1. NHS Education for Scotland (NES) is a special health board responsible for supporting NHS frontline services delivered to the people of Scotland through education, training and workforce development. The work of NES helps to ensure that services are safe, effective and patient centred through a well trained workforce.

2. NES welcomes the opportunity to contribute to this important consultation by the Scottish Parliament Finance Committee into demographic change and ageing population.

3. NES works closely with the Scottish Government Health Directorates, NHS Boards, UK Regulatory bodies, Scottish Funding Council, Scottish Colleges and Universities. In addition, key partners the Scottish Social Services Council, Skills for Health, Skills Development Scotland and the Scottish Qualifications Authority to achieve a common understanding.

4. The unique organisational contribution that NES provides is that it supports the professions undergraduate, postgraduate and continuing professional development curriculums.

5. In supporting the integration of Health and Social Care agenda NES have been working in partnership with Scottish Social Services Council (SSSC). This partnership is underpinned by a Memorandum of Understanding. Current partnership workstreams include supporting a number of key government policy drivers namely the Dementia Strategy, Carers Strategy, Early Years and Reshaping Care for Older People by providing educational resources for the health and social care workforce.

6. In response to the questions specific responses have been noted where education implications have been identified:

   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 and (c) public pensions and the labour force? What public services will individuals increasingly call on and in what way?

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

7. The Joint Improvement Team at the Scottish Government have estimated that Scotland’s older population (>65 years) is likely to increase by two-thirds over the next 20 years, with a more significant increase in the number of people aged 85 years and above.
8. Increasing age is associated with greater risk of developing a long-term physical health condition or dementia; and such conditions lead to increased risk of psychological difficulties such as depression and anxiety (10-40% prevalence). Increasing numbers of older people who have experienced long term and chronic mental health problems (such as schizophrenia and bipolar disorder) are also living longer, potentially accessing both older adult and general mental health services. Therefore, Health Boards can expect increased demand on psychological services.

9. Such pressures have been highlighted in the recently published Scottish Government report, *The Challenge of Delivering Psychological Therapies for Older People in Scotland*. Key challenges outlined in this report include service redesign, workforce development and resource allocation, in order that services are equipped to meet this demand. In summary, in order to continue to deliver psychological services to meet the needs of increasing numbers of older people will require:

- Greater emphasis on prevention of mental health problems and long-term physical conditions in later life, in order to promote wellbeing and allow older people to live longer, more active, healthy and economically productive lives.
- Education for healthcare staff which equips them with: a psychological understanding of ageing; skills in promoting positive behavioural change; the ability to recognise when psychological issues may have a negative impact on outcomes; and skills in structured psychosocial interventions which overcome these barriers.
- Redesign within psychological services - since current models of provision are unsustainable. Specialist psychological services for older people should be prioritised for those older people experiencing the most complex and chronic difficulties, often in the context of other co-morbid conditions. Older people who do not require to be seen by specialist services should access general adult psychological services.
- Adequate support for families and carers to equip them to continue to provide care which allows older people with long-term physical conditions, psychological difficulties and dementia to remain living safely in their own homes for as long as they would wish to.
- Investment in psychological services for older people - across Scotland, this is approximately one-third of comparable investment in services for children & young people and working age adults. There is consensus that the current resource (32.3 wte Clinical and Applied Psychologists working in NHS Scotland) is insufficient to meet current levels of need; and therefore will not be sufficient to meet the needs of increasing numbers of older people.

10. In response to demographic change, the Psychology Directorate at NHS Education for Scotland have been taking forward a number of workforce development initiatives to improve access to psychological therapies for older people:

- Investment in: Doctoral Clinical Psychology training places, aligned to Older People’s Psychology Services; and 30 places on the South of Scotland Diploma in Cognitive Behavioural Therapy (CBT) course, ring-fenced for clinicians from Older People’s Mental Health Services around Scotland.
The older people aligned training pathway in the MSc in Psychological Therapy in Primary Care has been recently introduced and several Boards will be employing trainees on this basis to add local capacity from January 2013.

A variety of educational materials and training opportunities designed to increase psychological skill mix within services from introductory level to highly specialist psychological therapy skills. This training aims to increase the capacity of healthcare staff in responding appropriately to the needs of older people with difficulties such as anxiety, depression, dementia and long-term physical conditions.

In collaboration with other NES colleagues, Alzheimer Scotland, NHS Health Scotland and Scottish Social Services Council, the development of resources designed to assist people with dementia, their families and carers to use evidence-based psychological interventions to enable them to live well with their condition.

