Paper 6

EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP

COMMITTEE - 17 MAY 2010

RESHAPING CARE FOR OLDER PEOPLE

Report by Executive Director of Educational and Social Services

1. PURPOSE OF REPORT

1.1 The purpose of this paper is to provide CHP comittee with information on the work that is being undertaking in partnership between COSLA, the Scottish Government and NHS Scotland around the reform of older people's care.

1.2 To seek CHP committee agreement to participate in the National Reshaping Care for Older People Engagement Programme.

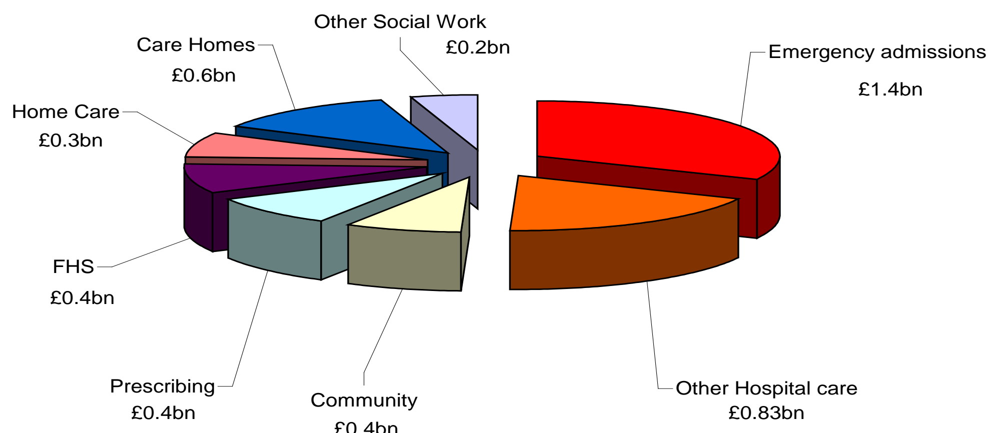
2. BACKGROUND

Most people accept that the current model of health and social care in Scotland is unsustainable – it will be unable to accommodate growing demographic and funding pressures and as a result we need to fundamentally rethink how we deliver and pay for health and social care into the future.

The demographic changes facing Scotland are well documented, with the number of people in Scotland aged over 65 projected to be 21% greater in 2016 than in 2006 and 63% greater by 2031; for those over 75, the projected increase is 21% and 83% respectively.

In 2007/08, an estimated 46% of total social work net expenditure was for Older Persons services and 42% of total NHS Scotland expenditure was for people over 65. Nearly two thirds of expenditure was in institutional settings and almost one third was for unplanned admissions to hospital.

Figure 1: 2007/08 Heath and Adult Social Care Expenditure for Scottish population aged 65+



If the same models of care continue, then councils and health boards will need a significant increase in resource. The extent of this increase will depend on a number of factors, such as whether or not the increase in the number of older people translates to an increase in

demand for services; and whether or not technological advances and quality adjusted efficiency improvements can reduce the unit costs of service provision.

Assuming current service models remain the same, across Scotland an estimated annual increase in investment in health and social care services for older people of £1.1bn by 2016 and £3.5bn by 2031, a real increase of 24% and 74% respectively over 2007/08 levels. This represents an average real increase of 2.7% per year, every year to Local Authority Older people's Social work budgets and of 1.2% per year in the NHS budget (*total for all ages)*, every year.

The structural problem is not limited to the fact that we are facing a huge increase in demand. It is made more difficult within the current fiscal environment, with councils already planning for a real terms reduction in their budgets across the next spending cycle. The scale of the challenge is such that it cannot be addressed solely through efficiency savings or marginal changes to service provision.

3. Re-shaping Care

In March 2010 the Joint Improvement Team wrote to local partnerships inviting them to participate in a public engagement programme, which nationally was launched on 16 March 2010. The work is focused on service redesign, workforce planning, and scenario planning.

In terms of a general approach, the following over-arching principles are been promoted:

- Older people are an asset not a burden: demographic change creates a challenge but these shifts also offer a potential solution in that older people provide far more care and support than they receive.
- We are adding healthy years to life – we need to push back our concept of older age, with less of a focus on “over 65” years and more on “over 75”.
- We need a shift in philosophy, attitudes and approaches that moves us away from measuring success by how much we do to how many, towards measuring success by how many older people can be enabled to stay independent and well at home and remain out of the formal care system.
- Services should be outcome focussed - which requires personalised/patient focused support designed to optimise independence and well-being through an enabling approach.

