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# Reshaping Care for Older People: Focus Groups and Interviews

Audit Scotland

Final Report

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## 1. Introduction and Method

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### Introduction

- 1.1 There is widespread agreement of the need to support older people to live independently, rather than using institutional care such as hospitals and care homes. In response to this, the Scottish Government and COSLA launched the *Reshaping care for older people* programme in 2011, and a supporting change fund worth £300 million over 2011/12 to 2014/15.
- 1.2 Audit Scotland is undertaking a national performance audit to assess what progress has been made in reshaping care for older people. This will explore the progress made in shifting the balance of care from acute to community settings; the impact of the Change Fund on sustainable improvements to care and services; and the main challenges facing older people's services and how public bodies are addressing these.
- 1.3 As part of this audit, they appointed us - ODS Consulting - to research with voluntary sector workers and older people or their carers. This report sets out our findings.

### Method

- 1.4 Three areas – Angus, Glasgow and Highland - were identified by Audit Scotland as areas for the research. In each area we planned to carry out a focus group with older people and carers and a focus group with representatives from the voluntary sector. However, some interested participants were unable to attend the focus groups and we carried out telephone interviews with them.
- 1.5 Table 1.1 sets out the types and numbers of participants involved in the groups and interviews. The groups and interviews engaged only a small number of people and are not representative of the views of people across the areas. However, they are useful for giving local context and identifying major issues. In total we engaged seventeen voluntary sector workers, fifteen older people and six carers.

<b>Table 1.1: Areas, groups, methods and number of participants</b>		
<b>Local authority</b>	<b>Type of group and method</b>	<b>No. of participants</b>
Angus	Focus group – voluntary sector	4
	Focus group – older people and carers	5 older people 1 carer
Glasgow	Focus group – voluntary sector	3
	Telephone interviews – voluntary sector	2
	Focus group – older people and carers	4 older people 2 carers
Highland	Focus group – voluntary sector	3
	Telephone interviews – voluntary sector	5
	Focus group – older people and carers	6 older people 2 carers
	Telephone interviews – older people and carers	1 carer
<b>Totals</b>		<b>38</b>

1.6 We contacted third sector organisations in each area to discuss the best way to engage participants, ideal dates and locations for the groups.

### **Focus groups and interviews with older people and carers**

1.7 The focus groups with older people and carers were designed to gather the views of users of care services in each area. We aimed to involve some older people and carers who had been involved in discussions about changes to services, and some who had not. In total we engaged 15 older people and 6 carers.

1.8 In Glasgow and Highland we worked with local voluntary sector representatives<sup>1</sup> to arrange a group specifically for the research. In Angus we attended a planned event organised by the CHP. An incentive of £10 per participant was offered to each person who attended the focus groups.

1.9 Each group was designed to last 60 minutes. A semi-structured discussion guide was used during the focus groups which explored:

- knowledge of, or involvement in the Reshaping Care for Older People (RCOP) agenda;
- recent positive and negative experiences of using care services;

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<sup>1</sup> Glasgow Third Sector Reference Group and the Highland Senior Citizen's Network provided advice and support with organising discussion groups and telephone interviews.

- any changes experienced in care or support at home, or in carer services, in recent years; and
- views on the integration of health and social work services in each area.

1.10 One individual 60 minute telephone interview was carried out with a carer. The discussion guide for this telephone interview was adapted from the focus group discussion guide.

### **Focus groups and interviews with voluntary sector workers**

1.11 The focus groups with voluntary sector representatives were designed to gather their views on the RCOP agenda in each area. We worked with local organisations<sup>2</sup> to recruit voluntary sector representatives in each area. In total we engaged 17 voluntary sector representatives. Each focus group was designed to last 90 minutes.

1.12 The semi-structured discussion guide explored:

- involvement in RCOP to date;
- the perceived role of the voluntary sector in discussions about RCOP;
- views on the priorities identified locally for RCOP; and
- the impacts of RCOP locally.

