FINANCE COMMITTEE

DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY

SUBMISSION FROM NHS DUMFRIES AND GALLOWAY

General
1. 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?

a) Issues relating to the increasing need for formal health and care services and the increase in frailty will impact health and care services in the near future. There will be a need to find and fund new ways of delivering care and support that will enable us to sustain people in their own homes – noting that we will need to find new forms of care and support and develop approaches to community services and resilience that will make this affordable and sustainable. It is necessary to note the rising costs to 3rd and independent providers commissioned by our Council partners in delivering care with the rising costs of fuel, transport and other infrastructure meaning that driving down costs and hourly rates is not a sustainable way to secure efficiencies and improve both access to, and quality of, services to older people and their Carers – particularly in rural areas.

These are not just issues for older people receiving care – demographic change will mean that the public, 3rd and independent sectors will struggle to employ enough working age people as carers – this is particularly the case given that care has been a traditionally low paid role. There will be a need to consider how we attract high quality people into these roles – again this is particularly an issue in rural areas, where there's a general outward migration towards cities and larger towns.

There will be increased demand in the future for choice and convenience in the way in which individuals access and use public services e.g. GP email services, tele-clinics, home to base teleconferencing with social workers, pensions advisors, etc; reflecting how people increasingly choose to shop, bank and travel. It will become increasingly unacceptable (and unaffordable) to maintain outmoded, service-inefficient processes and services will need to be developing new models of working while maintaining service stability, at a time of downward financial pressure and do so at pace.

Finally, there is a need to improve end of life care, focussed on the wishes of the person and their carers and avoid inappropriate and unhelpful acute hospital admissions near the end of life.

b) Having the right balance of housing and support models will be a critical determinant of success in sustaining services in relation to demographic change. Whilst not seeking to ghettoise older people there is a need to fund and test models of sheltered and very sheltered accommodation, linked to models of telehealthcare that can provide the appropriate level of support for people who are frail or who have a dementia. We would want to see an increased emphasis on this from the

Government, linked to local strategic housing plans as well as the RSCOP work. There will be increased demand for suitable housing for older people that offer choice and a variety of options with regard to levels of support including housing that also offers people lifestyle choices. There is an urgent need to develop local housing strategies for older people that refer specifically to how the government document '**Age, Home and Community: a Strategy for Housing for Scotland's Older People: 2012-2021'** will be implemented over the next 10 years.

c) All public services will come under increasing pressures – we are already seeing many of these pressures, particularly in rural areas in relation to Care at Home services. Older people going into care homes are much frailer than they were even 5 years ago and there are increasing demands on EMI places.

There will be increased demand for community based services that provide support to an increasing number of Carers and older people. These will include informal supports such as lunch clubs, singing groups, arts and crafts and other activities that offer people opportunities for socialising and support. How wider resources available to partnerships to support these low level community services will become a key Community Planning consideration. Modern, flexible respite services will also need to be in place. These will need to recognise that that respite may need to be for a few hours or for a few weeks and that where it is for a few hours, it is needed at times of the day that again give people choice e.g. evening respite that would enable a carer to have an evening out once a week. Personalisation will help drive these changes as more people have the opportunity to have and manage their own budgets under the Self Directed Support legislation.

2. Further, what planning is being done, or should be done, to address this?
Change Fund plans attached to Reshaping Care for Older People should address the above and partnerships are already being asked to consider the issues in their Joint Commissioning Strategies.

More national guidance on the prioritisation within and between health and social care activities is needed as it will become increasingly evident that the public sector cannot continue to provide services at the current level in the future. Clear support for cogent arguments for change would be welcome as decisions become more challenging and potentially contentious.

There is an urgent need to develop local housing strategies for older people that refer specifically to how the government document **'Age, Home and Community: a Strategy for Housing for Scotland's Older People: 2012-2021'** will be implemented at a local level over the next 10 years. This successful implementation of this strategy is fundamental to supporting what is contained within Change Plans.