11. The joint NES and SSSC Reshaping Care for Older People Workforce Group have implemented a number of educational developments to support the aspiration that we have a workforce that is motivated, competent and available to meet the care needs of older people over the next 20 years. To achieve our objective of providing high quality care and support for older people we need to be sure that our health and social service workforces are appropriately equipped with the right knowledge, skills and values. This can only be done by a workforce which is prepared to meet the challenges of more integrated and outcomes-focused practice. The NES/SSSC Reshaping Care for Older People projects to date and planned for 2012/13 include:

<table>
<thead>
<tr>
<th>Title of Activity</th>
<th>Description of Activity</th>
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<tbody>
<tr>
<td>Health and Social Care Support Workers</td>
<td>In support of Remote and Rural Healthcare Educational Alliance (RRHEAL) service improvement, integration and workforce redesign. Education programme to support the development of the role. (ongoing) Develop employers guide for HSCSWs to focus on key areas where they need easy to access quality assured information. (completed)</td>
</tr>
<tr>
<td>Leadership – support for the Change Fund</td>
<td>Development, delivery and evaluation of action learning programme for managers in CHP and CHCP’s 12 completed and further 10 planned for 2012/13</td>
</tr>
<tr>
<td>RCOP – ‘Sliding Doors to Personal Futures’</td>
<td>A 3 stage plan using drama to promote an understanding of the impact of integration, the RCOP programme and the need for change. Stage 1:Scotland-wide awareness events (completed) over 300 participants, Stage 2:development and delivery of an online resource (completed) and Stage 3 piloting the use of Sliding Doors techniques in partnerships / HEI’s (ongoing)</td>
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<td>Title of Activity</td>
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<tr>
<td>RCOP - Demographics</td>
<td>Provide integrated workforce analysis with identification of trends, risks and mitigations to support key priorities (completed) further work in this area is being planned 2012/13</td>
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<tr>
<td>Integration Surgeries</td>
<td>Throughout the country deliver integration surgeries to health and social care staff, carers and volunteers (ongoing)</td>
</tr>
<tr>
<td>Volunteering Strategy</td>
<td>Development of a strategy to support health and social services staff working with volunteers</td>
</tr>
<tr>
<td>Caring Together and Getting it Right for Young Carers – The Carers Strategies for Scotland 2010-2015, - Funded by Scottish Government – Carers Strategy</td>
<td>Workforce Training and Education Plan Agreed Training Needs Analysis (completed) Further develop and deliver on the workforce training and education plan that will support and enable health and social care staff to effectively meet the needs of carers and young carers and engage them as equal partners in the design and delivery of services. (ongoing)</td>
</tr>
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12. NES/SSSC wish to maintain and build on the current momentum and ensure alignment with the integration agenda going forward and acknowledges that integrated care delivery is unlikely to happen at the necessary pace and scale unless those implementing it are provided with support. Building leadership, trust, collaboration and a common vision amongst key stakeholders are key. And it is essential that frontline workers, first line managers, as well as strategic managers, have the necessary skills and knowledge to deliver.

13. We already know from experience that where people from different sectors or organisations have participated in joint learning activities as above and evidenced in the Action Learning Leadership evaluation they are more likely to work better together. Understanding and respecting each other’s expertise and shared goals and values produces better outcomes for individuals and communities.

14. NES and the SSSC are already engaged in substantial work to support policy direction through developing the adult social care and health workforce and we expect that to grow over the next year.

15. As the integration agenda moves forward, it will be necessary for NES and the SSSC to develop clear collaborative proposals around governance of this work to enable us to put in place agreed activities and outcomes with a significant funding mechanism from 2013/14 onwards. All the above is being undertaken from within existing NES/SSSC resources. It is essential that we work closely with Scottish Government to ensure that there is sufficient funding to allow equity of access to
learning and development, organisational development and consistency across both sectors.

**What weight should be given during the annual budget process to demographic trends and projections?**

**What data is collected (and what should be collected) with respect to (a) health and social care and (b) housing services and (c) public pensions and the labour force, and what use is made of this (or should be made) to forecast what funding will be needed?**

16. As can be identified above NES and SSSC have undertaken some preliminary work related to the demographics of the health and social care workforce unfortunately data sets collected in the various sectors are not compatible. Additional work is to be undertaken and meeting with Scottish government is planned in order to avoid duplication.

17. A research study commissioned by NES and SE(NHS) Education Forum ‘Enabling Age as Asset in the South East NHS’ interviewed a range of NHS professionals from NHS Lothian, Borders and Fife. The report can be found at [http://www.nes.scot.nhs.uk/media/407302/age_as_asset_-_the_ageing_workforce.pdf](http://www.nes.scot.nhs.uk/media/407302/age_as_asset_-_the_ageing_workforce.pdf)

18. The overall aim of the Forum is to facilitate the development of workforce capacity, education support and educational infrastructure that will ensure that the South East workforce is ready and able to meet future challenges and demands.

**To what extent are preventative policies such as the Change Fund key to addressing demographic pressures on the provision of health and social care?**

19. NES and SSSC have been working with JIT Improvement Network to support NHS Territorial Boards and Local Authorities. This includes reviewing the submitted Change Fund Plans from all partnership. It was noted that workforce and educational strategic plans were sparse, however, a range of innovative examples to support reshaping the workforce was evident.