1.13 The discussion guide for the telephone interviews was adapted from the focus group discussion guide. Each telephone interview lasted for approximately 60 minutes.

### **Notes on the findings**

1.14 The following chapters present the findings from the focus groups with voluntary sector representatives, older people and their carers. Verbatim quotes are included to illustrate key points. We agreed with participants in advance that their comments would not be attributed to them directly.

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<sup>2</sup> Voluntary Action Angus, Glasgow Third Sector Reference Group and the Highland Sector Partnership provided advice and support with organising the focus groups and telephone interviews.

## 2. Focus groups with voluntary sector workers

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2.1 This chapter explores the views of 17 voluntary sector workers involved in the focus groups and telephone interviews.

### Role of the voluntary sector

#### *Involvement in discussions about RCOP*

2.2 We asked about the involvement and influence of the voluntary sector in discussions about RCOP in their local area to date.

2.3 The people we spoke to had different experiences of involvement. About two thirds said their organisations had been involved in some way – although the stage and level of engagement varied. About a third had little or no involvement in RCOP. Perhaps unsurprisingly there seemed to be lower levels of involvement and awareness among frontline workers than those in more strategic or policy roles.

2.4 Some workers felt the voluntary sector had not been properly involved in their areas. In their experience, there had been limited discussion about RCOP and the voluntary sector had little or no influence over decision making.

“There has been no accountability and no discussion with the third or independent sectors.”

Voluntary sector worker

2.5 Others felt that the voluntary sector is now more involved in decision making about services for older people than it has been in the past. People spoke of the RCOP process “opening doors” for the voluntary sector. Some highlighted improved recognition of the sector and its potential role in supporting older people.

“The voluntary sector is finally being taken seriously. There has been a realisation by statutory partners . . . that they need to get the voluntary sector on board.”

Voluntary sector worker

2.6 In two areas there was concern that the voluntary sector was involved too late in the discussion – after decisions had been made.

“It has been difficult to influence the RCOP process, and it feels like decisions have already been made.”

Voluntary sector worker

2.7 Others felt that more needed to be done to involve the sector and improve its influence. There was particular concern about the pace of change.

“The voluntary sector is involved now, but inevitably people want things to happen faster.”

Voluntary sector worker

### ***What affected involvement***

2.8 When asked about what had enabled the voluntary sector to be more involved in RCOP, workers in two areas highlighted the importance of additional funds to support capacity building. One person highlighted that the voluntary sector had been encouraged to be more innovative in its approach to service design as a result of RCOP.

“This was used to support groups and to engage partners in consultations. This budget helped to take things forward and leverage the situation at a strategy level.”

Voluntary sector worker

2.9 In two areas workers spoke of challenges relating to culture, attitudes, awareness and understanding of the voluntary sector within statutory organisations. One person spoke of the “incredibly complex” partnership structure for RCOP in their area. Another felt that the voluntary sector is often seen as a homogenous group by statutory partners. Several workers felt that public sector organisations would need to adapt their approach to involve the voluntary sector more effectively in decision making and service delivery.

“The NHS and Council are not partnership organisations and think the Change Fund is their money.”

Voluntary sector worker

2.10 Two people in different areas emphasised the importance of the voluntary sector being able to reject or sign-off drafts of the Change Plan in their area – one described this as having been a “crucial” role. Without this they believed the third sector would have had little power or influence.

### **The Change Fund**

2.11 We asked workers how they felt about the priorities for the Change Fund locally; the involvement of the voluntary sector; and the impact of the Change Fund.

### ***Local Change Fund priorities***

2.12 Some felt the strategic priorities identified for the Change Fund were the right ones. But there was concern in two areas that there had been too much investment in public sector services. Some participants felt that further work was needed to review how existing resources are allocated, and to explore the current and potential role of the voluntary sector in delivering services.

“Decisions were made about allocating funding before the voluntary sector was involved. The bulk of the money went to health and social work.”

