
Age Scotland

Introductory Remarks

Since 2007 the Scottish Government has made supporting sustainable economic growth their principal policy objective. However sustainable growth and ever increasing GDP is by itself a poor barometer for measuring Scotland’s economic, social and environmental progress as it simply measures the volume of cash, not how it is being spent, who is benefiting or whether the money has been generated by say polluting activities.

The proportion of total Scottish income going to the richest tenth is noticeably higher than a decade ago: 29% in 2008/09 compared with 25% in 1998/99. If a few individuals get incredibly wealthy it can distort figures and increase GDP even at a time where most individual’s income are declining.

Policies that promote GDP at the expenses of other more meaningful measures of progress risk exacerbating this situation and contributing to greater inequality, social immobility and environmental damage. Age Scotland believes that the Scottish budget should be used to reshape the public sector so that it promotes and enhances those areas of public life which make the most significant impact on our health, well-being and happiness. These policy priorities do not necessarily conflict with sustainable economic growth, but by looking beyond economic growth and GDP and focusing on a broader set of indicators that more accurately capture both well-being and sustainability will better address the wider social and environmental problems in our society.

Health and Social Care

1. Change Fund

The Draft Budget maintains the funding level that Spending Review proposed for the Change Fund for Older People’s Services should amount to £80m in 2013-14. At the time of the scrutiny of the Spending Review the Scottish Government stated this finding would also be supplemented by funds from local authority partners, which will be £20m in 2013-14 as it was in 2012-13.

The 2013/14 Draft Budget details that the impact of the Health and Social Care change fund is being monitored through Talking Points, an approach that focuses on assessing the outcomes important to the individual, planning how they will be achieved and reviewing the extent to which they have been attained. However there is no evidence that Partnerships are taking this person centred approach to allocation decisions (and achieving improved outcomes- see below) or publically available analysis about how Change Funds are shifting commissioning decisions.
For example Age Scotland’s Freedom of Information research has shown that despite the guidance prescribing 20 per cent of funding be allocated for carers services in 2012/13, the reality is much less. There has also been a significant level of monies directed towards institutional homes and, despite its well evidenced preventative nature; few partnerships have allocated any money towards community transport services.

- In Aberdeenshire, only £153,000 is being spent on carers services in 2012/13 out of a budget of £1.9m;
- In Angus, only £204,000 is being spent on carers services out of £1.685m;
- In Shetland, only £30,000 is being spent on carers services out of £374,000 in 2012/13, with no money allocated to housing support in 2012/13 compared with £15,000 the previous year;
- In Angus, £374,000 is being spent on improving hospital discharge Strategy in 2012/13;
- In Aberdeenshire, £90,000 was spent on an older person communications officer;
- In Dundee, £138,000 in 2012/13 is being spent on additional support for care homes;
- In Perth, £172,000 in 2011/12 and then £280k in 2012/13 is being spent on care home placements;
- Lanarkshire NHS spent £250,000 on care home placements in 2011/12;
- Dundee, East Lothian, Angus, Stirling, Clackmannanshire, South Lanarkshire, Orkney, West Lothian and Shetland councils all failed to include funding for community transport services in their 2011/12 or 2012/13 Partnership budgets.

Despite the three partner sign off mechanism, little of the funds have been used to exclusively fund preventative programmes, and instead has been focused on institutional care. Indeed many of the voluntary organisations who have a role in shifting the balance of care have been subject to standstill budgets or budget cuts over the last few years, any gain from local Change Fund Plans will be minimal and may only help them to ‘stand still’ rather than expand or develop their work with older people and their families.

As such Age Scotland believes further evaluation is required to determine the effectiveness of the Change Fund money, including

- What Partnerships are using the Talking Points approach?
- Exactly what is the money is spent on?
- How the Change Fund has has improved or changed commissioning decisions?
- How each project has delivered outcomes?
- What are the individuals’ outcomes across Scotland and how they have changed?
While the 2012 review of Talking Points notes the potential for the Change Fund to help inform people centred decisions it is not used as standard in determining Partnership commissioning decisions.

However the Talking Points personal outcomes approach has the potential to improve partnership working between health, housing and social care, in public, independent and third sectors. Currently commissioning practices for social care are failing to meet the needs of service users and according to Audit Scotland only 11 of the 32 council areas have commissioning strategies covering all social care services in place. And few of these strategies examine what the local needs are and what the cost and capacity is of providers to supply services.

It is crucial that we embed the Talking Points approach across Partnership and use the money to deliver effective outcomes as otherwise the likelihood is that best practice initiated by the Change Fund will be lost from 2015/16 when the 4 year fund is due to end. The evidence base from a national evaluation is key to mainstreaming the necessary shift in commissioning approaches.

**Change Fund Outcomes**

Some Partnerships have been able to report on improvements from their change fund interventions. For example, in Edinburgh Council, the fund has provided additional resource to roll out a pilot care pathway, which has resulted in reduced length of stay, by several days, for orthopedic patients, and early return home, with people able to access home-based re-ablement and rehabilitation services. The average length of stay for orthopaedic patients has been cut by a third to 14 days, and hospital stays of stroke patients by two-thirds.

