

# Aged Care Issues in Scotland

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**New Zealand Aged Care Association Conference 2011**



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## Reshaping care for older people 2011-2021

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‘at present the arrangements we have in place ...too often fail to provide the service experience people are looking for. Current arrangements are simply not sustainable; nor are they, in many instances, desirable.’

## Who pays for what?

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### Local Councils fund 'social care'

- Home care (subject to some changes)
- Personal care (now free of charge) at home or in care homes
- Nursing care in residential homes for those who need it
- Residential accommodation costs (subject to asset and income testing)

Personal care = assistance with toileting, eating, mobility, medication

# Who pays for what?

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## NHS Scotland

- Primary, community health services, and hospital care (free of charges)
- NHS continuing care

## People

- Accommodation costs if they have the means after asset and income testing
- Some home care

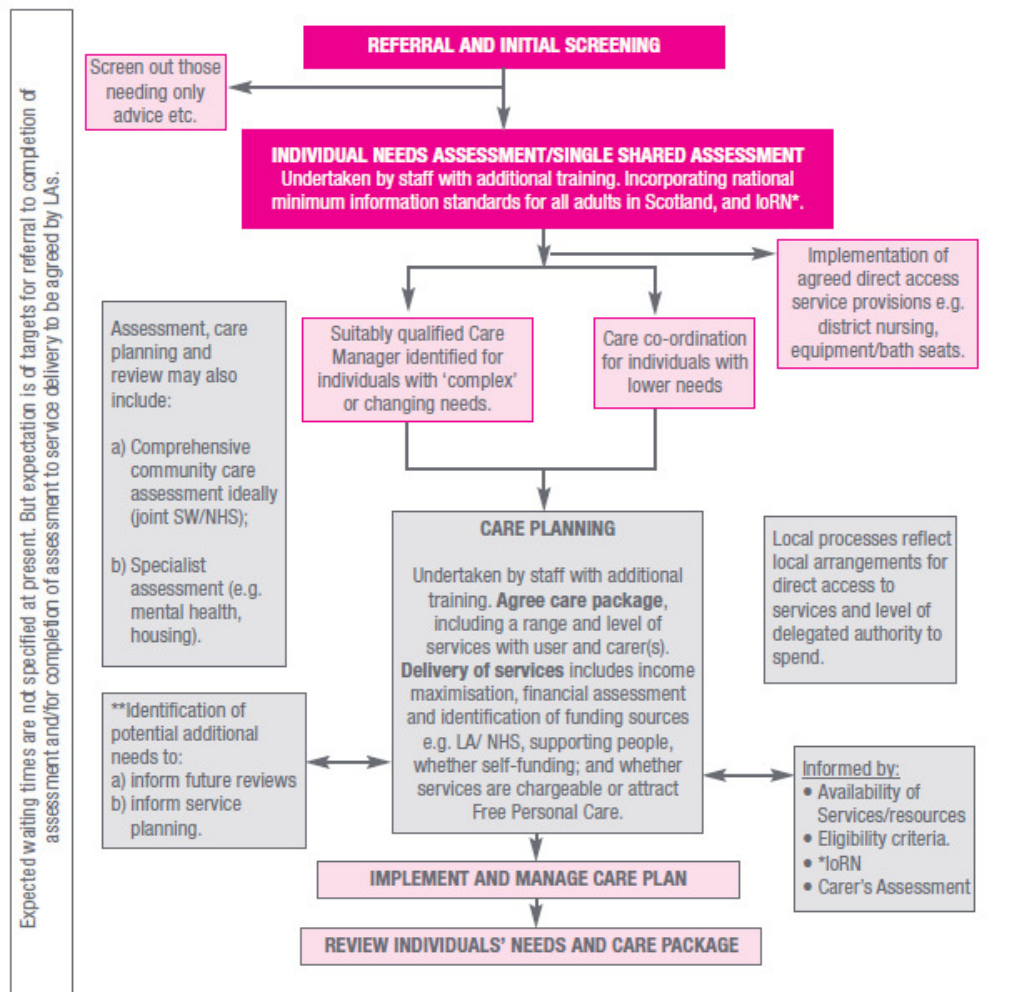
## Who is responsible for care?

