

EAST RENFREWSHIRE COUNCIL

AUDIT AND SCRUTINY COMMITTEE

18 August 2016

Report by Clerk

NATIONAL EXTERNAL AUDIT REPORT

CHANGING MODELS OF HEALTH AND SOCIAL CARE

PURPOSE OF REPORT

1. To provide information on the Audit Scotland report *Changing Models of Health and Social Care*.

RECOMMENDATION

2. It is recommended that the Committee considers the report.

BACKGROUND

3. Copies of the Audit Scotland report *Changing Models of Health and Social Care*, published in March 2016, have already been circulated to all Audit and Scrutiny Committee Members. This is the second of three reports on this major reform programme. Feedback on the first on *Health and Social Care Integration* was submitted to the committee in June, and feedback on the third on *Social Work in Scotland* will be the subject of a further report in due course.

4. Under the Committee's specialisation arrangements, the Members who are leading the review of the report on *Changing Models of Health and Social Care* are Councillor Grant and Councillor Reilly. In accordance with arrangements established by the Committee for dealing with such reports, the Chief Officer Health and Social Care Partnership has provided comments on it. A copy of the feedback is attached (see Appendix 1).

RECOMMENDATION

4. It is recommended that the Committee considers the report.

Local Government Access to Information Act 1985

Report Author: Linda Hutchison, Clerk to the Committee (Tel.No.0141 577 8388)
e-mail: linda.hutchison@eastrenfrewshire.gov.uk

Background Papers:-

1. Audit Scotland Report *Changing Models of Health and Social Care*

EAST RENFREWSHIRE COUNCIL**AUDIT & SCRUTINY COMMITTEE****18 August 2016****Report by Julie Murray, Chief Officer****AUDIT SCOTLAND REPORT – CHANGING MODELS OF HEALTH AND SOCIAL CARE****PURPOSE OF REPORT**

1. This report provides the Audit & Scrutiny Committee with an overview of the Audit Scotland Report on Changing Models of Health and Social Care and the implications for East Renfrewshire Integration Joint Board.

RECOMMENDATION

2. Audit & Scrutiny Committee is asked to note the Audit Scotland Report on Changing Models of Health and Social Care and the local actions detailed in Appendix A.

BACKGROUND

3. In March 2016 Audit Scotland published its report on Changing Models of Health and Social Care. This audit builds on key pressures identified in the demand and capacity work undertaken as part of the NHS in Scotland 2013/14 audit. It assesses how NHS boards, councils and partnerships might deliver services differently in the future to meet the needs of the population.
4. The report is based on analysis of national and local information, for hospitals, councils and community-based services including performance, activity and financial data. It uses projection analysis to estimate the potential effect of increasing pressures in health and social care.
5. In addition Audit Scotland conducted desk-based research to identify examples of new care models outside Scotland and worked closely with one Health and Social Care Partnership area to illustrate the types of changes required and how this affects different parts of the system.
6. The report highlights examples of some of the new approaches to shifting the balance of care. It considers some of the main challenges to delivering the transformational change needed to deliver the Scottish Government's 2020 Vision for health and social care, and the risks associated with this.

