CREATING
A HEALTHIER
SCOTLAND

WHAT
MATTERS
TO YOU

Healthier
Scotland
Scottish
Government

THE CONVERSATION

HEALTH AND WELLBEING ARE IMPORTANT FOR ALL OF US. THIS GOVERNMENT BELIEVES EVERYONE SHOULD HAVE A SAY IN SHAPING THE FUTURE. SO WE ASKED FOR YOUR VIEWS - AND WE'VE BEEN LISTENING. IN AUGUST 2015 WE BEGAN A NATIONAL CONVERSATION ON WHAT A HEALTHIER SCOTLAND WOULD LOOK LIKE. PEOPLE FROM ALL CORNERS OF THE COUNTRY AND FROM A WIDE VARIETY OF BACKGROUNDS TOOK PART.

YOU TALKED ABOUT LIFESTYLES, DIET, MENTAL HEALTH, AGEING, EXERCISE AND LOTS OF OTHER ASPECTS OF HEALTH AND WELLBEING - GOOD AND BAD - THAT AFFECT YOU AND YOUR FAMILIES. YOU TALKED ABOUT CARING FOR RELATIVES AND SUPPORTING PEOPLE TO LIVE INDEPENDENT LIVES. YOU DISCUSSED YOUR VIEWS AND EXPERIENCES OF HEALTH AND SOCIAL CARE, AND WHAT YOU'D LIKE TO SEE HAPPEN IN THE FUTURE.

THIS REPORT IS A SUMMARY OF WHAT YOU SAID. THE CONVERSATION HAS GIVEN US A FANTASTIC INSIGHT INTO YOUR VIEWS AND PRIORITIES. BUT IT ISN'T OVER - IN SOME WAYS IT'S REALLY JUST BEGINNING. IN THE MONTHS AND YEARS TO COME WE'LL BE WORKING TO TACKLE THE ISSUES THAT MATTER MOST TO YOU. IMPORTANTLY, THE SCOTTISH PUBLIC WILL REMAIN INVOLVED AND AT THE HEART OF FURTHER DISCUSSIONS.

WHAT WE ASKED

THE CONVERSATION ASKED THREE KEY QUESTIONS

What support do we need in Scotland to live healthier lives?

What areas of health and social care matter most to you?

Thinking about the future of health and social care services, where should our focus be?

WHO DID WE TALK TO?

Our aim was to engage and speak to as many of you as we could, with a particular focus on those whose voices aren't heard as often.

We heard from many thousands of people including carers, patients, people with long-term conditions and health and social care professionals. We spoke
to people from all walks of life and all age groups, in towns, cities and rural communities up and down the country. A truly national event, the Conversation involved people from Shetland to South Ayrshire and everywhere in between. For many, it was the first time they'd had their views on health and wellbeing sought or heard.

We spoke to people across all equality groups as well as those experiencing health inequalities. A summary of our approach to equalities and human rights is available along with a list of all of those who we heard from at **www.healthier.scot**

"A voluntary group, made up of 12 young people aged 15 to 24 from across Scotland, have been seeking views from their peers through a national survey and workshops. The team has also met with service providers, policy makers and organisations to understand their perspectives. Through the process, the team have developed innovative ideas and recommendations with a focus on individual, social and material change factors to enable their ambitious future vision of a Healthier Scotland."
Young Scot

HOW DID WE ENGAGE?

The Conversation took various forms so that people could share their views in ways that were relevant, convenient and fun for them. We spoke to people in lots of different ways, using whichever format or channel worked best, and promoted our work through digital media to encourage others to join in.

We worked with a group of partner organisations and encouraged them, and many other organisations, to reach out and hold Conversations. We were overwhelmed by the enthusiasm to take part.

A variety of innovative ways were used to gather and encourage feedback, and to make the Conversation an inspiring and open process. You took part in Conversation Café sessions, a creative competition, surveys and discussion groups.

You responded with poems, photos, music, videos and blogs - as well as by simply talking and writing about your views and concerns.

"NHS Health Scotland facilitated conversations in a community setting for those living, working and volunteering in a particular area. To minimise the barriers to engagement we did not use electronic pre-signup, we did not provide name badges, post-it notes, pens or paper. We discouraged people from writing anything down. We simply emphasised the conversation, cup of tea and eye contact with one another. Conversation themes were captured through graphic facilitation, photography and video."
NHS Health Scotland

WHAT DID WE DO WITH YOUR FEEDBACK?

Everyone's voice is equally important. Every contribution to the Conversation was treated in exactly the same way, whether it came from an individual or a national organisation.

We read or listened to every piece of feedback you submitted, whether it was a postcard, a video, an email, a written summary of your event, an organisational
response or a comment on social media.

We coded each piece of feedback into categories and specific topics. We received helpful comments from partner organisations. They were able to highlight gaps, and question how we had grouped things, and review the type of language we were using.

We've selected quotes for this report which represent the range of responses we received. This summary is simply a reflection of what we've heard from the broad conversations you've had and does not set out to represent national opinion.

"Carers from across Scotland were asked to write their own prescriptions for a Healthier Scotland at a meeting of the Coalition of Carers. Views were recorded in unusual ways, including writing on a hospital bed, a doctor's coat, prescription pads and on tea bags."
Coalition of Carers in Scotland

AN OVERWHELMING LEVEL OF INTEREST...

Over 9,000 people have taken part in the Conversation at 240 events over a six month period. In addition, many of you provided your views and comments directly by postcard, email or through our social media channels.

Our Twitter, Facebook and blog activity reached over 360,000 people and we registered thousands of visits, 'likes' and retweets.

9,216
PEOPLE ATTENDING CONVERSATION EVENTS

240
EVENTS HAVE TAKEN PLACE FROM SHETLAND TO SOUTH AYRSHIRE

12,284
VISITORS TO FACEBOOK AND THE BLOG SITE

4,999
ENGAGEMENTS ON SOCIAL MEDIA

365,141
PEOPLE REACHED THROUGH TWITTER, FACEBOOK AND BLOGS

WHY IS CHANGE NEEDED?

Scotland has a lot to be proud of in terms of health and social care, and a great deal of progress has been made in tackling some persistent problems over recent years. For a start, we're living longer, and that's great news. Twenty years ago people in Scotland could expect to live to 57 in broadly good health. Today, healthy life expectancy is 61.

As more people live longer, we need to support them to live as independently and as healthily as possible. At the moment there are around 430,000 people in Scotland aged 75 or over. By 2039, that number will increase by 370,000 – that's roughly the same as the population of Aberdeen and Dundee put together. As we live longer, our health needs tend to become more complex. About three quarters of people aged 75 or older have a long-term condition. They're twice as likely as those without to be admitted to hospital, and they stay in hospital for disproportionately longer periods. Long-term conditions also account for 80% of all GP appointments in Scotland. So the changing demographics have significant implications for the future.

We cannot ignore the marked inequalities in health which exist between different parts of Scotland. There is a 23 year gap in healthy life expectancy between the richest and poorest areas. That needs to be tackled, but it cannot be fixed by health and social care services alone because our health is influenced by things like poverty and employment, housing, education and childhood experiences.

Meanwhile the pace of scientific and technological developments are quickening. There are great opportunities for Scotland to harness these to help people stay healthy for longer and to self-manage their own conditions better. eHealth tools can allow people to live longer at home and to become more involved in decisions about their own care.

We are also aware of the importance of our children and young people having the best start in life. That means focusing on the early years of a child's life as well as looking at a child's whole wellbeing, not just a single element of what makes them safe or healthy or able to achieve. Preventing illness in the first place – by promoting healthy lifestyles and encouraging wellbeing – has to be at the heart of what we do. Whilst we are making good progress, challenges remain.

We all need health care at some point in our lives. The first point of contact for most people is healthcare in the community, including GPs, community nurses, pharmacists, midwives, optometrists, dentists and allied health professionals such as physiotherapists. When hospital treatment is needed, the focus is to get people back into their homes as soon as possible.

Many people need social care throughout their lives to help them live independently. This might include support with personal care and housework as well as equipment and housing adaptations. Others will need support from social care services to help them stay at home, in their day to day activities, or in their local community as they age and become more frail. For others, this will be transitional support to help them adjust to new surroundings, for example after leaving care or prison.

IT IS CLEAR THAT CHANGE IS NECESSARY.

This Government wants people to be involved in, and to have influence on the decisions that affect their lives. Building on the knowledge and strength of people will lead to the best outcomes. This Conversation has started the process of doing that to create a Healthier Scotland for us all.

KEY THEMES FROM THE CONVERSATION

DURING THE CONVERSATION YOU TALKED ABOUT MANY DIFFERENT TOPICS AND EXPRESSED LOTS OF DIFFERENT VIEWS. WHILE YOUR IDEAS AND OPINIONS WERE DIFFERENT – REFLECTING A WIDE RANGE OF PRIORITIES AND EXPERIENCES – MOST OF THEM FELL INTO A NUMBER OF BROAD THEMES.

HERE ARE THE KEY THEMES WE'VE IDENTIFIED. WE'LL LOOK AT EACH OF THEM IN MORE DETAIL IN THE REST OF THIS REPORT BEFORE OUTLINING HOW WE MOVE FORWARD FROM HERE.