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- 32 local authorities
- 14 health boards
- Multiple for profit providers, large and small
- Voluntary organisations (not for profit)
  
- Health boards and councils are not conterminous e.g. NHS Glasgow works with several councils

# The care assessment process

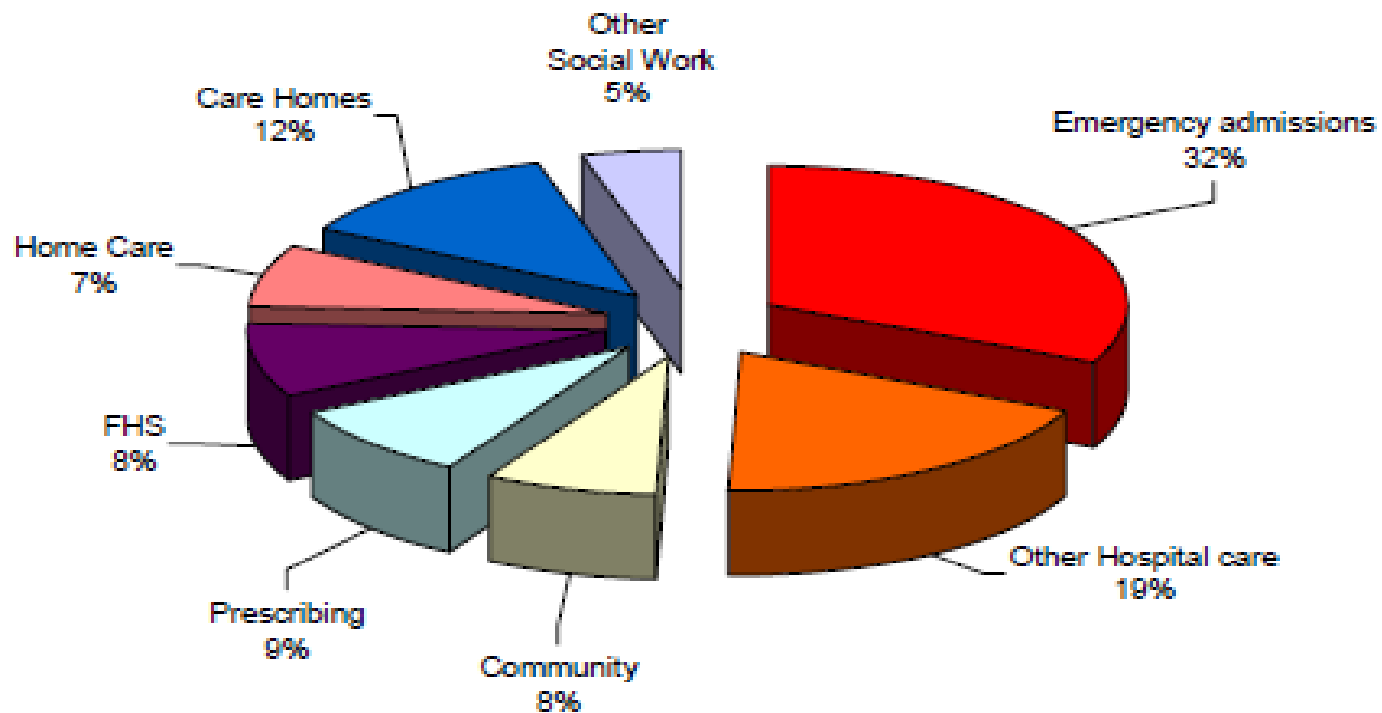
FLOW DIAGRAM OF EXPECTED APPROACH TO ASSESSMENT AND CARE MANAGEMENT



07/09/201

# How much does aged care cost the country?

Health and Adult Social Care Expenditure 2007/08  
for Scottish population aged 65+ (Total=£4.5bn)



# Free personal care: a flagship policy for Scotland

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## UK Royal Commission recommended

- Nursing care free in all settings
- Personal care available after assessment of need paid for by the government
- Accommodation according to means

## Scottish Executive in 2002

- Agreed (unlike rest of the UK) to introduce free personal care after considerable debate
- Flat rate payments to care homes for nursing and personal care
- Issue of sustainability
  - Future funding of costs

