I’m delighted to be here this morning to speak to you all to mark Alzheimer Scotland’s Dementia Awareness Week Conference.

My main focus here today is to launch the new dementia standards and the new Skills Framework for staff working with people with dementia - I will say more about these important initiatives later.

But first I want to address some current issues relating to older people’s services that you will have been hearing and reading about in the media and which, I know, are of concern to older people and their families.

To put it bluntly, there have been over the past week or so a number of issues that, though unconnected, have given the impression that all is not well with how we care for our older people.

I want to address each of them, briefly, in turn before making some general comments about care for older people and the importance I, as Health Secretary, attach to it.
Firstly, there is the on-going situation with Southern Cross, a private care home provider with serious financial problems that may result in its administration. Southern Cross has more than 90 homes in Scotland, housing between them more than 4000 people.

Clearly, the financial situation of a company like Southern Cross is not within the control of government. However, as you would expect, we are monitoring the situation very closely. That involves very close and regular dialogue between my officials, the company and the Department of Health in England. I am also meeting personally tomorrow with senior management of Southern Cross to discuss the up to date situation.

But though the finances of Southern Cross may not be the direct responsibility of government, what is undoubtedly the responsibility of both national and local government is to ensure the quality and continuity of care for any older person affected. I want, therefore, to give a very clear assurance that the Scottish Government is working closely with our partners in local government to ensure that, whatever the final outcome is for Southern Cross, we will have plans in place to ensure the appropriate on-going care for all its residents.
The second issue I want to address is the situation at the Elsie Inglis care home in Edinburgh. The Panorama programme last week also uncovered serious concerns about a residential establishment in England.

You will appreciate that I cannot comment on the specifics of the situation at Elsie Inglis due to an on-going police investigation.

However, let me say this – I expect the highest standards of care to be provided by all those providing residential care for old and vulnerable adults. The National Care Standards set out the responsibilities of care home providers and it is their duty to deliver those standards.

As government we have a duty to make sure that we have in place a robust system of inspection so that any example of any care home falling short of these standards can be brought to light and rectified, hopefully by improvement action, but ultimately, where it is necessary for the protection of vulnerable people, by preventing a service from operating.

Indeed, the fact that the Elsie Inglis care home is no longer operating demonstrates that our system of inspection works.
The new inspection agency, which from 1 April took over the previous functions of the Care Commission and the Social Work Inspection Agency, now does all of its inspections on an unannounced rather than an announced basis.

Right now, the inspectors are engaged in a process of re-inspecting all of the care homes in Scotland that have previously been graded unsatisfactory or weak. If failings are found, I would expect tough enforcement action to be taken. And if the inspectors do take action against any care home, we should see that as a positive sign of a system working as it is intended to. There must be no hiding place for any sub-standard care home providers in Scotland.

There are two other issues that have hit the headlines in recent days. Firstly, the Audit Scotland report into Community Health Partnerships and I will say more about this when I talk later about our plans to integrate health and social care, something that the government has set as a priority for our second term. Many of the issues I am talking about today concern the quality of care for older people, rather than the organisational question of who delivers that care. But there is no doubt that the time for bringing health and social care into a single integrated system has arrived. That is the way to ensure that we accelerate the progress of shifting the balance of care from acute settings to
the community, get better at early intervention and make sure that no older person with care needs falls through the gap between the NHS and local authorities or becomes caught up in budget disagreements.

That is why the integration of health and social care is a priority for the government in our second term.

The last current issue I want to mention very much concerns quality of care - the report of the Mental Welfare Commission into the care of Mrs V, an elderly lady with dementia, at Ninewells hospital.

It is this report, perhaps more than any other single issue that has led me to make some key changes to how we prioritise older people’s care within government.

I believe – and I know this is a view widely shared – that providing quality, compassionate care for our older people in a way that protects their dignity and their independence, is the one of the most sacred duties of any civilised society.

In Scotland, notwithstanding the issues I have been talking about, I believe we do it generally well.
But doing it generally well is not good enough. We must do it well for every older person on every occasion and not just in care homes – which I have already spoken about – but in hospitals too.

So let me tell you of some early action I have taken.

Firstly, where previously the responsibility for older people’s services has rested with my deputy minister, the Minister for Public Health, reporting to me, it will in future lie directly with me as Health Secretary. That includes ministerial oversight of SCSWIS, the care home inspection agency.

And let me be very clear I consider improving care for older people – whether that means ensuring the implementation of the dementia standards, making sure older people are treated with care and compassion wherever they are and whatever their diagnosis, or better joining up health and social care – to be a personal priority.

In implementing the dementia standards we will listen carefully to the views of people with dementia and their carers to test implementation against their experience. We will also work with the scrutiny and improvement organisations, particularly
SCSWIS with their focus on social care, and the Mental Welfare Commission to ensure effective implementation.