LEADING HEALTHIER LIVES

• PREVENTION • LIFESTYLE AND BEHAVIOURS • EDUCATION •

You told us you'd like to see more focus on **preventing illness** rather than just curing it. **Education** is key to healthy lifestyles, and you recognise how important it is to establish good habits early on and to encourage and promote them throughout life. Some of you commented on the need for us all to take more **responsibility** for our own health rather than expecting others to fix it.

You would like more support to help you and your family make the right choices, with most of your comments focusing on **healthy eating** and **exercise**. We heard that the affordability, availability and accessibility of healthy options and opportunities often made this difficult. We also heard about the impact of **health inequalities**, and the need to tackle the underlying causes of ill-health, many of which fall outside the traditional boundaries of health and social care.

WELLBEING AND CONNECTED COMMUNITIES

• PREVENTION • LIFESTYLE AND BEHAVIOURS • EDUCATION •

The importance of **mental health** and wellbeing was raised by people of all ages across Scotland. There is still concern about the **stigma** around mental health and the need for education and information to tackle that. You are clear that mental health is as important as physical health and therefore should be treated equally. The importance of **early intervention** was raised, along with concern about the time it can take to access mental health services. There was a general view that there was too much reliance on pills rather than addressing root causes.

There is a clear sense that the focus of a health and social care system should be on wider **wellbeing** rather than a narrow definition of health. We heard a lot about what makes you feel well, and within that the importance of relationships and strong connections with your local community. **Social isolation** is a key issue – at all ages – and could be helped by more befriending services and peer support. Some people commented on how the nature of community has changed, and that we need a return to strong **community values**, with more spaces for local people to come together.

PERSON-CENTRED CARE

• COMMUNICATION • SELF-MANAGEMENT • HOLISTIC APPROACH •

The themes of person-centred care, support to **self-manage** your health, and the importance of taking a **holistic approach** to health and wellbeing were raised again and again. You told us that you want to be listened to and treated with respect, but most importantly treated as individuals rather than conditions or numbers. It makes a big difference when you have a good relationship with health and social care staff and they know what matters to you and your family. Lack of **continuity of care** is a concern.

Being involved in the decision making process, and treated as an expert in your own care and the care of loved ones, is important to you. You said that **information** is critical, but it has to be provided in the right way at the right time. Too much information can be overwhelming. There needs to more support and encouragement to have open discussions about end-of-life planning.

SOCIAL CARE AND CARING

• UNPAID CARERS • INFORMATION AND ENTITLEMENTS •
• SUPPORT AT HOME AND IN HOMELY SETTINGS •

Compared with health care, there is **less awareness** of the full range of social care services and how they benefit different people. More people are familiar with the role of social care in helping older people, or those with long-term conditions, to remain at home or in the community. Social care is also essential to enable some people, such as those with disabilities, to live full and independent lives. We heard that more should be done to remove the **stigma** of social care.

Many of you shared your experiences of care, and caring for others. We heard a lot from **unpaid carers** about recognising their role and including them as an **equal and expert partner** in their loved one's care journey. You highlighted the impact that caring can have on the carers' health and wellbeing and the importance of support and **respite.**

You want more easily **accessible information** about services and entitlements. Some of you raised the issue of the cost of social care compared with health care. There were a range of views on self-directed support, health checks for carers and the carers' register.

A RESPONSIVE AND SEAMLESS JOURNEY OF CARE

• ACCESS • FLEXIBILITY • JOINED-UP CARE •

The need for more **accessible** and **flexible** services was raised a lot. You want to see the right person at a convenient time and place, and you would like more focus on **earlier intervention** and diagnosis. The length of time it can take to get appointments, and the need for a **consistent service** regardless of where you live were frequently mentioned. Your first point of contact does not always need to be with a GP and you recognise that other professionals can help you too. Information technology (IT) offers scope for greater flexibility although it is not for everyone.

You prefer accessing services in your local community, although you recognise this is not always possible. Accessible and affordable **transport** to services is important and can have a big impact on your experience.

We heard about the need for **joined up care** and better partnership working, communication within and between services, and information sharing. The level of duplication you face when telling your story can be frustrating. So is trying to find out what is available in your local area and what support you are entitled to. An easier way of **signposting** people to relevant information and support, in an individualised way, is needed.

PRESSURES AND PRIORITIES

• WORKFORCE • FUNDING • TARGETS •

We heard how highly you support and appreciate the **health and social care workforce**, including care workers, and the need to value and recognise their role. You recognise the challenges staff often face, the impact those can have on the provision of care, and the need to invest in training in areas such as equalities and mental health.

There is recognition of the current pressures on the system and the need to **set priorities** for the future. An **open and honest debate** involving all sectors of society was welcomed. There was some interest in exploring a human rights-based approach and participatory budgeting.

Many of you highlighted the valuable role of the **third sector** in local communities but also the impact of short-term funding on the sustainability of services.

We heard how more should be done to learn from **innovation and good practice**, both within Scotland and other countries, with a focus on spreading what works more widely.

LEADING HEALTHIER LIVES

YOU TOLD US YOU'D LIKE TO SEE MORE FOCUS ON PREVENTING ILLNESS RATHER THAN JUST CURING IT. EDUCATION IS KEY TO HEALTHY LIFESTYLES, AND YOU RECOGNISE HOW IMPORTANT IT IS TO ESTABLISH GOOD HABITS EARLY ON AND TO ENCOURAGE AND PROMOTE THEM THROUGHOUT LIFE. SOME OF YOU COMMENTED ON THE NEED FOR US ALL TO TAKE MORE RESPONSIBILITY FOR OUR OWN HEALTH RATHER THAN EXPECTING OTHERS TO FIX IT.

YOU WOULD LIKE MORE SUPPORT TO HELP YOU AND YOUR FAMILY MAKE THE RIGHT CHOICES, WITH MOST OF YOUR COMMENTS FOCUSING ON HEALTHY EATING AND EXERCISE. WE HEARD THAT THE AFFORDABILITY, AVAILABILITY AND ACCESSIBILITY OF HEALTHY OPTIONS AND OPPORTUNITIES OFTEN MADE THIS DIFFICULT. WE ALSO HEARD ABOUT THE IMPACT OF HEALTH INEQUALITIES, AND THE NEED TO TACKLE THE UNDERLYING CAUSES OF ILL-HEALTH, MANY OF WHICH FALL OUTSIDE THE TRADITIONAL BOUNDARIES OF HEALTH AND SOCIAL CARE.

You told us that a healthier Scotland needs public services and individuals to be more proactive in **preventing ill-health** rather than just dealing with the consequences. You highlighted the need for regular contact with health and social care services to allow for **early intervention** and diagnosis through screening, annual health checks for people with long-term conditions, and regular medication reviews. Some of you felt that there can be too much dependence on the NHS and that there needs to be more **individual responsibility** for maintaining good health.

"We have to stop fire-fighting and look to the longer term. It's not just about the NHS, but more general population health and prevention."

Joint Scottish Government and Health and Social Care Committee

Walking Every Day

to get out in the fresh air

"There's a need to change the mindset of 'the doctor will fix it' rather than being in control of one's own health."

Health and Social Care Alliance Scotland (Alliance) event, Edinburgh

It came across strongly that you see **education** as an important factor in living healthily, as well as helping you understand the issues affecting other people's health and wellbeing. There was a strong focus on **children, young people and parents**. Parents want more support to give their children the best start in life, and want to see more action to promote healthy lifestyles in the school curriculum, including a stronger role for teachers. It was also highlighted that education should be offered for people of **all ages**, particularly around nutrition, cooking skills and exercise.

> "There is an opportunity to further develop the role of education and the teaching workforce to a new preventative and promotional model of child and adolescent health and development."
>
> **Children and Young People Health Support Group response**

> "For those who don't have strong family support in this aspect, school education is all they've got to teach them what is best for them."
>
> **Young Scot survey**

> "One person gave an example of a project which involved people who are disabled or living with long term conditions visiting local schools to talk to pupils, helping to break down the stigma and barriers which can often surround these issues."
>
> **Alliance event, Clydebank**

> "Healthy food should be cheaper and more accessible for lower income families."
>
> **Scottish Health Council event, Lothian**

> "We should raise taxes on things that contribute to bad health and use the proceeds to subsidise healthy food and access to gyms."
>
> **Healthier Scotland blog post comment**

> "I just eat what my key worker cooks me."
>
> **Pathways and Disability West Lothian**

You told us more should be done to **make healthy choices the easy choices**. The **affordability and availability of healthy food** in particular was seen as a major barrier to people living healthy lives. There was enormous support for the need for cheaper fresh and healthy food, and some people talked about raising taxes on sugar and other foods that can be bad for us. Workplaces, prison and care settings were just some of the places you felt your opportunities to eat healthily were restricted.

There was a clear recognition of the **role of physical activity** in being healthy and you told us that **safe, clean communities with better infrastructure** would encourage more people to be physically active for example, better bus routes to facilities or cycle routes to support active travel. You also told us you would like subsidised or free access to leisure facilities such as swimming pools and gyms. **Physical and environmental factors** were identified as being a particular barrier for people with disabilities in getting around their local community and accessing leisure facilities. Some groups suggested that dedicated swimming or gym sessions for women or transgender people would help reduce gender or cultural discrimination.