3. What weight should be given during the annual budget process to demographic trends and projections?
This is one of the single biggest pressures on the public sector, and the impact of this change cannot be overstated. It should certainly be recognised during the annual budget process as potentially more of our shrinking resource needs to be directed at an older population. It also needs to be considered in terms of managing current pressures, as well as developing appropriate preventative services and

'upstream' work that will support the next generation of older people to be fit, well and independent. It is probable that there will be a clear argument to continue with some level of Change Fund to support the longer term need to drive the culture change necessary to deliver services fit for the future. It also needs to be recognised that Long Term Conditions such as diabetes as a result of obesity may present us with different challenges of old age than those we face now and some work on projecting this impact needs to be undertaken as a matter of urgency. Similarly, increases in the prevalence of dementia in our communities will also need to be considered.

Demographic trends and projections *must* be taken into account to reflect the actual priorities going forward. This, however, for our Council partners can be politically sensitive - for example, as the number of school age children reduces at a time when those over 75 is increasing, consideration may be given to realigning education and social work budgets which could have a significant impact on small rural schools and local communities.

4. 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?
Available data is variable from one area to another and this presents challenges in the interpretation of information at the National level.

Below is a table highlighting some of the current challenges faced by partnerships:

6. Data set	Challenges
National Data	
Population level demography	- Discrepancies between CHI and NRS figures - Ethnicity poorly recorded - Migration data that supports local understanding of population dynamics
Social, economic and environmental determinants	- Suspected under-claiming of benefits, particularly amongst older population leads to undercounting of genuine need. - SIMD area deprivation measure poor identifier of rural poverty. Ideally we need a data source that gives individual rather than area-based deprivation. - Combining police forces may lead to reduced police presence in rural areas and under-recording of crime
Behavioural determinants	SHeS booster for D&G purchased but subsequent sample sizes will be very small; harder to demonstrate change over time due to wide confidence intervals
Population-level trends	Life Expectancy local figures only published biennially and have wide CI, not available at

	lower than board level.
	• QOF not available with age/sex therefore cannot be standardised for accurate comparisons
	• Mental health trends rely on small samples
	• Marginalised populations very under-represented in all mainstream data collection
Evidence of effectiveness	• Some work areas have sparse fields of evidence and few systematic reviews
Local Data	
Programme budgeting	• Development of Integrated Resource Framework datasets that enable timely measurement of impact of change programmes across CH(C)P.
NHS / CH(C)P	• Capacity to develop local datasets that keep pace with improvement measures e.g. electronic measurement of anticipatory care plans
	• Integration of local health and social care datasets to facilitate wider analysis
Local Council	• Development of local social care datasets to facilitate wider analysis
	• Facility to link across datasets would facilitate greater understanding and analysis
Third sector	• Need to provide appropriate support to the sector to support our understanding of the added value and impact on
Independent sector	• Care homes are a key locus of care for older people. Need for a data source giving systematic information on residents' health and care needs and demographic factors.
User, carer and community perspectives	• Need for regular assessments of user, carer and community views of services to inform service development and change. Assessment of staff views should also be considered.

5. To what extent are preventative policies such as the [Change Fund] key to addressing demographic pressures on the provision of health and social care?
Policies such as the Change Fund are critical to addressing demographic pressures. However work going on around Change Funds must be underpinned by effective joint working between housing, health and social work and partnership working with Third and Independent Sectors. As stated above, the need to sustain services that support the increasing number of older people, while at the same time transforming them for the future, may mean that we need to argue for a continuation of the Change Fund to sustain the focus on change and the pace.

The key concept is that early intervention and prevention will result in older people living healthier lives for longer and for those who require higher level services the need for these services will come at a later stage in their lives. Testing these models will require time and support to ensure current service can be maintained as we move through this transition.

There is clear evidence that reducing social isolation and keeping older people engaged in their communities has a significant impact on a person's health, for example, older people who class themselves as isolated or suffering from depression are more likely to have a fall with all the emotional and financial consequences which follow.