In terms of care in hospitals, while we know that the Mrs V case was not representative of the response of general and acute hospital wards to dementia, we do know that this is a setting where care has to improve.

Another Mental Welfare Commission report, from March, told us that care for people with dementia is generally good – but could be made better.

And that’s why care for people with dementia in general hospitals is one of the 2 key improvement areas in the National Dementia Strategy.

So, in view of the particular challenges in respect of the care of older people in hospital, and to ensure a sharp focus on this aspect of care, I have asked the Chief Nursing Officer to oversee the implementation of the dementia standards in hospital settings and to lead a programme of work to give assurance that care for older people in these settings, whether or not they have dementia, is meeting the highest standards of care and compassion.
I have also asked Healthcare Improvement Scotland to carry out a programme of inspections to ensure that our hospitals are living up to the Care for Older People in Acute Settings standards first published in 2002.

Care for older people is rightly an issue that is high on the public and political agenda. I intend to make sure that as a government we take whatever action is necessary, across all aspects of older people’s services, to ensure that we treat our older people with the respect, compassion, dignity and care that they deserve.

Let me turn now, in more detail, to the specific issue of dementia.

This year’s conference coincides with the first anniversary of the National Dementia Strategy - the first ever of its kind in Scotland - and I’m really pleased that we’re marking this occasion with the publication of 2 major documents today – Standards of Care for Dementia in Scotland, which I have already mentioned; and Promoting Excellence: A framework for health and social services staff working with people with dementia, families and carers.
Development of both are major supporting actions in implementing the dementia strategy – and improving outcomes for all people with dementia, at all ages.

Can I take this opportunity up-front to thank everyone who was involved in developing and writing these documents. There are far too many to name-check, but I am particularly gratified by the close and committed involvement throughout all of this work by people with dementia and their families and carers.

Their experiences and their resulting advice and suggestions provide these documents with credibility and authority.

**Standards of Care for Dementia**

The standards were developed in recognition of the need for a much greater common understanding of what constitutes good quality dementia care, treatment and support.

And in recognition of the fact that we know that people with dementia often have difficulty in asserting their rights as the illness develops – and, as a result, are also often denied their dignity in care.
The value of the standards is that they specifically address, for the first time, dementia care in all care settings.

The development of the standards has been informed by the Scottish Parliament’s Cross-Party Group on Alzheimer’s *Charter of Rights for People with Dementia and their Carers in Scotland*.

The standards represent a consensus on what we mean by good quality care and describe and define what is expected by services in order to meet the level and quality of care we all expect, every time and in all care settings.

They will empower people with dementia and their families and carers in understanding and asserting their rights.

They will inform the commissioning, planning, delivery and audit of services.

And they will also, of course, inform reporting on the formal external inspection and scrutiny of services.

In coming months, we intend to gather evidence on testing how the standards apply in practice.
• This will be informed in part by the scrutiny of services.

• By information gathered both locally and nationally on outcomes.

• And also by engaging and consulting informally with service providers, commissioners and planners as well as with people receiving care.

As I said earlier, I have also asked the Chief Nursing officer to oversee their implementation in acute settings.

The standards assert several things, and I will touch on just a few.

They state that people with dementia should be treated with respect, which means, for example, that their care and their physical care environment should be personalised and their specific needs and preferences recognised and factored into their care package. Care should always seek to maintain independence and meaningful activities as far as possible.

They state that people with dementia and their families and carers should take an active and central part in their care and
at all times be fully informed about their care package and decisions taken as the dementia progresses.

And in addressing behaviour that challenges, the standards state that there should always be an integrated assessment to establish clearly the cause of the behaviour and to develop a care plan to manage this. Antipsychotic drugs – while appropriate in some circumstances – should never be used just because they are the easiest way of managing difficult behaviour.

I am also pleased to recognise today that, supported by the government, Alzheimer Scotland have produced a concise and accessible guide to the standards aimed at people with dementia and their families and carers.

**Promoting Excellence**

The other document being published today, the dementia skills framework – *Promoting Excellence* – will complement the standards and its implementation will be key to ensuring that the standards are met.
It is for all staff who have contact with and provide support, care and services for people who have dementia, their families and carers.

Its implementation, initially over the next 2 years, will involve a range of initiatives

These will include updating professional qualifications, enhancing existing workforce capability and developing leadership within the dementia workforce.

All of these will be important in influencing the way in which care, treatment and support is delivered in care settings.

Its implementation plan will be finalised shortly but I expect that it will focus a great deal of workforce improvement and enhancement activity at the strategy’s 2 key improvement areas: post-diagnosis support and care in general hospital and acute settings.