Voluntary sector worker

### ***Involvement of the voluntary sector***

2.13 However, others felt that the voluntary sector had been effectively represented in discussions in their area and had influenced decisions about the Change Fund.

“It has been hard for the voluntary sector to get involved in Change Fund discussions, but it is coming to fruition.”

Voluntary sector worker

2.14 There was concern among some participants in all three areas over the lack of awareness about the Change Fund within the voluntary sector.

“Much of the voluntary sector as far as I know has not been involved in any planning discussions around this, but would want to be.”

Voluntary sector worker

2.15 In particular, some workers felt it was difficult to understand the priorities and the process for applying for funds. One participant spoke of having spent a significant amount of time “chasing the Change Fund”.

2.16 One person highlighted the difficulty of having one individual representing what is a very diverse sector. Another felt the complex structures within organisations and partnerships made it difficult to find out about the Change Fund and related developments.

### **Impact of the Change Fund**

2.17 Many we spoke to felt it was too early to be able to determine the impact of the Change Fund. However, some believe that the funding has supported new and effective posts which could have a positive impact in the longer term. One person said the fund is supporting smaller community organisations to develop new roles. However, another questioned the sustainability of new work.

2.18 One person felt that hospital admissions had been modestly reduced as a result of investment from the Change Fund.

## Shifting Care to Community Settings

2.19 Many of those we spoke with were unclear about the extent to which RCOP has supported a shift of care to community settings. But a few highlighted some progress in their local area.

2.20 A key area of concern was the lack of adequate support in the community to support the shift. In one area, two participants felt there was little evidence of progress in reducing hospital admissions.

“There is meant to be an enablement plan, but no care is in place at home.”  
Voluntary sector worker

2.21 In another area the focus group spoke of a cycle in which individuals are assessed by a reablement team, support is withdrawn, but individuals then end up being referred back to Health and Social Care Services.

2.22 One participant felt that the reduced investment in respite care locally suggested it was unlikely that care would shift to community settings.

2.23 In one area some participants felt there was evidence of a shift in care – although evaluation would be needed to understand the extent of this. In particular, they felt the NHS had made progress in reducing hospital stays. But there was concern that social care provision did not necessarily support this to be sustained.

“The shift to home and community care is certainly starting. The biggest problem is that social care is moving too slowly towards change.”  
Voluntary sector worker

2.24 In the same area participants spoke of the need to communicate the shift to the public.

2.25 Participants emphasised the opportunities to work more effectively with the voluntary sector to develop community based care and the potential role of GPs in supporting the shift.

2.26 When asked for examples of successful shifts at a local level participants identified:

- The “Torbay model” – which has transferred care from acute to community settings and reduced the number of hospital beds (Highland); and
- “Step Up, Step Down” – which explores intermediate care as an alternative to admission or extended hospital stays (Glasgow).

## **Integrating Health and Social Care**

2.27 There were very mixed views about the extent to which RCOP has contributed to better joint working between health and social care.

2.28 In one area, some participants spoke of “great clarity” whilst others in the area described new arrangements as “a bit of a mess” and having “created confusion and duplication”.

“There is more clarity around how the voluntary sector can engage in the RCOP agenda. The integration structure has made things much clearer.”

Voluntary sector worker

“Before we knew who did what, but now new posts are being created and staff recruited, and no one knows who to go to.”

Voluntary sector worker

2.29 In another area, some participants felt there was evidence of better joint working but this was limited. Several people felt that integration wasn’t really a key priority in this area, compared with other places.

2.30 Several participants across areas highlighted the challenge of bringing together different cultures and attitudes within statutory organisations.

“Joint working needs an attitude change, internally and externally.”

Voluntary sector worker

2.31 There was also a general feeling among a few participants that the voluntary sector was not very involved in decisions and discussions about integration.