> "We'd like to see more access to leisure centres, and more affordable classes."
>
> **Scottish Health Council event, Glasgow**

> "Sports facilities are often inaccessible for wheelchair users, and changing and showering facilities are insufficient."
>
> **Healthier Scotland blog contact form**

> "Gyms cost way too much for people under 16 to get into."
>
> **Young Scot Survey**

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.
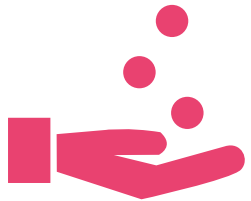
Childhood experiences

Housing

Education

Social support

Family income

Employment

Our communities

Access to health services

Source: NHS Health Scotland

You recognised the role of a wider range of partners in promoting and creating the conditions for good health. You felt more could be done through a **stronger partnership approach**. For example, we heard about the role of local authorities and town planning to include more green space, cycle lanes and improve accessibility for people with disabilities. Workplaces could provide healthy canteens and cycle to work schemes. There could be more local community groups providing cookery classes and health education sessions.

The food industry has a key role in relation to nutritional information/ labelling and reducing sugar content. The government could provide health recommendations and introduce stronger measures such as legislation. Also, the media has a role in promoting healthy role models, good news stories and advertising.

DID YOU KNOW?

- All schools in Scotland follow the Curriculum for Excellence. Health and Wellbeing is one of three cross-cutting strands, along with literacy and numeracy.

- The Early Years Collaborative (EYC) is the world's first multi-agency, bottom-up quality improvement programme to support the transformation of early years. It involves all 32 Community Planning Partnerships and a wide range of National Partners. Its focus is on strengthening and building on services using improvement methodology, enabling local practitioners to test, measure, implement and scale up new ways of working to improve outcomes for children and families.

- The current guidelines are 150 minutes of moderate to vigorous activity per week for adults and 60 minutes a day for children. A third of the adult population and nearly a quarter of children in Scotland don't meet the guidelines.

- Smoking is at its lowest rate since records began and alcohol harm has been falling over the past decade, but 65% of the adult population is currently overweight or obese.

Unhealthy behaviours like **smoking, drinking alcohol, taking drugs and practising unsafe sex** were mentioned less often than healthy eating and exercise. In general, people were positive about the progress that had been made in reducing smoking, but agreed that there was still more work to be done to help people give up and prevent others from starting. There was a recognition of the need to change the Scottish alcohol culture, with suggestions including increased pricing, reduced marketing and greater community involvement in licensing decisions.

"We should promote alcohol awareness from an early age, and introduce the concept that it's possible to socialise without alcohol."

Alliance event, Dundee

"To improve the health of the nation we should continue to reduce smoking and drinking. We're well on the road with smoking but we should tackle drink similarly."

Facebook comment

Health inequalities featured throughout the Conversation, and you said the underlying causes of ill-health need to be tackled. Your comments highlighted how not everyone has the same opportunities to be healthy due to factors outside their control. The close connection between the Healthier Conversation and the Fairer Conversation (www.fairer.scot) was raised with one of the responses highlighting that, "A Fairer Scotland will be a Healthier Scotland, and a Healthier Scotland will be a Fairer Scotland."
Blog post by NHS Health Scotland

"People with learning difficulties suffer worse health inequality. We need more resources and information must be in easy-to-read formats."

Fairer Scotland event, Dalkeith

"A strong message that came out from several of the groups (particularly those involving young people) was the need to address the social determinants of health and afford them an opportunity at economic security through affordable housing, meaningful employment and worthwhile education that uses and values their skills and interests."

Alliance summary report of six 'seldom heard' group events

"My name is Donna. I have cerebral palsy. I am a wheelchair user. I want the same thing as you.
I want a good life.
I want a flat.
I want a good life. I want a job.
I want a good life. I want love.
I want a good life.
I want to be ordinary. I want a good life.
There is a glass wall between me and a good life. I can see through it but I can't break it. Everyone else is on the other side. That's where a good life is...
I want to ram my wheelchair into the glass wall and knock it down. I WANT A GOOD LIFE."

A Good Life by Donna O'Hara, Braidburn School- Contribution to the Alliance's Creative Competition

WELLBEING AND CONNECTED COMMUNITIES

THE IMPORTANCE OF MENTAL HEALTH AND WELLBEING WAS RAISED BY PEOPLE OF ALL AGES ACROSS SCOTLAND. THERE IS STILL CONCERN ABOUT THE STIGMA AROUND MENTAL HEALTH AND THE NEED FOR EDUCATION AND INFORMATION TO TACKLE THAT. YOU ARE CLEAR THAT MENTAL HEALTH IS AS IMPORTANT AS PHYSICAL HEALTH AND THEREFORE SHOULD BE TREATED EQUALLY. THE IMPORTANCE OF EARLY INTERVENTION WAS RAISED, ALONG WITH CONCERN ABOUT THE TIME IT CAN TAKE TO ACCESS MENTAL HEALTH SERVICES. THERE WAS A GENERAL VIEW THAT THERE WAS TOO MUCH RELIANCE ON PILLS RATHER THAN ADDRESSING ROOT CAUSES.

THERE IS A CLEAR SENSE THAT THE FOCUS OF A HEALTH AND SOCIAL CARE SYSTEM SHOULD BE ON WIDER WELLBEING RATHER THAN A NARROW DEFINITION OF HEALTH. WE HEARD A LOT ABOUT WHAT MAKES YOU FEEL WELL, AND WITHIN THAT THE IMPORTANCE OF RELATIONSHIPS AND STRONG CONNECTIONS WITH YOUR LOCAL COMMUNITY. SOCIAL ISOLATION IS A KEY ISSUE - AT ALL AGES - AND COULD BE HELPED BY MORE BEFRIENDING SERVICES AND PEER SUPPORT. SOME PEOPLE COMMENTED ON HOW THE NATURE OF COMMUNITY HAS CHANGED, AND THAT WE NEED A RETURN TO STRONG COMMUNITY VALUES, WITH MORE SPACES FOR LOCAL PEOPLE TO COME TOGETHER.

You said there should be a greater focus on tackling the **stigma around mental health,** and more support and encouragement to discuss the issues, understand how common they are and share experiences. You suggested that **education and information** were key to tackling the stigma, with a focus on changing attitudes at a young age. We heard from many young people who suggested that there should be more support in schools, including dedicated teachers who have the knowledge to spot warning signs, and the skills to lead open conversations about mental health with pupils and parents.

"Mental health is key to everyone's wellbeing but is often overlooked and continues to be stigmatised."

Alliance event, North Ayrshire

"We need to make it abundantly clear to school pupils especially that it's perfectly normal and common to struggle against mental health issues."

Scottish Health Council event, Western Isles

14

Many people talked about the need for mental health to be recognised and treated as **equally important** as physical health. Comments related to a lack of funding, fewer services and longer waiting times than for physical health conditions. A stronger focus amongst services on wellbeing rather than tackling ill-health was suggested as a way of bringing parity to both physical and mental health issues.

Some people shared positive experiences about **mental health services**, while others highlighted areas where improvements could be made. The length of time it can take to access services was a key issue, along with a feeling that there was too much reliance on prescribing anti-depressants rather than addressing the underlying issues. You recognised the need to get support early to avoid crisis situations, and called for more training for health professionals and others, so they can provide the support that is needed.

We heard a lot about the connections between **healthiness and happiness and the types of things that keep you well.** Overwhelmingly, the responses reflected the importance of good relationships with family and friends, and with the wider community. You also told us about the emotional benefits of physical activity, a good work-life balance, interests, hobbies and pets.

"What matters to me is having care and support from family and friends, having someone to turn to and never feeling alone."

Dementia Carer Voices event, Glasgow Caledonian University

"Being healthy and happy depends on achieving a balanced life in terms of eating, drinking, being physically active and reducing stress."

Alliance, Citizen Wellbeing Assembly, Edinburgh

"Support, guidance and services for those who suffer from mental health issues are not as readily available as they should be. As a result, many are living with mental ill-health and are becoming a hidden group in society."

Scottish Women's Convention consultation response

"Mental health waiting lists tend to be long and treatment short term...you can't put a time limit on recovery."

Alliance event, Clackmannanshire

"Mental health needs to be seen on a parity with physical health."

Alliance event, Falkirk

"A holistic approach is vital as sometimes mental health problems are not treated as a priority and not given the same quality of care."

Facebook comment

Strong, close communities were considered essential to mental health and wellbeing, along with regular personal contact. You said everyone has something to contribute to society, whether it's a skill, knowledge or just time and empathy, with some of you referring to these as community assets. You suggested that helping people recognise and use these assets can benefit individuals and their communities, and could take the pressure off health and social care services.

Some of you highlighted that getting access to **community spaces** can be a barrier to people coming together. Others felt that it was difficult to access those that did exist and you sometimes had to rely on others, such as carers, to help you access them.

