

RESHAPING CARE FOR OLDER PEOPLE – CHANGE FUND

1. SUMMARY

- 1.1 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. The implications of the current financial situation and demographic changes make this a challenging task, as an increasing number of people will require improved services, care and support.
- 1.2 It is widely recognised that maintaining the status quo will not suffice and significant shifts to anticipatory and preventative approaches are required to achieve and sustain better outcomes for older people. A philosophy of care based on the principles of co-production and achieved through effective partnership working across the statutory and non-statutory sectors, is at the core of the Reshaping Care for Older People programme.

2. RECOMMENDATIONS

- 2.1 The Executive are asked to note and agree the contents of this paper.

3. DETAIL

- 3.1 The Scottish Government established the Change Fund for older people's services to enable health, social care, housing, Independent and third sector Partners to implement local plans for making better use of their combined resources to improve outcomes for older people. All 32 Partnerships agreed local Change Plans and received their allocations of the £70m Change Fund available for 2011/12. Partnerships are making progress in implementing their Change Plans and are developing organisational capacity for joint commissioning as well as engaging stakeholders and supporting and evaluating local changes.
- 3.2 Following the 2012 Spending Review, Ministers have announced that an £80m Health and Social Care Change Fund will be available for Partnerships in 2012/13, with £80m committed for 2013/14 and £70m for 2014/15, to drive the development of services that optimise the independence and wellbeing for older people at home or in a homely setting. Partners should use this Fund to change the way the total resource - approximately £4.5 billion per year (figures from 2008-09) - is spent on health and social care provision for people aged over 65 years. They should have a clear strategy to invest upstream in anticipatory and preventative approaches that will help to both manage demand for formal care, and support carers when older people are at home.

- 3.3 Developments undertaken using the Change Fund 2012/13 will consolidate those actions commenced in 2011/12 and must continue to build on the wide range of innovative work already underway across Scotland. Through this, the Change Fund will support progress towards the Ambitions set out in the Healthcare Quality Strategy for NHS Scotland, local Single Outcome Agreements and other national performance frameworks. The National Strategy for Housing for Older People is due for publication by the Scottish Government in December, and developments using the Change Fund should seek to build on this.
- 3.4 Partnerships must continue to incorporate the Third and Independent sectors as equal Partners, and to engage with carers and the public to develop strategic plans for older people that support independence and wellbeing and put in place the care and support services that local communities require. Non-statutory partners in particular have a significant role to play in bringing about change and improvement for older people.
- 3.5 Central to this guidance is the full engagement of the teams who deliver services directly to older people including multidisciplinary clinical teams (from both primary and secondary care), social work teams, Third and Independent sector representatives and the management that supports them in the planning of service options. It is these professionals, together with carers and older people themselves, who will be able to give assurance that the new services and pathways of care will deliver the required outcomes for older people.

4. ARGYLL AND BUTE PARTNERSHIP ARRANGEMENTS

- 4.1 The Change Fund allocation is managed by the CHP on behalf of the partnership. An over arching Change Fund Programme Board has been established and is chaired by the CHP. Terms of Reference and Accountability arrangements for this group have been agreed. The Programme Board has representation from key stakeholders which includes health, social care, housing, independent sector providers, third sector providers, finance staff and planning and performance staff.
- 4.2 The high level principles and components of the Argyll and Bute Change Plan were established in February 2011 and submitted to the Scottish Government in line with national requirements. The Change Fund became available in April 2011 and the Change Plan has since been further developed. Considerable activity has taken place to develop a local plan which describes not only aspirations for the developments that the initiative could fund, but also, more challengingly, the level of return that can be expected (in terms of sustaining new services; making savings and building capacity to meet future demand) and where that return will come from.
- 4.3 The Scottish Government has stated that a minimum of 20% of the revenue is to be used for the development of carer's services. The Argyll & Bute plan is compliant with that condition.

- 4.4 During August 2011 the Mid Year Review report submitted to Scottish Government indicated progress to date. The Mid Year Review is a high level statement of intent endorsed by the partnership and the steering group. There has been movement of some funding between workstreams since the initial plan- this is to strengthen the focus on culture change, training and community capacity building, especially in the areas of dementia care and support for carers.
- 4.5 The plan focuses on a number of dovetailing workstreams which are as follows:
- Falls Prevention
 - Medicines Management
 - Enablement/Reablement
 - Organisational Development
 - Equipment, Adaptations and Telehealthcare
 - End of Life Care
 - Community Resilience and Co Production
 - Carers
 - Dementia
 - Personalisation and Self Directed Care
- 4.6 Utilisation of the Change Fund will enable us to continue the development of community based services and to enhance the enablement/reablement approaches designed to maximise independence and community resilience. Each of the workstreams interlink and all the actions identified have strong evidence base.
- 4.7 The outcomes framework for this programme of change is being finalised and will include the following:
- Emergency inpatient bed day rates for people aged 75+
 - Patients whose discharge from hospital is delayed (monthly) and accumulated days delayed for those on a census (quarterly)
 - Prevalence rates for diagnosis of Dementia
 - Percentage of people aged 65 and over with high levels of care needs who are cared for at home
 - Respite care for older people per 1000 population
 - Percentage of time in the last 6 months of life spent at home or in a community setting
 - Percentage of service users feeling safe
 - Percentage of service users and carers satisfied with involvement in design of care package
 - Percentage of service users satisfied with opportunities for social interaction
 - Percentage of carers feeling supported and able to continue their caring role
 - Proportion of care home residents who have an Anticipatory Care Plan shared

