SUBMISSION FROM AGE SCOTLAND

Introductory Remarks

1. Age Scotland welcome the opportunity to comment on the Scottish Government Draft Budget. The focus on prevention in the Scottish Government’s draft budget is welcome and in particular the Change Fund and Health levy can play a key role in reshaping our care systems to be more personalised, community based and outcome focused but only if lessons are learned from the first year of the Health and Social Care Change Fund.

2. The charity believe that these challenging times present an opportunity for all public bodies, involved in the delivery of services for older people, to reshape them to meet the needs and demands of service users. The charity however does have real concerns about the disproportionate cuts made to the local government budget and the impact this could have on service users which could undermine attempts to deliver more personalised and outcome focused community services.

Background

3. It is widely known that Scotland’s population has been ageing as a result of higher life expectancy and lower fertility rates. In October 2009, the General Register Office for Scotland published new 25 year population projections. These show that the population of Scotland is likely to increase by 7% by 2033, and that there will be a greater proportion of older people. The number of people aged 75 and over is now projected to increase by 23% between 2008 and 2018, and by 84% between 2008 and 2033. In the same 25 year period, the number of people aged 60 – 74 is projected to increase by 33%.

4. NESTA estimate that over the next 15 years Scotland’s public services will need an additional £27bn to cope with the increased demands in health, social care and justice alone due to the consequences of an ageing society and ill health. While the Scottish Government estimate that if we were to continue to deliver care services as we are doing so currently we would require an additional £3.4bn by 2031, this in turn would require
   - A new 600 bed hospital every 3 years for 20 years.
   - A new 50 bed care home every 2 weeks for 20 years.

5. The growth in demand due to demographic shifts needs to be seen alongside the financial projections for the next few years. The draft budget projected that given the likely scale of spending cuts and over the next 10-15 years it could take until 2025-26 for the Scottish Budget to return to 2009-10 levels in real terms - an adjustment period of 16 years. This implies a cumulative real terms loss of approximately £39 billion from the base year of 2009-10.

6. Given decreasing budgets and increasing demand all public bodies must focus their resources on services that deliver effective outcomes for both service users and the public purse- such as supporting older people to remain at home.
Supporting Older People to remain at Home

7. Older people really value practical support that enabled them to live well in their own homes. This includes help with cleaning, payment of bills, DIY, gardening, care of pets, chiropody, transport, small adaptations, befriending and opportunities for social participation. The positive benefits go beyond cost-effective delivery for people who are eligible for support (which is in itself notable), reaching out to individuals and communities, building social capital. For example
   a) North Lanarkshire has a 'Care of Gardens' scheme, free to tenants; £40pa to owners & involves 12 visits for grass cutting and hedge trims. Household waste bins are emptied weekly and glass and garden/food waste bins fortnightly. Requested uplifts for other waste are free.
   b) Scottish Border provides a Care and Repair service that costs £27 a year. They will change a light bulb, sort blinds and do small repairs.
   c) Trust, Bield and Hanover Housing Associations provide an adaptation service for tenants across Edinburgh. These can range from ramps and wider door frames to assist individuals in accessing their homes, to accessible bathrooms and winches to allow them to move around their homes independently.

8. Of particular interest is the savings that these services deliver across other budget lines. For example an SROI analysis of the adaptation work done by Trust, Bield and Hanover Housing Associations create £5.3m in cost savings to the Scottish Government from a £1.4m spend. It delivered this by reducing the need and therefore spending for (a) publicly-funded care home provision; (b) hospitalisation of tenants (c) social care provision (d) self-funded care home provision.

Investing in Community Transport

9. The withdrawal of transport is sometimes the tipping point which causes isolated and vulnerable people to seek to go into residential care as they no longer have access to essential amenities such as shops to feed themselves or health centres/ GP surgeries/hospitals to cater for their health needs. Each individual in residential care costs a local authority around £24,000, so the bill for care can rise steeply as a direct consequence of transport cuts and means that overall the cuts to transport are a false economy for the Council.

10. Research undertaken by Leonard Cheshire shows 32% of disabled people who had scheduled medical appointments in the last 12 months missed them due to a lack of accessible transport. Conservative estimates show this cost the NHS £50.7m.

