

## **FINANCE COMMITTEE**

### **DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY**

#### **SUBMISSION FROM PRIMARY CARE AND COMMUNITY SERVICES**

1. The factors of increased longevity and reduced birth rate for the last 20 years are driving a very significant demographic change in the UK. Increased longevity is due to a number of social and medical factors for example the largest contributor to the increase in life expectancy in the last 10 years of the 20th century was improved mortality from IHD and stroke. The interaction between demographic change and social care expenditure is complex.

2. Reshaping Care for Older People recognised that there will be 21% more people aged >75 in Scotland by 2016 and 83% more by 2031 compared with the 2006 population, assuming demand increases with population growth and that current service models remain unchanged it is recognised that the demographics will require a 1.2% increase in the NHS budget per year every year and a similar increase in local authority social work (older people) budgets also, because of these facts concerns have been raised that current arrangements are not sustainable in view of the country's current financial position.

3. To maintain a sustainable and high quality NHS in the current financial climate we need an open and honest and informed dialogue about the true cost of delivering services and the priorities for the allocation of resources both in the NHS and local authorities. An open debate about rationing, what the NHS/ local authorities can and cannot afford is required. How much we choose to spend on health and social care is a political decision and not a technocratic one but whoever finally makes these decisions should be partly informed by medical, nursing and AHP staff as that is where the expertise lies in health delivery and the views of social workers working with older people should similarly be listened to by local authorities. These staff can identify what is absolutely required to maintain and if possible improve services and may be able to help in identifying possible efficiencies in services.

4. It must be recognised however that no matter how effectively services are organised and delivered, adequately resourcing quality health and social care will inevitably require significant extra resources if true account of demographic change is being taken. Over the medium to long term, people need clarity over what the state will fund as some degree of certainty is required for individuals to properly forward plan. The role that general taxation will play needs a wider public debate and politicians should embrace this and not avoid it.

5. With regard to public pensions and the labour force as well as housing this is for others with specific experience in these areas to answer.

6. What I would say is that this consultation appears to gloss over or ignore the specific requirements that will be needed in terms of secondary care beds for older

people. There is very little good quality evidence of what constitutes an avoidable admission, or of what community services and infrastructure for older people actually works to prevent avoidable admissions but government documents such as health and social care integration assume, with no evidence, that disinvesting in secondary care beds and building up community services will result in a significant reduction in hospital admissions for physically and mentally ill elderly people. This is not only wrong, it is dangerous and wrong. Secondary care beds are for the illest and most challenging and complex patients and with a near doubling of our elderly population coming our way it is inevitable that increased secondary care resources will be required unless and until there is good quality evidence to show that there really are significant numbers of current elderly emergency admissions that could be prevented by an evidenced based community infrastructure of care that works 24/7, with rapid response and adequate numbers of appropriately trained staff. As people age, they get more frail, are more likely to have multiple physical co-morbidities and have their case further complicated by mental health problems, especially dementia and it is very difficult to see how comprehensive appropriate assessment and investigation can take place in community settings especially when a patient is severely and acutely unwell.

7. The demographic changes occurring within a challenging spending environment poses a very significant challenge for the provision of health and social services and there is a clear need to plan a co-ordinated system of community, hospital and residential health and social care to cope with a range of needs for an increasing number of old and very old patients, the need to improve decision making on what local services are needed and how they are delivered is urgent. Different ways of working, more efficient and effective care pathways, better integration of statutory services underpinned by a fair and transparent resource allocation system are all going to be required and adequate fair resourcing is crucial.

8. Fair and transparent weighting of demographic change that allows changes to budgets that fairly take account of increased numbers requiring the services. Honest accurate and realistic forward planning, not planning based on unevidenced based magical thinking.

9. This is for others to answer.

10. The change fund, so far, has some good ideas but feels like tinkering at the edges of the problem and the outcomes that result from the money already spent need robust meaningful evaluation to identify what works in achieving the prevention of avoidable admissions and facilitating early discharge.

11. It is difficult to make meaningful comparisons between the pressures of an increasing aged population on health and social care budgets with other health challenges such as obesity, smoking, alcohol etc and these physical co-morbidities are not mutually exclusive, this makes working out exact costs to the NHS and social care very difficult achieve.

I don't really have an opinion on the other questions and I think others would be in a better position to address questions 7 to 10.