

AGENDA ITEM NO: 8

Date: 25th April 2013 Greater Glasgow and Clyde

Report To: Community Health & Care

Partnership Sub Committee

Brian Moore Report No:

Corporate Director CHCP-35-2013-BC

Inverclyde Community Health & Care Partnership

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Head of Health & Community

Care

Subject: RESHAPING CARE FOR OLDER PEOPLE

1.0 PURPOSE

Report By:

1.1 To provide an update on the development and progress of the local Change Plan currently driving the Scottish Government Directive, Reshaping Care for Older People, as previously reported upon.

2.0 SUMMARY

- 2.1 As previously reported, the Government has 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 This report provides an update for the Community Health and Care Partnership Sub Committee on the progress of Inverclyde CHCP's local plans for Reshaping Care for Older People.
- 2.3 Following a range of challenges and delays in recruitment, the majority of funded initiatives are now underway. Improvements in performance are now apparent with momentum building.

3.0 RECOMMENDATION

- 3.1 The Community Health and Care Partnership Sub Committee members are requested to:-
 - (a) Note the progress made with regard to implementing the local Change Plan.

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 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 and increase to £80m for 2012/13 and 2013/14. Inverclyde CHCP share of resources is outlined at 7.2 below.
- 4.3 The Change Fund is intended to act as a catalyst for major service redesign and to facilitate changes to the way the total health and social care resource is used for older people to support the policy goal of optimising independence.
- 4.4 Change Fund plans are required to demonstrate a clear strategy to invest in anticipatory and preventative approaches to help manage demand for formal care, and support carers when more older people are at home.
- 4.5 As demographic trends, with the older population increasing, and at a time of financial constraint there are acknowledged inherent challenges in achieving better outcomes for older people and their carers.
- 4.6 The Change Fund is being used in Inverclyde CHCP to support and improve care for older people and their carers through the delivery of key objectives set out in the original 2011 Change Plan submission.

5.0 PROPOSALS

5.1 Inverclyde CHCP proposes to consolidate its work with a wide range of local partners and stakeholders to ensure the combination of Change Fund and other local resources achieve the objectives set out in the local Change Plan with regard to the government directive of Reshaping Care for Older People.

6.0 PROGRESS OVERVIEW

- 6.1 As the CHCP approaches the end of the second year of the implementation of the Change Plan, progress can be reported in a number of areas.
- 6.2 The incremental introduction of services and posts experienced in the first year as a result of delays and challenges in recruitment has now largely been resolved with the majority of posts recruited to and momentum now being gained in service delivery.
- 6.3 Some key changes in personnel have influenced the infrastructure arrangements, with projects progressing through the following workstreams:-
 - Palliative Care
 - Community Capacity
 - Carers
 - Single Point of Access
 - Long Term Care
 - Early Intervention
- 6.4 Reflecting the revision of the above workstreams has provided the opportunity to review previous governance arrangements, resulting in clarity of accountability for a range of operational groups.

- 6.5 The Inverclyde Joint Commissioning Plan for Older People 2013-2023, currently in draft, covers care and support services to older people over 65 years of age, which are delivered by the following partners, in concert with older people, carers, carers organisations and local communities:-
 - Inverclyde Community Health and Care Partnership
 - NHS Greater Glasgow and Clyde, including Primary and Secondary Care
 - Inverclyde Council
 - Third sector
 - Independent sector providers
 - Housing Providers

Our new plan outlines the partnership's vision for the next ten years. It explains how we will improve outcomes for older people and the approaches we are taking, including significant changes we will make to the ways in which we deliver care and support working with older people in Inverclyde.

The plan sets out a high level vision and future direction, along with specific areas for action and change, to show how we will work in partnership to develop new models of care and support to reshape services and improve outcome for older people, their families and carers. The plan is intended to reflect the CHCP's role as an **assessor**, **purchaser**, **provider and safeguarder** in relation to older people, and is designed to support business planning amongst our provider partners in the voluntary, community and independent sector. The plan is also intended to stimulate creative, collaborative service planning and service delivery across organisational and sector boundaries, and to signal to existing and potential providers of support potential service changes.

We intend to develop older people specific elements of our Single Outcome Agreement to facilitate this through Community Planning.