The **impact of social isolation and loneliness** were raised by people of all ages, in all kinds of communities across Scotland. Causes include a lack of close friends or family, transport or access issues, difficulty in finding out what's available, and communication problems. Moving to a new area can be a factor, and some of you felt there is just not enough to do.

"Being and feeling connected to others and to the wider community: having places to go things to do and people to see."

Glasgow Disability Alliance consultation response

"Older people, unemployed and lonely people may find that by offering their time they find new meaning to their life and gain great satisfaction in knowing they are making a difference in their community."

Comment on Healthier Scotland dialogue app

"If all care is at home people may feel isolated. Elderly people need someone to speak to."

Active and Independent Living event, Forth Valley

"A lack of access to appropriate and affordable community spaces prevents people from accessing activities which could keep them healthy and socially connected."

Alliance event, Falkirk

"Younger people and older people both benefit from spending time together, more opportunities for them to mix should be taken."

People Know How event, Edinburgh

A sense of belonging is important

THIS helps give me a purpose and reason

.. and it's important for good mental health too!

My Community

No one likes to feel isolated

Lochee

www.ogilviedesign.co.uk

"One 96-year-old man has a motto: 'To talk is to live'."

Befriending Network event, Inverness

We did hear lots of good examples of **community projects** that do bring people together and help to reduce loneliness - for example community cafés, walking groups and cookery sessions. However, you'd like to see more action and projects. There were many suggestions about how to tackle loneliness, such as **befriending or buddy systems**. You also talked about **peer support** and how connecting people with something in common, such as their age, religion, a medical condition or shared interest can positively impact on mental and physical health. Having someone who relates to what you're going through can be more beneficial than a discussion with a professional with no direct, lived experience. Many of you highlighted the benefit of initiatives to make **intergenerational connections** where young people and older people can support and learn from each other.

"One of the LAC (Local Area Co-ordination) team is now a sensory champion and is working with other champions in the area to facilitate people with disabilities getting regular ear and eye health checks."

Midlothian Local Area Co-ordination Reference Group event, Dalkeith

"People living with long term conditions often find it much easier to 'connect' with someone who has gone through similar experiences and so benefit greatly from peer support services."

Alliance event, Clydebank

The important role of the **third sector** in supporting people in communities was highlighted frequently. There was praise for the way third sector organisations can provide flexible opportunities for people to access support that statutory services can't always provide.

"Local voluntary sector organisations are not as intimidating as the professional services."

Alliance event, Clackmannanshire

"The third sector can adapt to the individual's needs and communicate with all parties, gaining a better outcome for the individual."

Alliance event, Hamilton

DID YOU KNOW?

- A new mental health strategy for Scotland is being developed and it will look to create new models of managing mental health problems in primary care and reconsider our priorities including the balance between mental and physical healthcare.

- See Me is Scotland's national programme to end mental health stigma and discrimination, enabling people who experience mental health problems to live fulfilled lives. www.seemescotland. org

- The Scottish Parliament's Equal Opportunities Committee recently published a report on their enquiry into age and social isolation in Scotland. The report made a number of recommendations, which the Scottish Government is now considering. These include raising awareness to tackle the stigma on loneliness to show what communities can do, and highlight the importance of social contact for everyone no matter what their age.

PERSON-CENTRED CARE

THE THEMES OF PERSON-CENTRED CARE, SUPPORT TO SELF-MANAGE YOUR HEALTH, AND THE IMPORTANCE OF TAKING A HOLISTIC APPROACH TO HEALTH AND WELLBEING WERE RAISED AGAIN AND AGAIN. YOU TOLD US THAT YOU WANT TO BE LISTENED TO AND TREATED WITH RESPECT, BUT MOST IMPORTANTLY TREATED AS INDIVIDUALS RATHER THAN CONDITIONS OR NUMBERS. IT MAKES A BIG DIFFERENCE WHEN YOU HAVE A GOOD RELATIONSHIP WITH HEALTH AND SOCIAL CARE STAFF AND THEY KNOW WHAT MATTERS TO YOU AND YOUR FAMILY. LACK OF CONTINUITY OF CARE IS A CONCERN.

BEING INVOLVED IN THE DECISION MAKING PROCESS, AND TREATED AS AN EXPERT IN YOUR OWN CARE AND THE CARE OF LOVED ONES, IS IMPORTANT TO YOU. YOU SAID THAT INFORMATION IS CRITICAL, BUT IT HAS TO BE PROVIDED IN THE RIGHT WAY AT THE RIGHT TIME. TOO MUCH INFORMATION CAN BE OVERWHELMING. THERE NEEDS TO MORE SUPPORT AND ENCOURAGEMENT TO HAVE OPEN DISCUSSIONS ABOUT END-OF-LIFE PLANNING.

Many of you shared your experiences of **good person-centred care** and the difference that **can make to your health outcomes including the provision of social care.** The term 'person-centred care' can mean different things to different people depending on their circumstances. Here are some of the ways you described it.

"When I worked for the NHS I was told by my first consultant to always treat the patient how I'd want my parents, siblings or grandparents to be treated, and I think that was one of the most important lessons given to me."

Alliance, Citizen Wellbeing Assembly, Edinburgh

"People should be thought of as individuals with different needs even when they live with the same conditions as others."

Alliance event, Stirling

"It's important that people take time to listen to me."

Dementia Carer Voices event, Stirling University

"Person-centred care means ensuring that loved ones are kept informed of my care needs."

Alliance, 8th Annual Regulation event, Glasgow

"Listen to service users and carers. They are the experts in their own health, so work collaboratively with them."
Tweet

> "There's too much change in mental health and social work - for example Community Psychiatric Nurses, psychiatrists and social workers are always leaving or passing on service-users so there's not enough continuity."
>
> **Alliance event, East Dunbartonshire**

> "A local doctor who's known by the carer can build greater trust and react quickly without a need to retell the story over and over again."
>
> **Coalition of Carers in Scotland, national event**

> "Longer appointment times so that there is enough time to communicate clearly and to understand what is being said."
>
> **Scottish Commission for Learning Disability event**

> "GPs need more time for a holistic approach and a person-centred focus. This would help stop the 'tick-box' mentality."
>
> **Alliance event, North Ayrshire**

You told us how lots of different factors affect health and wellbeing and that services should consider the **whole person and their life circumstances** rather than just focusing on their symptoms or a single condition when they might have multiple conditions or more complex needs. As already mentioned in relation to mental health, you told us that some professionals were sometimes too quick to give you pills rather than take a more **holistic approach** to your health and wellbeing. You suggested that we need more **social prescribing** and recommended a wide range of alternatives to medication including diet, exercise, and volunteering as well as talking therapies, counselling and support groups.

> "Doctors can prescribe nicotine replacements, so why not gym memberships?"
>
> **Alliance event, Edinburgh**

> "It's not enough to give out paracetamol. You have to treat the root cause!"
>
> **Scottish Health Council event, Aberdeen**

> "We have to move away from over-medication and towards encouraging health in as many ways as possible."
>
> **Facebook comment**

It was clear that **good relationships with health and social care staff** really matter to you, especially at the local level where there are huge benefits in staff building up an understanding of you and your family. A **lack of continuity of care** is an issue and leads to frustrations when you have to re-tell your story to new faces over and over again. Others highlighted that having a meaningful conversation and building a relationship with a professional takes time and that the length of time for scheduled appointments doesn't help.

Many of you said you want more support to manage your own health, whether with existing health conditions or monitoring your general health and wellbeing. You suggested a number of ways in which **self-management** could be encouraged such as through better access to **information and professional support**, peer support and coaching, **technology** (e.g. digital apps and wearable technology), and online courses such as mindfulness training.

> "We need to support and empower people to take an active role in self managing their own health and wellbeing."
>
> **Alliance event, Edinburgh**

> "People need to be educated and given information on what they can do for themselves taking ownership of their wellbeing, promote recovery and empowerment."
>
> **East Neuk Kindred Spirit event**

Some of you spoke to us about **end-of-life care**, saying that there should be more support and information to encourage open discussions with family and health professionals. One group commented on this issue for children with life-limiting conditions.

> "We need to change attitudes towards difficult conversations around death, with a focus on palliative and end-of-life care."
>
> **Alliance event, North Ayrshire**

> "...all children with life limiting conditions should be able to access specialist palliative care services, more help for parents and siblings and better coordination of the available supports."
>
> **Children and Young People's Health Support group response**

> "Scotland needs to consider dying as a stage of life in order to efficiently plan care."
>
> **Alliance event, Stirling**

20

You returned to the issue of **information and communication** throughout the Conversation; in relation to person-centred care, a holistic approach and self-management as well as other aspects of your health and care journey.

Information must be available when the person is ready for it. You said that sometimes too much information could be overwhelming, for example, immediately after the diagnosis of a condition. Others felt you would have liked more information sooner, for example while you were still in hospital.

"We need to increase the accessibility of information about the services available in local communities. People mentioned that they often found out about useful support and services by chance, or after the point at which it would have been of benefit to them."

Alliance event, Falkirk

"There is a recognition that information is enormously important and that (not) knowing what is out there remains a barrier to people receiving the help they need."

Alliance event, Stirling

DID YOU KNOW?