## **Impact of RCOP**

2.32 We asked voluntary sector workers about the impact RCOP and the Change Fund on communities and carers locally. A number of participants felt there was a lack of evidence of widespread impact at this stage. Some suggested that evaluation would be required to understand this better.

## **Changes for communities**

2.33 In two areas there was concern that saving money was a key driver for changes. Participants spoke of cuts to respite care budgets, cuts in voluntary sector organisations and assessments leading to reduced care and support. There was concern that services will deteriorate at a community level and this would have a negative impact on older people and communities.

“What will happen when voluntary organisations are gone?”

Voluntary sector worker

2.34 In another area there was some concern that changes to the way services are being delivered and increased competition between support providers may have a negative impact.

2.35 Other barriers to delivering changes for communities included:

- Lack of investment in community transport
- Lack of understanding and awareness of shifts of care among services users and the public
- Lack of understanding of existing provision and investment.

2.36 One participant highlighted that the RCOP agenda was leading to positive changes and “a new generation of community based services”. This person emphasised the role housing associations were playing in this locally.

2.37 Another participant reinforced wider views, suggesting that engaging more effectively with the voluntary sector could improve the community impact of RCOP.

### ***Changes for carers***

2.38 Participants had a limited amount to say about impacts for carers. One participant highlighted that cuts to respite care was having a negative impact on carers locally. Another person in the same area felt there was not really a focus on supporting carers as part of RCOP.

“Carers needs are not being met, and this is going to impact clients.”

Voluntary sector worker

2.39 Participants in another area felt there had been some improvements in carer support. This person spoke of work underway by voluntary sector representatives to explore the implications of RCOP on carer support.

2.40 In two areas participants highlighted that many unpaid carers do not currently see themselves as carers – which can make engagement more challenging.

### 3. Focus Groups with Older People and Carers

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3.1 This chapter explores the views of 21 older people and their carers.

#### Involvement in Discussions about RCOP

3.2 Only three older people and service users we spoke to had been involved in discussions about RCOP. They were all from the same area and two were involved in local voluntary organisations. They highlighted concerns about the RCOP process (which was lengthy) and difficulties caused by changes to how services are managed and structured.

“There are changes in the management structure which are not good.”

Older Person

“It is a lot different in healthcare services now.”

Carer

#### Knowledge of RCOP

3.3 About a third of the older people and carers we spoke to had heard of RCOP. Their knowledge and understanding of RCOP varied. Some had heard of it, but never been involved in detailed discussions about it. A few had heard of developments in their area which related to the RCOP priorities.

3.4 Several people we spoke with understood the principles behind RCOP. One said the key message was “care is better at home than in acute settings”. Another described RCOP as focusing on “getting people out of hospital as quickly as possible”.

3.5 Several people highlighted that RCOP and related changes had not been well communicated to the public or to community organisations. The person with the most in-depth knowledge of the RCOP agenda in one group said they had to “proactively find this out”.

#### Experiences of Using Services

3.6 The groups were asked if they had any particularly good experiences of using care services recently. In particular, they were asked about their experience of care at home, early intervention or joint working between health and social care.

3.7 Participants identified a number of recent positive experiences in their areas including:

- a neighbour with a terminal illness who was supported to die at home;
- “excellent” services at a local acute hospital;
- “excellent” and “prompt” service from a specialist spinal unit clinic which visited their area;

- “very good” hospital care after a knee replacement; and
- “amazing service” provided by an NHS rehabilitation unit.

### ***Experiences of follow-up care***

3.8 There was some concern about follow up care provided after hospital stays. A number of people felt their hospital experience was good, but the support they received within the community afterwards was insufficient or of poor quality.

For example:

- One person spoke of feeling “you are left to your own devices”, although they were impressed with their care in hospital.
- A cancer sufferer (again, impressed with their acute care) said “on discharge very little happened”.
- Another person said the member of staff providing their support at home “did not do their job properly”.

