

Cross-Party Group on Older People, Age & Ageing AGM

Wednesday 12th March 2025 1-2.30pm

Minutes

Present

MSPs

Jeremy Balfour MSP – Convenor

Colin Smyth MSP

Richard Leonard MSP

Non-MSP Group Members

Beth Allen – Age Scotland

Moir Bayne – Housing options Scotland

Louise Brady – Independent Age

Lyndsay Clelland – Age Scotland

Diana Findley – Borders Older Peoples Forum

Iain Fraser – Age Scotland

Joan Fraser

Jen Grant – Food Train (Eat Well Age Well)

Trish Hafford-Letchfield – Health Care Futures, University of Strathclyde

Prof Anne Hendry – International Foundation for Integrated Care (IFIC)

Jane Haldane – Scottish Government

Robert McGeachy – Food Standards Scotland

Christine Ryder – Outside the Box

Mehar Shagufta – Playlists for Life

Kshitija Singh – Generations Working Together

Sam Blackley – British Geriatrics Society

Eileen Cawley – Scottish Pensioners Forum

Rose Jackson – Scottish Pensioners Forum - Treasurer

Anna McRobie – Partners in advocacy

Sarah Murray – Royal Voluntary Service

Denis O' Keefe – Voice of Experience Forum

Jim Oram – RoSPA

Dr Cathy Quinn – British Geriatrics Society

Colin Scott – Hourglass

Prof Judith Sixsmith – University of Dundee

Kim Stringer – Vegetarian for Life

Sarah Van Putten – Life Care

In attendance

Professor Liz Forbat – University of Stirling (Guest)
Beverley Clark – Councillor of East Ayrshire and Older People's Champion (Observer)
Andrea Ma – Age Scotland (Secretariat)
Isabelle MacKenzie – Councillor of Highland and Older People's Champion (Observer)
Julia Shillitto – Senior Caseworker
Adam Stachura – Age Scotland (Chair)
David Weir – Gilead Sciences UK & Ireland Ltd (Observer)
AI Media Captioners (x2)

Apologies

Elizabeth Baikie – Lothian Older People's Psychology Service (LOPPS)
Dave Budd – Partners in Advocacy
Michelle Candlish – Linking Lives
David Cavanagh – Salvation Army
Michael Driscoll – Horizon Housing
Ingrid Fitzsimons – Outside the Box
Anne Gallacher – Luminare
Alan Gow – Heriot Watt University
Ben Hall – Cyrenians
Debbie Horne – Independent Age
Susan Hunter – Befriending Networks
Jaspreet Kaur – Sikh Sanjog
Karen McDonnell – RoSPA
Kelsa McDonald – Voiceability
Jennifer McAughtrie – Simeon Care for the Elderly
Leeanne McGurk – University of Dundee (School of Life Sciences)
Gareth Mulvenna – Hourglass
David Paterson – SOPA
Jules Robinson – RoSPA
Donna Scott
Pat Scrutton – Intergenerational Network
Alan Spinks – National Federation of Occupational Pensioners
Kaukab Stewart MSP – Minister of Equalities Guest

Agenda

Agenda item 1

Welcome and Apologies

Jeremy Balfour MSP welcomed and thanked everyone for their attendance to the meeting and noted that the meeting was also the AGM. The convenor stated that he

is only able to attend partially due to other commitments and that Adam Stachura at Age Scotland will chair the remainder of the CPG.

Agenda item 2

AGM

Appointment of Office Bearers

Jeremy Balfour – Convenor
Colin Smyth – Deputy Convenor
Age Scotland – Secretariat
Rose Jackson – Treasurer

Minutes 2024 AGM

The last minutes of the AGM on 6 March 2024 were approved as a correct record at the 5 June 2024 meeting.

Agenda item 3

Minutes 4th December 2024 Meeting

The Minutes were accepted by the membership as accurate following a minor correction to item 6 to correct OPSAF to Older People's Strategic Action Forum.

Action: Secretariat to amend the minutes accordingly.

Agenda item 4

Matters Arising

No matters arising were noted.

Agenda item 5

New Member Requests

The convenor shared that Borders Older Peoples Forum; councillors and Older People's Champions: Beverley Clark for East Ayrshire and Isabelle MacKenzie for Highland; and Gilead Sciences UK & Ireland Ltd were requesting membership. The members approved all additions.

Agenda item 6

Minister for Equalities, Kaukab Stewart MSP

The convenor stated that due to Parliamentary Business, unfortunately the Minister for Equalities was unable to attend the CPG today, that she sends her apologies and hopes to attend a future CPG meeting.

Action: Secretariat to invite the Minister of Equalities to a future CPG meeting

Agenda item 7

Presentations

- **Prof. Liz Forbat – University of Stirling - Palliative Care in Care Homes**
Presentation on research conducted in Scotland and England by the University of Stirling.

The research focuses on palliative care provision within care homes and delivers on 32 recommendations within “[My Health, My Care, My Home - healthcare framework for adults living in care homes](#)” and helps address other core matters on Parliament’s business around the Right to Palliative Care Bill, and the national care service.

