Rural Ageing and Social Care

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Plan

• Future Demand for Care in Rural Scotland
  – Population change
  – Healthy Life Expectancy
• Supply of Care
• Future Directions
Rural Scotland

- Aberdeenshire
- Angus
- Argyll & Bute
- Dumfries & Galloway
- Eilean Siar
- Highland
- Moray
- Orkney Islands
- Perth & Kinross
- Scottish Borders
- Shetland Islands
Increase in the “Oldest” Old
Net Migration in Rural Scotland

Source: 2001 Census
Better Health in Rural Areas? Males

Life expectancy (LE) and healthy life expectancy (HLE) at birth, by NHS board area in Scotland,

Source: abridged life tables (see technical report), using GROS mid-year population estimates and death registrations (by year of registration) and 2001 Census self-assessed health (reported as good/very good).
Better Health in Rural Areas? Females

Life expectancy (LE) and healthy life expectancy (HLE) at birth, by NHS board area in Scotland, FEMALES, 5-year periods: a 1994-98, b 1996-2000, c 1999-2003 and d 2001-05

Source: abridged life tables (see technical report), using GROS mid-year population estimates and death registrations (by year of registration) and 2001 Census self-assessed health (reported as good/fairly good).
Disability and Poverty Among Older People

Percent of those 65+ receiving Attendance Allowance by UK Local Authority
November 2008

Percent of Pensioners receiving Pension Credit by UK Local Authority
November 2008

David Bell, University of Stirling
Data from NOMIS
Balance of Care in Rural Scotland
Formal Care Provision

- Public spending environment for next decade
- Local government settlements will be tight
- Better understanding needed of health/social care interface
- Green Paper in England may influence Scottish provision
- May imply changes to benefit (AA/DLA)* system

* AA - Attendance Allowance, DLA - Disability Living Allowance
How does rural care provision differ?

- Population Share Aged 65+
- Number of self-funders receiving Free Personal Care in Care Homes
- Intensive Home Care - 10 hours + (65 years +)
- Direct Payment
- Number of self-funders receiving Free Personal Care at Home
Market for Care Provision in Rural Areas

• Who pays?
  – Local Authority/NHS
  – Private Insurance
  – Individual/Family

• Who provides?
  – Local authority/NHS
  – Voluntary organisations (commissioned)
  – Individual/Family

• Who guarantees quality?
  – Scottish Commission for Regulation of Care
  – Market

• What mechanisms empower care users?
  – Direct payments
  – Vouchers
  – Older people’s groups
Market for Social Care Provision

• Netherlands - personal budget – cash alternative to the services otherwise provided under the long-term care insurance scheme.
• England - personal budget - take-up by older people is much lower than by younger disabled people.
• Finland - vouchers – amount fixed or depends on the income of the recipient. Municipality obliged to provide services itself in cases when a person does not want to use a service voucher
• ‘Consumer empowerment will be of little use, given oligopolistic or monopolistic supply of professional care services that prevail in rural areas or small municipalities’ (Schneider, 1999)
Conclusion

• Rural Scotland’s demographic challenge is larger than that in urban Scotland
• Better health among older people in rural areas will partly offset this
• May not be a crisis of lack of unpaid care provision
• Big question of who will pay – state’s ability to pay weakened for some considerable time
• Market mechanisms provide at best partial solutions
• Radical thinking is necessary and must start now