

East Ayrshire Community Health Partnership Committee Meeting

Monday, 15th August 2011

Reshaping Care for Older People

1. Purpose of the Report

The purpose of this report is to:

- to advise members of progress in the development of the Reshaping Care for Older People Programme;
- to outline the Transformational Plan which sets out for East Ayrshire Community Health Partnership an investment strategy to utilise the resources allocated through the Change Fund in support of further progressing the Reshaping Care programme.

2. Current Position

- 2.1 The CHP Committee in April tasked the Adult Officer Locality Group with the responsibility for the implementation of the Reshaping Care Programme, and the development of a joint commissioning plan. This will be taken forward through the Adult and Older People sub group. The sub group have also developed an implementation plan which reflects the Change fund resource within the workstreams of the Reshaping Care Programme Model (*Appendix 1*).
- 2.2 Both the Third Sector Interface and the Independent Sector have agreed to be integrated in to the CHP structure in order to ensure full engagement in the reshaping care programme as it develops locally. Both sectors are now full members of the CHP forum and of the executive Reshaping Care programme group.
- 2.3 The East Ayrshire Partnership is progressing to develop our Older People Strategy that fully incorporates the Reshaping Care for Older People Programme and associated Change Fund agenda. This will be supported by a 10 year joint commissioning plan for older people as required by the government. The Joint Commissioning planning process will be a major focus of Change Plan Guidance for 2012 (still awaited). The development of the 10 year strategy will provide the vision for integrated health and social care services to deliver the transformational change agenda. This will include plans for the reshaping of mainstream services and use of Integrated Resource Framework data to demonstrate long term, strategic and sustainable change.

3. Current Progress

- 3.1 A project leads meeting was held on 13th July, to outline the key projects within each of the workstreams funded through the change fund, alongside clarification of the roles and responsibilities of the project leads. Each of the project leads have now completed the agreed financial templates, and will be informed of the level of funding apportioned to their proposal for this financial year.

- 3.2 This meeting also provided an opportunity to obtain clarity on projected slippage. Any slippage associated with the current year spend will be put back into the collective Change fund budget to be reallocated. The process for the next phase will be discussed at the Reshaping Care meeting on the 11th August, 2011
- 3.3 East Ayrshire have agreed two locality hubs for Intermediate Rehabilitation and Enablement Services. The Cumnock hub will be within East Ayrshire Community Hospital, with options for the Kilmarnock hub accommodation still being considered. Access to the services aligned within the hubs will be through a Single Point of Contact, with a job description being developed for a fixed term project manager post to provide the leadership and co-ordination required to operationalise these hubs. The development of the hubs is an incremental process within the programme, which will have influence across the programme model.
- 3.4 A communication and engagement plan will be developed for staff and other stakeholders, who have had, and will continue to have the opportunity to contribute to the programme.

4. Financial Considerations

- 4.1 The Adult Officer Locality Group have been working with partnership finance staff to agree a process to establish:
- the commissioning strategy for the £1.64m (*Appendix 2*);
 - the phasing of such expenditure;
 - Arrangements for managing the interface between recurring and non-recurring monies e.g. resource transfer and change fund monies;
 - Arrangements for managing the interface between any variations and slippages;
 - System and principles for agreement on transfer of resource within Health to devolved budgets; to Local Authorities and third parties taking into account actual commencement dates;
 - Clear links between resource allocation, performance measures and expected outcomes.
- 4.2 The budget will be operated by the CHP facilitator as a pooled budget arrangement; this will help monitor expenditure and slippage. East Ayrshire council will continue to invoice NHSA&A on a quarterly basis, but will include a slippage report to accompany invoices, to support the monitoring of spend. The CHP facilitator will have a lead finance officer within both the local authority and the NHS by way of support.
- 4.3 Change fund monies allocated next year will be subject to a separate assessment and approval process which will take account of the impact of changes implemented this year, implementation of the 10 year commissioning plan and the outcome of service reviews currently underway.
- 4.4 Further guidance is awaited from the Joint Improvement Team, in respect of any carry forward.

5. Performance Framework

- 5.1 The Joint Improvement Team (JIT) at Scottish Government led by Chris Bruce analysed the metrics across all Change Fund Plans and developed a core set of 17 measures (incorporating 18 indicators) in three groupings (National, Local and Partnership Resource) that are recommended to underpin delivery of the CF by partnerships. These are attached as *Appendix 3*.
- 5.2 NHS Ayrshire & Arran Policy, Planning and Performance (PPP) staff have undertaken detailed modelling and baseline development work on the original proposed measures. The outcome of this is that four of the original measures have been identified as robust in terms of:
- consistent methodology;
 - access to validated data by partnership area and below;
 - detail available at GP practice (in most cases);
 - comparable data available across Scotland for benchmarking purposes;
 - availability of validated historical data for trend analysis; and
 - an appropriate frequency and currency of data to ensure swift identification of improvement.