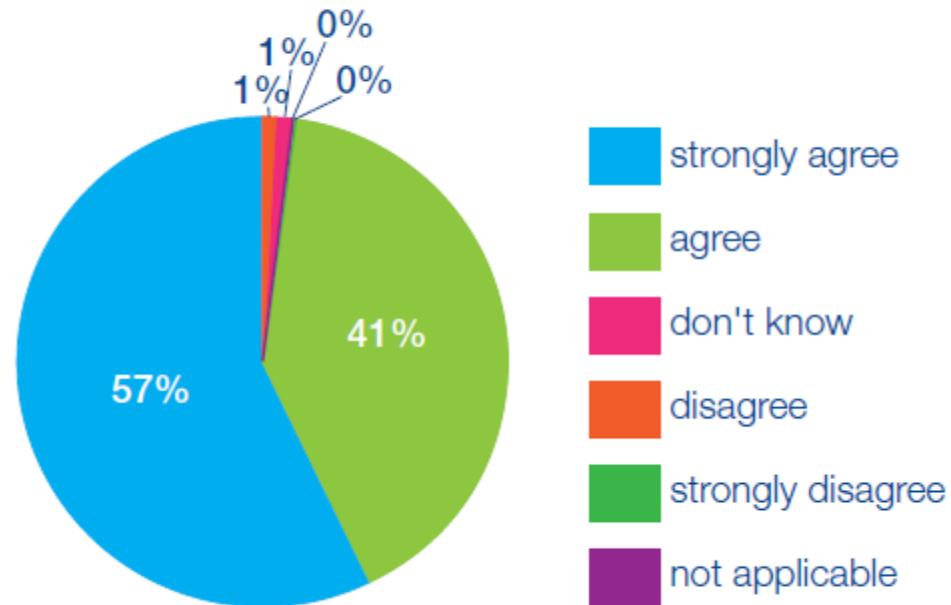
## Some consequences of the system

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- Fragmented not integrated care e.g delayed discharges (blocked beds)
- Care planning based on assessing incapacity and dependence, not capability and independence
- Prevention and rehabilitation second place to institutional care
- Reliance on hospital care as safety net
- Insufficient support for carers
- Cost shifting among public bodies
- Infrastructure perpetuates the status quo
- Lack of incentives to change

# What do users think of service quality?

Care Homes for Older People - people who use the service  
Overall I am happy with the quality of care provided



## What do inspectors think of service quality?

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- In 2011 overall, the quality of care services in Scotland were considered to be good, with over a quarter of services getting the highest grades for every quality theme.
- Services have improved since 2007 but the percentage of services with complaints upheld against them has increased.
- Care homes for older people continued to give the most cause for concern, having the poorest grades and the most requirements, upheld complaints and enforcements.
- In general people (98%) tend to be happy with the service they receive, even where the auditors had significant concerns

## Areas for improvement in care homes

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- Performance in relation to healthcare issues: infection control, medication management, nutrition, tissue viability and continence.
- Staff training in areas specific to their job such as medication management, dementia, adult abuse, adults with incapacity and use of restraint.
- Services need to ensure that people living in the home take part in a wide range of activities.
- Services should ensure that they have adequate safer recruitment policies in place.
- Staffing levels must be appropriate for the dependency levels of the people who use the service.
- There are still some services that need to improve their restraint practice. Restraint should only be used as a last, not first, resort.
- Services must have up to date care plans in place that they review regularly. They should contain a record of the person's preferences.

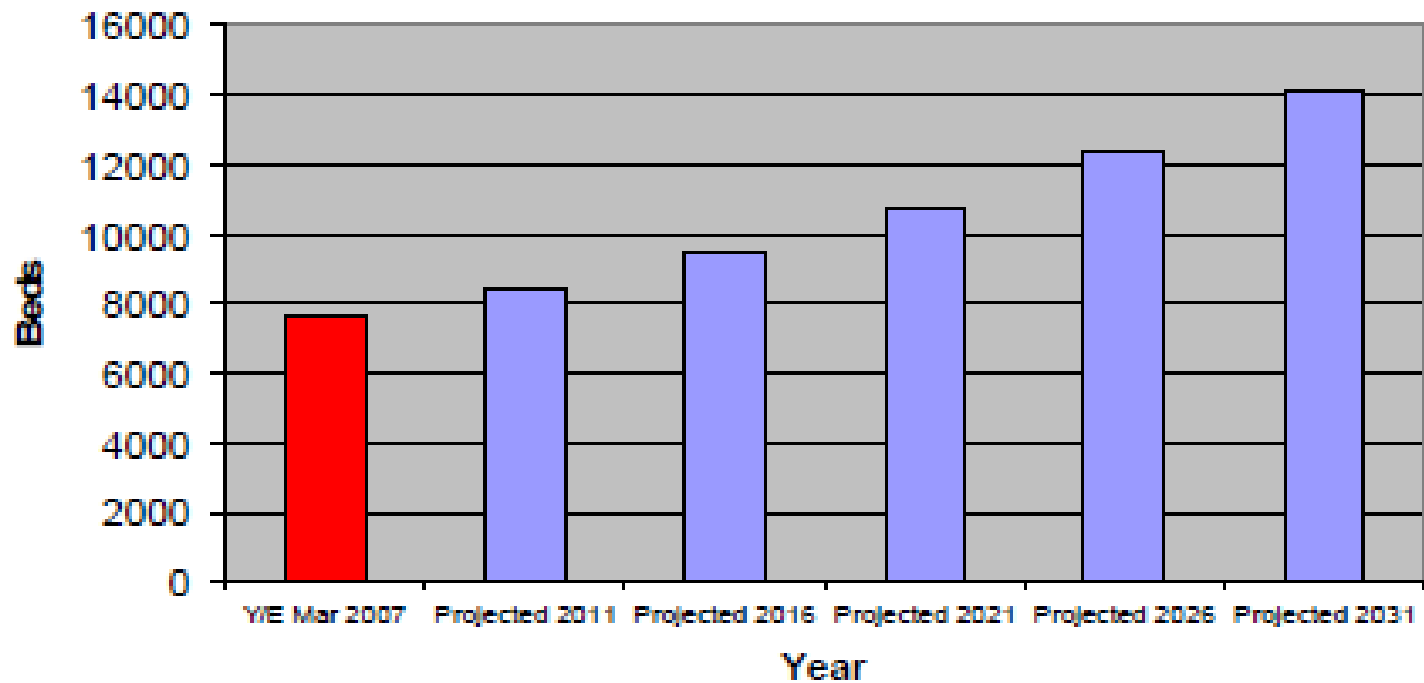
## Looking ahead: Scotland is getting older

