Summary

- Capability Scotland believes that the proportion of the total health and social care budget for older people spent on home care should be dramatically increased. Currently less than 7% of the total spend on health and social care for people over 65 in Scotland is spent on home care\(^1\) in spite of the Scottish Government’s vision that older people should be helped to remain at home or in a homely setting for as long as possible.
- Given the social return on adaptations the Government should reconsider the cut to the adaptations fund and ensure that housing adaptations have a greater profile in the £80 million Change Fund intended to help the NHS, local authorities and others provide shared services.
- Councils and their NHS partners need to plan now for the likely increase in demand for community care services for older disabled people and the expected shortage of carers. Each council should also be aware of its current levels of unmet need and the potential future needs and expectations of older disabled people.

What is your view of the effects of demographic change and an ageing population on the sustainability of funding for (a) health and social care and (b) housing services? What public services will individuals increasingly call on and in what way?

1. The implications of the current financial situation and demographic changes make the principal policy goal of the Reshaping Care for Older People programme – to optimise independence and wellbeing for older people at home or in a homely setting – a challenging task, as an increasing number of people will require improved services, care and support.

2. Capability Scotland believes that maintaining the status quo will not suffice and that significant shifts to anticipatory and preventative approaches to care are required to achieve and sustain better outcomes for older people.

3. Caring for a growing number of very old people with complex conditions that may be combined with neurological dysfunction is the challenge posed by demography. Older disabled people will need multi-disciplinary support at home – personalised care packages that may include a full-range of services from intensive nursing care through to handyman services, and adaptations provision. Budgetary boundaries between health and social care will be very unhelpful in providing such services and it is clear that integration and pooled budgets are vital.

\(^1\) Calculated from National Expenditure Returns: for local authorities: Scottish Government returns LFR3 and LGF4a; For NHS: Cost Book (2007/08); NRAC cost curves (2007/08); Population projections: GRO (Scotland) 2006-based population projections
4. There is a need for a significant investment in home care services and in the provision of suitable housing. Innovative approaches such as 'telecare' and 'telehealth' will have a substantial part to play but it must be recognised that technology is no substitute for human input.

5. A dramatic increase is required in the proportion of the total health and social care budget for older people spent on home care. We currently spend approximately £4.5 billion of public funding each year on health and social care for those over 65 years across Scotland. Well over half (60%) of this is spent on providing institutional care in hospitals and care homes (and almost one-third on emergency admissions to hospital). Less than 7% is spent on home care\(^2\) in spite of the Scottish Government's vision that older people should be helped to remain at home or in a homely setting for as long as possible.

6. It is also important to recognise that formal paid-for support is vastly overshadowed by informal support given by family and friends. The Audit Commission estimate that carers over 60 provide care worth twice public spending on care services for older people\(^3\). Demographic changes however will reduce the size of the middle age care-giver group and produce the possibility of serious shortages of unpaid carers – a carer's deficit. Building community capacity for caring is therefore imperative.

**Housing**

7. Housing and regeneration in Scotland will face a 42% budget cut over the next three years as part of the Comprehensive Spending Review as the housing budget falls from £389.6 million in 2011/12 to £252.2 million in 2014/15.

8. As the population ages, in general, people become progressively less likely to move house\(^4\). Clearly longer life expectancies over a largely fixed stock will lead to fewer vacancies. This has already been seen in the social housing stock, but the effect may begin to be felt in the private sector as well. Making current homes appropriate for an aging population will therefore become increasingly important and the right to adaptations and sufficient grant funding for such is critical in making the housing stock future-proof. The housing adaptations budget for 2012/13 is being cut from £8 million to £6 million - a cut of 25%. Capability Scotland believes it is vital to meeting the needs of older disabled people that this cut be reconsidered.

9. The Social Return on Investment study\(^5\) undertaken by Bield, Hanover (Scotland) and Trust Housing Associations highlights that adaptations undertaken to sheltered and very sheltered housing save millions of pounds for the Scottish Government. Specifically, the study demonstrates that the investment across the

\(^2\) Calculated from National Expenditure Returns: for local authorities: Scottish Government returns LFR3 and LGF4a; For NHS: Cost Book (2007/08); NRAC cost curves (2007/08); Population projections: GRO (Scotland) 2006-based population projections

\(^3\) Under pressure Tackling the financial challenge for councils of an ageing population: Audit Commission 2010


\(^5\) Measuring the Social Return on Investment of Stage 3 Adaptations and Very Sheltered Housing in Scotland
three housing associations created approximately £5.3 million in cost savings to the Scottish Government, from a £1.4 million spend.

