

**Report To:** Community Health & Care Partnership Sub Committee **Date:** 23 October 2014

**Report By:** Brian Moore  
Corporate Director  
Inverclyde Community Health & Care Partnership **Report No:** CHCP/52/2014/BC

**Contact Officer:** Beth Culshaw  
Head of Health & Community Care  
Inverclyde Community Health & Care Partnership **Contact No:** 01475 715283

**Subject:** AUDIT SCOTLAND REPORT- RESHAPING CARE FOR OLDER PEOPLE FEBRUARY 2014

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## 1.0 PURPOSE

- 1.1 To provide an update on the Audit Scotland Report on the Scottish Government Directive, Reshaping Care for Older People.

## 2.0 SUMMARY

- 2.1 As previously reported, the Government initiated a directive to transform the existing model of care and support for older people. The 10 year strategy 2011- 2021 A Programme of Change sets out the Scottish Government vision for improving care quality and outcomes for older people in our communities and presents unique challenges with regard to rapidly changing demographic trends, expectations and economic drivers.
- 2.2 The Audit Scotland report identifies that Reshaping Care for Older People is a complex programme of transformational change. Whilst the associated Change Fund and requirement to deliver joint commissioning plans has successfully brought together NHS boards, Councils and the Third Sector, progress towards improving quality of care and 'joined- up' services has been slow.
- 2.3 This report provides an update for the Community Health and Care Partnership Sub Committee on the key messages of the Audit Scotland report and associated recommendations.

## 3.0 RECOMMENDATION

- 3.1 The Community Health and Care Partnership Sub Committee members are requested to:
  - (a) Note the content of the Audit Commission report and the progress made locally with regard to implementing Reshaping Care for Older People.

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## **4.0 BACKGROUND**

- 4.1 Reference is made to previously submitted Sub Committee reports outlining the Scottish Government's strategy on Reshaping Care for Older People. The vision set out by Government is that "Older people in Scotland are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting".
- 4.2 The Committee will recall that a national £70m Change Fund was introduced in 2011/12 to support the implementation of Reshaping Care for Older People. It was subsequently confirmed that funding would continue for a further 3 years, coming to an end in March 2015.
- 4.3 In addition to implementing Reshaping Care for Older People, NHS boards and Councils must implement other national policies that affect older people. These include plans to integrate health and social care services, policies focused on specific conditions such as dementia, and wider policy developments such as housing, lifelong learning and transport.
- 4.4 A key driver in care for older people is 'Shifting the Balance of Care'; the emphasis being a shift away from long term residential care and unplanned, episodic care within acute settings to proactive, anticipatory care provided within the home or as close to home as possible.
- 4.5 Inverclyde CHCP has developed a 10 year Strategic Joint Commissioning Plan for Older People to deliver the changes required by the Reshaping Care for Older People programme. This was presented and approved at Committee in January 2014.
- 4.6 The Audit Scotland report delivers a number of key messages including:-
- The Reshaping Care for Older People programme has yet to demonstrate how significant changes will be achieved
  - There is no clear national monitoring of implementation and impact
  - There is a lack of robust data on community health and social care
  - There is little evidence of a shift in resources from institutional to community care.

## **5.0 PROPOSALS**

5.1 Inverclyde CHCP proposes to take cognisance of the key messages and recommendations within the report and to work with the Joint Improvement Team (JIT) to ensure recommendations relevant to the Council, CHCP and partners are delivered.

5.2 Audit Scotland Report Overview

### **Setting the Scene**

- 5.2.1 Nationally, the percentage of the population aged 65 or over is expected to increase to 25% by 2035. Locally this increase is expected to be 30.8%.
- 5.2.2 Historical patterns of delivering health and social care services exist and predicting future demand is challenging. The report emphasises the requirement for better use of data. Locally a monthly report is produced with a wide range of intelligence on older people, use of acute and community services and trends. At a health board level there is also monitoring of key data including delayed discharges.
- 5.2.3 Both locally and nationally, presentations at A&E and unplanned acute bed days remain a challenge. As we continue to support more older people with complex needs to live in their homes for longer, we are seeing more frequent admissions to hospital for shorter stays.
- 5.2.4 Inverclyde CHCP has sought to address this by developing both community resources and working closely with colleagues at IRH to offer alternatives to admission and to facilitate early discharge. For example, use of Change Fund monies has allowed development of 7 day working by Physiotherapists in Orthopaedic wards in order to deliver continuous rehabilitation and the addition of a dedicated carers worker within the Larkfield Unit has contributed to carers feeling

more able to support the cared for person at discharge and to continue the caring role in community.