The plan is also set in the context that the CHCP seeks through commissioning and strategic planning over the next 10 years to focus on delivering services that support involvement, empowerment, enablement and recovery for all citizens of Inverclyde, within the context of the Nurturing Inverclyde Agenda; where all citizens and communities can be **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible,** and **Included.**

6.6 Performance

- 6.61 Given the interdependencies of many of our redesigns, it can be challenging to identify which interventions have resulted in which outcomes. However, there have been some consistent improvements across the agreed range of performance measures across Inverclyde, with the tables attached at Appendix 1 detailing NHS Greater Glasgow and Clyde's performance and Inverclyde's. Further detailed analysis of performance within each workstream area will inform our planning and funding intentions for the remaining 2 years of the Change Plan funding.
- 6.62 Of particular note are the following performance measures and relative performance by the Board and Inverclyde CHCP:-

Number of Acute Bed Days Lost to Delayed Discharges

In common with other areas across NHS Greater Glasgow & Clyde, Inverclyde has made significant progress in reducing bed days lost since 2009/10. Given the variable demand which impacts on this target, it is challenging to routinely sustain. This combined with the reduced target for delayed discharges – to 4 weeks from April 2013 and 2 weeks from April 2015 – has led us to revisit all processes supporting the Delayed Discharge pathway, with the aim of further streamlining.

Number of Acute Bed Days Lost to Delayed Discharges for Adults with Incapacity

Inverclyde is now routinely achieving this target.

Unplanned Acute Bed Days and Emergency Admissions (65+)

Since 2009/10, Inverclyde has achieved and sustained regular reductions in unplanned Acute Bed Days for the over 65s, at an improved rate than that achieved elsewhere in the Board area. However, despite this, the number of emergency admissions has risen, mirroring the Board performance. For Inverclyde, this means that people over 65 are being admitted more frequently, but following admission are staying in hospital for a shorter period of time.

Unplanned Acute Bed Days (75+)

Similarly, since 2009/10 there has been a sustained reduction in Inverclyde against this target, whilst across NHS GG&C performance has been effectively static.

7.0 IMPLICATIONS

7.1 Legal:

7.2 Finance:

The total Change Fund resources for 2012/13 are allocated from the NHS, with the current allocations.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
Change Fund	Acute Health	2012/13	£234,000	N/A	
i unu	CHCP Health		£106,000		
	CHCP Council		£879,000		
	Community Capacity Health		£45,000		
	Community Capacity Council		£264,000		
Resource	es Committed to	date	£1,528,000		
Slippage	Committed 2013	3/14	£360,000		
Total Res	source Allocated	2012/13	£1,888,000		

- 7.3 The £1,888,000 funding for 2012/13 reflects £1,400,000 allocation and £488,000 brought forward from 2011/12.
- 7.4 The indicative funding for 2013/14 is expected to be £1.4m in line with the current year allocation, with a reduction to around £1.2m expected in the final year of the programme, assuming Inverclyde CHCP's allocation of the total fund remains proportionate to the current year.

- 7.5 The budget and projected out turn per project are included at Appendices 2A to 2F for information.
- 7.6 Resources for 2013/14 have been allocated on a provisional basis to continuing and new programme areas and the allocation is reviewed on an ongoing basis.

7.7 Personnel: None

7.8 Equalities: None

7.9 Repopulation: None

8.0 CONSULTATION

9.0 LIST OF BACKGROUND PAPERS

Change Fund Plan Monthly Monitoring Report - Draft January 2013 Data

Bed Days Lost to Delayed Discharge (inc AWIs) - Acute

(patients aged 65 & over on day of admission)

CH(C)P
East Dunbartonshire
East Renfrewshire
Glasgow City
Inverclyde
Renfrewshire
West Dunbartonshire
GGC(All above areas)

North Lanarkshire
South Lanarkshire
All other area's

All areas	

	2012/13												
April Actual	May Actual	June Actual	July Actual	Aug Actual	Sept Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Jan Target			
326	225	393	382	468	325	569	569	595	567	307			
514	612	539	533	444	381	292	342	304	367	201			
4,207	3,876	3,709	3,945	3,839	3,328	3,495	3,328	3,296	3,269	2,213			
478	450	246	239	367	496	371	265	249	298	280			
1,409	1,185	1,253	1,116	1,141	948	1,063	1,067	909	1,120	675			
600	613	510	508	554	497	544	505	378	398	318			
7,534	6,961	6,650	6,723	6,813	5,975	6,334	6,076	5,731	6,019	3,994			