However this is clearly not the case in all Partnerships. The National Indicator for the rate of emergency admissions to hospital increased from 9,661 per 100,000 population in 2006-07 to 10,149 in 2008-09, before reducing to 9,917 per 100,000 population in 2009/10. The latest provisional figures for 2011-12 of 10,070 per 100,000 population indicates that there has been an increase in the rate over the last two years.

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<td>9,926</td>
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<td>2011/12</td>
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Questions

- What evidence is there of Change Fund money shifting commissioning decisions?
- How have the outcomes for patients been improved since the Change Fund was introduced?
- Is national progress on stopping emergency admissions good enough?
- How many Partnerships have adopted the Talking Points approach?
- How many Partnerships have mapped local need and capacity before determining local spend?
- Is there concern about the reputational damage from not having the Change Fund focus on exclusively preventative measures?

Recommendation

- All Partnership to maps local need and capacity before determining spending plans for 2013/14.
- Strengthened conditionality to be attached to the Change Fund to ensure it is spent on purely preventive measures.
- All Partnership to engage with the Talking Points approach to achieving individuals’ outcomes and commissioning to be based on this.
- 25% of funds to be ring-fenced for third sector providers to ensure a preventative focus of spending.

2. Self-Directed Support

This budget line is designed to meet the direct costs arising from the Social Care (Self-Directed Support) (Scotland) Bill should it be passed by Parliament. The 2011 Spending Review proposed this line rise in cash terms from £5m in 2012-13 to £12m in 2013-14, before falling back to £7m in 2014-15. However, the Draft Budget proposes more funding, so that the line would rise to £17m in 2013-14, reducing to £12m in 2014-15. The Scottish Government has advised that this increase is to support local and regional hubs of expertise, provision of training support and to establish a transformation fund.

However COSLA states that, the £23m (now £29m) identified by the Scottish Government falls far short of even its most conservative estimates. COSLA believes that whilst it is difficult to fully estimate the exact cost for all councils, from the information provided, even the lowest estimate for each of the cost areas outlined above over three years would total just over £50m nationally. COSLA believes that given that councils are at different stages in implementing SDS, it is highly likely that these costs would be higher, and indeed even based on the median of the estimates which were received the total cost to councils, over the next three years would be over £90m.

This is estimated due to the following costs

1. Additional capacity for the administration of Direct Payments will be required. Although councils should already have systems for making
direct payments in place, the Bill will increase the volume of DPs, and therefore administrative, finance and audit costs.

2. Assessment, resource allocation, and review processes will have to be reviewed to ensure they adhere to the guiding principles the Bill will introduce. In some cases, new systems, guidance, training will need to be developed and implemented as a result.

3. There will be an increase in the volume of SDS assessments as these are offered to all new clients, and other client groups are reviewed. Where a council is also supporting a number of carers, the Bill duty requiring councils to also offer them the SDS options, means that carers will be added to the total number of clients requiring SDS assessments/reviews. There has also been some concern that the Bill will lead to increases to the total client base, over and above that expected to arise from demographic change, due to direct payments encouraging more people to seek a service.

4. The unit costs of externally purchased care are likely to rise, leading to a requirement for increased funding or a reduction in the levels of care provided.

5. Fixed running costs for in-house and buildings-based services will need to be met until services can be down-sized or closed. As people take up the range of options that the Bill will require councils to offer, there will be a reduced requirement for in-house services. This will lead to obverse economies of scale operating until natural staff turnover, redundancy or TUPE arrangements reduce overheads in line with the reduction in clients. Until this point, the service will be running inefficiently, with the unit cost of care going up.

Further through our Helpline we have received calls from individuals across a number of local authorities who are not getting care services despite being assessed as eligible because the authority does not have enough money. Lord McPhail’s Ruling on FPNC provision states that it is lawful for local authorities to operate waiting lists for care when they do not have available resources so long as they are working towards providing that service. Without adequate funding for the administration of SDS, support and advice organisations and the delivery of services the personalisation agenda may fail to reach its potential in how it can transform the lives of social care users.

Questions

- Is there enough money in the budget for implementing the SDS Bill?
  How did the Government determine that £29m was sufficient to meet the ambition of the SDS Bill
- Is it appropriate to allow waiting lists for individual assessed as requiring care?

3. Care Inspectorate
The 2011 Spending Review proposed this line should rise in cash terms from £21.6m in 2012-13 to £21.8m in 2013-14. However, the Draft Budget shows a decrease to £20.8m in 2013-14.
In 2011 the Government increased the responsibilities of the Inspectorate and charged them with making at least one unannounced inspection each year, up from one every two years. The Government also made clear in their response to the Health and Sport committee investigation into care regulation that "The Care Inspectorate is currently assessing where efficiency savings can be made and resources can be re-directed into inspecting across all four quality themes for all care home, care at home and secure care services to strengthen assurance and protection for people using services".

Questions
- Will this cut in real term budget undermine the inspection process?
- Will training for inspection staff be lessened in any way?
- How swift is the Care Inspectorate in moving towards inspections across all themes?

\[ii\] http://www.scottish.parliament.uk/S4_HealthandSportCommittee/Inquiries/20120120_Scott_Govt_Care_Inquiry_resp.pdf

Age Scotland
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