In addition, Community Planning Partnerships (CPP) have already been discussing the inclusion of Change Fund metrics in their refreshed Single Outcome Agreements (SOAs). Currently, East Ayrshire has adopted two of the four measures investigated.

- 5.3 This substantial piece of work will require an integrated approach across partnerships to ensure data is robust and valid with baselines and progress readily available. Lead officers have been identified from within East Ayrshire Council to work with identified officers NHS PPP department. Within East Ayrshire CPP, NHS will lead the newly formed Research, Information and Planning group through the assistant director of Planning. It would be useful for the Change fund metrics to included within this process.
- 5.4 There is an opportunity for partners to utilise the CORVU performance management framework to monitor performance. This will provide a partnership approach to performance management.

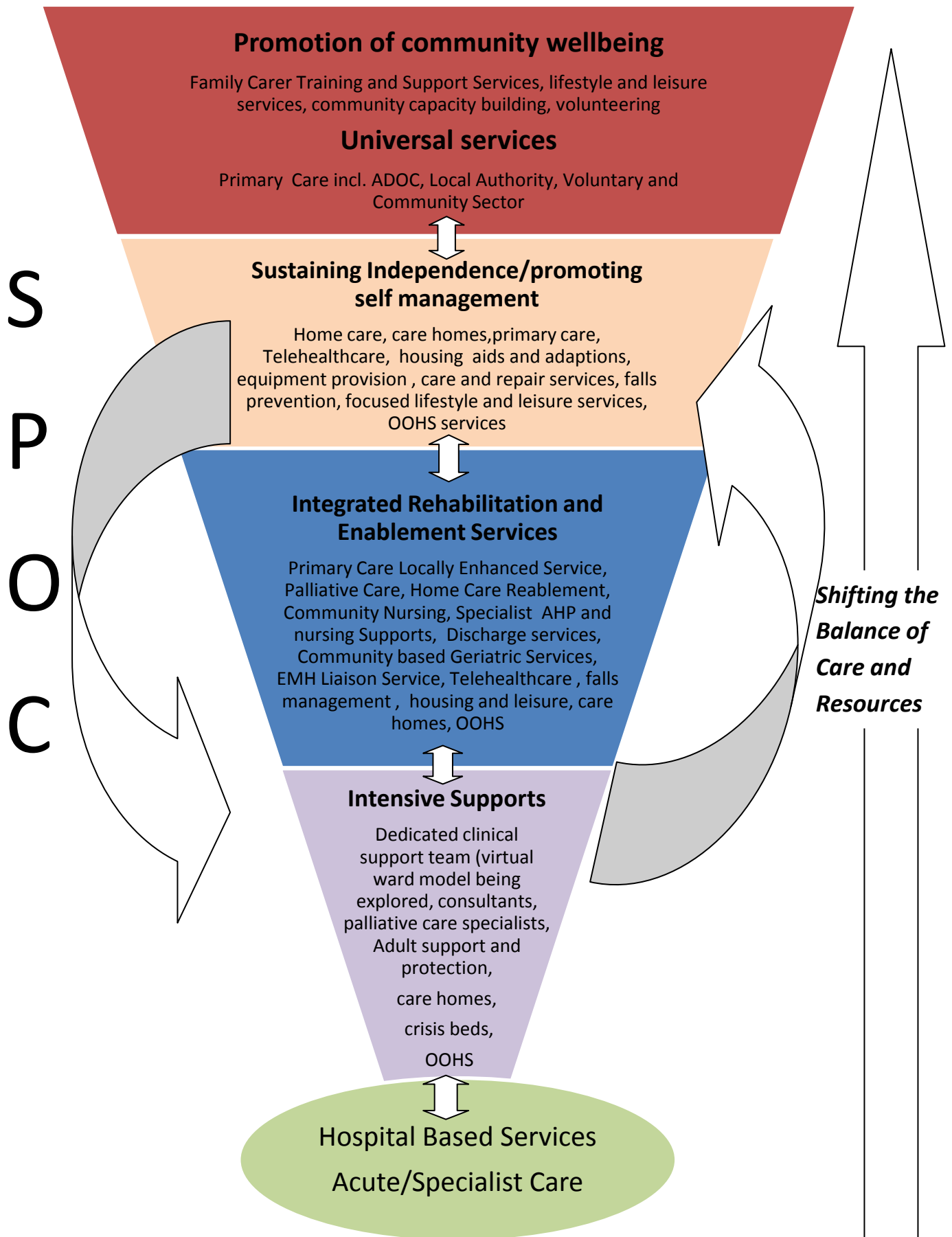
6. Recommendations

East Ayrshire Community Health Partnership committee is asked to:

- consider and endorse the progress made to date
- identify any issues which the Committee wishes the OLG to consider further.