157	69	35	69	104	71	83	92	43	24	57
271	280	272	306	375	465	471	327	314	307	189
270	243	181	84	113	183	261	271	254	190	48

9 222 7 552 7 129 7 192 7 405 6 604 7 140 6 766 6 242 6 540 4 299	0,232 1,333 1,136 1,162 1,403 0,094 1,149 0,100 0,342 0,340 4,268		8,232	7,553	7,138	7,182	7,405	6,694	7,149	6,766	6,342	6,540	4,288
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2011/12 Cumulative Actual	2012/13 Cumulative Actual	2012/13 Cumulative Target
5388	4,419	3,070
3266	4,328	2,010
55,326	36,292	22,134
4672	3,459	2,800
16,301	11,211	6,750
7210	5,107	3,181
92,163	64,816	39,945

1244	747	569
3533	3,388	1,888
1482	2,050	506

98,422	71,001	42,908
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				NHS	SGGC SU	MMARY I	NDICATO	DRS					
Ref	Performance Measures							2012/13					
No		April	Мау	June	July	Aug	Sept	Oct	Nov	Dec	Jan	2012-13 Cumulative Actual	2012-13 Cumulative Target
1	Number of acute bed days lost to delayed discharges	7,534	6,961	6,650	6,723	6,813	5,975	6,334	6,076	5,731	6,019	64,816	39,934
2	Number of acute bed days lost to delayed discharges for Adults With Incapacity	1,674	1,481	1,249	1,110	1,183	1,083	1,186	1,016	1,091	860	11,933	11,029
3	Number of acute delayed discharges (within period)	449	459	425	431	432	388	422	419	347	417		
4	Delayed Discharges (at census)	252	273	273	277	273	252	275	274	226	215		
	Delayed Discharge > 28 days	37	37	27	33	52	26	37	33	41	38		
	Delayed Discharge < 28 days	132	151	181	180	156	166	178	179	124	127		
	Delayed Discharge > 28 days exception codes	78	82	61	56	57	52	51	57	54	49		
	Delayed Discharge < 28 days exception codes	5	3	4	8	8	8	9	5	7	1		
5a	Unplanned acute bed days (65 +)	55,365	54,722	50,384	53,001	52,219	50,647	52,761	52,228	55,802	62,677		
	Unplanned acute bed days 65 + rate / 1,000 pop	318	315	290	305	300	291	303	300	321	360		
5b	Unplanned acute bed days (75 +)	42,718	41,374	37,389	38,850	38,609	37,208	39,155	38,308	40,863	46,456		
	Unplanned acute bed days 75 + rate / 1,000 pop	524	507	458	476	473	456	480	470	501	570		
6	Number of emergency admissions 65+	4,520	4,541	4,258	4,546	4,475	4,194	4,668	4,664	4,433	4,720		
	Emergency admissions 65+ Rate /1,000 pop	26	26	24	26	26	24	27	27	25	27		

					INVER	CLYDE (СНСР							
Ref	Performance Measures		2012/13											
No		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	2012-13 Cumulative Actual	2012-13 Cumulative Target	
1	Number of acute bed days lost to delayed discharges	478	450	246	239	367	496	371	265	249	298	3,459	2,800	
2	Number of acute bed days lost to delayed discharges for Adults With Incapacity	0	0	0	1	18	0	0	0	0	0	19	120	
3	Number of acute delayed discharges (within period)	33	31	16	21	29	30	27	22	15	21			
4	Delayed Discharges (at census)	11	13	8	6	14	23	14	14	10	12			
	Delayed Discharge > 28 days	2	2	1	2	0	1	7	2	5	2			
	Delayed Discharge < 28 days	7	10	7	2	11	20	7	11	4	8			
	Delayed Discharge > 28 days exception codes	2	1	0	1	1	2	0	1	0	1			
	Delayed Discharge < 28 days exception codes	0	0	0	1	2	0	0	0	1	1			
5	Unplanned acute bed days (65 +)	4,044	4,272	3,774	4,224	3,829	3,769	4,081	3,837	4,208	5,143			
	Unplanned acute bed days 65 + rate / 1,000 pop	282	297	263	294	267	262	284	267	293	358			
6	Unplanned acute bed days (75 +)	3,253	3,278	2,679	3,059	2,603	2,573	2,979	2,844	3,024	3,618			
	Unplanned acute bed days 75 + rate / 1,000 pop	490	493	403	460	392	387	448	428	455	544			
7	Number of emergency admissions 65+	351	365	355	412	322	329	374	336	394	407			
	Emergency admissions 65+ Rate /1,000 pop	24	25	25	29	22	23	26	23	27	28			

