

FINANCE COMMITTEE CALL FOR EVIDENCE

DRAFT BUDGET FOR 2013-14

SUBMISSION FROM AGE SCOTLAND

Context

1. Since 2007 the Scottish Government have made supporting sustainable economic growth their principal policy objective. However sustainable growth and ever increasing GDP is by itself a poor barometer for measuring Scotland's economic, social and environmental progress as it simply measures the volume of cash, not how it is being spent, who is benefiting or whether the money has been generated by say polluting activities.

2. The proportion of total Scottish income going to the richest tenth is noticeably higher than a decade ago: 29% in 2008/09 compared with 25% in 1998/99. If a few individuals get incredibly wealthy it can distort figures and increase GDP even at a time where most individual's income are declining.

3. Policies that promote GDP at the expenses of other more meaningful measures of progress risk exacerbating this situation and contributing to greater inequality, social immobility and environmental damage. Age Scotland believes that the forthcoming budget should be used to reshape the public sector so that it promotes and enhances those areas of public life which make the most significant impact and our health, wellbeing and happiness. These policy priorities do not necessarily conflict with sustainable economic growth, in fact many of the policies detailed below complement existing strategies better than the Government current policy, but by looking beyond economic growth and GDP and focusing on a broader set of indicators that more accurately capture both well-being and sustainability will better address the wider social and environmental problems in our society.

Budget Themes

Ending Isolation

4. Loneliness and social isolation are a significant determinant of current and future health needs and social care in older populations. For example, hearing impairment has been found to increase loneliness and is likely further to erode personal resilience. Decreasing mobility, and aches and pains that become part of life, also inhibit people's ability to interact with their family and friends. Research demonstrates it has a similar impact on mortality as smoking does, and is worse for us than obesity. It has significant links to a range of chronic conditions, including hypertension, depression, and dementia – increasing the risk of developing Alzheimer's disease by 50%¹.

5. Research over the decades has found a fairly constant proportion (6–13 per cent) of older people who often or always feel lonely and as the population ages, this means ever more individuals with half of all older people across the UK saying that the television is their main form of company. Indeed Age Scotland's own 2011

opinion poll shows that 4% of older people in Scotland never see any friends or neighbours. There are almost 2 million people in Scotland over the age 50, which means approximately 80,000 older people have no contact with friends or family.

6. Many of the frailest and most vulnerable people entitled to free travel cannot use their entitlement because they are unable to access conventional bus services. While the concessionary bus travel scheme has been incredibly popular in urban areas, many older people in rural areas ill-served by regular buses have been unable to take advantage of this policy. Further the withdrawal of transport is sometimes the tipping point which causes people to become isolated and go into residential care as they no longer have access to essential amenities such as shops to feed themselves or health centres/ GP surgeries/hospitals to cater for their health needs. Each individual in residential care costs a local authority around £24,000, so the bill for care can rise steeply as a direct consequence of transport cuts and means that overall the cuts to transport budgets are a false economy for the Government. Research undertaken by Leonard Cheshire shows 32% of disabled people who had scheduled medical appointments in the last 12 months missed them due to a lack of accessible transport. Conservative estimates show this cost the NHS £50.7m.

7. For example extending the current free bus travel scheme to include all demand responsive community transport would put the sector on a sustainable footing and allow many older people improved access to services, facilities and social networks, contributing to social inclusion and improving health by promoting a more active lifestyle for the elderly and disabled.

Personalise Public Services

8. Transforming the way we deliver our public services is one of the greatest challenges we face as a country both economically and socially. And given the restraint we are now seeing on public sector spending, we need new models that can deliver high quality public services and ensure value for money for the taxpayer. Delivering better outcomes with reduced public expenditure requires public services that are; built around the needs of communities; aim to address the cause of the problem; and optimise the use of all our resources. Specifically it requires the full participation of public service employees, communities and citizens. Third sector organisations and service users should play a key role in the design and delivery of services. Their independence from Government allows them to be much more innovative in how they deliver services and, coupled with public benefit ethos, leads to a higher quality and better value service and they are already providing high quality services in many public service markets including social housing, transport, health promotion and community care.

9. For example Buchan Dial-A-Community Bus is a charitable community transport company based in Maud, Aberdeenshire. They have a small staff team and a pool of volunteers who deliver a range of community transport services throughout rural Buchan in Aberdeenshire for those who are elderly, disabled or socially excluded in the Buchan area. Much of their target community is in rurally isolated villages, hamlets and farms and the bus services which operate in this area are infrequent. They operate a range of services including door to door services; community group access to transport; patient transport; a car transport scheme and

Shopmobility and through this service keep older people socialising and out of hospital or residential accommodation.