11. Community Transport helps older people remain independent, access local services and can be an important way to keep in contact with friends and family, helping to tackle social isolation. It is also one of the services that older people are most vocal and passionate about retaining and exploring any type of cost benefit analysis it is clear that these services deliver great value for the public pound
Admission Avoidance/ Delayed Discharge

12. Two-thirds of patients cared for in hospitals are people aged 65 and over yet many of them should not be there. The financial cost of delayed discharge and unexpected admissions are well rehearsed. Currently they account for £1.3bn in spending, the biggest single cost in the care of older people in Scotland. However what is less often articulated is the human impact of unexpected admission and delayed discharge as the committee may recall that 93 patients died while waiting to be discharged from Fife hospitals in 2010.

13. Unplanned admission are often the result of a care package breaking down, the development of a new problem or and unaddressed medical or social problems and delayed discharge is often the result of waiting for (a) community care assessment (b) funding or availability at care home (c) health assessment (d) generally just waiting for the machine to work.

14. Clearly the better integration of health and social care would help eliminate many cases of delayed discharge and unexpected admission. However until the Government bring forward their proposals in this area there are still measures public bodies can take to reduce unplanned admission and delayed discharge. For example

The CardioPod project in the Argyll area led to a 100% reduction in emergency admissions for patients with chronic cardiac conditions by allowing patients to have their condition diagnosed remotely. Other telehealth pods have been developed to remotely monitor diabetes, obesity, hypertension and depression. Given that the average cost of a hospital stay is over £2,700, the potential for savings is considerable.

West Lothian’s Council have developed a telecare approach, aiming to support older people to remain in their own homes as long as possible. Smart technology is installed in people’s own homes and in newly built housing with care complexes.

- The cost of a care home place in West Lothian was calculated by the Council to be £21,840 per annum;
- a Housing with Care tenancy cost £16,400, including a technology package, personal care and housing support;
- Support in the community, including a technology package and ten hours of care, cost £7,121.

The Partnership for Older People Projects (POPP) which was funded by the Department of Health for three years (2006-2009) to develop services for older people, aimed at promoting their health, well-being and independence and preventing or delaying their need for higher intensity or institutional care. Essentially funding those little bit of help services such as lunch clubs, care and repair, home bathing, meals on wheels. Twenty-nine local authorities were involved as pilot sites, working with health and voluntary sector partners to develop services, with funding of £60m.
• For every extra £1 spent on the POPP services, there had been approximately a £1.20 additional benefit in savings on emergency bed days.
• Overnight hospital stays were reduced by 47% and use of Accident & Emergency departments by 29%.
• Visits to A&E departments fell by 60%, hospital overnight stays were reduced by 48%, phone calls to GPs fell by 28%.

Local Government Spending

Table 1: LOCAL GOVERNMENT PORTFOLIO BUDGET 2011-12 – 2014-15, REAL TERMS, £M

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<tbody>
<tr>
<td>Local Government</td>
<td>11,226.00</td>
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<td>10,499.06</td>
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<td>Scottish Government</td>
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<td>32,708.3</td>
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<td>LG annual % change</td>
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<td>-3.03</td>
<td>-0.50</td>
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<tr>
<td>LG annual change £</td>
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<td>-329.50</td>
<td>-53.2</td>
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<tr>
<td>LG share as a % of Scottish Government budget</td>
<td>33.4</td>
<td>32.9</td>
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15. Table 1 shows that over the course of the Parliament local government will be significant cuts to local authorities budgets impacting on their ability to deliver front line services. Over the next two years there will be cuts in excess of £300m, which is over 3% of the budget in real terms.

16. Significantly local government share of the Scottish Government budget also falls over this period from 33.4% in 2011/12 to 32.2 in 2014/15. While all portfolios are experiencing cuts, it appears that local government is experiencing deeper cuts than other department such as Health (% of Scottish Government spend) up from 32.7% in 10/11 to 34.6% in 2014/15, Education up to 8.4% from 8.1% and Finance from 10.9% to 11.4% over the three years.

17. The cuts to local authority budget lines will have major implications for the delivery of public services that older people rely on and we have documented local authorities withdrawing of number of these services in 2011/12 including:

- Community Transport operator Buckie Bus company in Aberdeenshire will receive no council grant from next year 2012/13 and their funding from the Robertson Trust will end at the same time.
- Clackmannanshire Care and Repair was abolished in March this year.
- From April 1 this year Moray council’s Care and Repair team have only provided assistance to clients requiring major disabled adaptations and this itself will end in April 2012.
- Edinburgh Council will pay care homes £1.5m less next year which could impact of standard of care.
- In Falkirk the cost for wheels on meals increased from £1.70 to £2 and shopping delivery, previously free is now charged at £5.
- In April 2008 Angus Council provided community alarms free of charge, now they cost £182.
South Lanarkshire council is to increase charges for meals on wheels and lunch clubs meals from £1.23 per meal to £3.10 per meal, and for frozen services from 91p per meal to £2.47.