Inverclyde CHCP Change Fund Financial Summary as at 28 February 2013

2012/13 Current Position	Current Budget £'000	Projected Outturn £'000	Slippage to 2013/14 £'000
Acute - Health	241	234	(7)
CHCP - Health	120	106	(14)
CHCP - Council	1,177	879	(298)
Community Capacity - Health	52	45	(7)
Community Capacity - Council	298	264	(34)
Total	1,888	1,528	(360)
Funded By:			
Change Fund Allocation	1,400	1,400	
2011/12 Slippage Brought Forward	488	488	
Total Funding	1,888	1,888	
Slippage - Committed 2013/14	0	(360)	

ACUTE - HEALTH APPENDIX 2B

Programme	Current Budget £'000	Projected Out turn £'000	Projected Variance £'000
Stroke Out Reach Team	54	54	0
Support for Realignment of Rapid Assessment Team	58	58	0
Occupational Therapist	17	17	0
AHP weekend working	83	83	0
Orthopaedic Weekend Working	13	13	0
Palliative Care CNS 0.5wte	17	9	(7)
Total	241	234	(7)

CHCP HEALTH APPENDIX 2C

Programme	Current Budget £'000	Projected Outturn £'000	Slippage to 2013/14 £'000
Change Fund Lead	0	0	0
Community nursing additional post for out of hours provision with a view to avoiding admission to hospital or care home placement.	0	11	11
Rehabilitation - physio and triage of referrals, along with implementation of electronic referrals (SPOA)	32	6	(26)
Pharmacy Posts x2	41	52	11
To provide increased capacity in the older persons mental health team to develop the Dementia Strategy action plan.	47	37	(8)
Total	120	106	(14)

CHCP COUNCIL APPENDIX 2D

Programme	Current Budget £'000	Projected Out turn £'000	Projected Variance £'000
Change Fund Lead	38	17	(21)
2 Social Work posts to speed discharge	42	42	0
Reablement lead	48	49	1
Reablement Seniors 3 Senior home support workers for reablement teams	70	65	(5)
Reablement Workers	323	300	(23)
Admin support for pilot reablement team	57	55	(2)
Full time OT	73	50	(23)
Home care assessment and reviewing post	55	34	(21)
Intermediate Care - Nursing Home placements	117	0	(117)
ICIL Joint Store - Equipment to aid reablement	91	99	8
Reablement trainer costs	11	5	(6)
Homecare backfill costs for training	19	0	(19)
Homecare Pilot Extension Monitoring Officer	28	28	0
Telecare project extension and equipment	100	95	5
Impact Analyst	19	0	(19)
OTA -Community Alarms	22	5	(17)
Older People - Resource Worker	20	0	(20)
Dementia Post	35	10	(26)
To provide increased capacity in the older persons mental health team to develop the	0	13	13
Miscellaneous	10	15	5

Total	1,177	879	(298)
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COMMUNITY CAPACITY HEALTH

APPENDIX 2E

Programme	Current Budget £'000	Projected Out turn £'000	Projected Variance £'000
Practice Development Nurse - 2 posts	36	36	0
Admin support for above 2	9	9	0
End of Life Care GP Facilitator	7	0	(7)

Total	52	45	(7)

COMMUNITY CAPACITY COUNCIL

APPENDIX 2F

Programme	Current Budget £'000	Projected Out turn £'000	Projected Variance £'000
Supporting Voluntary Sector Community Groups - bidding process	100	76	(24)
Carers Support	97	97	0
Housing with Support & Care	39	50	11
Scottish Care - Development Worker	20	23	3
Integrated Care Pathways Project	42	18	(24)
Total	298	264	(34)