

RESHAPING CARE FOR OLDER PEOPLE

INFORMATION BOOKLET



Reshaping Care for Older People

Introduction

Scots of all ages currently enjoy a better standard of health than ever before.

More people living healthier lives means that older Scots make up a much greater proportion of our population. That's a measure of the vast improvements made to healthcare in recent years, but it also presents us all with a huge challenge.

For most of us this shouldn't make a huge difference to the lives we lead. But many people will require extra help with their general health, maintaining independence at home, or simply staying in touch with families, friends and communities.

In the future, we will continue to look to the NHS, local councils, the private sector and to voluntary and charitable organisations to provide high quality support and services - whether in hospitals, care homes, or in the community.

But better services are closely followed by higher expectations. We need to find ways of delivering services in future to many more older people as affordably as we can while continuing to improve quality and standards.

And we need to do this now.

Planning for the future

Currently, the Scottish Government and its NHS and local council partners support older people in a variety of ways, including free personal care, free bus travel and help with council tax and energy bills.

Crucially, local communities also provide a vast amount of care and support through unpaid carers, friends, family and neighbours and via voluntary community organisations.

But with the proportion of older people already increasing, we cannot simply preserve the status quo and hope for the best. By 2016, for example, we expect the number of older Scots requiring some form of care to rise by up to a quarter, rising to nearly two thirds by 2032.

It is clear that our current set-up will not be able to cope with such an increase in numbers. So Scotland needs to put in place a plan to remedy this - not just for today's older people but for the benefit of us. We must build a care system that ensures we all get the level of care and support that we need to enjoy our later years.

The Scottish Government has already started to listen to and examine views from a range of Scotland's health and social care providers about future care for older people. But there is no monopoly on good ideas. Service users, unpaid carers and voluntary and charitable organisations have all come forward with suggestions and we will be continuing to listen and learn as our public engagement process moves forward.

It is now time to engage a much wider audience through that process. It is important to emphasise this is not just about older people – it is about all of us. So we would like everyone's ideas on how to shape that future. Perhaps you already receive care or know of someone who does. Or perhaps you simply care about your future. Either way, we want to hear from you.

Engagement

People of all ages need the means and the forum to discuss how we go about making sure that older people have access to appropriate services. How we are cared for in future is a matter of enormous importance to us all.

Our engagement programme will operate at both a local and national level. The national programme will look at issues of national concern, generate debate in the national media and engage national organisations. The local programme will be led by local councils and NHS Boards and focus on the changes crucial to each area.

We will listen carefully to what people tell us about the services currently provided. We recognise that a fresh approach is needed and we believe older people and their carers are in an ideal position to register their views on this.

But it is just as important that people of all ages in Scotland are given the chance to contribute. We need to build a strong and enduring consensus across all sections of Scotland so we can have confidence in a fair care system for older people.

Between April and September we want to reach as many people as possible, of all ages, to get reactions to the emerging ideas and to get new ideas and suggestions. This will be done through:

- a dedicated section on the Scottish Government website – updated regularly with the latest developments:
<http://www.scotland.gov.uk/Topics/Health/care/reshaping>
- a number of public meetings at venues across Scotland
- a mailbox where you can email us your views, opinions and ideas, or you can write to us at the address at the end of this leaflet.

Aims

Reshaping Care for Older People is founded on a collaborative approach to:

- test out emerging ideas, on how people who need care can continue to live full and positive lives and to be less dependent on the formal care system
- gather meaningful feedback and ideas that can be clearly reflected in the proposals as they take shape
- develop the options for the funding of care with a focus on the balance of funding between the state and the citizen
- build an infrastructure that can enable continued engagement with key interests.

Work done so far indicates a likely shift in focus towards:

- anticipatory and preventative approaches to care
- emphasis on services that help people recover from accidents and episodes of ill-health
- support for unpaid carers
- helping people remain safe, confident and able to look after themselves at home
- more Telecare and a greater emphasis on self-care and supported self-care
- develop and support opportunities for volunteering and community support.

