

CARING FOR SCOTLAND'S OLDER PEOPLE DEBATE, 9 JUNE 2011

The challenge

The age profile of Scotland is set to change dramatically in the coming decades, as the population ages and people live longer. In this climate, RCN Scotland welcomes the personal commitment by the Cabinet Secretary to focus on care of older people, which is one of the biggest challenges facing our society today. As people live longer, their needs generally become more complex. Without substantial changes to the way we care for older people, this will inevitably drive up costs considerably. Change is needed, yet NHS Scotland is under increasing financial pressure, with health boards struggling to balance their books. With the number of people in Scotland who have dementia expected to double over the next 25 years, from 82,000 to 165,000, the scale of the challenges we face is clear.

The closure of Elsie Inglis Nursing Home, the failure of community health partnerships to improve joint working between health and social care and the potential imminent collapse of the care home operator Southern Cross only too clearly emphasise that things need to change. An open and transparent debate, involving all interested parties, on the future of health and care services for older people is needed.

Concerns about institutional care

The recent spate of headlines regarding poor care of older people is very concerning. The RCN is clear that there is no excuse for failing to treat older people with the respect and dignity they deserve. Whilst poor practice brought about by the conduct of individual professionals is wholly unacceptable, systemic pressures brought about by under-staffing, for example, must be addressed.

The NHS and care sector is facing a huge rise in demand from the ageing population yet, despite this, over 1,500 nursing posts have already been lost over the last year and many more are expected to go. Poor standards of care are often accompanied by an underlying failure to ensure safe staffing levels and the right level of skills and knowledge. Recent evidence released by the RCN shows that many nurses feel they are too busy to provide the standard of care they would like, with just 11% of respondents said that staffing levels at their place of work were quite good or very good.

Another survey of our members found that nearly half had not received mandatory training in key areas such as infection control and that three quarters had not had cover provided when they attended mandatory training in the past 12 months. We believe that all members of the nursing team must be given protected time to undertake mandatory training. We also believe that Government must make sure that all healthcare employers have policies in place and enforce them, to support staff to 'whistleblow' and speak out about poor patient care.

Recent events have also highlighted the importance of robust scrutiny, yet the new unified independent scrutiny and improvement body for care – Social Care and Social Work Improvement Scotland (SCSWIS) - is required to make savings of 25% over the next four years, starting with a 7.6% reduction in 2011-12. This has implications for the frequency and intensity of inspections. We would seek reassurance from Government that SCSWIS will have the resources to robustly scrutinise care home across Scotland, particularly those deemed either 'weak' or 'unsatisfactory' in one or more areas in recent assessments.

Shifting the balance of care

Despite being a key priority for over a decade attempts to 'shift the balance of care' from hospitals to the community have been largely unsuccessful. Delayed discharges, where older patients are clinically ready to leave hospital, but unable to because care is not available either at home or in a more appropriate community setting, are starting to rise again after a period of steady reduction and multiple emergency admissions for older people are increasing (SPICE briefing, May 2011).

Community health partnerships (CHPs) were expected to contribute significantly to the 'shifting the balance of care' agenda. Last week's Audit Scotland report, however, paints a picture of a confusing and cluttered landscape of health and social care provision, fragmented services and a lack of vision and leadership within CHPs. It brings into question the added value of CHPs and demonstrates that there is much more to be done before older people will be the beneficiaries of high-quality, seamless health and social care services across Scotland.

The current national policy direction *Reshaping Care for Older People* represents another attempt to increase preventative and anticipatory care and provide more care to people in their homes. However, until a genuine shift in the balance of care transpires it is likely that increasing numbers of older patients, exacerbated by the anticipated parallel increase in dementia diagnoses, will find themselves in costly and inappropriate institutional care.

Integration of health and social care

The desire to do better for older people is a significant driver of the increasing political interest in the greater integration of health and social care. The First Minister has stated (FMQs, 2 June) it is a Government priority 'that health and community care are integrated as a service across Scotland', with older people's services likely to be an initial focus.

RCN Scotland is in favour of the principle of greater integration of health and social care services as improvements can be made to the way that the NHS and local government work together, to the benefit of older people. However, services can be integrated or can work more collaboratively in a number of ways. We look forward to working closely with the Government to develop the most appropriate integration framework for Scotland.

Funding

In the 2011/12 budget the Government made a £70m 'Change Fund' available to achieve a shift in the balance of care in older people's services. While the Change Fund is a welcome contribution, it is likely to fall far short of what will be necessary in the long-term to fund care for our ageing population.

While the Government has promised to protect NHS funding, the health and wellbeing of older people requires services not only from NHS Scotland, but also from local authorities and other bodies, which are facing significant budget reductions at a time when demand for social care services are increasing. Efforts to manage budgetary pressures in the short term may undermine efforts to shift the balance of care and improve care for older people.

Our position

To ensure genuine improvements are made to the care of older people the RCN calls for:

- *A commitment to community nursing*
To deliver a genuine shift in the balance of care – supporting people to keep well at home - there needs to be enough appropriately trained and professionally qualified staff in the community to meet the growing demands on our health services. Professional nursing leadership must be central to decision making for all community health services to ensure that these services are safe, effective and patient-focused.
- *Review of community health partnerships*
Given the problems highlighted by Audit Scotland, RCN Scotland endorses its report's call for a fundamental review of community health partnerships at a national level.
- *Appropriate staffing levels, training and whistle-blowing*
Patient safety must be the number one priority for the NHS and the care sector. This includes: having the right staffing levels and right mix of professionally qualified non-qualified staff; ensuring staff are well trained; and ensuring the proper procedures are in place for acting on problems raised by staff.
- *Integration*
RCN Scotland supports better integration of health and social care services in the interests of improved patient care. We look forward to helping to shape proposals for change.

To help achieve better services for our older people, RCN Scotland believes that an open debate across Scotland is needed, with financial transparency about how services can be delivered and improved right across the public sector. We hope that today's Parliamentary debate and the imminent publication of the Christie Report will support this process.