3.9 One carer emphasised that “no one wants to be in hospital for ages” but in order to achieve an effective shift in care, the right systems had to be in place.

“Reablement is a good idea but doesn’t always work.”

Carer

### ***Issues with hospital provision***

3.10 Several participants were concerned about long waiting lists for hospital treatment and what they saw as overworked staff.

“Disjointed care is a result of management.”

Older Person

“Employees were overworked and the facility was under resourced.”

Older Person

### ***A lack of understanding about support***

3.11 A few people indicated it is sometimes difficult to understand why older people are being discharged, and what support will be provided when they return home. One carer was particularly concerned about the lack of information provided to carers.

“I should have been advised at the time of discharge about how to handle the situation.”

Carer

3.12 Another person, sent home under an “early discharge scheme”, didn’t understand what this meant. After discussing it with a health care professional they did not feel able to care for themselves in the way expected, and didn’t feel the care package in place was sufficient.

- 3.13 One carer talked about managing Self-Directed Support (SDS). This person felt that there was a poor take up of SDS in their area due to a lack of funding and too much paperwork. They also felt it was a system open to abuse by relatives.

“Some service users would have a problem with SDS – there is so much paperwork.”  
Carer

### **Other concerns**

- 3.14 One older person felt it is difficult to complain about inadequate care services because patients fear they will lose their services.

- 3.15 Participants based in more rural and remote areas of Scotland discussed travel as a major barrier to accessing healthcare and attending appointments.

“Transport in [my area] is very, very bad”  
Older Person

### **Support for Carers**

- 3.16 Participants were asked for their thoughts on the support services available for carers.

- 3.17 Two carers raised concerns about financial support. One felt that full time carer’s allowance was not sufficient, or well promoted. Another spoke of having to fund respite care privately, as the support provided through Self Directed Support was insufficient to cover the costs.

“I receive very little support as a carer.”  
Carer

- 3.18 Several carers we spoke with had never accessed any support. There were different reasons for this. Some had been offered support but hadn’t taken it up. Others had not been offered support or had not enquired about it.

- 3.19 A few said they didn’t feel support would be of any use to them. One carer spoke of being offered a free beauty treatment, but said they were never offered any direct support. Another said they “would not ask for any help until there is no other option”. This person was concerned about the commitment of care agencies and stories about thefts by care workers.

- 3.20 Some emphasised the important role of carers, and spoke of the need to recognise this. One carer felt that there is too much reliance on unpaid carers to provide support.

“The authorities rely on carers, and carer benefits are not well publicised.”  
Carer

## Integration of Health and Social Care

3.21 All participants were asked for their thoughts on whether RCOP had contributed to better joint working between health and social work services. Approximately half of the people we spoke with were aware of the integration agenda.

3.22 Several older people and carers felt that very little progress had been made – particularly in terms of frontline services. Although there was also recognition that integration was at an early stage.

“There is still a way to go with integrating health and social care services.”

Older Person

3.23 One person spoke about disconnected services in which GPs and social work did not refer people to local and voluntary support. Another described their experience accessing Accident and Emergency after the older person they cared for fell. They were referred to Social Work who then referred them back to Accident and Emergency.

“Professionals should be trying to help, by signposting to relevant services and social groups.”

Carer

3.24 Another said that local and central services did not communicate well. This person felt they often travelled long distances for an appointment at an acute facility which could have been delivered locally.

“The lack of communication between agencies is coming through quite strongly. It is taking time for services to talk to each other.”

Older Person

3.25 One person suggested that the nature and geography of their area meant that integration was developing in different ways, in different places.

3.26 One carer questioned the concept of integration, as they believed it would have negative results.

“It will lead to too many managers, and no one will know who is in charge.”

Carer

3.27 Another carer believed that if integration resulted in a “one stop shop” for services, this could be a positive outcome for service users.

“It is confusing sometimes about where to go for particular services and this may help resolve that.”