And we have to:

- develop practical ideas for change that are sufficiently radical to meet the changing need of Scotland's population, and are also sustainable, deliverable, appropriate and fair
- shift the balance of care away from hospital settings and into local care, by providing the necessary support and treatment in or close to home
- enable people – not necessarily just older people but those with a range of needs – to stay at home or in a homely setting, with maximum independence, for as long as possible

- With your contribution, if we are able to achieve these aims and objectives, we believe we will be able to create a fair and sustainable system that will provide a greater level of care for each and every generation.

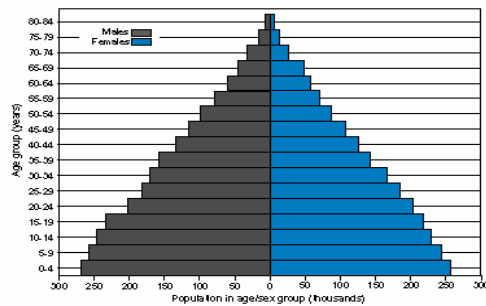
Support

The *Reshaping Care for Older People* programme is overseen by a Ministerial Strategic Group including senior local council elected members and NHS managers under the leadership of Shona Robison MSP, Minister for Public Health and Sport.

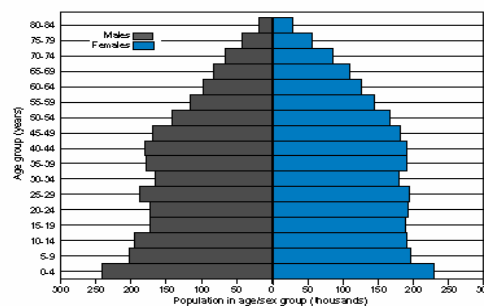
Some early analysis and development proposals were presented to a Joint Leadership Summit of NHS and Council Leaders in May 2009 where it was unanimously agreed this is a high priority issue. Since then, work has been undertaken to develop emerging ideas. The group recognised that a short time frame was needed to draw on momentum and to build enthusiasm, so it was clear that they needed to come up with some proposals that could be put forward for public engagement early in 2010.

Evidence - why we need to change

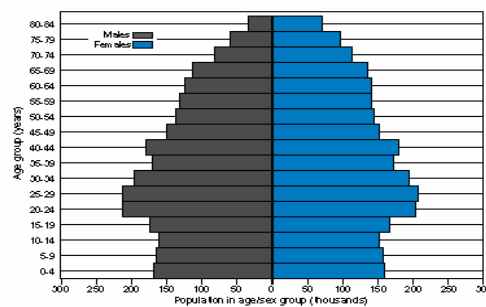
Before we can plan for the future, we need a sound understanding of the level of future need based on the changing shape of our population. The graphs below show that the “shape” of the population has shifted quite dramatically within the last century: from a pyramid shape in 1911, where there were few older people and a large working population to fund and support the care needs of older people - to a vastly different projected position 120 years later, where more older people will potentially require care, but with fewer people of a working age available to fund and provide that care.