- ALISS (A Local Information System for Scotland) is an online resource that helps to signpost people to useful sources of support within their local communities. ALISS has been developed with people with long term conditions and professionals, and it offers a means for communities to work together to gather, maintain and share information about resources and community assets that can help us to live well. www.aliss.org

- The Scottish Government is working with partners to develop an online patient portal which will give every citizen in Scotland access to their summary patient record by 2020.

- The Strategic Framework for Action on Palliative and End of Life Care recognises the need to create a culture of openness about death, dying and bereavement in Scotland.

You told us that it is important that everyone can access information which affects the choices they make about their care, regardless of disability or language. There was agreement that information should be clear, use **simple language** and avoid jargon and abbreviations. It should be available in a variety of formats and there was a need for more translation and interpreter services to ensure patients and staff understood each other.

"I believe all individuals should be able to access information on all the key issues to allow them to make informed choices."

Scottish Older People's Assembly, Edinburgh

"Multilingual forms/applications and information leaflets to be made available."

Dumfries and Galloway Multicultural Association event

"It's better to get a phone call than a letter. Sometimes we can't understand letters."

Midlothian Local Area Co-ordination Reference Group event, Dalkeith

"Difficult to book interpreter and even when they come, sometimes they are so busy that the interpreter would leave for the next job before the doctor appointment was finished."

Society for English Learning through Bible Literature event

SOCIAL CARE AND CARING

COMPARED WITH HEALTH CARE, THERE IS LESS AWARENESS OF THE FULL RANGE OF SOCIAL CARE SERVICES AND HOW THEY BENEFIT DIFFERENT PEOPLE. MORE PEOPLE ARE FAMILIAR WITH THE ROLE OF SOCIAL CARE IN HELPING OLDER PEOPLE, OR THOSE WITH LONG-TERM CONDITIONS, TO REMAIN AT HOME OR IN THE COMMUNITY. SOCIAL CARE IS ALSO ESSENTIAL TO ENABLE SOME PEOPLE, SUCH AS THOSE WITH DISABILITIES, TO LIVE FULL AND INDEPENDENT LIVES. WE HEARD THAT MORE SHOULD BE DONE TO REMOVE THE STIGMA OF SOCIAL CARE.

MANY OF YOU SHARED YOUR EXPERIENCES OF CARE, AND CARING FOR OTHERS. WE HEARD A LOT FROM UNPAID CARERS ABOUT RECOGNISING THEIR ROLE AND INCLUDING THEM AS AN EQUAL AND EXPERT PARTNER IN THEIR LOVED ONE'S CARE JOURNEY. YOU HIGHLIGHTED THE IMPACT THAT CARING CAN HAVE ON THE CARERS' HEALTH AND WELLBEING AND THE IMPORTANCE OF SUPPORT AND RESPITE.

YOU WANT MORE EASILY ACCESSIBLE INFORMATION ABOUT SERVICES AND ENTITLEMENTS. SOME OF YOU RAISED THE ISSUE OF THE COST OF SOCIAL CARE COMPARED WITH HEALTH CARE. THERE WERE A RANGE OF VIEWS ON SELF-DIRECTED SUPPORT, HEALTH CHECKS FOR CARERS AND THE CARERS' REGISTER.

You spoke about social care during the Conversation but it was not raised as often as healthy living or health care issues. That is likely to be because, while everyone encounters health care, **not everyone has had direct experience of social care**, or are familiar with the wide range of ways it supports people. This was highlighted by the Young Scot Health Investigation Team who have been exploring this issue with other young people.

Social care is essential to support some individuals with physical or learning disabilities to **live full and independent lives**. It also helps older people with long-term conditions live at home or in a homely environment. We heard how it enables people to have a choice about how and where they live their lives. It can help alleviate pressure on the health system but it also has a distinct role from that; social care supports people to live within the community.

"Some disabled people may depend on a range of social care support to live their lives to the full but have few if any health care needs significantly different to those of the rest of the population. Meanwhile, very many people – pretty much everybody – will make ongoing use of some form of health care service throughout their lives, although the majority may well have no need of social care services at any one time."

Inclusion Scotland response

"Older people should have the choice of how to live, whether that be in their own homes with help, or in a care facility."

Scottish Health Council event, Forth Valley

"Without social care, I couldn't get out of bed in the morning, go to work, see friends, play my part in our society, and oh yeah...7 other people would be out of a job. Put quite simply, I wouldn't be healthy, I wouldn't have fair and equal access to society and I wouldn't enjoy my human rights on an equal basis to non-disabled people."

'Common Ground' blog by NHS Health Scotland

"Given the choice, most of us would prefer the comfort of our own home and the familiarity of our own community to a hospital ward or a care home. Enabling people to live independently benefits not just the individual – it helps ease the pressures on the NHS."

'Care at home and in my community' – blog by British Red Cross

"Social Care is a valuable service which helps to support people to stay healthy and in their homes for longer. It also helps alleviate unscheduled admissions and delayed discharge."

COSLA response

We heard about the **cost of social care** and issues with access. You would like **greater flexibility and choice** around support packages and services, and there are some issues of quality with many of you indicating a preference for vouchers so you could choose your own products. Some people found the system of **Self-directed Support** confusing and would like clearer information and guidance.

"Participants unanimously agreed that Self Directed Support is a positive measure, giving greater choice and control over their support arrangements, however budgets are continually being squeezed and require to be more realistic."

Glasgow Centre for Inclusive Living event

"People should be entitled to high quality, accessible information and advice concerning health and social care irrespective of their eligibility for services. This is critical to people being able to assume greater responsibility for their own health and wellbeing, including in relation to self-directed support."

Glasgow Disability Alliance consultation response

"There should be better support for carers of people under the age of 65 - free personal care is not available to this age group. It's a struggle to earn enough to properly look after yourself and your relative."

Scottish Health Council event, Grampian

"...of great concern to disabled people is the extent to which access to social care services are becoming ever more limited to those with the most desperate needs..."

Inclusion Scotland response

Reaching Goals for my cared for relative

We heard a lot about the issues affecting **unpaid carers.** Many of you shared your thoughts on the valuable role played by unpaid carers across society. (Issues about care workers are included in relation to the workforce in the section on Priorities and Pressures). **Recognition and support** for carers was inconsistent, with some of you reporting positive experiences while others remarked on a lack of awareness amongst the professionals they encountered. You suggested ways of improving recognition and support including professional training, the carers' register and centres, peer support and a more person-centred approach within GP surgeries.

"Carer centre staff saved my life."

Coalition of Carers in Scotland, national event

"Many women commented on the lack of recognition of the pressure, anxiety and stress suffered by carers."

Scottish Women's Convention consultation response

"Several carers reported that the carer health check didn't ask about their own health at all, only about the person they cared for. This is a training issue."

Coalition of Carers in Scotland event, Hawick

"My GP knows I'm a carer as I am on the register, and is very helpful and sympathetic."

Polmont Carers' group event

"Most respite care that is currently on offer takes place within care homes and is aimed at older older people. Many younger older people, or younger people with health conditions who could benefit from respite care do not take it up as the options are inappropriate."

Befriending Network event, Inverness

"Finding time to attend routine medical and dental appointments when you are caring for someone can be difficult."

'Caring for our carers' – blog by Carers Scotland

"Carers don't always identify themselves, even when they need support."

Alliance event, Stirling

"The label of 'carer' is sometimes an obstacle."
Patients' session, Annual review, Grampian

"Being involved in carers' groups can help people enjoy some time outside the caring role."

Coalition of Carers in Scotland, national event

People shared their experiences of juggling caring roles with other commitments. We heard about the **impact of caring on the carer,** particularly in relation to their own health and wellbeing, with some finding it difficult to attend their own routine health appointments.

Respite was an important area, with many people telling us how they **strongly valued respite** and short break opportunities. You shared your good experiences of respite, and also told us about areas where improvements could be made, for example, consistency in quality, greater availability, more flexible options, such as evenings and weekends, and age-appropriate facilities. It was also reported that people looking after their relatives don't necessarily see themselves as carers and this can prevent them from getting the support they need.