Prevention as the Norm

10. While we welcome the Change Fund initiative and applaud the Government's focus on investing in preventive services, we are concerned that Change Fund monies are, so far, not being used to exclusively fund preventative programs and that much political and financial capital is being wasted. Age Scotland's Freedom of Information research has shown that despite the guidance prescribing 20 per cent of funding be allocated for carers services in 2012/13, the reality is much less. There has also been a significant level of monies directed towards institutional homes and, despite its well evidenced preventative nature; few partnerships have allocated any money towards community transport services. For example

- In Aberdeenshire, only £153,000 is being spent on carers services in 2012/13 out of a budget of £1.9m;
- In Angus, only £204,000 is being spent on carers services out of £1.685m;
- In Shetland, only £30,000 is being spent on carers services out of £374,000 in 2012/13, with no money allocated to housing support in 2012/13 compared with £15k the previous year;
- In Angus, £374,000 is being spent on improving hospital discharge Strategy in 2012/13;
- In Aberdeenshire, £90k was spent on an older person communications officer;
- In Dundee, £138k in 2012/13 is being spent on additional support for care homes;
- In Perth, £172k on 2011/12 and then £280k on 2012/13 is being spent on care home placements;
- Lanarkshire NHS spent £250,000 on care home placements in 2011/12;
- Dundee, East Lothian, Angus, Stirling, Clackmannanshire, South Lanarkshire, Orkney, West Lothian and Shetland councils all failed to include funding for any community transport services in their 2011/12 or 2012/13 Partnership budgets.

11. It is critical the Government maintains funding for the Health and Social Care Change Fund and keeps a wider focus on investment in preventative services but changes to the associated guidance can strengthen the impact of these funding streams. In particular attaching conditionality to the budget or ring fencing 25% to be delivered exclusively by the Third Sector could help deliver more meaningful outcomes for the Government that would prevent or delay older people entering hospital or residential accommodation. For example Alzheimer Scotland's post-diagnostic support service not only delays admission to a care home for up to two years but costs the equivalent of just two weeks care home fees for a whole year's service and ring-fencing resources for projects like this can deliver on genuine preventative spending outcomes.

Advance Wellbeing and Independent Living

12. Older people value similar things to everyone else. However many have had to adapt the way they meet their needs, or come to terms with unmet needs, as a result of illness or disability and other issues, such as money or information.

According to the JRF the things that older people value can be divided into three aspects of well-being: social, psychological and physical. Budgetary decisions should be focused around activities that support social interactions, self-determination, independent living and physical activity as a means to advance wellbeing and promote independent living. For example...

Lifelong Learning

13. There is a growing body of evidence to show that engagement in learning can deliver significant benefits to health and wellbeing and the public purse. The interim report of a National Institute of Adult Continuing Education project, which investigated learning in residential care, demonstrated that participation in learning can: reduce isolation; improve both physical and mental health; reduce dependence on medication; improve recovery rates; reduce dependency on others and lead to a greater enjoyment of life.ⁱⁱ For example, in one care home that began offering learning, the use of incontinence products was reduced by about 75%. Clear benefits such as this, quite apart from improvements to quality of life, could also contribute towards significant cost savings. While there are similar benefits to increasing the provision of lifelong learning within communities and among people of all ages, quantifying the outcomes can, unfortunately, be challenging.ⁱⁱⁱ

14. However, the Scottish Government's consultation on the post-16 education strategy, published in 2011, does not reflect the country's changing demography or consider the needs of older adult learners. The paper instead prioritises 16-19 year olds at the expense of other post-16 age groups, failing to recognise the education needs of older learners.

15. The Government's response to the post-16 education consultation (still pending) is critical in determining the environment for older learners. Before any new policy approach is taken, Age Scotland recommends the Government conducts a full evaluation of the impact of learning, particularly in terms of its health and societal benefits – and any possible savings to the wider public sector. Furthermore, any audit would benefit from an analysis of the of the third sector's role in supporting the delivery of adult learning courses.

Little Bit of Help Services

16. Older people really value practical support that enabled them to live well in their own homes. This includes help with cleaning, payment of bills, DIY, gardening, care of pets, chiropody, transport, small adaptations, befriending and opportunities for social participation. The positive benefits go beyond cost-effective delivery for people who are eligible for support (which is in itself notable), reaching out to individuals and communities, building social capital. For example

1. North Lanarkshire has a 'Care of Gardens' scheme, free to tenants; £40pa to owners & involves 12 visits for grass cutting and hedge trims. Household waste bins are emptied weekly and glass and garden/food waste bins fortnightly. Requested uplifts for other waste are free.

2. Scottish Border provides a Care and Repair service that costs £27 a year. They will change a light bulb, sort blinds and do small repairs.

3. Trust, Bield and Hanover Housing Associations provide an adaptation service for tenants across Edinburgh. These can range from ramps and wider door frames to assist individuals in accessing their homes, to accessible bathrooms and winches to allow them to move around their homes independently.

17. Of particular interest is the savings that these services deliver across other budget lines. For example an SROI analysis of the adaptation work done by Trust, Bield and Hanover Housing Associations create £5.3m in cost savings to the Scottish Government from a £1.4m spend. It delivered this by reducing the need and therefore spending for (a) publicly-funded care home provision; (b) hospitalisation of tenants (c) social care provision (d) self-funded care home provision. The prioritisation of these services will meet the Government's ambition within the National Performance Framework outcome "*Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it*" as well as supporting local economic activity and delivering a core preventative service.

ⁱ <http://www.campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/11/Safeguarding-the-convey.-A-call-to-action-from-the-Campaign-to-End-Loneliness.pdf>

ⁱⁱ Enhancing informal learning in care settings, NIACE, Oct 2009

ⁱⁱⁱ See for example Cote J, Identity capital, social capital and the wider benefits of learning, London Review of Education, (2003); or McNair S, Migration Communities and Lifelong Learning, IFLL (2009).