

Residential Care for Older People

The continuing debate about how older people in our society are to be looked after has been energised by the recent publication of two substantial documents.

A Scottish Government Task force reported on the future of residential care in Scotland. The report is wide ranging and comprehensive and it ends with a series of recommendations to the Scottish Government. The task force clearly identifies current failings and suggests a strategic and collaborative approach between numerous bodies towards remodelling how care is delivered. There are interesting recommendations around different types of residency and tenure arrangements allowing more flexible types of residential care to be provided. A new approach is suggested towards planning what future residential care capacity is required to ensure enough is available to house all those needing care. Further, a new method of commissioning that capacity is also suggested. A strong underlying theme is the increasing “personalisation” of care – which basically means giving people more choice over the care they receive and how and where they receive it.

This thought provoking and well argued report will hopefully serve as a guide for future strategic development of residential care arrangements across Scotland. What the report does not do – presumably because of its terms of reference – is to address the cost to us all of providing care in the future for increasing numbers of older people.

However an interim report on Health and Social Care in England gives a glimpse into the costs of providing appropriate future care if it is to be remodelled for the better - and these costs sound pretty scary. The Commission on the Future of Health and Social Care in England suggests very significant changes are needed but warns that these changes will add significantly to the costs of health and social care which run at about £120 billion a year in England. Changes for the better will cost billions more and the commission argues these funds would have to come from taxpayers, patients or both. The thrust of the suggested changes in financing seems to be pay more for health services of all types and use that extra money to help pay for care in retiral. Charges for hospital visits, GP appointments, mean testing some benefits while limiting others are suggested along with perhaps extending VAT and National Insurance. In other words a comprehensive money raising exercise is felt to be necessary by this commission which intends to report finally with recommendations in September.

An informed observer might conclude if something like that is going to have to happen in England to meet future care needs - then surely Scotland must be looking at meeting significant extra funding requirements also. Certainly having published the “Reshaping Care for Older People “ policy the Scottish Government can rightly claim it has made a start. It will be a constant and increasing challenge however for whichever Scottish politicians are in power in the future to find the finance to meet ever increasing costs of care. Care for increasing numbers of older people doesn't come cheap and improving the quality of care and the flexibility of care at the same time is going to need money – lots of it.