10. The decline in the ratio of sheltered housing units to disabled pensioners is also problematic and is projected to be significant across Scotland. Very Sheltered homes can enable frailer older tenants to maintain higher levels of independence, freedom, choice, dignity and social inclusion than would otherwise be the case. A major building or extensive adaptation programme would be required to maintain the current stock to disabled pensioner ratio. Based on current projections 23,385 units are required by 2033.\(^6\) Capability Scotland would urge the Government to engage with meeting this need in the near future.

Further, what planning is being done, or should be done, to address this?

11. We are aware that the £80 million Health and Social Care Change Fund will be available for Partnerships in 2012/13, with £80 million committed for 2013/14 and £70 million for 2014/15, to drive the development of services that optimise the independence and wellbeing for older people at home or in a homely setting. We would like to see evidence of similar funding being made available for the provision of adapted housing.

To what extent are the pressures on health and social care a consequence of an ageing population as opposed to other health challenges such as obesity?

12. The total cost to NHS Scotland of obesity in 2007/8 was in excess of £175 million (approximately 2% of the budget allocated to NHS Boards), of which £4.5 million was associated with drugs for obesity.\(^7\) The majority of costs were associated with the consequences of obesity, most notably type 2 diabetes (£48 million) and hypertension (£38 million).

13. Given that we currently spend approximately £4.5 billion of public funding each year on health and social care for those over 65 years across Scotland, demographic pressures are much more significant than single-issue health challenges such as obesity.

What is likely to be the main pressures on both the public and private housing stock arising from the demographic change and what action should government and other public bodies be taking now to address this?

14. Ensuring suitable housing supply for the ageing population poses a variety of problems, including: providing homes for people’s life course; ensuring overall supply of the general housing stock as the majority of the older population will be living there; ensuring adequate supply of specialist sheltered, very sheltered, extra care and medium dependency housing.

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\(^6\) The Impact of Population Ageing on Housing in Scotland (2010)

\(^7\) Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight, Scottish Government (2010)
15. The Government has clear evidence of the size and impact of the mismatch between the demand and supply for housing suitable for disabled people in general, even before the issue of age is examined. The Government’s own analysis of the 2004 Scottish House Condition Survey (SHCS)\(^8\) clearly illustrates a significant shortfall in the supply of accessible housing for disabled people. It found that the following accessible housing had been built in Scotland:

- 26,000 ambulant disabled properties compared to 199,402 households using a stick or walking framework, which equals 13% of need met and an additional 173,400 properties needed.
- 7,000 full wheelchair properties compared to 36,221 wheelchair users, which equals 19% of need met and an additional 29,221 properties needed.

16. This situation has not changed significantly in the last eight years. In Glasgow new build projects have only been averaging 30 new wheelchair accessible and barrier free properties a year. If new builds continue to increase at the current rate it will take approximately 133 years to make up the current estimated shortfall\(^9\). Unless the Government actively engages with this problem and finds a solution that all housing developers work to, it appears likely that the housing stock in Scotland will simply be unable to meet the long-term needs of older disabled people.

17. In relation to adaptations the picture is no less bleak. Combined data from the 2005/06, 2007 and 2008 SCHS suggests that 137,000 dwellings in Scotland require adaptations and that “one in five disabled people requiring an adapted house live in a house that is ‘not at all’ or ‘not very suitable’ to their needs.” The Scottish Government must re-consider its cut to adaptations funding and must encourage local authorities to pool resources from health, housing and social care budgets to ensure that funding is made available to adapt properties to meet assessed needs.

What adaptations will be required to the existing housing stock to provide long-term care and to what extent should the design of new builds take into account the possibility that the home may be used for care purposes in the future?

18. The existing housing stock will need to be barrier-free and conform to Lifetime Homes and Housing to Varying Needs design guidance as much as is practically possible. Adaptations such as wetrooms, level access showers, hi-low baths, grab rails and stairlifts will be required when barriers within the footprint of the house cannot be overcome by an older person. When such adaptations are not possible extensions will be required to provide access to toileting and washing facilities or where necessary accessible living accommodation.

19. Homes should be built to be adapted in later years with the expectation that owners may require tracking for hoists between bathrooms and bedrooms and ramps to make entrances and exits accessible. The tradition of building homes with

\(^{8}\) [http://www.scotland.gov.uk/Topics/Statistics/SHCS](http://www.scotland.gov.uk/Topics/Statistics/SHCS)

\(^{9}\) Housing homeless disabled people, Shelter Scotland (2006)
three steps up to the front door should be whole-heartedly abolished and putting toilets and bathrooms downstairs should be encouraged.

**About Us**
Capability Scotland campaigns with, and provides education, employment and care services for, disabled people across Scotland. The organisation aims to be a major ally in supporting disabled people to achieve full equality and to have choice and control of their lives by 2020.