**Jean Hendry
Eddie Fraser
Joint Chairs of East Ayrshire OLG (Adults)**

Reshaping Care for Older People and their Carers living in East Ayrshire



Information Infrastructure needed to underpin the model

Integrated IT systems, shared intelligence and information, including SPARRA, CHP profiles, identification of repeated fallers, referral patterns, admission and Out of Hours data, IRF data and modelling, Care home intelligence and hospital length of stay

**East Ayrshire Change Fund
Commissioning Plan for Investment Priorities**

(19th July 2011)

	Required	Budget Officer	Workstream	Project Lead	Projected Slippage by March 2012
1 Support to carers(East Ayrshire Carers Centre)	£30,000.00	Alison Findlay	1	Fiona Skilling/Jane Smith	£0.00
2 Leisure/Lifestyle/capacity building	£55,000.00	Linda Chisholm	1	Linda Chisholm	£0.00
3 Support to voluntary org/social enterprises (CVO)	£10,000.00	Alison Findlay	1	Fiona Skilling	£0.00
4 Community Pharmacy medicine management for carers	£15,000.00	Joyce Mitchell	2	Joyce Mitchell &S/W lead	£0.00
5 Additional telehealthcare capacity	£75,000.00	Jane Duffy/KMG	2	KMG & Jane Duffy	£14,358.00
6 Ayrshire wide equipment (CORDIA)	£20,000.00	Jean Hendry	2	Jean Hendry	£0.00
7 Dementia Strategy Training Officer	£40,000.00	Isabel Marr	2	Isabel Marr	£16,667.00
8 Advocacy Services (EA Advocay Services)	£10,000.00	Alison Findlay	2	Irene Clark	£0.00
9 Contribution to Ayrshire wide falls post	£15,000.00	Jean Hendry	2	Jean Hendry	£0.00
10 Care and Repair (Shire Housing)	£40,000.00	Wendy Johnston	2	Wendy Johnston	£0.00
11 Hub project leadership	£45,000.00	Jean Hendry	3	Jean Hendry	£17,481.00
12 Dementia Care of elderly nurses	£75,000.00	Isabel Marr	3	Isabel Marr	£28,746.00
13 Additional staff training/team building	£15,000.00	Shiona Johnston	3	Shiona Johnston	£6,000.00
14 Reduce Delayed Discharges	£200,000.00	Helen McGee	3	Helen McGee	£121,727.00
15 Increase Care Hours	£200,000.00	Helen McGee	3	Helen McGee	£200,000.00
16 Increase Assessment and Review	£130,000.00	Helen McGee	3	Helen McGee	£50,000.00
17 Allied Health Professional capacity	£207,000.00	John McConway	3	John McConway	£92,415.00
18 Rapid Response Team capacity	£148,000.00	Stuart Gaw	3	Stuart Gaw	£73,330.00
19 Purchase of 3 rehab beds from Care home Sector	£90,000.00	Helen McGee	4	Helen McGee/Denise Per	£30,000.00
20 Additional Geriatrician sessions in community	£30,000.00	Maire Currie	4	Maire Currie	£15,417.00
21 Reshaping Primary Care (Community wards)	£200,000.00	Kathleen McGuire	4	Kathleen McGuire	£99,068.00
22 Acute services outreach	£60,000.00	Jean Hendry	4	Jean Hendry	£20,000.00
Balance					
		£1,710,00			
		NB : Projected Overspend			
		£62,000			
		£1,648,000			
				Projected Slippage at March 2012	£785,209.00



Local Authority Chief Executives
NHS Board Chief Executives
Reshaping Care Strategic Leads
Reshaping Care Operational Leads

Margaret.Whoriskey@scotland.gsi.gov.uk
0131 244 3365

4th July 2011

Dear Colleague

Reshaping Care for Older People –Change Plans: Core Improvement Measures

Further to my letter and the JIT/SCCBN* consultation paper issued on 12th May, I am now delighted to provide the agreed set of Reshaping Core Improvement Measures for implementation.

