Inverclyde council

AGENDA ITEM NO: 9

NHS Greater Glasgow and Clyde

Report To:	**Community Health and Care Partnership Sub-Committee**	**Date: 3 March, 2011**
Report By:	**Robert Murphy Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/16/2011/GMC**
Contact Officer:	**Gillian McCready Service Manager Older People**	**Contact No: 01475 715365**
Subject:	**Reshaping Care for Older People Local Change Plan.**	

1.0 PURPOSE

1.1 To update the CHCP on the requirements for a local Change Plan and allocation process for the Change Fund linked to the. National programme for Reshaping Care for Older People.

2.0 SUMMARY

2.1 The reshaping Care for Older People programme recognised the increasing proportion of older people in the population and while a range of services had been developed, the status quo could not be preserved in the longer term.

2.2 By 2016 the expected number of older people requiring some form of care is expected to rise by up to a quarter. It is clear that the current set-up will not be able to cope with such an increase.

2.3 The Sutherland Review considered the current and future projected costs of the Free Personal and Nursing Care policy. In light of its findings, the Sutherland Group recommended:

- the need for a holistic review of all sources of public funding for long-term care for older people, including health, social care, housing support and UK-wide disability Benefits.
- that the projected demand and costs of long-term care should be reviewed and re-modelled regularly;
- that Government at all levels should establish a new vision for dealing with the challenge of demographic change.

2.4 Since 2006 a range of policy initiatives have been progressed but have not consistently provided a whole systems approach to service redesign either nationally or at a local level.

2.5 The principal policy goal of the Reshaping Care for Older people programme is to optimise independence and wellbeing for older people at home or in a homely setting.

2.6 The Scottish Government has established a Change Fund of £70m for 2011/2012 to enable health and social care partners to implement local plans for making better use of their combined resources for older people's services.

2.7 Local delivery plans have to be submitted to the Ministerial Strategic Group to ensure that a coherent national picture is achieved.

2.8 Change plans have to be prepared and agreed by the Council, the NHS Board, Third Sector and Independent Sector Partners and submitted to the Scottish Government by 28th February 2011.

3.0 RECOMMENDATION

3.1 That the Community Health and Care Partnership:

- Support the reshaping of care for older people.
- Acknowledge the direction of travel for service redesign
- Receive and approve detailed plans at the next Sub-Committee Meeting

Robert Murphy
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 A Ministerial Strategic Group of Health and Community Care was established to consider a Long Term Care review and to link this with other relevant on-going policy developments, e.g. *Shifting the Balance of Care*, *Changing Lives,* the *Mutual Care Approach,* COSLA Demographics Group and the proposed UK Green Paper on social care reform.

4.2 The Group identified the need for a “whole systems approach” to the provision of care for older people and set out a vision for local partners to re-cast their services to deliver this approach.

4.3 The Health and Community Care Delivery Group identified key themes;

- Care pathways/Complex Care
- Care settings
- Community capacity
- Workforce Costs and funding

4.4 A new philosophy of care puts greater emphasis on preventative and anticipatory care with a focus on recovery, rehabilitation and re-ablement, leading to greater independence and wellbeing for older people. This new philosophy not only reflects what older people have been requesting for many years, but also starts to address the implications of the current financial situation and demographic changes in the longer term

4.5 A Change Fund of £70m for 2011/2012 has been established using a proportion of the NHS uplift flowing to Scotland from the UK Spending Review. The indicative allocation for the Inverclyde Partnership for 2011/2012 is £1.228m

4.6 Developments undertaken using the Change Fund will build on an already established range of work across Scotland including:

- Community care outcomes framework
- Integrated resource framework
- Long term conditions action plan
- Rehabilitation framework
- Self-directed support
- Dementia strategy
- Carers strategy
- Local housing strategies
- Shifting the balance of care
- Telecare and telehealthcare

4.7 The fund will be distributed subject to submission of appropriate partnership plans.

4.8 The change fund will to a degree provide bridging finance to facilitate the shift in balance of care from institutional to primary and community settings and should also influence decisions taken with respect to the totality of Partnership spend on older people’s care.

4.9 Initially the Change Fund is available for 2011/2012 however it is reasonable for Partnerships to plan on the basis of a change fund in the region of £300m over the period 2011/12 – 2014/15.

4.10 The initial change plans should be seen as interim or starter plans capturing the best information and ideas available and providing capacity for these ideas and changes to be implemented.

5.0 PROPOSALS

5.1 Partnership within Inverclyde has a history of whole system working, including promotion of joint planning and commissioning for reduction in delayed discharges, co-location of joint teams through hospital reprovision programmes and pooled budgets to ensure best use of collective resources to achieve jointly agreed targets.

5.2 The Inverclyde Partnership was chosen as one of the pilot areas to take part in the National Shifting the Balance of Care Improvement Framework “Agreeing Priorities and Delivering Outcomes”, with a number of high impact changes being developed into a workplan in 2010. This work will form the baseline of the Inverclyde Change Plan.

5.3 A range of activity information has been issued along with guidance for development and submission of Change Fund Plans, and key areas for consideration include;

- High levels of people aged over 75 years with multiple emergency hospital admissions
- A high number of bed days used by people aged over 75 years with 2+ emergency admissions
- A high number of bed days used by people awaiting discharge from hospital
- A high percentage proportion of people aged 65+ being supported in care homes
- A high percentage proportion of people aged 65+ receiving intensive homecare support
- A low percentage of people getting overnight homecare

5.4 The key areas of development have been identified as follows;

- Establishment of a single point of access for assessment and service delivery
- Development of a re-ablement service and change in culture
- Increased early interventions to preventative services
- Changes to the shape of long term care from inpatient services to care home provision, including use of housing with care
- Improving end of life care
- Development of capacity within the community to support independent living

5.5 The above areas of work will establish smooth pathways of care across the services and agencies and ensure appropriate care at the right time and in the right place.

5.6 The key measures will be:

- Reduction in unplanned acute bed days in the over 75 population
- Reduction in bed days lost to delayed discharge
- Remodelling care home use
- Increase in proportion of older people living at home
- Improved support for unpaid carers
- Increased personalisation/Self Directed Support
- Increase in housing related support
- Increased community capacity building

5.7 This follows the reshaping care logic model, looking at community infrastructure, effective interventions, care models and approaches, ensuring personal outcomes and quality, values and system outcomes.

5.8 A template has been issued to the partnership and should capture the total partnership resources, outcomes currently being achieved and the outcome and output measures that will be used to evidence change.

5.9 The plans should indicate how older people themselves will engage in both the development of the plan and in the longer term commissioning strategies

5.10 The plans should also describe the decision making arrangements the Partners will introduce to provide governance and management oversight for the Partnership budget.

5.11 It is proposed that the governance for the Inverclyde Partnership will be through the Inverclyde Community Health and Social Care Partnership, with a reporting link to the Alliance Board.

5.12 The use of the already established Providers Forum will ensure information sharing and input from the independent sector and third sector providers, with an initial meeting taking place on Thursday 17th February 2011.

5.13 Your Voice, Inverclyde Community Care Forum will be the overarching consultation vehicle for older people and the third sector within Inverclyde, with initial consultation gathering ideas about what older people would like to see in the future.

5.14 Draft plans of two to three pages long, building on current strategic plans, are requested to be submitted by the end of February with plans agreed and in place by June 2011.

6.0 IMPLICATIONS

6.1 Legal:

6.2 Finance:

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
	1,228,000				

6.3 Personnel:

6.4 Equalities:

7.0 CONSULTATION

7.1 Providers Forum – 17th February 2011

8.0 LIST OF BACKGROUND PAPERS