

## **Scottish Parliament Finance Committee - inquiry in to demographic change and ageing population**

### **Response from the Scottish Social Services Council**

#### **Q1. 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?**

With increasing numbers of people living longer, it is expected that there will be increasing demands on those social care services that are used by older people (e.g. care homes for older people, home care services). The NHS/COSLA/Scottish Government report, "Reshaping Care for Older People: a programme for change 2011-2021", argues that "current arrangements are not sustainable" if "demand [for services] increases in line with the growth in the older population..." (p.9).

The extent to which demand will rise in line with the growth in the older population is dependent on a number of factors including the extent to which increases in life expectancy will be associated with increased time spent in good health or in illness, an issue that remains unclear. It will also be determined by how need itself is defined, or what is defined as a need that requires a publicly funded service, and by the types of care deemed appropriate to meet those needs.

For example, between 2000 and 2010 there was a 9% increase in the number of people aged 65 or more living in Scotland (see table 1 below). However, this did not translate into a 9% increase in the numbers of older people receiving social care services. There was in fact a 6% reduction in the number of residents of care homes for older people and a 1.4% reduction in the numbers of people receiving a home care service. Notwithstanding the slight reduction in the numbers of recipients of home care, there was at the same time a 41% increase in the number of hours of home care provided. In addition, Self Directed Support (SDS), which began in 2001, saw the numbers of older people receiving a direct payment increase from 15 in the first year (i.e. 2001) to 1,190 by 2010.

Given that the numbers of older people increased by almost 10% during 2000 to 2010 whilst the overall numbers of care home residents and those in receipt of home care or SDS reduced by 3%, it is clear that in per capita terms there was a reduction in the proportion of older people receiving a social care service during that decade. However, there was a substantial increase in the intensity of the home care services received, with the average number of hours increasing from 5.6 to 10.1 hours per week. There appears to have been a focusing of more intensive support on a slightly smaller proportion of the older population. This

suggests that there has been a change in the definition of “need”, and who is determined as having a “need”. It also indicates that there has been a shift in the balance of care from residential services to home care which is in keeping with the Government's objective to support people in their own homes.

Table 1: Population and recipients of social care services: older people 2000-10

	2000	2010	% change 2000-10
<b>Population (65 and over)</b>	799,485	879,492	9.1
<b>No. of residents in care homes for older people</b>	34,433	33,941	-1.4
<b>No. of recipients of home care services</b>	70,210	66,224	-6.0
<b>No. of home care hours received</b>	393,071	666,434	41.0
<b>No. of older people receiving a direct payment</b>	n/a	1,190	n/a

Source: Scottish Government

## **Q2. Further, what planning is being done, or should be done, to address this?**

There have been a number of previous pieces of planning work such as the Range and Capacity Review published by the Scottish Executive Health Department in 2004. Currently there is a number of distinct but related workstreams concerned with planning for the impacts of demographic change. This includes work at both national and local levels such as the working groups which are part of the Government's policy on Reshaping Care for Older People (RCOP), and the work of the local Change Fund Partnerships. In addition, policies like the Integration of Social Care & Health services and SDS, and the associated planning for them, combine concerns for ensuring more effective use of resources with the need to personalise services.

It is fair to say, however, that this is a complex landscape with many interested parties - not least people who use services and their families. Various departments within Scottish Government have an interest and expertise in these issues as have other bodies such as COSLA, the Care Inspectorate, the Joint Improvement Team, the emerging Social Care & Health Partnerships, ISD, NHS Boards, NHS Education Scotland, the SSSC, Change Fund Partnerships, individual public, private and voluntary sector providers of care services. It is therefore essential that planning across social care and health services is well co-ordinated at both national and local levels.

## **Q3. What weight should be given during the annual budget process to demographic trends and projections?**

Given the experience in the first decade of the new millennium (see answer 1 above), it is difficult to predict how demographic change will impact on services.

Understanding of this is still somewhat limited but it seems clear that it will have an impact and therefore needs to be considered in the annual budget process. Given the nature of our current understanding of the future impacts of demographic change, it seems important that work is done regularly (e.g. annually) nationally and locally to review what is known of trends and how they are actually impacting.

**Q4. 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?**

In terms of social care services, data is collected annually at a national level on almost the whole of the paid workforce (the current exception to this are those people employed as Personal Assistants by recipients of SDS but we would recommend that this gap is addressed). The SSSC gathers data on the local authority social work workforce and the Care Inspectorate on the workforce within registered care services. There is a common data set underpinning these collections which makes it possible to compare and combine the data from them with some confidence. Data is also gathered annually on some users of services (e.g. care home and home care services but not adult day care services). The SSSC has responsibility for publishing an annual social services workforce data report. It also makes available more detailed local level data online. In late August and September the SSSC is consulting stakeholders in the sector and beyond to ask what use they make of the online data and what changes, if any, they would like to see.

**Q5. To what extent are preventative policies such as the Change Fund key to addressing demographic pressures on the provision of health and social care?**

The value of Change Fund Partnerships (CFPs) lies in the extent to which they provide a clear framework for local authorities, NHS services and private and voluntary sector care providers to work together at a local level to plan services for older people.

**Q6. 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?**

In terms of the current demands for social care services, the SSSC is not aware of evidence that indicates there is significant met or unmet demand associated with obesity. However, there is significant demand from older people.

**Q7. What are 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?**

Not applicable to the SSSC.

**Q8. 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?**

Not applicable to the SSSC.

**Q9. 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?**

The SSSC while not commenting on the impact on public finances would note that while the size of the social services sector in Scotland has increased to around 200,000 people the numbers employed by local authorities has not increased at the same rate. In fact the numbers of whole time equivalents employed by local authority social work services decreased by 7.2% between 2007 and 2010. The increase in the workforce is in the voluntary and private sectors.

**Q10. 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?**

It is the view of the SSSC that it is important for both older workers and young people to be able to access support around employment. The workforce within the social services sector is older on average than other sectors of the economy, although there are differences between different parts of the sector. For example, day care services for children employ a significant proportion of staff in the 18-24 age range. However, social care providers tend to employ slightly older workers as life experience is often an important quality. Modern Apprenticeships have been used in Scotland to develop existing members of the workforce and to encourage older people to upskill, as well as a mechanism for young people to access employment. The SSSC would strongly recommend that this continues not least because employers' ability to access MAs for existing members of staff enables them to meet the demands for the registration of the social services workforce which is a key part of Government policy for the sector and ensuring the quality of the services that it provides.