Carer

## Summary of key findings

- Voluntary sector workers had different experiences of involvement in RCOP and the Change Fund. Some felt the voluntary sector had not been well represented, while others felt the voluntary sector is now better involved than before.
- For some, there was a lack of understanding of the Change Fund and how to access it. There was some concern about a lack of investment in the voluntary sector from the fund - although others felt the sector had been well involved.
- Many found it difficult to identify the impact of RCOP and the Change Fund on older people, carers and communities at this stage. However, there was some evidence of positive health and social care experiences. There was some concern that reduced funding and investment will have a negative impact on older people and carers.
- There was evidence that RCOP and the Change Fund has supported new approaches and greater engagement with the voluntary sector in some areas.
- There is some evidence that hospital admissions are being reduced. However, there was concern about a lack of support within communities to support people on leaving hospital. This was seen as a key barrier to shift care to community settings.
- There are opportunities to better integrate health and social care, and improve communication between services. Those we spoke with also felt there is scope for a greater shift of care to community settings.
- There is ongoing concern about support for carers.

## Annex One

### Discussion Guide: Voluntary Organisations

#### Introduction (10 minutes)

Audit Scotland is assessing how much progress public sector organisations have made in reshaping care for older people. (As you will know) this is a national policy drive to change how care for older people is provided, focusing on:

- more care at home rather than in institutions; and
- building the capacity of third sector partners to support older people.

It has asked us to do a small piece of work to feed into this audit – holding three focus groups with three focus groups with service users and their carers, and three with voluntary sector workers involved in supporting older people. These groups will be held in Glasgow, Highland and Angus. The findings and conclusions would then be written up in a short report, which will inform Audit Scotland's audit. The groups are being held early in Audit Scotland's audit process, so that older people and carers experiences can inform their other work, to produce a balanced report.

The focus groups will be written up anonymously. It will be clear which local authority area participants are from – but individual participants won't be identified. We would appreciate if you are as honest and candid about your experiences as possible.

Also:

- Please feel free to disagree (nicely) with other participants – we want to get different experiences and views.
- We will be taking notes of the discussion, but not taping it.
- The group will last 90 minutes.
- Your participation is entirely voluntary.

We will produce a short report on our findings during April and will share this with participants.

#### Involvement in RCOP Discussions (10 minutes)

1. Introductions – name, organisation and involvement (if any) in RCOP to date

#### Quick Flavour of Initial Views

We'll be going through lots of questions about particular aspects of RCOP and its impact. Firstly, as a very rough guide for later discussion, ask participants to vote (using dots) on the difference RCOP has made on key areas.

2. (Dot voting) So far, what impact do you think RCOP has had locally on:
  - The quality of service for older people
  - Support for carers
  - Involving and supporting the voluntary sector
  - Integrating health and social care

- Shifting care to a community setting

### Role of the Voluntary Sector (20 minutes)

One of the aims of RCOP is to build the capacity of third sector partners to support older people.

3. How do you feel about the involvement of the voluntary sector in discussions about RCOP locally to date?
4. Do you feel that the voluntary sector been able to influence decisions about the direction RCOP is taking locally?
  - *What has enabled the voluntary sector to have this influence?*
  - *What has prevented the voluntary sector from having this influence?*
5. Do you feel that the role of the voluntary sector in terms of working with older people has changed as a result of RCOP?

### The Change Fund (20 minutes)

6. How do you feel about the priorities for the Change Fund locally?
7. Do you feel that the voluntary sector has been involved in discussions and decisions about the Change Fund and how it is used?
8. Ranking – What impact do you think the Change Fund has had on:
  - *Supporting a shift towards home and community based care*
  - *Supporting unpaid carers*
  - *Reducing waste/ increasing efficiency*
  - *Reducing hospital admissions*
9. Has the Change Fund had other impacts/ resulted in other changes?
10. Do you think that these changes are sustainable beyond the life of the Change Fund?