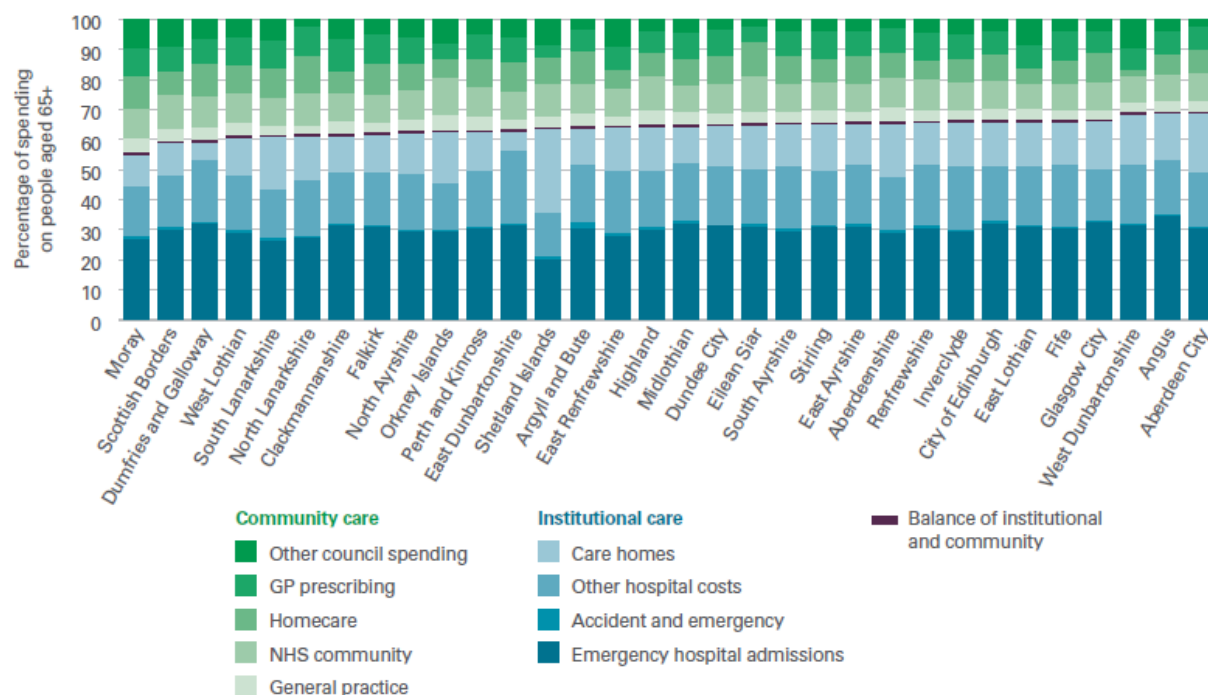
## Spending

5.2.5 National Integrated Resource Framework (IRF) data shows that 64% of combined Council and NHS spending on care services for older people is on institutional care; 19% on planned and long-stay hospital care; 31% on emergency hospital care; and 14% on care homes. There is little evidence of progress in moving money from institutional to community care and spend varies considerably

5.2.6

### NHS boards' and councils' spend on services for people aged 65 or over, 2011/12

How money is spent varies considerably.



Note: Figures are net of any income such as charges for services.

Source: Audit Scotland analysis of Integrated Resource Framework data, 2011/12

5.2.7 We have previously evidenced an investment shift across the Reshaping Care pathways from Hospital and Care Homes to Preventative and Anticipatory Care and Proactive Care and Support at Home. In order to further shift the balance of care, Inverclyde CHCP Older People's Joint Commissioning Strategy sets out an aim to reduce the number of care home beds purchased locally and reinvest this money in community services in order to offer alternatives to long term institutional care.

## 5.3 Progress with Reshaping Care for Older People

5.3.1 The report acknowledges that changes need to be made at the same time as continuing to deliver existing services and meet current care needs. Criticism is aimed at the absence of national monitoring, the development of small scale initiatives and a lack of clarity on sustainability.

5.3.2 As has been noted in previous reports to Committee, good progress has been made locally towards spreading and sustaining change across the Reshaping Care for Older People pathways of Preventative and Anticipatory Care, Proactive Care and Support at Home, Effective Care at Times of Transition, Hospital and Care Homes and Enablers.

5.3.3 We are mindful that the Change Fund will come to an end in March 2015 and have not made any significant changes to funding for projects in this financial year in order to focus on exit strategies and sustainability. For example, the Change Fund projects delivered by the Inverclyde Carers Centre have shown positive outcomes and the CHCP is actively supporting them to think about

their core business model, their future structures and to focus on embedding the positive elements of the Change Fund projects without additional funding.

5.3.4 Completion of the Audit Scotland Self Assessment (Appendix 1) demonstrates the progress made locally across the three areas of the report, significantly in data collection and analysis, utilisation of resources and evaluation.

## 6.0 IMPLICATIONS

### 6.1 Finance:

#### Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### 6.2 Legal:

None.