18. Forthcoming reductions will inevitably put pressure on local authorities to introduce and increase service charges across the country, which will inevitably lead to further debate about the ‘postcode lottery’ of council services that older and disabled people face across Scotland. Age Scotland support any attempt to introduce greater consistency and transparency in local authority charging for social care services and the charity is working with CoSLA to improve the guidance to councils so that users can see more consistency in service quality and charges. However the impact of these funding reductions in both real and comparative terms threatens to undermine the progress that is being made.

19. However the charity is pleased to see the Scottish Government direct money towards preventative spending as is being done with the Health Levy (and the Change Fund- see below). This shift in how we allocate money from institutional to community settings is not only desirable but inevitable if we are to meet the challenges of an ageing population who will have increasing care needs and decreasing budget settlements over the next 15 years. The charity would encourage the Committee to ask the Government whether the £30m health levy (which is being rolled into the Local Government settlement) will be ring fenced for preventative services as the Government suggests or will councils have flexibility on how the money is spent? Age Scotland recommend this money is ring fenced for preventative work and that lessons are learnt from the first year of the Health and Social Care Change Fund to ensure the focus is exclusively on prevention.

20. While we are pleased that the Scottish Government recognise the importance of investing and reshaping our social care system (which is most notable with the Change Fund money of £80m) however we are concerned that the draft budget makes no reference to Free Personal and Nursing Care payments being uprated by inflation in 2012/13 as was detailed in the 2011/12 draft budget. The lack of wording about an inflationary uprating is concerning to the charity and this could have a significant impact on local authorities ability to meet the growing social care demand. The charity would ask the committee to press the Government for clarity on this issue and ask whether Free Personal and Nursing Care payments to local authorities will be increased by inflation.

The Change Fund

10. Age Scotland welcome the £80m Health and Social Care Change Fund which will be available for partnerships in 2012/13, with £80m committed for 2013/14 and £70m for 2014/15. We recognise the fund equals 1-2% of total spend on older people- approximately £4.5 billion per year – so on its own it is insufficient to achieve the change in patterns of service required to meet demographic change. However its role must be as a catalyst to facilitate public bodies to start to do things differently by having a focus on effective evidence based care outcome.
11. Nonetheless the charity is concerned that Change Fund monies are, so far, not being used to exclusively fund preventative programmes but are instead using part of the money to focus on institutional care.

- Evidence from the first six months of this year’s programme show that only 18% of the current spend had went towards preventative and anticipatory care. 19% went toward hospital and institutional care, 24% went towards support and care at home (some of which could be preventative) and 33% for care at time of transition (e.g. re-ablement, NHS 24, alternative to emergency admissions) and 6% on enablers like workforce development and IT.iii
- Third Force News carried news of anecdotal reports about a council using change fund money of £1m to buy in social care services from their own in house provider to cover their own budget shortfall and £3m for two years and £2m in year three to purchase care home place.iv

12. While the charity recognises there is good practice occurring with regard to change fund spend, for example South Ayrshire Carers Centre has received £80,000 to seek out and link up older carers in rural areas-ensure they are accessing the right support and are not isolated, this type of spending is not the norm in partnerships across Scotland. In order to ensure that the change fund works effectively and is spent on preventative measures we would ask the committee to consider the following issues

a) What are the sanctions in place is the money is not focused on preventative measures? How will the Government ensure partnerships spend 20%% on supporting carers?
b) Should Change Fund be signed off by the Cabinet Secretary to ensure it meets its objectives?
c) How should/ could good examples be upscaled and replicated? At the moment there's no central repository of that sort of analysis and information and it's difficult for local authorities and other commissioners to know who to speak to and what to ask for if they want to "do" more prevention.

Age Scotland

19 October 2011

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i Projected Population of Scotland (2008-based), General Register Office for Scotland, October 2009
ii Radical Scotland, NESTA, October 2010
iii Reshaping care: change plans mid year report, October 2011