These Core Measures are aligned with, and will support the delivery of the Quality Strategy Ambitions, and will form part of the Quality Measurement Framework. The ongoing work to review the Community Care Outcomes Framework will ensure that the Core Measures are equally aligned and integrated with the second iteration of that framework, by focussing ultimately on improving outcomes for clients, patients and carers. Through these complementary approaches, these Core Measures are also aligned with the National Performance Framework.

We have received feedback on the consultation paper from 24 partnerships and a range of other organisations and individuals. We held two WebEx sessions with local partnerships to discuss some of that feedback in more detail. We have presented the measures to COSLA and to NHS Chief Executives, and the considerations and direction from all of these stakeholders are built into this agreed set of measures.

Joint Improvement Team, Area 2ES, St Andrew's House, Regent Road, Edinburgh, EH1 3DG
t: 0131 244 4041 w: www.jitscotland.org.uk

The JIT is co-sponsored by Scottish Government, CoSLA and NHSScotland

* SCCBN – Scottish Community Care Benchmarking Network

The measures fall into three groups:

- Nationally available outcome measures and indicators which use data already collected at local level and compiled nationally
- A set of local improvement measures to inform local change
- Measures of shift in Partnership resource and in Change Fund use over time

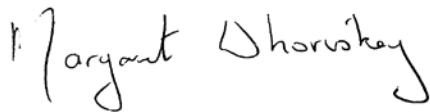
Further work is required to draw up common definitions for the local improvement measures and the Partnership resource use measures. For each local improvement measure we intend to ask two or three people to draft a definition, and then test that with a wider audience, including through the developing Joint Information Network (further details on the next meeting of this Network will be issued shortly). We would be delighted to receive the names of individuals who are able to work with us to develop these.

Any detailed questions about the measures, and/or nominations of anyone who would like to help with the further development requirements, should be addressed to Chris Bruce at chris.bruce@scotland.gsi.gov.uk.

Partnerships will wish to incorporate these measures into their local performance management and improvement arrangements where they are not already included. The JIT Lead for each partnership will be pleased to assist with this as appropriate.

I look forward to continuing to work with you on this important element of the Reshaping Care initiative.

Yours sincerely

A handwritten signature in black ink that reads "Margaret Whoriskey". The signature is written in a cursive, flowing style.

Dr Margaret Whoriskey
Director
Joint Improvement Team

Reshaping Care for Older People: Core Improvement Measures

A: Nationally available outcome measures and indicators

- A1. Emergency inpatient bed day rates for people aged 75+ (NHS HEAT 2011/12)
- A2. a. Patients whose discharge from hospital is delayed and
b. Accumulated bed-days for people delayed (NB further detailed guidance on b. will be issued soon, once the Delayed Discharge Expert Group has reported)
- A3. Prevalence rates for diagnosis of Dementia (NHS QOF)
- A4. Percentage of people aged 65+ who live in housing, rather than a care home or a hospital setting (ISD)
- A5. Percentage of time in the last 6 months of life spent at home or in a community setting (further detailed guidance on this will be issued soon as part of the Quality Measurement Framework and the Re-shaping Care Network will be consulted on the measure's methodology).

We also recommend that partnerships continue to develop their use of

- A6. Experience measures and support for carers from the Community Care Outcomes Framework (Community Care Benchmarking Network)

B: Local Improvement Measures

Anticipatory and preventative care

- B1. Proportion of people aged 75 and over living at home who have an Anticipatory Care Plan shared
- B2. Waiting times between request for a housing adaptation, assessment of need, and delivery of any required adaptation
- B3. Proportion of people aged 75+ with a telecare package

Responsive / flexible home care and carers

- B4. Reduction in hours of support required after reablement service provided
- B5. Respite care for older people per 1000 population

Demand for acute care

- B6. Rates of 65+ conveyed to Accident & Emergency with principal diagnosis of a fall (Data from Scottish Ambulance Service)

Effective flow in acute care

- B7. proportion of frail emergency admissions who access specialty unit within 24 hours

Use of long term residential care

B8. Rate and proportion of new entrants admitted from home; acute hospital specialty; following intermediate care; graduate from emergency respite

C: Partnership resource use

- C1 Per capita weighted cost of accumulated bed days lost to delayed discharge
- C2 cost of emergency inpatient bed days for people over 75 per 1000 population over 75
- C3 A measure of the balance of care (e.g. split between spend on institutional and community-based care)

IRF data will support use of these C measures in particular.

30th June 2011