The two most fundamental areas that need to be addressed and agreed relate to the model of social care we deploy and the costs and funding of care that addresses both total costs and the balance of funding contributions between citizens and the state.

A New Philosophy of Care

Care for older people (and all people) is based on a compact between individuals and their carers, local communities and the state. A mutual care approach is required that supports and enables the compact to achieve the best possible outcomes for the individual requiring care and their unpaid carers. The potential significant contribution of communities alongside unpaid carers and the state should be recognised. What is more, care should be personalised to the needs of the individual and be outcomes focused, through the setting of personal goals. The principles underpinning this approach to care are applicable regardless of the extent of care required; however frail a person is, the aim must always be to help them achieve their best possible quality of life within whatever limitations they face.

Our current care system seeks to provide extensive and universal services through the welfare state and formal care and health systems. However, this has arguably built up a dependency culture which can undermine the policy goal of "optimising independence".

The public engagement is intended to generate a debate that seeks to promote an "enabling" approach. Helping people to stay out of the formal care system safely is a very positive message.

The central differences between the 'old' and the 'new' models of care are highlighted below:

Old Care Model	New Care Model
• Geared towards acute conditions • Hospital centred • Episodic care • Disjointed care • Reactive care • Patient as passive recipient • Self care infrequent • Carers undervalued • Low tech	• Geared towards long-term conditions • Embedded in communities • Team based • Integrated, continuous care • Preventative care • Patient as partner • Self care encouraged and facilitated • Carers supported as partners • High tech

Costs and Funding of Care

There is now widespread recognition that demographic change and the public sector's financial circumstances mean that current service and funding arrangements are not sustainable. Three main actions are required to address this challenge:

- We need to demonstrate that all of the current resources (approximately £4.5 billion per annum) spent on the care of older people is being used in the best possible way to meet agreed policy goals; and
- Consider how additional resources can be secured to support care services into the future. This might require Governments to raise more money through taxation, or might require individuals to pay into an insurance scheme, or some other initiative designed to meet the rising cost of care.
- Consider how resources can be saved by reflecting on the sustainability of current policy commitments. Successive governments have been committed to a policy of universal coverage we need to reflect on whether we should now move towards more targeted support.

4 Reshaping Care for Older People Engagement Programme.

The Reshaping Care for Older People Engagement Programme is intended to be a meaningful process that encourages and enables people to actively contribute to the developing proposals regarding the form and shape of future care for older people.

A questionnaire has been developed as part of the consultation to facilitate feedback. This is provided as appendix 1 of this report.

It is proposed that the programme includes a series of local meetings across Scotland, that complements and reinforces developments being taking forward on older people's care. It is intended following local meetings that there are opportunities for continuing engagement to connect into local groups and forums.

In East Ayrshire over recent years we have been pro-active in developing the range and quality of services for older people. This Reshaping Care for Older People Engagement Programme is however an opportunity to engage on a wide scale across Community Planning partners and it is proposed with the agreement of Cabinet to engage fully in the process and utilise this engagement in informing the 2010/2013 Older People Strategy.

It is proposed to engage across communities utilising existing arrangements through the community planning forums and elderly forums.

5. PERSONNEL / FINANCIAL IMPLICATIONS

5.1 There are no direct Personnel implications of this report.

6. COMMUNITY PLANNING IMPLICATIONS

6.1 Proposals in this report support partnership arrangements for the delivery of services to communities across East Ayrshire through the further alignment of Social Work services with operational arrangements in other Council Departments and partner agencies. There are clear strategic and operational arrangements with the CHP in respect of its partnership development and delivery of the Improving Health and Wellbeing Action Plan of the Community Plan.

7 RISK IMPLICATIONS

7.1 The overall objective of Reshaping Care for Older People is to reduce risk to individuals, communities and the Council arising from increased service demands.

8. RECOMMENDATIONS

8.1 It is recommended that members of the CHP Committee:-

(i) Agree to participation in Reshaping Care for Older People Engagement Programme
(ii) Request the Officer Locality Group (Adults and Older People) provides further updates and includes emerging themes from the engagement in the 2010 East Ayrshire Older People strategy
(iii) otherwise note the content of the report.

Graham Short
Executive Director of Educational and Social Services
19 March 2010

Updated and amended by CHP Facilitator 4th May 2010

LIST OF BACKGROUND PAPERS

NIL

IMPLEMENTATION OFFICER: EDDIE FRASER, HEAD OF SERVICE: COMMUNITY CARE

Anyone wishing further information please contact Graham Short, Executive Head of Social Work on 01563 576917, or Eddie Fraser, Head of Service: Community Care on 01563 576538