Access to information was again raised in relation to carers, specifically to sustain the caring role, and to find out about entitlements. You suggested that there should be one place where carers could access the support they require, such as a dedicated website or phone number.
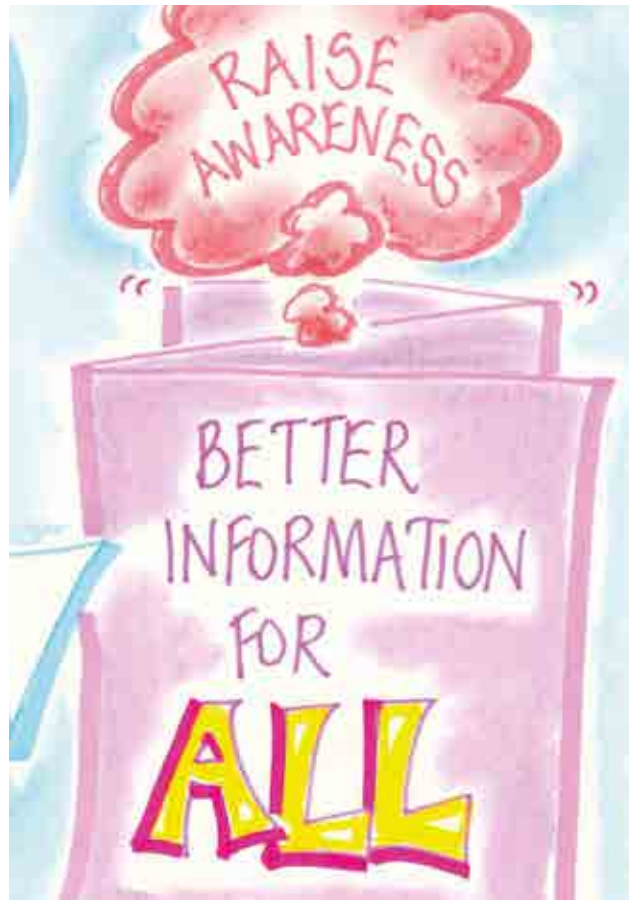
> "I like to think I'm a fairly savvy person but I don't yet know what social care services my parents and in-laws are entitled to. It would be great to have one website that provided the national position and pages where each local authority outlined their social care services and contacts. Social care services or GPs could provide this information too."
>
> **Comment on Healthier Scotland blog page**

We also heard that there is **stigma** attached to social care and a need for **better promotion and awareness** of what social care is and how it helps a wide range of people. Some of you told us that accessing social care services can sometimes be viewed in a negative way, as it can be associated with difficult times.

> "People think social care is for problem families, although the biggest caseload is with older adults."
>
> **Alliance event, Clackmannanshire**

> "Stigma can be a barrier to people accessing services they need."
>
> **Alliance event, Elgin**

DID YOU KNOW?

- It is estimated that there around 759,000 adult carers (aged 16 or over) and 29,000 young carers in Scotland.

- The Carers (Scotland) Act 2016 will extend the rights of carers and young carers. The Act will make a meaningful difference to unpaid carers and will contribute towards the improvement of their health and wellbeing, ensuring that they can continue to care, if they so wish, and to have a life alongside caring.

- What is Self-directed Support? It's a new approach which gives adults, children and carers who require social care support more choice and control over how their support is delivered. This makes sure people are empowered to be equal partners in their care and support decisions and can access flexible support that helps them to live more independently. www.selfdirectedsupportscotland.org.uk

- If you look after someone, need care yourself or are planning for your future needs, Care Information Scotland has a range of information and advice that can help. www.careinfoscotland.scot

A RESPONSIVE AND SEAMLESS JOURNEY OF CARE

THE NEED FOR MORE ACCESSIBLE AND FLEXIBLE SERVICES WAS RAISED A LOT. YOU WANT TO SEE THE RIGHT PERSON AT A CONVENIENT TIME AND PLACE, AND YOU WOULD LIKE MORE FOCUS ON EARLIER INTERVENTION AND DIAGNOSIS. THE LENGTH OF TIME IT CAN TAKE TO GET APPOINTMENTS, AND THE NEED FOR A CONSISTENT SERVICE REGARDLESS OF WHERE YOU LIVE WERE FREQUENTLY MENTIONED. YOUR FIRST POINT OF CONTACT DOES NOT ALWAYS NEED TO BE WITH A GP AND YOU RECOGNISE THAT OTHER PROFESSIONALS CAN HELP YOU TOO. INFORMATION TECHNOLOGY (IT) OFFERS SCOPE FOR GREATER FLEXIBILITY ALTHOUGH IT IS NOT FOR EVERYONE.

YOU PREFER ACCESSING SERVICES IN YOUR LOCAL COMMUNITY, ALTHOUGH YOU RECOGNISE THIS IS NOT ALWAYS POSSIBLE. ACCESSIBLE AND AFFORDABLE TRANSPORT TO SERVICES IS IMPORTANT AND CAN HAVE A BIG AFFECT ON YOUR EXPERIENCE.

WE HEARD ABOUT THE NEED FOR JOINED UP CARE AND BETTER PARTNERSHIP WORKING, COMMUNICATION WITHIN AND BETWEEN SERVICES, AND INFORMATION SHARING. THE LEVEL OF DUPLICATION YOU FACE WHEN TELLING YOUR STORY CAN BE FRUSTRATING. SO IS TRYING TO FIND OUT WHAT IS AVAILABLE IN YOUR LOCAL AREA AND WHAT SUPPORT YOU ARE ENTITLED TO. AN EASIER WAY OF SIGNPOSTING PEOPLE TO RELEVANT INFORMATION AND SUPPORT, IN AN INDIVIDUALISED WAY, IS NEEDED.

You told us that an important part of your care journey is getting **support when you need it,** but also getting **access to services much earlier,** before there was a crisis or an emergency. Unpaid carers in particular raised the need for earlier contact with social work staff. You also told us that people with additional support needs - including people with physical or learning disabilities and autistic spectrum disorders - would benefit from **earlier diagnosis**.

"One thing that was particularly important to a lot of people is the fact that the NHS is there when needed and that there are no barriers to access especially when it comes to emergency care."

NHS Borders response

"I'd like to know that wide and varied health and care systems are there when I need them - whatever it may be for."

Alliance, Citizen Wellbeing Assembly, Edinburgh

> "...booking online would reduce the time and stress of having to call first thing in the morning to compete for an appointment."
>
> **Stirling Carers' Voice event**

> "When services offer open and flexible appointment times it can reduce the pressure on carers. This is particularly true when the carer needs an appointment for themselves."
>
> **Stirling Carers' Voice event**

Whilst some people could see their GPs on the day they asked, many of you were unhappy with the length of time it took to get an appointment, particularly if you wanted to see a specific doctor. Long waiting lists to see specialists was another issue, with many comments about delays in accessing mental health support. While there was usually recognition of increasing demand for services and the impact that has on waiting lists, you also reported a lack of communication about how long you would need to wait and what other support was available in the meantime.

You told us you want **more flexible services**, with appointments that fit in with your lives, including work and caring commitments. Extended opening hours, including evening and weekends, would prevent you having to take time off work for your own appointments or for the people you look after. Other suggestions included booking appointments or ordering repeat prescriptions online, emailing staff, drop-in sessions allowing you to see a health professional other than your doctors, using computers or smart phones for online services such as Skype consultations. These were highlighted as ways to take the pressure off primary care, reduce physical access issues and support self-management.

While there was **general support for eHealth development**, some were worried that this could **exacerbate inequalities**, as not everyone has access to technology or the internet, or the skills to use them. We also heard that some people have a preference for face to face contact.

There was interest in a move towards more **multi-disciplinary care.** Although your first point of contact with health services is normally your GP, you told us that it didn't need to be, and that you had received really good care from other professionals including nurses, pharmacists, community link workers and Allied Health Professionals (AHPs). We heard from AHPs including physiotherapists and occupational therapists who talked about how they could take the pressure off GPs and prevent people from losing their independence or developing long-term conditions. Accessing **support for multiple issues** in one place, was suggested as a way to reduce the need for multiple appointments in different locations.

> "More support is needed for co-morbidity patients who have enormous challenges trying to manage their care and treatments. We need more person-centred care and a more holistic approach."
>
> **Facebook comment** f

> "A greater role for physiotherapy in primary care offers an immediate solution, reducing the pressure on GPs and making savings in secondary care."
>
> **The Chartered Society of Physiotherapy Scotland response**

> "There is a need to define the workforce and ensure sustainable services that are increasingly multi-disciplinary, evidence based and pathway led with a focus on outcomes and age appropriate care."
>
> **Children and Young People Health Support Group response**

You want **equal access to services** no matter where you live. You complained about 'postcode lotteries' affecting standards of care, the availability of cancer drugs and portability of social care packages between local authorities.

> "There was a perception that there is a difference in availability and range of social care services depending on where people live, with less choice in more rural areas."
>
> **Health Improvement Scotland staff event**

> "In order to ensure equal access to services provided by GPs, there needs to be a more unified approach taken. It is unfair that some patients are able to access an appointment quickly, receive a high standard of care and if necessary be referred on to further care in a timely fashion, whereas some do not have access to this level of service."
>
> **Scottish Women's Convention consultation response**

Common issues included the need for better partnership working, communication within and between services, information sharing (particularly the need for joined up IT systems) and tackling delays in discharging people from hospital back to their homes. The transition between child and adult services was also highlighted as an area that needs to be better supported.

> "People recognise that small communities can't provide all of the services and there'll be a need to go 'off island'."
>
> **Alliance event, Stornoway**

> "Poor transport links make getting to the GP practice, the out-of-hours services and the hospital difficult."
>
> **Blog post about Motherwell Link up event**

Many comments indicated a preference for locally-based services within the community. You acknowledged that while locally-based services were not always possible, there should be more choice and greater focus on the transport to get people to regionalised centres. In general, you said transport could be a barrier to accessing services, particularly for those living in rural or remote areas of Scotland, but also those living in urban areas who relied on public transport.

Linking to the issues raised in the section on Person-Centred Care, it's important to you that everyone involved in your care is well-informed about your needs, particularly for people with more than one condition. You suggested that joined up IT systems would avoid duplication in assessment and the issue of people having to tell their story multiple times.