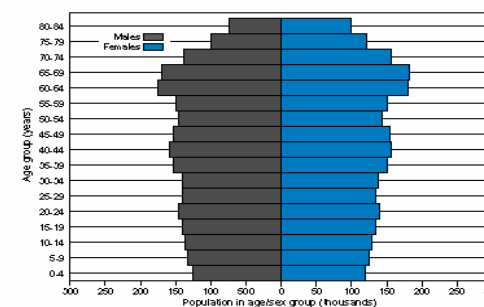
1911



1951



1991

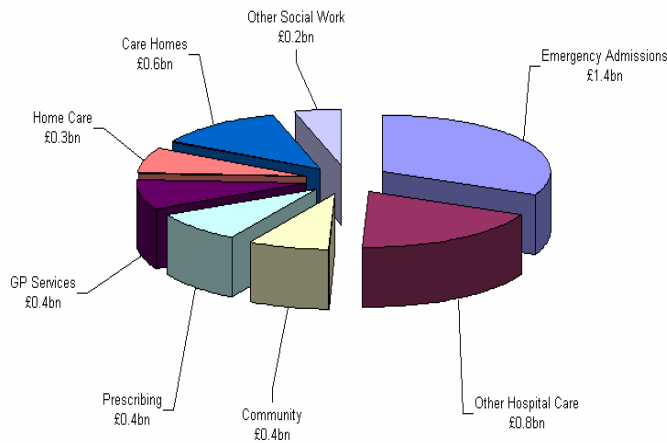


Projection to 2031

Our plans for the future therefore need to maximise benefits for older people while minimising the cost to the taxpayer.

The population aged 65 and over is estimated to increase by 21 per cent between 2006 and 2016, and will be 62 per cent bigger by 2031. For those aged 85 and over, the population will rise by 38 per cent by 2016 and 144 per cent by 2031. This is particularly significant, as the need for care is far greater among the over 85 population.

In Scotland, around £4.5 billion was spent in total on health and social care for people aged over 65 in 2006/2007. A large proportion of this was spent on hospitals and care homes, with emergency admissions to hospital alone accounting for £1.4 billion, as in the following chart:



- **Community:** cost of NHS services based in the community; for example, district nursing, health visitors
- **Prescribing:** cost of drugs and other items prescribed by GPs
- **GP Services:** cost of providing GP services
- **Emergency Admissions:** cost of admissions to hospital that were not part of a plan of care
- **Other Hospital Care:** cost of all other care provided in hospital; for example, outpatient attendances, attendances at A&E department and day patients
- **Home Care:** net expenditure by local authorities on home care services
- **Care Homes:** net expenditure by local authorities on care home placements
- **Other Social Work:** net expenditure by local authorities on older persons (excluding expenditure on home care and care homes) for example, assessment and care management

If we continue to provide services in the same ways, we estimate that this figure will need to increase by £1.1 billion by 2016, and by £3.5 billion, or 74 per cent, by 2031.

We provide care to approximately 90,000 older people now – and if we continue as we are, we will need to provide services to a further 23,000 people by 2016.

Combining the effects of costs of older people’s services and the anticipated rise of 144 per cent in people aged 85 and over means that we need to act now to assure the provision of services that are appropriate, sustainable and fair.

We cannot simply expand current services to help and support many more older people in future. That is unsustainable. Nor can we consider substantial increases in expenditure in a financial climate in which health and social care services are already looking for savings.

If we do not do things differently, there will be compromises to service continuity, quality and cost to Scots taxpayers.

It is clear that we need to make changes. The future is here, now and upon us – so doing nothing is not an option. But whatever changes are made, our aim remains to provide sustainable, affordable, first class care.

Facing the challenge – a new philosophy of care

Responding to these challenges means that we will need to devise and implement new ways of delivering services which redistribute pressure from systems to individuals and enable Scots to take charge of their own destinies.

We need to examine, recognise and realise the potential significant contribution of communities alongside unpaid carers and the state. 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. But sometimes, and for some people, that can work against their aspiration to maintain their independence in their own homes and communities. We want 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.

Some of the differences between the ‘old’ and the ‘new’ models of care are highlighted below:

<u>Old Care Model</u>	<u>New Care Model</u>
<ul style="list-style-type: none"> • Geared towards acute conditions • Hospital centred • Episodic care • Disjointed care • Reactive care • Patient as passive recipient • Self care infrequent • Carers undervalued • Low tech 	<ul style="list-style-type: none"> • 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

What is emerging from our initial consultation with local councils, NHS Boards and other community organisations gives grounds for optimism: there is already a clear idea about the type of care that ought to be provided to older people into the future.