Other activity in the dementia strategy

We are also publishing today the dementia strategy’s Implementation and Monitoring Group’s One-Year On report which summarises progress in all areas of the strategy.
I know other speakers will touch on many of these subjects in more detail today.

**Wider Reshaping Agenda**

As I said earlier, dementia is of course one significant part of the priority of improving and reshaping care for older people.

We’ve all known for some time that because of the demographics we face as a nation, the status quo of how we provide for older people simply can’t continue. It is not sustainable, but it's also not in the best interests of older people. The steps we took to address this during our first term in government were vital in creating the conditions for real change in this area.

But let’s cut to the chase. We know we need to provide better services - with better outcomes - for more people using resources that will be under pressure for some time to come.

For example, in respect of dementia, we know that improving public health overall, greater life expectancy and improvements in dementia services will result in the *increase* in the number of people living with dementia.
By 2033 the number of people over 60 will increase by 50%. While this is a good thing, of course, it has huge ramifications for the decisions we take on older people’s services in the future.

We know institutional care – even provided to the very highest standards as it must be – nevertheless produces poorer outcomes than a good quality package of social and primary care in the community does.

So we have to find a way of releasing and reinvesting the £1.4 billion we currently spend on unplanned admissions to hospital - the largest single area of annual expenditure on older people.

Many of you will also see day in and day out the distress and frustration many older people and their families and carers experience in having to negotiate their way round different organisations to access the care they need, want and deserve. We also know that it is more expensive to deliver care in a disjointed way.

That’s a situation which needs to be changed. The Audit Scotland report last week on CHPs was very clear that the incremental and largely voluntary approach to this change
adopted by successive administrations hasn’t delivered far or fast enough.

So it will come as no surprise to you that we are examining a range of options on how health and social care services can be reconfigured and integrated so that they can meet many more people’s needs into healthy old age.

We’ve already said we will generate quantum shifts through our Reshaping Care for Older People programme so that we can harness anticipatory and preventative approaches to achieve and sustain better outcomes for our older people, so they are able to lead good quality lives for longer.

And we’ve established a £70m Change Fund as bridging finance to help partnerships make those shifts.

But we must go further in joining up service delivery and we intend to do that.

**Self-Directed Support**

Our activity on self-directed support is also hugely significant here in promoting the idea that people should be at the heart of the design and delivery of the care they experience
The development of self-directed support is backed by £3.4 million investment for 2011-12 – an increase of £1.4 million on previous funding.

In November, we launched our strategy on self-directed support.

The strategy focuses on key areas such as support for individuals, workforce and training, procurement and commissioning, funding and budgets and more.

And in March we completed our consultation on a draft Bill for self-directed support.

The consultation has demonstrated beyond any doubt that care users, providers and local authorities alike have a shared commitment to extend self-directed support to many more people.

The Bill is a crucial part of that effort, helping to enshrine genuine choice and control for the citizen.

We will publish our response in the next few weeks. We hope to include the Bill in our first legislative programme.
Alzheimer Scotland is at the forefront of the movement for change in the way that care and support is delivered in Scotland. Through promoting, piloting and championing self-directed support amongst people with dementia and their families and carers, Alzheimer Scotland are helping to identify the barriers that currently exist and to overcome them.

**Carers Strategies**

It would be remiss of me not to mention today the importance to this agenda of support to carers and young carers, given their hugely significant contribution to their families, communities and society – in so many cases caring for loved ones with dementia.

Unpaid carers in Scotland save the statutory services as much as £10.3 billion each year.

In recognition of that and to support carers further we published with COSLA, the carers and young carers strategy last July.

The approach in the adult carers’ strategy is that most carers have similar needs, but that the support should be tailored to carers’ individual circumstances.
Carers of people with dementia may be older carers, say if they are the person’s wife or husband. They may be the adult children of people with dementia. They may be other relatives. They might even be young carers. There are some young carers – young people in their teens – caring for a parent with early onset dementia or grandparent.

All of these carers face challenges from pre-diagnosis and through all stages of dementia. It is imperative that the right information and advice is provided at the right time and that the right support is put in place for these carers. It is also increasingly important that their caring role does not place an additional burden on carers or prevent them from working, learning or having a life outside of caring.

We look to local authorities, Health Boards and the Third Sector to make this happen through partnership working ensuring that carers are supported, signposted to services and more importantly treated as equal partners.

**Conclusion**

In conclusion, I must reiterate how vitally important this agenda is to this government.
And it’s great to have this opportunity to highlight how important this agenda is to me personally.

I will ensure that its profile is sustained through our next term.

While there is broadly political consensus on the need to improve care for dementia, and care for older people more generally, we all have a responsibility to ensure that we deliver on our shared commitment to see real improvements in the care people experience right now – and in the future.

I’m sorry that constituency duties mean that I cannot stay on for the rest of the day, but I do have time to take some questions