

FINANCE COMMITTEE

DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY

SUBMISSION FROM WRVS

WRVS is a major volunteering organization focused on providing service for older people. We have a turnover of £79 million, deploy 40,000 volunteers and provide 1500 services supporting 100,000 people every month. Last year we delivered 3.6 million meals on wheels to 13,800 people. We helped over 7,000 people every month to go shopping, visit friends and get involved in other loneliness busting activities through our transport schemes.

Last year we also helped 4,800 people every month to live independently with the support of our Good Neighbours service and we gifted £5.7 million to the NHS from our retail activities in hospitals.

Evidence

1. WRVS as a major service providing and volunteering organisation is focused on keeping Scotland's older people well and enabling them to live independently. We believe that there are a number of fundamental problems facing older people in Scotland today and that each of these problems are exacerbated by demographic pressures and fiscal constraints. We are, however, optimistic that these problems can be tackled by focusing on practical, preventative solutions. Our remarks are based on the experience of delivering front line services to (and very often by) older people.

2. Key points:

- Our evidence is based on practical experience of providing front-line services;
- Prevention is of great relevance for older people's services.

3. This response deals with the high-level problems and solutions to the demographic challenges of an ageing population. We would be happy to provide further written or oral evidence as appropriate in support or development of the evidence given here.

4. We know that there are a wide variety of effective preventative services that help to keep older people independent and living in their own homes. The Finance Committee's [Inquiry into Preventative Spending](#)¹ in the Scottish Parliament's Third Session outlined a number of the ways in which the quality of life of Scotland's people could be improved while maintaining the level of service provision. This argument can be applied to older people's services.

5. We also know that these services are relatively inexpensive to provide, when contrasted with acute interventions. There is, however a serious problem with the

¹ <http://archive.scottish.parliament.uk/s3/committees/finance/reports-11/fir11-01.htm>

funding of these services. Often preventative services are a Cinderella in provision of health and social care. Fewer local authorities are funding these preventative services from their core budgets.

6. The Change Fund has helped to fund a wide variety of preventative services, and this is extremely welcome. It has also helped to fund innovative approaches to providing preventative services. But if it is to encourage prevention in the long term there must be a way for these services to be funded from mainstream budgets. At present the process for funding to be maintained is unclear, and this may be exacerbated if there is a gap between the end of the Change Fund and implementation of integrated health and social care budgets.

7. The Change Fund has also helped to catalyse better relationships between statutory and voluntary sectors. The 'triple-lock' arrangement for change plans and funding where there is an obligation for sign-off from the NHS, local authorities and third sector has been effective in ensuring joint working. Our experience has been that opportunities beyond the Change Fund have been opened up by these relationships, and it is vital that this triple-lock is sustained in the integration of health and social care.

8. Key points:

- The Change Fund is effective both at funding preventative services and encouraging joint working;
- The 'triple-lock' sign-off procedure for Change Plans and funding is an effective way to ensure better working and should form part of health and social care integration proposals;
- There is a need to ensure continuity for services supported by the Change Fund once the Change Fund support ends.

9. We note there is a need for focus on tackling loneliness in future provision of services. We know that loneliness is a serious factor in reducing quality of life for older people. [It exacerbates existing conditions and can trigger dementia](#)². WRVS has recently published research highlighting [that loneliness is a particular problem for older men](#) (WRVS, 2012)³. Over a third (36%) of men over 75 spend more than 12 hours a day on their own, with 54% of those who say they feel lonely saying that this leads to feeling of depression. It is important that there is a loneliness focus in service planning, as this is an important aspect of preventing future needs. This may include giving a loneliness focus to other services, such as Meals on Wheels or assisted shopping schemes.

10. There is plenty of scope to tackle the demographic pressures if we invest to save. There is particular scope for achieving the optimum outcome of increasing quality of life while reducing spending by addressing older people's needs early. The services that are most effective at preventing acute need are those provided to

² Wilson *et al* (2007) Loneliness and Risk of Alzheimer Disease *Arch Gen Psychiatry*. 2007;64(2):234-240 (available at: <http://archpsyc.jamanetwork.com/article.aspx?articleid=482179>)

³ "Loneliness rife among older men": <http://www.wrvs.org.uk/news-and-events/news/loneliness-rife-among-older-men>

people without acute needs. These are also the services under most pressure. The temptation to cut services that will prevent future acute need must be resisted to avoid very substantial increases in the cost of care in coming years. WRVS will soon be publishing a Social Return on Investment report on its work in Perth and we will circulate this to the Finance Committee as soon as it is available. It is essential that government invests in research which demonstrates the financial and social benefit of investing in preventative services. This will help to make the case for preventative services.

11. Key points:

- Tackling loneliness and isolation must be a focus for service planning;
- There is need for more research setting out the social and financial benefits of preventative services.

Recommendations

12. The demographic challenge can be met with determined action to prevent acute conditions arising. Actions that deliver prevention will also, by their nature, increase the quality of life of older people. This, however, requires coordinated action that focuses on the causes of loneliness and isolation. Some of these actions may be structural, and it is vital that the good examples that have been supported by the Change Fund are mainstreamed.

13. The successful integration of health and social care is both imperative and a huge opportunity to deliver improvements in quality of life. It offers huge opportunities to invest in preventative services. The third sector must be fully engaged in this process in order to maximise the impact of the changes. This means not only a seat at the Health and Social Care Partnership, but a say over the plans and spending priorities for integration.

14. To help make the case for more preventative spending, it is important that an effective evidence base is developed on how much can be saved by investing in particular services. This will help to prioritise spending and quantify the savings that can be achieved by any particular service. It will also help the spread of good practice.