Many new models of care are already being developed in localities across Scotland. The use of new technologies is a case in point. For example, we are already witnessing an expansion in the use of Telecare to enable people to live with greater independence and safety in their own homes.

The foundations of a good care system

Our early discussions with care organisations, older people and carers are generating wider debate headlined by the following principles:

- **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. A recent survey indicated that approximately 3,000 over 65 year-olds *receive* more than 20 hours care per week, while data indicates that over 40,000 over 65s *provide* more than 20 hours unpaid care per week.
- **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, and 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. This is a better measure of how well we are achieving our primary policy goal of “optimising independence and wellbeing at home or in a homely setting”.
- **Services should be focussed on the impact they have on an older person’s quality of life** - which requires personalised/patient focused care under which services and support will be tailored to the needs of the individual as required. This approach is focussed on recovery, rehabilitation and re-ablement, and is aimed at helping older people do as much for themselves as possible, rather than undermining confidence and independence by doing things “to” people, rather than “with” them.
- **We need to accelerate the pace of sharing good practice** – there is a lot of good practice across Scotland and beyond, but examples tend to be fragmented and narrowly focussed. We need to build, grow and spread these examples and reduce variance in practice, and we need to do so urgently.
- **We need to recognise the value and contribution made by communities** – we should support unpaid carers in the vital work they do as we should encourage and nurture communities to support each

other through both organised and informal volunteering and support the development of community enterprise and business.

- **The importance of aligning partnership resources to achieving policy goals** – it is important to acknowledge that there will be considerable pressure on all public sector budgets over the next period which makes it an absolute imperative that we can demonstrate that all of the £4.5 billion currently spent annually on services for over 65 year olds is being used to optimal effect.
- **The costs and funding of care** – While there is scope to improve the “care system” to achieve better outcomes and make efficiencies the extent of demographic growth will require more resources to sustain current levels of service. Essentially there are two mechanisms available to us for increasing expenditure on services; public spending and personal spending. The public engagement programme will inevitably focus on both the quality of our care system and who pays, the balance between public and personal contributions and the consequences that flow from this. This debate will be complicated by the need to distinguish between those limited financial choices that are open to the Scottish Government and those matters (relating to taxation and benefits) that are reserved to the UK Government.

Key characteristics to create a quality care system

Our care system must be more than ideals and principles – it must translate our vision into reality. Our care system is much more than the delivery of specific services at specific times; it is about information services, support, confidence, caring, contact choice and ultimately it is about quality of life. Set out below are what we believe are the key characteristics of a good care system – and these should serve as the benchmark against which we judge our quality of care.

ELEMENTS	AIMS
Information and Advice	<ul style="list-style-type: none"> • To build a consensus regarding the shape and extent of care and support • Good ‘core’ information easily accessible to help know what is possible • Tailored and accessible advice to help older people make informed choices/decisions
Referral and Access	<ul style="list-style-type: none"> • Access to universal [non care]services such as libraries, leisure, education and transport, with help if required • Transparent simple referral routes [self assessment/referral and supported assessment/referral] to access care and support in a timely fashion • Single person as the point of access for integrated care • Extended hours of services
Assessment and Diagnosis	<ul style="list-style-type: none"> • Co-production/shared decision making approach • Emphasis on capability <u>not</u> incapacity

