http://www.sehd.scot.nhs.uk/mels/HDL2007\\_13.pdf](http://www.sehd.scot.nhs.uk/mels/HDL2007_13.pdf)

NHS Quality Improvement Scotland (2010). *Up & About: Pathways for the prevention and management of falls and fragility fractures*. Glasgow: NHS QIS. Available at: <http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=b6515271-28f9-40c3-bd5f-4606493bff79&version=-1>

## W

### **Welfare Reform**

See entry [above](#) (under “UK Welfare Reform Act 2012”).

### **Wider Planning for an Ageing Population (2010)**

As part of the [Reshaping Care for Older People](#) programme, a ‘Wider Planning for an Ageing Population’ Working Group was set up to review issues relating to housing and communities. The Working Group published its report in March 2010. It identified five main outcomes for older people’s housing covering: clear strategic leadership; making best use of existing housing stock; new housing provision; low level, preventative support; and supporting infrastructure. It proposed a range of actions to achieve them.

The main early action proposed by the Wider Planning for an Ageing Population Working Group was the development of a strategy for housing for older people. This was taken forward in *Age, Home and Community: A Strategy for Housing for Scotland’s Older People: 2012-2021*, which was published in 2011 and is described [above](#).

Wider Planning for an Ageing Population Working Group (2010). *Wider planning for an ageing population: final report to the ministerial strategic group on health and community care*. March 2010. Available at [http://www.jitscotland.org.uk/downloads/1281433067-wider\\_planning\\_for\\_an\\_ageing\\_population\\_March\\_2010.pdf](http://www.jitscotland.org.uk/downloads/1281433067-wider_planning_for_an_ageing_population_March_2010.pdf)



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