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- All age groups over 65 are projected to increase between 2008 and 2033
- The population aged 65-69 will increase by 50% by 2033
- The population aged 90+ will increase by 250% by 2033
- Put another way in 2008 those aged over 90 represented 3.6% of the population over 65 years but by 2033 they will represent 7.8% of the population over 65 years

## Looking ahead: emergency admissions

Demographic change for population aged 65+ Scotland  
Potential impact on emergency bed numbers 2007-2031



## Looking ahead: funding issues

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Costs in 07/08 = £4.5 billion

Expected increase by 15/16 = + £1.1 billion (24% in real terms)

Expected increase by 2031 = + £3.5 billion (74% in real terms)

Council budgets in current year reducing by 12% in real terms

Scottish government budget will not return to 09/10 levels in real terms until 2025/26

## In summary

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‘To put it bluntly, we are presented with a huge structural and financial challenge that cannot be fixed through efficiency savings or marginal changes to service provision on their own.’

Reshaping Care for Older People, p10

and the Dilnot review in England has reached similar conclusions

## The plan...

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- Switch spend from Care Homes and Hospitals to Home Care
- Create £70 million ‘Change Fund’ (£300m over 3 years) to accelerate the shift, support carers, and enable closure of hospital provision
- Improve productivity of hospital emergency care – 11% fewer beds if upper quartile performance the norm
- Aim to reduce emergency bed days by 20% by 2021
- Older people to be discharged home or to intermediate care (step down hospital) rather than residential care
- All 75+ to be offered a telecare package to support independent living

## Challenges within the plan

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‘Successive attempts to release some of this resource have failed due to the inability to reduce the number of patients accessing A+E units; the lack of confidence among the public (and some clinicians) in effective alternatives... and an inability to close wards, units or hospitals in order to reinvest in suitable alternatives.’

- Prevention and management of long term conditions
- Falls – hip fractures
- Stroke – major cause of disability
- SPARRA – risk of readmission
- Virtual wards - intensive care at home

## **The funding gap: mitigated not bridged**

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‘We need to identify whether the additional resource should come from the state (via increased taxation or stripping back existing policy commitments) or from members of the public, by directly contributing to the cost of their care.’

Reshaping Care for older People,p33.

## Key policy questions for Scotland (1)

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- How to promote and support active old age?
- How to improve the prevention and management of long term conditions?
- How to incentivise care at home, not care in hospitals or care homes?
- How to change and develop the workforce?

## Key policy questions for Scotland (2)

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- How to respond to changing expectations of care quality?
- How to promote greater care co-ordination and integration amongst the component parts of the care system?
- What is the funding deal between generations?
- What is the role of the state and the role of the individual in paying for care?

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The work to date has confirmed that continuing the current arrangements without change is untenable. It has also identified considerable potential to improve the system in ways which not only are more resource-realistic but more importantly enhance the lives of older people. This will require multiple initiatives, well-orchestrated so that they support each other and existing systems. These are generally focused on a change to the approach to care of older people which will require significant changes to the model of care and skills and attitudes of the health workforce. Greater focus on individualized care plans and integrated implementation will be essential.

**Workforce for the care of older people**

Phase 1 REPORT

February 2011