Similarly the essential focus on support for unpaid carers within the Change Fund is vital. It is well known that many more older people provide support than receive support and without the huge contribution of unpaid carers the whole health and social care system would collapse.

6. To what extent are the pressures on health and social care a consequence of an ageing population as opposed to other health challenges such as obesity?
The ageing population is one significant factor leading to pressures on health and social care. However there are other important factors too, including trends in diseases or disorders (like obesity) and advances in treatment. It is not possible to separate the effects of these pressures. Some of the other trends may relate to the ageing population (e.g. cancers become more common with age), whereas others probably do not (e.g. obesity or substance misuse). Tackling the pressures on health and social care requires wider action than just focussing on the ageing population. There is a wider need to address prioritisation of health and social care activities alongside the preventative activities that will ultimately lead to a reduction in reliance on these.

Housing
7. What is likely to be the main pressures on both the public and private housing stock arising from demographic change and what action should government and other public bodies be taking now to address this?
There is a need for more sheltered housing, warden-supported housing and extra care housing and a probable need for more housing overall as greater numbers of people live alone. Impacts of National Welfare Reform have not been fully scoped on this population in relation to their housing needs but there is likely to be an effect that will impact local partnerships.

Fuel poverty is still a significant concern, particularly for older people. There is well-documented evidence of the direct health impact a poorly heated and poorly insulated house can have. Fuel poverty is particularly significant in rural areas where more expensive forms of heating are the norm and where the construction of houses in rural areas often makes them more difficult and expensive to insulate.

An increase in funding for housing has to be a key action going forward both for new builds and for improving the existing housing stock. Although significant funding has already been made available to address fuel poverty much work is still needed.

8. What adaptations will be required to the existing housing stock to provide long-term care and to what extent should the design of new builds take into account the possibility that the home may be used for care purposes in the future?

Housing in the future needs to be flexible and adaptable to people's changing needs. Opportunities for developing links to all new builds should be considered as we move to provide more support through technology and advance models of telehealthcare and infrastructure around this should also be considered. Aids and adaptations are individual to people's needs and partnerships need to consider whether their current models of access to aids and adaptations are flexible enough, support direct access and are aligned to pathways of care and support for older people.

Pensions and labour force
9. What is the likely impact on the public finances within Scotland of demographic change on public sector pension schemes and what action is required by the Scottish Government and other public bodies to address this?
National government has already set the tone for this discussion over the past years with two fundamental reviews of the current public sector pension scheme, which has effectively increased contributions, reduced entitlement and extended the age upon retirement.

The key risk remains that the changes to the pension scheme will result in greater numbers of staff stepping out of the scheme as it becomes more expensive in the context of flat line salary increases set against significant inflation levels. This could potentially add an increased risk to the state pension scheme.

The impact of the new auto enrolment scheme – which effectively means that all new starts are automatically enrolled onto the pension scheme – may offset the risk of individuals not planning for their retirement.

With the increased age for retirement having been proposed there will obviously be an impact on both youth employment opportunities and recognition required of delivering public services with an ageing population.

The reduction in disposal income for staff employed in the public sector will impact on the Scottish Governments drive to maximise growth in the economy. Opportunities to test the pension projections from central government should be evaluated.

10. What should be the balance within public policy of support for older people who wish to remain in employment versus creating opportunities for youth employment?
Older people have a significant contribution to make in later life as a member of the work force – their life skills and skills achieved over a lifetime of work are invaluable.
A sudden change from working full-time to retiring often has a detrimental impact on a person's health and well-being and a more flexible and gradual move towards retirement would be favoured by many. Often, however, the structure of pension entitlement means that any changes to a person's working patterns prior to retirement could have a detrimental impact on their pension entitlement. Consideration should be given to introducing straightforward ways of preserving pension entitlement at the same time as introducing more flexible ways of working in the lead up to full retirement.