	<ul style="list-style-type: none"> • Being listened to and being supported to set goals that maximise the quality of life
Support, Service, Treatment	<ul style="list-style-type: none"> • Preventative, anticipatory, complex and crisis care all required • Integrated care across clinical, social, physical and emotional care • Re-ablement focus to “optimise independence” • Integration/support across paid, unpaid and volunteer carers • Support for self management • Flexible, responsive, innovative models of care that use telehealthcare opportunities • Integrated infrastructure to facilitate smooth “journey” through the health, social care and housing system • Recognise and support the contribution made by unpaid carers • Seek to build and support the capacity of the volunteer sector to develop and contribute to achieving an increase in “supported self-care”
Care Planning and Reviewing	<ul style="list-style-type: none"> • Care plan belongs to older person or their unpaid carers • Agreed personal goals set out in Care Plan • Regular, thorough reviews and revisions • Information is shared across all service providers • Connect individual Care Plan to partnership performance management • Recognise care needs change – they may go up and they may go down
Organising, Procuring and Commissioning Care	<ul style="list-style-type: none"> • Joint strategic commissioning framework to set the partners planning and investment intentions for future years • An infrastructure that facilitates the movement of resources to follow the patient/client across different sectors • Service provision driven by best value principles • Information about outcomes used to design what is commissioned • Outcome based contracts for providers • Regular and thorough review/monitoring of all provision • Build and support the capability of community volunteers • Support unpaid carers to enable them to sustain their caring role while improving their quality of life • Alignment of procurement arrangements with personalisation principles
Supporting and Sustaining a High Quality Workforce	<ul style="list-style-type: none"> • Integrated approach to recruitment and retention across Council, NHS and independent/voluntary sectors (allies not competition for employees) • Optimise skill mix and role blurring • Generic support/care worker role to provide a platform for ‘transferable’ posts and career development • Provision of training and support to volunteers and unpaid carers
Strategic Leadership and Performance Management (locally and nationally)	<ul style="list-style-type: none"> • To lead and promote a culture of quality, value and development, seeking to innovate and improve • To monitor and review service delivery and outcomes against policy goals • To demonstrate quality, consistency and best value

What changes should we make?

We know older people want to remain at home with enough support to give confidence and to feel safe. There is also a fear of not being listened to, of

loneliness and not being valued; our care system must address all these challenges. But it is not just for NHS Boards and local councils to address – it is for all of us – family, friends, neighbours, communities, as well as councils, health boards, GPs and clinicians and care provider organisations working together, supporting each other to help older people with care needs get the most out of their life.

We need to build on the care we already provide and we have identified a range of possible areas where we can do better. These include:

- better and more responsive care at home
- more Telecare
- homecare encouraging people to do as much for themselves as possible
- more support for unpaid carers
- enabling and supporting more volunteers and community bodies to provide “contact” care
- more alternatives in the community to reduce emergency admissions to hospital (e.g. rapid response services, treatment by ambulance staff, use of care homes)
- more care designed to prevent and avoid critical situations, for example falls prevention, care and repair, handyperson, gardening assistance, access to equipment and adaptations
- encourage and enable healthy lifestyles.

We are asking people in Scotland – you – whether they think these are the right ideas; whether we could be doing more and if so, what; and what we should stop doing?

Cost and funding of care

We need to demonstrate that all of the current resources (around £4.5 billion a year in Scotland) spent on the care of older people is being used in the best possible way to meet agreed policy goals. That means achieving better outcomes from within our current resources, as part of a broader ambition to shift the balance of care. This might include tackling avoidable hospital admissions, avoiding premature admission to care homes, taking a more strategic approach to home care and simplifying the complex infrastructures that we have built up to govern our health and social care systems.

We also need to consider how additional resources can be secured to support care services into the future. This might require the UK Government to raise more money through taxation, or might require individuals to pay in a more direct way, such as an insurance scheme, or some other initiative designed to meet the rising cost of care. Some of these issues are already being addressed through the UK Government’s White Paper *Building a National Care Service*.

In looking at how much additional resource will be required, we should aim to progress an enabling care system that reduces demands and costs, and makes better use of existing resources.

We are asking Scotland's people who they think should be responsible for paying for care.

If we, as a nation, are able to succeed in these aims and objectives, it can only mean a better future for every generation – from our grandparents to our grandchildren and beyond.

Send any comments to

The Reshaping Care Team
The Scottish Government
Primary and Community Care Directorate
Floor 3 East Rear
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Or email to: reshapingcare@scotland.gsi.gov.uk

