

EAST AYRSHIRE

COMMUNITY PLANNING PARTNERSHIP BOARD: 16 DECEMBER 2010

RESHAPING CARE FOR OLDER PEOPLE

Report by Head of Service: Community Care, East Ayrshire Council

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the Community Planning Partnership Board of progress in the development of Reshaping Care for Older People and in particular to provide initial information in respect of the Change Fund announced by the Scottish Government.
- 1.2 It should be noted that references to operation of the Change Fund in this report are based on draft guidance and subject to final confirmation from Scottish Government

2. BACKGROUND

- 2.1 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”

- 2.2 Aspirations of older people and their families to live as independently as possible in the community have been clearly and repeatedly articulated.
- 2.3 Demographic change in East Ayrshire over the next 25 years will see an increase of 85% in people aged over 75 with resulting increases in demands, challenges and opportunities for community social care and health services.
- 2.4 The current financial environment will see significant real terms reduction in public sector resources over the foreseeable future.
- 2.5 As a consequence of the above factors the status quo is not an option and models of care and support require to be developed that take cognisance of the challenges we face.

3. PROGRESS TO DATE

- 3.1 Over recent years, progress has been made towards achieving a shift in the balance of care through:
 - Community Plan
 - Single Outcome Agreement
 - NHS Local Delivery Plan

- East Ayrshire Strategic Direction for Older People 2006/2011
- East Ayrshire Strategic Housing Investment Plan
- Delayed Discharge Action Plan.

3.2 Our partnership work already extends beyond community health and social care services and includes acute and primary health, housing, leisure and other vital stakeholders including family carers and the independent, voluntary and community sectors.

3.3 Notable successes have been:

- exceeding national balance of care targets for older people with intensive care needs;
- consistent achievement of Delayed Discharge Target; and
- progression of the East Ayrshire Supported Accommodation Strategy for Older People including new Council House provision prioritised to older people.

3.4 Consistent challenges have been to reduce:

- the number of hospital bed days experienced by older people; and
- the number of repeat emergency admissions to hospitals of older people.

3.5 In working towards the policy aims, to further progress our success and address our challenges, workstreams that have been progressed include:

- Re-ablement
- Telehealth / Telecare
- Integrated Resource Framework
- Single Point of Contact
- Long Term Conditions Plan
- Rehabilitation Framework
- Dementia strategy.

4. CHANGE FUND

4.1 The challenges we face in East Ayrshire are reflected at a national level. In response, a Ministerial Strategic Group has been established including representation from Scottish Government, COSLA, NHS Scotland, SOLACE and ADSW.

4.2 They have agreed that it is a priority to make progress in this agenda and recognised that to make the change required, particularly in shifting the balance of care – and subsequently resources - from acute care to community, will require bridging finance to cover double running costs in the transformation period. The Reshaping Care Logic Model, attached as appendix 1, describes how inputs to community infrastructure can deliver effective interventions, leading to positive personal and system outcomes.

- 4.3 The budget statement on 17 November 2010 included indication of a “Change Fund” with a national resource of £70million for 2011/2012. For East Ayrshire, depending on the distribution formulae, this equates to £1.5million to £1.8million.
- 4.4 At a national level it was agreed at an early stage that the fund would operate along the following principles:
- As a partnership fund that would be hosted by NHS Boards, not to be used without full partnership agreement;
 - As a fund to unlock mainstream resources – it was not designed simply to augment revenue funding; and
 - Importantly with a partnership focus not limited to NHS and social work spend but also considering other council budget lines (such as housing) and private and voluntary sector expenditure.
- 4.5 Each of the thirty-two local Partnerships is required to submit to the Scottish Government a short plan that has been agreed by all partners. Plans will be approved by the Ministerial Strategic Group for Health and Community Care. Signatories to the plan must include the Health Board, the Council and Third and Independent Sector representative(s). It is advised that although the funding is only outlined for one year at this time, plans should anticipate a four-year programme.
- 4.6 Draft guidance indicates that plans will require to be agreed at partnership level or the funds available for a particular area will be frozen. The details of which partnership arena this should be agreed in (Community Planning, Community Health Partnership or other alternative) has not been finalised at the time of writing.
- 4.7 The Local Transformation Plans will have a focus on improving quality, value and outcomes through cohesive partnership working across health and social care and between statutory and non-statutory bodies.

Improved outcomes would mean older people and their carers feeling safe and valued, receiving timely and responsive care and support leading to improved confidence and greater ability to self manage

- 4.8 Plans will require to demonstrate that systems and relationships are in place locally to deliver against the following criteria, namely that:
- the Partnership is planning in terms of enabling significant changes in service planning and provision;
 - the shared nature of the Fund is taken into account – its use is not to be planned in terms of an aligned budget, nor as a resource transfer from health to local government;
 - plans for 2011/12 should focus on work that will be undertaken during that year and should show how actions taken in 2011/12 contribute to the Partnership’s longer term strategy to shift the balance of care and be reflected in a joint commissioning strategy; and

- the Partnership is looking to strike a balance between managing reduction in NHS hospital capacity and providing reassurance to allow local government to underpin services.

4.9 Key measures of success or outputs for use of the Change Fund will include:

- reduction in unplanned acute bed-days in the over 65 population;
- reduction in bed-days lost to delayed discharge;
- remodelled care home placement use, alongside levels of home care provision; and
- improved support for unpaid carers.

4.10 Suggested measures for local consideration in evidencing change are:

- emergency bed days for people over 75 (from HEAT 2011/12);
- increased percentage of people aged 65 and over with high levels of care needs who are cared for at home (National Indicator);
- patients whose discharge from hospital is delayed (HEAT Standard);
- self Directed Support (Direct Payments) uptake; and
- experience measures and support for carers from the Community Care Outcomes Framework

5. NEXT STEPS

5.1 At a national level:

- There was consultation on the draft Guidance for the Local Transformation Plans until end November 2010.
- Final Guidance will be issued from the Ministerial Strategic Group mid December.
- Plans will require to be progressed through appropriate local governance arrangements, agreed and submitted to the Ministerial Strategic Group for noting.

5.2 At a local level, subject to final Guidance agreement is required on:

- the process for developing the Local Transformation Plan;
- the governance arrangements that lead to final sign off of the Transformation Plan; and
- subsequently, monitoring arrangements for the plan will require to be agreed.

6. RECOMMENDATIONS

6.1 It is recommended that the Community Planning Partnership Board:

- (i) note the aspirations of older people in our community and the significant challenges posed by demography and diminishing resources;
- (ii) note the opportunity the “Change Fund” provided in progressing this agenda;
- (iii) in anticipation of final guidance being issued by Scottish Government, remit to the Community Health Partnership Committee to develop the East Ayrshire Local Transformation Plan; and
- (iv) otherwise note the content of this report.

Eddie Fraser
Head of Service: Community Care
East Ayrshire Council
1 December 2010

Reshaping Care Logic Model