Or

- Proportion of 75+ living at home who have a completed Anticipatory Care Plan
 - Proportion of home care provision at weekend and evening / overnight or
 - Proportion of home care clients in receipt of Reablement service
 - Rates of 65+ conveyed to Accident & Emergency with principal diagnosis of a fall – from Scottish Ambulance Service
 - Rate and proportion of new entrants admitted from home; acute hospital specialty; following intermediate care; graduate from emergency respite
 - Per capita weighted cost of accumulated bed days lost to delayed discharge
 - Cost of emergency inpatient bed days for people over 75 per 1000 population over 75
 - A measure of the balance of care (e.g. split between spend on institutional and community-based care)
- 4.8 Argyll and Bute Partnership has been very proactive in consistently achieving zero delayed discharges for the past 18 months. In addition we are consistently shifting the balance of care in favour of more people being supported to remain at home independently compared with those looked after in long term residential or hospital care.
- 4.9 We have achieved these improvements by investing Resource Release from the closure of long term hospital and residential care beds in developing community based care services.
- 4.10 These achievements contrast significantly with many other areas of Scotland where there is still scope for disinvestment in long term hospital and residential care beds to reinvest in community care.

5. FINANCIAL INFORMATION

- 5.1 The undernoted table provides details of the proposed allocation of funding over several budget headings. It also gives details of current forecast expenditure in 2011/12. Forecast spend figures for each of the ten workstreams have been drawn from documentation provided by Lead Officers.

Workstream	Proposal	Lead Officer	Annual Budget £ '000			11/12 Forecast Spend
			Recurring	Non-Recurring	Total	
	Project Management		0	60	60	60
	Community Services for Older People on Bute		0	0	0	123
1	Falls Prevention	Mary Wilson	0	55	55	50
2	Medicines Management	Fiona Thomson	56	0	56	0
3	Reablement	Christina West	0	150	150	66
4	Organisational Development	Moira Newiss	0	200	200	0
5	Equipment, Adaptations and Telehealthcare	Pat Tyrrell	200	200	400	166
6	Palliative and End of Life Care	Pat Tyrrell	0	100	100	75
7	Community Resilience	Glenn Heritage	25	150	175	34
8	Carers	Anne Austin	200	0	200	50
9	Dementia	Anne Austin	200	0	200	57
10	Personalisation	Allen Stevenson	50	0	50	0
			731	915	1,646	681
	Uncommitted contingency		0	64	64	1,029
			731	979	1,710	1,710

- 5.2 In terms of disinvestment requirements, the recurring investment element of the Change Fund plan currently stands at £731,000. There is therefore a requirement to confirm a disinvestment plan of at least that amount to enable recurring investment to continue beyond the end date for the Change Fund, which is expected to be 31st March 2015.
- 5.3 Argyll & Bute Council has already indicated that disinvestment of up to £450,000 can be achieved from a reduction in Care Home placements. It is planned that a similar sum will be achieved by the NHS from a reduction in hospital bed numbers. While the CHP is unable to identify specific beds at this time, it has confirmed they will not be Continuing Care beds as the efficiencies from those beds would already be subject to resource release to the council. To draw disinvestment from continuing care beds would therefore result in the full disinvestment programme being fully funded by a combination of council resources and those resources which is due to come to the council via the resource release process.
- 5.4 Forecast expenditure for 2011/12 currently stands at £681,000. However, it is likely that this figure will change as Lead Officers have been invited by the Change Fund Programme Board to bring forward proposals for further in-year spending, consistent with approved workstream plans. The balance of funding available at present is £1,029,000 although this will vary in response to the development of spending plans before the end of financial year 2011/12.
- 5.5 Within the partnership significant progress has been made in recent times in relation to releasing funds from institutional care to community care. In some areas this has led to financial pressures for both organisations during transitional periods. A number of these areas relate specifically to work that is underpinning many of the Change Fund workstreams and as a result, it is proposed by the Change Fund Programme Board that in the current financial

year some of the uncommitted contingency should be attributed to this related expenditure on older peoples services across health and social care, up to a maximum of £500,000. Both organisations will seek to minimise the call on this funding to support existing expenditure, thereby maximising the amount of funding available for new investment.

- 5.6 The balance of uncommitted funding, currently £529,000 will be carried forward to 2012/13 to invest in the development in an Equipment Cleaning store in either Helensburgh or Dunoon to supplement the existing provision in Oban.
- 5.7 Updates on the progress of spending plans will be brought to the Strategic Partnership on a regular basis.

6. CONCLUSION

- 6.1 The Scottish Government has allocated the Argyll & Bute Partnership £1.71 million to invest in the development of community based services for older people as a direct alternative to residential and hospital care for the financial years 2011/12 through to 2014/15.
- 6.2 As with most partnerships in Scotland, the budget for 2011/12 is largely under committed due to the introduction of the Fund in this first year but a plan has been agreed in partnership with the Argyll & Bute CHP and representatives of the third sector that will commit the revenue for the following three years.
- 6.3 The Scottish Government has stated that a minimum of 20% of the revenue is to be used for the development of carer's services. The Argyll & Bute plan is compliant with that condition.

7. IMPLICATIONS

<i>Policy:</i>	Consistent with national policy; Reshaping Older People's Services.
<i>Financial:</i>	£1.71 million allocated over a 4 year period that requires an equivalent disinvestment plan to allow for services to continue into 2015/16 and thereafter.
<i>Legal:</i>	None
<i>Personnel:</i>	None
<i>Equal Opportunities:</i>	None

**Cleland Sneddon
Executive Director of Community Services
Argyll and Bute Council**

**Derek Leslie
General Manager
Argyll & Bute CHP**

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For further information contact: Jim Robb
Head of Adult Care
Tel: 01436 677189