> "At its heart, health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey."
>
> **Caring for our carers - blog post by Carers Scotland**

> "…healthcare and social care need to dovetail seamlessly but that doesn't mean they are one and the same thing."
>
> **Inclusion Scotland response**

Many of you suggested that services need to be more joined up and properly integrated. There was some awareness of the current **integration of health and social care** services in Scotland. Others who were less aware identified many issues which integration is designed to address going forward.

> "We need to resolve issues of IT systems not being compatible — both health and social care need to be able to access relevant information."
>
> **Patient Focus and Public Involvement event, NHS Ayrshire and Arran**

> "There should be multi-disciplinary meetings in surgeries every week to share information."
>
> **Coalition of Carers in Scotland, Hawick**

Some of you shared experiences of leaving hospital and other care settings, and felt that the lack of joined up care meant that some people are falling between health and social care services. You gave examples of where a lack of planning had resulted in **delayed discharges** or people being sent home without the appropriate package of care in place. Delays could be caused by a number of practical or administrative reasons, for example medication, transport, home adaptations and social care provision.

> "Transition from hospital to home – discharge planning and integration between health and social care needs to be smoother, quicker and more resources readily available."
>
> **Milan Social Welfare Council event**

> "There's not enough tie-up between the ambulance service, social workers and doctors when you're leaving hospital. Cooperation could reduce costs."
>
> **Alliance event, Clackmannanshire**

There were many comments about the difficulties of finding your way through the different services available across health and social care. In particular you identified a **lack of awareness** of what support was available in your communities. You said staff should have better knowledge about what support is available, or at least the ability to point people towards someone who does. You highlighted how a single source of information like a one stop shop or a link worker could help you find the service you needed or would benefit from. Information doesn't always have to be given in a health or social care setting, some of you would like to get information in community hubs, hairdressers, libraries, shops, supermarkets and workplaces. Pharmacies were highlighted as places where this is already happening, but needs better promotion.

> "There should be automatic signposting and proactive support to help you access services."
>
> **Alliance event, Borders**

> "The carers' centre is a lifeline but many professionals are not making carers aware of the service."
>
> **Coalition of Carers in Scotland event, Peebles**

DID YOU KNOW?

- The integration of health and social care services is the most important reform to healthcare in Scotland since the foundation of the NHS in 1948. It is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. It will end the distinction between health services and social care services and focus instead on planning and delivering person-centred, high quality integrated care.

- A Primary Care Digital Services Fund is in place to support wider uptake of on-line GP appointment booking.

- Care Information Scotland (CIS) is a phone, webchat and website service providing information about care services for people living in Scotland. See more at www.careinfoscotland.scot

PRESSURES AND PRIORITIES

WE HEARD HOW HIGHLY YOU SUPPORT AND APPRECIATE THE HEALTH AND SOCIAL CARE WORKFORCE, INCLUDING CARE WORKERS, AND THE NEED TO VALUE AND RECOGNISE THEIR ROLE. YOU RECOGNISE THE CHALLENGES STAFF OFTEN FACE, THE IMPACT THOSE CAN HAVE ON THE PROVISION OF CARE, AND THE NEED TO INVEST IN TRAINING IN AREAS SUCH AS EQUALITIES AND MENTAL HEALTH.

THERE IS RECOGNITION OF THE CURRENT PRESSURES ON THE SYSTEM AND THE NEED TO SET PRIORITIES FOR THE FUTURE. AN OPEN AND HONEST DEBATE INVOLVING ALL SECTORS OF SOCIETY WAS WELCOMED. THERE WAS SOME INTEREST IN EXPLORING A HUMAN RIGHTS-BASED APPROACH AND PARTICIPATORY BUDGETING.

MANY OF YOU HIGHLIGHTED THE VALUABLE ROLE OF THE THIRD SECTOR IN LOCAL COMMUNITIES BUT ALSO THE IMPACT OF SHORT-TERM FUNDING ON THE SUSTAINABILITY OF SERVICES.

WE HEARD HOW MORE SHOULD BE DONE TO LEARN FROM INNOVATION AND GOOD PRACTICE, BOTH WITHIN SCOTLAND AND OTHER COUNTRIES, WITH A FOCUS ON SPREADING WHAT WORKS MORE WIDELY.

Many of you shared your **appreciation** for the important role that health and social care staff have in keeping us all healthy and well, and you **recognise the pressures and difficulties** they often face. You said that health and social care staff should be valued and respected, and that this should be recognised through good pay and conditions. It's important to you to have confidence in the knowledge, skills and expertise of staff. There were suggestions for more investment in training in some areas such as equalities and carer awareness, mental health and dementia. You highlighted that all staff should have a **'cultural and gender-sensitive' approach** to their work.

"Train NHS staff to be more culturally sensitive to many different cultures."

Scottish Health Council event, Glasgow

"It's vital that we invest in and listen to frontline staff. They provide services on a day to day basis, and they're the ones most valued by patients."

Scottish Women's Convention consultation response

"An empowering culture is necessary to enable the practice of values around dignity and respect carried out with humanity and kindness. Disabled people firmly believe this is possible, even where resources are constrained."

Glasgow Disability Alliance consultation response

"Scotland's health and social care workforce should be well paid across all roles and sectors, and must have access to training and development opportunities."

Alliance event, Paisley

We heard a number of comments about the **pressures on the social care workforce** due to distance between clients, travel arrangements and staff shortages. This can affect the quality of care provided and may mean there is only time to meet basic needs.

> "Current status and conditions within the (social care) sector makes recruitment and retention of staff difficult. High levels of staff turnover has a negative impact on people who access support and services, as it can make continuity of care and person-centred care difficult to achieve."
>
> **Alliance event, Hamilton**

> "We often hear that carers have no time to travel between houses and their resources are not being used effectively or efficiently."
>
> **Coalition of Carers in Scotland event, Eyemouth**

Staff across a range of professions told us they were driven by knowing they **make a difference to the lives of those they care for**. We received a few comments about the impact of national targets on staff.

> "There needs to be more respect for professionals and freedom for them to provide the right care, and less bureaucracy."
>
> **Alliance event, Edinburgh**

> "...the use and impact of targets therefore needs to be reconsidered and that where targets remain, they should be more focused on contributing to the shift in balance of care and delivering a reforming and preventative agenda that improves outcomes."
>
> **COSLA response**

A number of you talked about how much you valued having a free NHS. Others felt that support should be more targeted and we could save money by reconsidering universal services.

> "Keep it public and avoid creeping privatisation. I'm so proud of Scotland's NHS. People before profit."
>
> **Scottish Health Council event, Glasgow**

> "The group discussed the payment of winter fuel payments and free subscriptions. While it was recognised that these benefits are paid universally as it is cheaper to do that than operate a system of means testing, it was felt that many people benefit from this who do not need to, and that the money could be better spent elsewhere."
>
> **Health Scotland staff event, Edinburgh**

There was general recognition that the current system of health and social care is under **financial pressure**, that change is necessary, and that **clear priorities** need to be set. The need to shift the balance of care from the hospital setting to the local community was highlighted, along with the importance of better partnership working and a move towards patients, carers and different sectors as 'equal partners'. The wider role of personal responsibility also came up in this context. Some organisations welcomed an **open and honest debate**, involving the public as well as partners, on the difficult choices which prioritisation will require.

> "We do appreciate that the facilities provided by a modern health service cannot be limitless, that there are many conflicting interests, and that demands, and therefore strains on the system will grow. Perhaps we cannot take the NHS for granted any more in the way we may have done in the past. Therefore we would like to suggest that the time may have come for a new charter of patients' rights and responsibilities, with a strong emphasis on the rights of those who are most vulnerable, and an equally strong emphasis on the responsibilities of those who are most able to exercise them."
>
> **Ullapool Medical Practice's Patient Participation group response**

> "There is overwhelming agreement, most recently emphasised by Audit Scotland, that while it remains one of the safest health services in the world, the NHS in Scotland is now facing unprecedented pressures. Doctors therefore welcome the decision by the Scottish Government, with cross-party agreement, to embark on an open and honest debate with the public about the future of the NHS in Scotland."
>
> **Scottish Joint (Medical) Consultative Committee response**

Some of you suggested different approaches that could be taken to prioritise and deal with pressures, such as a **human-rights based approach** or the use of participatory budgeting to set health budgets.

> "The right to health can help inform decision making, including about resources and priorities. We recognise that in the current environment this is challenging. But the difficult financial climate itself gives greater impetus to the need to redesign services and develop new approaches, on a fair, robust and legal basis."
>
> **Scottish National Action Plan for Human Rights (SNAP), Health and Social Care Action Group response**

BETTER USE OF RESOURCES

PUBLIC FINANCES!

> "If it's not broke, don't fix it!"
>
> **Coalition of Carers in Scotland, national event**

> "I think we should spend less time and money on developing better systems and services in localised areas and look more at what is being done elsewhere, with a view to speedier adoption of proven good practice."
>
> **Individual response, NHS Tayside Public Partner**

Throughout the Conversation we heard examples of **good practice and innovative ways of working.** You would like to hear more about these through good news stories in the media, and for services to get better at sharing their learning. You told us that 'new isn't always better' and that you would prefer that projects shown to work well were rolled out nationally. Some people suggested we should also be learning about what worked in other countries, like the Nuka approach from Alaska and the Buurtzorg approach from the Netherlands.