### 6.3 Human Resources:

None.

### 6.4 Equalities:

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### 6.5 Repopulation:

None.

## 7.0 CONSULTATION

7.1 A public event for older people organised in partnership with Your Voice was held in Port Glasgow Town Hall in June. This restated our commitment to delivering the outcomes stated in the Joint Strategic Commissioning Plan for Older People.

## 8.0 LIST OF BACKGROUND PAPERS

### 8.1

Checklist for non-executive directors of NHS boards and elected members of councils  
[www.audit-scotland.gov.uk/docs/central/2014/nr\\_140206\\_reshaping\\_care\\_supp1.pdf](http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care_supp1.pdf)

Audit Scotland Report Reshaping Care for Older People

[http://www.audit-scotland.gov.uk/docs/central/2014/nr\\_140206\\_reshaping\\_care.pdf](http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf)

**Reshaping Care for Older People**

Self-assessment checklist for NHS boards and councils

*Audit Scotland published its national report, Reshaping care for older people, on 6 February 2014. This paper accompanies that report and sets out the main issues raised in the report. NHS boards and councils should assess themselves against each statement and consider which statement most accurately reflects their current situation. This approach will enable NHS boards and councils to identify what actions need to be taken forward.*

*The last column in the checklist can be used to record sources of evidence, supplementary comments to support your assessment or to highlight areas of interest.*

Issue	NO action needed	NO but action in hand	YES in place but needs improving	YES in place and working well	NOT applicable	Comments
<b>Spending</b>						
We are working with the Scottish Government and our partners to: <ul style="list-style-type: none"> <li>improve and maintain data on cost, activity and outcomes for health and care services in local areas</li> <li>collect data to monitor costs and activity of health and care services for older people, specifically data on community based services where there are currently key gaps.</li> </ul>			✓			A needs analysis was completed for the Joint Strategic Commissioning Plan for Older people (JSCPOP) and our strategic needs analysis will continue to develop. We carry out routine monitoring of data on older people's services and all Change Fund projects. Work is underway to better understand and use the IRF in a more structured way, particularly in relation to local work with the Acute Sector.
We are working with our partners to develop more consistent information on how much we spend on different types of care for older people and the impact that services are having on older people.			✓			As above
We are using existing IRF data, along with information on needs and demand, to help make decisions on how and where best to invest public money locally, and have set this information out clearly as part of joint strategic commissioning plans.			✓			Our JSCPOP was underpinned by a needs analysis.
Our joint strategic commissioning plans clearly set out how we will move resources to improve services for older people, including how resources will shift to the community in the short and longer term.			✓			Service pressures and demographic changes have led to some adjustments in our original intentions, particularly in relation to recent increased demand for Care Home beds.
We are doing more to understand why activity and spending on services for older people varies across Scotland, to look at how we compare and to support improvement. As part of this we are working with local practitioners to help: <ul style="list-style-type: none"> <li>use information to benchmark activity and costs</li> <li>identify areas for improvement</li> <li>identify good practice</li> </ul>			✓			We are benchmarking against other areas and have recently compared local information in detail with Dundee and Midlothian, and will be working with both of these areas to further test and develop initiatives.

Issue	NO action needed	NO but action in hand	YES in place but needs improving	YES in place and working well	NOT applicable	Comments
<b>Progress with Reshaping Care for Older People</b>						
<p>We are working with the Scottish Government to ensure that for the remainder of the Change Fund it is clear:</p> <ul style="list-style-type: none"> <li>• how the money has been spent</li> <li>• the impact initiatives have had on older people and other services</li> <li>• how much initiatives have cost</li> <li>• how successful initiatives will be spread</li> </ul>			✓			We work closely with our JIT facilitator to identify appropriate ways to evaluate Change Fund impact. Evaluation of projects took place in May. There is specific work underway with our local Carers Centre to develop their business model and structures to embed successful Change Fund initiatives.
We are working with partners to ensure that we use a consistent tool to assess dependency in older people.			✓			We are beginning to utilise the IORN and eligibility criteria within practice more consistently.
We have produced integrated workforce plans for health and social care services, to underpin RCOP, to ensure staff with the right skills and experience are in place to deliver the care needed in each local area.			✓			Integrated plans are aspired to through our development and joint commissioning plans, however, an overarching plan is required.
We are monitoring and spreading successful projects by ensuring that initiatives aimed at improving services for older people have evaluation built in from the start to show how cost effective they are and how they are performing.			✓			This is an area which we are continually striving to improve.
<p>We have identified initiatives that have had a positive impact on older people and:</p> <ul style="list-style-type: none"> <li>• specified how much they cost and the impact on other services</li> <li>• been clear how they can be sustained in the longer term</li> </ul>			✓			Links to the evaluation, sustainability and spread as above.