Professor Liz Forbat provided a presentation on ‘Palliative care needs rounds: delivering the healthcare framework’.

The project aim is to make the last few weeks, months and years of people’s lives better, with the use of ‘palliative care need rounds’, which is comprised of three main components:

- Monthly staff triage meeting which lasts an hour where Hospice staff with care home staff with use of a checklist, considering ‘triggers’ which may include significant declines, disagreement of care decisions within family members to identify residents to discuss. The discussions are rapid and concise and include reflections on the medical condition, medications, what the future care plan is at present, if the person has a Power of Attorney arranged and their holistic needs including biopsychosocial and spiritual needs.

Hospice staff get an understanding of what care home staff know of their residents and provide some case-based education, knowledge and support to share learning and what they know which is core to this.

Actions and outputs which could be include referral to a hospice, or external organisations; a medicined review; or convening an MDT meeting or family meeting are also considered.

- Palliative care referrals – that is referral to the hospice if extra intervention is required.

- Case conferences and that is the multidisciplinary team (MDT) meeting and who else needs to be involved, if primary care, physiotherapy, speech and language therapy, if need to reach out to a dementia charity.

An infographic was shared from one of the Australian studies. Around £900k saved in reducing the number of times people go to hospital and reduced the length of stay. It improves the end of life; improved staff capability; provided more advanced care plans; with more people dying in their preferred place; works as telehealth; and is more effective if hospice nurse provides than GP.

The work between the care home staff and hospice care staff allowed sharing of knowledge, skills and information. Care home staff gradually increased in confidence and feel more capable in relation to providing palliative care information and support. Previously referrals for palliative care were very crisis led and reactive. There have been valuable relationships built between staff and training is woven in by practitioners in conversations.

UK implementation has been undertaken throughout the country, and the research is open for use and can be utilised and shared widely via www.needsrounds.stir.ac.uk.

The convenor thanked Prof Forbat for her presentation as did members of the CPG which shared reflections that it was a great service and was very patient centred to reduce hospital admissions. The convenor opened for questions from the floor.

Discussion and Questions:

- If the project has resulted in any reduction in hospital admissions in OOH
- Although there was no disaggregation of data between Out of hours and in hours data, but there has been a reduction in evening and weekend hospital admissions. The data is mostly qualitative and differences in decision making.
- There is no feedback from residents. The outcomes tend to be proxy from staff with reflections on quality of and place of death, as residents do not have the capacity to give consent to engage in interviews being close to or nearing end of life.
- If there is a gap in knowledge how do the staff fill that, is it via external specialists

- Generally, people in the room have knowledge, expertise and skills but there would be external referrals where required to neurology for example which would be out of the scope of practise for Hospice clinicians
- There was acknowledgment of the work being done in Highland hospice who has piloted the work for 2 years and 1 some of the UK study sites for this work.
- Who will fund hospice staff attending care homes? Who speaks to the family and has those difficult conversations? Who changes the prescriptions for any medications?
- Most hospices are about 30% government funded and around 70% funded through charities.
- In terms of speaking with families at the start of interventions this is initially provided by hospice staff with care home staff present but gradually care home staff will have these conversations as they build confidence.
- On medications it can be the nurse practitioners with prescribing abilities, but care home staff may provide changes in correspondence with primary care. The language used gradually changes to be more clinical as care home staff grow in confidence.
- The importance of building in this work with a wider workforce was mentioned which Lia agreed with. A resource from the British Geriatric Society was mentioned 'Joining the Dots' report which covers proactive care for those at home, and an enhanced healthcare framework for those in care homes, including palliative and end of life care.
- There was a question on the framework and if it has been rolled out across the other 13 health boards. Additionally, whether training is provided in other means other than online, as it may not suit everyone as some people have fed back that they fear technology and are scared that they will lose their jobs as they couldn't learn things through technology.
- Liz stated she could not answer the question on the framework but answered the latter question that people have different ways of learning, and that conveying information in a meaningful way is key.
- The cultural issue that palliative care is only for people close to death was asked and whether this is still the case.
- This notion is still present in care homes, but that the checklist reframes this and allows people to think in a longer trajectory. The point of admission is however a good place to start to think about palliative care.

Agenda item 8

Treasury Funds

The convenor reminder the CPG of the next steps of this following the last meeting in December, that nominations of charities would be collated for voting by the CPG. This however resulted in a 3-way tie between Vegetarian for Life, Meeting Centres Scotland and Vintage Vibes.

A random draw was held at the CPG meeting and the name of the charity chosen was Vintage Vibes.

Action: Secretariat to coordinate with the Treasurer regarding the donation.

Agenda item 9

AOCB

There was one AOCB raised by Independent Age who were producing a publication on economic wellbeing of older people which they will share with the CPG for information in due course.

Action: Independent Age to share economic wellbeing of older people publication with secretariat for circulation to the CPG.

The next meeting of the CPG is on Wednesday 4 June 2025 and will be held remotely via MS Teams.