You recognised the important role the **third sector** plays in delivering projects across Scotland. This was particularly true at the Alliance events, which included many representatives and volunteers from third sector services as well as people who had benefited from them. There was support for a **more sustainable approach** to funding of third sector services. Short-term funding cycles were seen as a barrier to creating a healthier Scotland. Some feedback highlighted the disproportionate impact of service cuts on physical and mental health in vulnerable groups.

> "There is a feeling that short-term funding for projects is damaging in that it allows good practice to fall by the wayside, and that long-term sustainable funding could provide more certainty and thus better outcomes for the service, staff and the community."
>
> **Alliance event, Stirling**

> "More funding for third sector organisations could mean continuous support to communities, which in turn would take pressure off the health and social care sector."
>
> **Alliance event, Paisley**

DID YOU KNOW?

- Around 380,000 people work within Scotland's health or social care services. This includes doctors, nurses, midwives, pharmacists, ambulance staff, social workers, carers, dentists, allied health professionals and support services. 160,000 of those are employed directly by the NHS and 200,000 are part of the Scottish social service workforce.

- Participatory budgeting is a tool for community engagement. More information on participatory budgeting activity and initiatives across Scotland can be found at www.PBScotland.scot

MOVING FORWARD

YOU GAVE YOUR TIME AND EFFORT TO CONTRIBUTE TO THE CONVERSATION, AND YOU WANT TO KNOW HOW YOUR INPUT WILL INFLUENCE POLICY. WE HEARD LOTS OF THOUGHTFUL AND HEART-FELT OPINIONS AND IDEAS, AND WE'VE SUMMARISED THEM IN THIS REPORT. WE WILL NOW TAKE TIME TO CONSIDER BEFORE RESPONDING.

THE RELEVANT TEAMS WITHIN THE SCOTTISH GOVERNMENT WILL CONSIDER THE FINDINGS FROM THE CONVERSATION, ALONGSIDE OTHER EVIDENCE, AND EXISTING AND PLANNED POLICY DEVELOPMENTS.

THIS WILL INVOLVE WIDER DISCUSSIONS WITH OTHERS TO REACH A SHARED VIEW ON HOW BEST TO RESPOND AND TAKE ACCOUNT OF WHAT YOU HAVE TOLD US. OTHER ENGAGEMENT ACTIVITY WILL COME INTO THIS PROCESS, INCLUDING WORK FROM THE YOUNG SCOT HEALTH INVESTIGATION TEAM, AND ENGAGEMENT EVENTS FOLLOWING THE RECENT PUBLICATION OF THE NATIONAL CLINICAL STRATEGY.

WE'LL CONSIDER THE OVERALL FINDINGS IN RELATION TO FUTURE DIRECTION OF TRAVEL, AND ALONGSIDE RECENTLY PUBLISHED REVIEWS AND POLICY DEVELOPMENTS SUCH AS THE NATIONAL CLINICAL STRATEGY, THE GOVERNMENT'S RESPONSE TO THE OUT OF HOURS REVIEW, AND THE PUBLIC HEALTH REVIEW. THIS WILL REQUIRE OPEN AND HONEST DISCUSSION ABOUT PRIORITIES AS WE DEVELOP AN ACTION PLAN FOR THE FUTURE.

WE KNOW A LOT OF YOU WANT TO BE INVOLVED IN THE NEXT STEPS, AND WE'LL MAKE SURE THERE'S MORE PUBLIC ENGAGEMENT AS WE GO FORWARD. THE NEW **OUR VOICE** FRAMEWORK WILL HELP TO FACILITATE DIALOGUE.

IMPACT OF THE CONVERSATION SO FAR

A recent review of public health in Scotland recommended the development of a Population Health Strategy to improve everyone's health, and to make sure we continue to enjoy a high quality NHS in the future. The Conversation findings strongly support this position, and the strategy development will build on these findings, picking up on the importance of lifestyles and behaviour change as well as health inequalities.

The Conversation findings are already helping to inform the priorities for a new Mental Health Strategy, which we expect to publish in mid-2016. The need to intervene early and improve access to services will feature strongly. As part of the strategy development we're planning further engagement with the wider public, third sector organisations, service users and clinicians.

The recently-published National Clinical Strategy for Scotland reflects some of the initial findings from the Conversation, including the need to have a greater focus on person-centred, joined-up care, and easier access to local services. Further work over the coming months will help us better understand your views on the areas that affect you most.

Findings from the Conversation will inform the redesign of primary care services, specifically the work being progressed by the Primary Care Transformation Fund. It will include the trial of new models of care, such as Community Health Hubs. These new hubs will provide a range of services currently only available in acute hospitals, saving time and travel for many patients. The first Community Health Hubs will be piloted in Fife and Forth Valley in late 2016.

Some organisations mentioned human rights and the right to health. Many more of you raised human rights issues implicitly in your feedback. As part of the Conversation the Scottish Government and NHS Health Scotland hosted a seminar on a human-rights based approach to health and social care. There will be further collaboration with the SNAP Action Group on Health and Social Care to build on this work.

There is more information and context to many of the issues raised during the Conversation on the Healthier Scotland website www.healthier.scot This includes blogs from a wide range of contributors on a diverse range of issues including walking for health, palliative care, and building the capacity of parents to improve outcomes for children and families.

LEARNING FROM THE CONVERSATION

Our approach to the Conversation has been consistent with our distinctive Scottish Approach to government, where we work in a more participative and co-productive way with people and communities, actively drawing on their assets, skills and experiences to improve lives and outcomes.

The National Conversation on a Fairer Scotland - which focuses on social justice - has taken place alongside the Healthier Conversation. The connections between the two are clear. Tackling issues such as fair work, a decent standard of living and affordable, good-quality housing will have a direct impact on addressing health inequalities. There were also a number of common themes across the two Conversations, including the need for strong communities, the valuable role played by unpaid carers, and the importance of giving children the best start in life.

Both Conversations provided practical examples of the Scottish Approach to government. Both used a range of innovative methods to involve people, going beyond traditional forms of engagement. We will now reflect and learn from the Conversations, and build that learning into these policy areas, and more broadly across the Scottish Government.

SOME OF THE THINGS YOU SAID ABOUT THE ENGAGEMENT

"In order to engage with the real issues and be part of setting priorities, the public must understand that difficult decisions have to be made."

"Community engagement should be meaningful and lead to something. The focus should be on quality, not quantity."

"Innovative and collaborative approaches should be the norm for how we design and deliver services."

"Honest, simple language will help people from all walks of life feel welcome to contribute to these important discussions."

"We need to make more effort to reach people who wouldn't normally contribute."

"We should have more opportunities to speak directly to people in power in the health service and government."

"We need to close the 'feedback loop' to make people aware that their voices are being heard, and acted upon."

"Resources are needed to support and empower public participation at all levels."

BUILDING ON THE CONVERSATION

Throughout the Conversation you told us you want to be involved in the next steps - in the planning and decision-making which will lead to change at national and local level.

Since summer 2014, a partnership including the Scottish Health Council, Healthcare Improvement Scotland, COSLA, the Scottish Government, the ALLIANCE and other third-sector organisations has been exploring ways of involving the public in the continuous improvement of health and social care services.

The Healthier Conversation has adopted the principles of **Our Voice** in its design and implementation. **Our Voice** will continue to support dialogue about what matters and what needs to change, and encourage you to become part of that process.

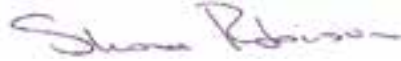**OUR VOICE** Working together to improve health and social care

Our Voice is based on a vision where everyone can influence how Scotland's health and social care is run. This includes those who use it, organisations, carers and members of the public. Our aim is to develop a framework that allows everyone to have their view heard, so that Scotland's health and social services can be improved at both local and national levels. After all, the people who are closest to our services are best placed to shape them.

To find out more about Our Voice and to get involved, visit www.ourvoice.scot

You can also contact the team by phoning 0141 241 6308, or by writing to: Our Voice, 4th Floor, Delta House, 50 West Nile Street, Glasgow, G1 2NP.

THANK YOU

"IN AUGUST 2015, I LAUNCHED THE NATIONAL CONVERSATION TO GIVE PEOPLE THE OPPORTUNITY TO HAVE THEIR SAY ABOUT THE FUTURE SHAPE OF HEALTH AND SOCIAL CARE SERVICES IN SCOTLAND. I AM INCREDIBLY GRATEFUL TO EVERYONE WHO HAS TAKEN TIME TO JOIN THE CONVERSATION AND ENCOURAGED BY THE VIEWS EXPRESSED. IT IS FUNDAMENTALLY IMPORTANT TO NOW BUILD ON THE POSITIVES AND **FOCUS ON THE PRIORITY AREAS IDENTIFIED.**"

Shona Robison

SHONA ROBISON, CABINET SECRETARY FOR HEALTH, WELLBEING AND SPORT

The Scottish Government
Riaghaltas na h-Alba