### Shifting Care to Community Settings (20 minutes)

11. Do you believe that overall, RCOP has resulted in a shift towards home and community based care locally?
  - *Why – what has helped/ not helped?*
12. Are there any examples of where this shift has worked particularly well?
  - *These could be small shifts or localised examples*
  - *And how do you know that it has worked well?*

### Integrating Health and Social Care (10 minutes)

13. Has RCOP (and wider shifts towards integration) contributed to better joint working across health and social care?

14. Are there any examples of where joint working has worked particularly well?

- *And how do you know that it has worked well?*

### Impact on Communities (10 minutes)

We will be speaking to older people and carers about the impact of any changes on their experiences. However, we are interested in your views on the impact on the older people and carers you work with.

15. Do you think that RCOP has impacted upon the services that older people and their carers receive?

- *Positively/ negatively?*
- *In terms of quality/ type*

### Overall (10 minutes)

16. How would you summarise what has changed as a result of RCOP at a local level? *Each participant to identify one main change*

17. Do you think these changes or shifts are sustainable in the longer term?

- *And what will influence this?*

Any other comments?

Thank you very much for your time.

## Annex Two

### Discussion Guide: Older People and Carers

#### Introduction (5 minutes)

Audit Scotland investigates to make sure that public bodies make good use of public funds.

It is currently looking at care for older people. The Scottish Government is very keen that care for older people is delivered at home rather than in institutions, and is delivered in a joined up way between social work and health. It has a Reshaping Care for Older People programme, and health and social work partnerships locally have been given money to help them to change the way they work.

Audit Scotland has asked us to speak to older people and carers in three parts of Scotland to inform this review. We are also speaking to voluntary sector workers. The three areas are Glasgow, Highland and Angus. The groups are being held early in Audit Scotland's audit process, so that older people and carers experiences can inform their other work, to produce a balanced report.

The focus groups will be written up anonymously. It will be clear which local authority area participants are from – but individual participants won't be identified. We would appreciate if you are as honest and candid about your experiences as possible.

Also:

- Please feel free to disagree (nicely) with other participants – we want to get different experiences and views.
- We will be taking notes of the discussion, but not taping it.
- The group will last 90 minutes.
- Your participation is entirely voluntary.

We will produce a short report on our findings during April and will share this with participants.

#### Involvement in RCOP Discussions (10 minutes)

1. Introductions – name
2. Have you heard of Reshaping Care for Older People?
3. Have you been involved in any discussions or decisions about RCOP locally?

#### Involvement in RCOP Discussions (10 minutes)

Each area has focused on different areas of work (*explain relevant area only*):

- In Glasgow - reablement services, carers assessments, telecare packages and community capacity building;
- In Highland - reablement, delayed discharge, support for carers, and community awareness and capacity building; and

- In Angus - dementia services, enablement and anticipatory care, falls prevention, medicine for the elderly and self management.
4. Have you noticed any changes in the way these services are delivered in recent years?
- What (if anything) has changed for the better?
  - What (if anything) has changed for the worse?

### Experience of Using Services (20 minutes)

5. Have you had any particularly good experiences of using care services recently?
- *Getting support at home*
  - *Early support before a problem becomes too big*
  - *Health and social care working together*
6. Have you had any particularly bad experiences of using care services recently?
- *What were the problems?*
  - *What would help to improve this?*

### Main Changes (15 minutes)

7. Overall, have you noticed any changes in the care or support you receive in your own home in recent years?
- *Is it easier to get support?*
  - *Are there more services available?*
8. Have you noticed any changes in the support available for carers in recent years?
- *Is it easier to get support?*
    - *Are there more services available?*
9. How well do you think health and social care services work together (the NHS and the Council)?
- *Has this changed in recent years?*
  - *What impact has this had?*
10. Prompt: There are organisations like (*insert names*) supporting older people in this area.
- *What do you know about their role in relation to care?*
  - *Has their role or activity changed in recent years?*

Any other comments?

Thank you!