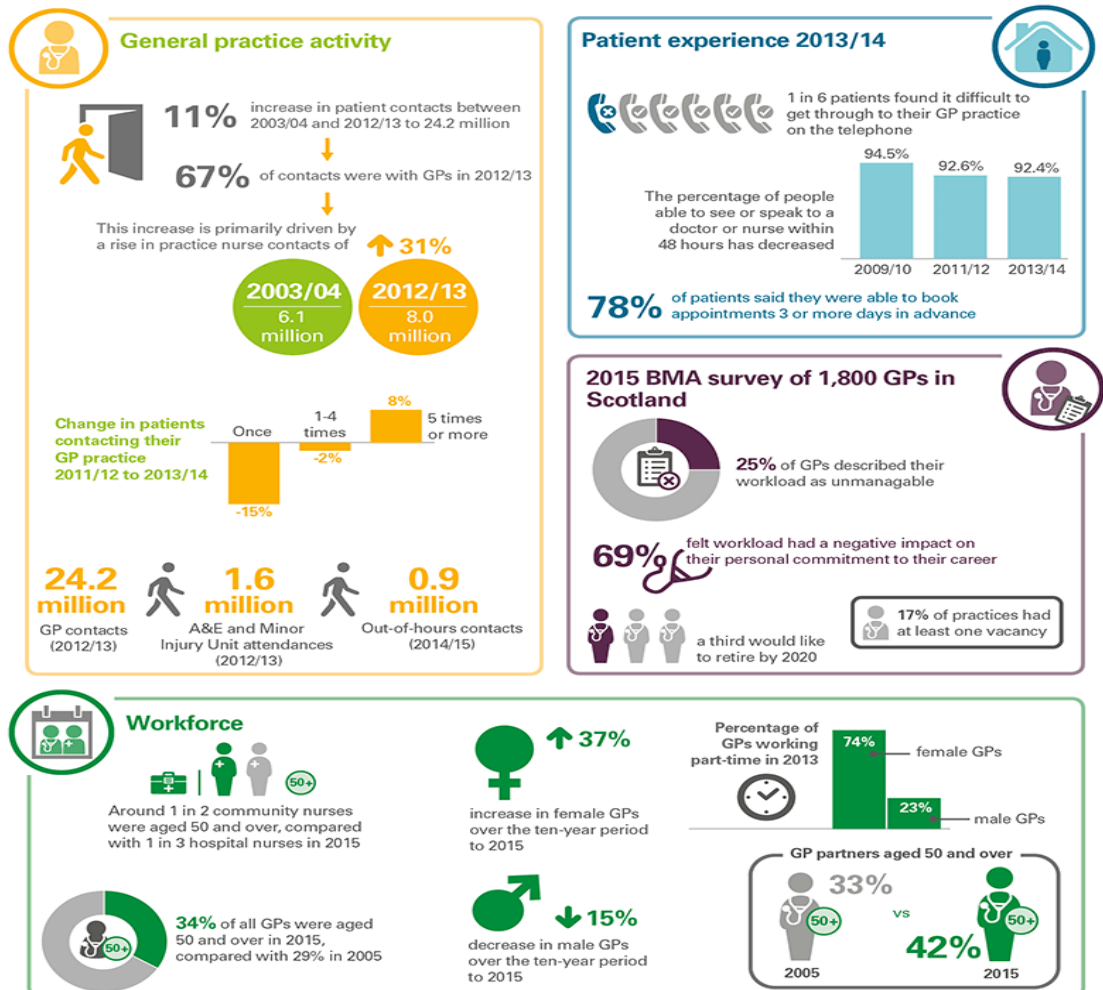
REPORT

7. People are living longer with multiple long-term conditions and increasingly complex needs. This pressure can be seen through the rise in emergency hospital admissions. The number of people admitted to hospital in an emergency between 2005/06 and 2013/14 increased by almost 80,000 (17 per cent), to 553,000. The number of emergency admissions increased by 17 per cent for people aged 65-74, by 19 per cent for people aged 75-84 and by 39 per cent for people who were aged 85 and older. In 2013/14, 71 per cent of emergency bed days were occupied by people aged 65 and over.
8. In the absence of published demand and activity data, Audit Scotland have used a number of other indicators (exhibit 5) which point to pressures building in general practice. These include patients' declining satisfaction with access, increasing patient visits, recruitment and retention issues, and dissatisfaction among GPs.

Exhibit 5

Indicators of building pressure in general practice

There is a lack of data on general practice activity and demand for services. But available indicators show pressures on general practice continuing to build.



Source: Health and Care Experience Survey 2013/14, Scottish Government, May 2015; Practice Team Information (PTI), ISD Scotland, October 2013; GP Out of Hours Services in Scotland, 2014/15, ISD, August 2015; A&E and minor incidents unit (MIU) activity data provided to Audit Scotland by ISD, January 2014; Primary Care Workforce Survey 2013, ISD Scotland, September 2013; The UK nursing labour market review 2013, Royal College of Nursing, September 2013; The future of general practice - survey results, British Medical Association (BMA), February 2015; Community nursing staff in post and vacancies, ISD Scotland, June 2015; Nursing and midwifery staff in post, ISD Scotland, September 2015; BMA press release, 13 March 2015; Number of GPs in Scotland by age, designation and gender, ISD Scotland, December 2015.

9. If the population increases as predicted, and services continue to be delivered in the same way, the impact across the system is significant. Based on Audit Scotland's projection analysis, in 2030, compared to 2013, there could be an additional:
 - 1.9 million GP appointments and 1.5 million practice nurse appointments
 - 20,000 homecare clients and 12,000 long-stay care home residents
 - 87,000 emergency admissions to hospital and 1.1 million associated hospital bed days
 - 62,000 hospital day cases and 154,000 outpatient appointments.
10. Audit Scotland has identified a number of new models across Scotland that are designed to deliver more care to people in community settings in line with the 2020 Vision, including:
 - community preventative approaches
 - better access to primary care and routine hospital treatments
 - enhanced community care models
 - intermediate care models
 - initiatives designed to reduce delayed discharges.
11. Few of the models outlined had been fully costed or properly evaluated. In several cases, it was too early to assess the impact of new ways of working. However, sometimes this was due to the lack of good monitoring data or the lack of skills and resources to carry out an evaluation. Generally, there is a lack of evidence of community-based models having a major impact and clarity about what works. This is a common problem, not unique to Scotland, but a crucial one to address so that local areas can efficiently identify and implement the most effective models
12. Audit Scotland concludes that growing number of people with complex health and social care needs, particularly frail older people, together with continuing pressures on public finances, means that current models of care are unsustainable. The shift to new models of care is not happening fast enough to meet the growing need, and the new models of care that are in place are generally small-scale and are not widespread.
13. The Report contains separate recommendations for Scottish Government; NHS Boards, Councils and Integration Authorities; and the Information Services Division, as shown below. A more detailed breakdown is included in the appendix to this report.
14. The Scottish Government should:
 - work with integration authorities to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services.
 - monitor and publicly report on national progress on the impact of integration.
 - continue to provide support to integration authorities as they become fully operational, including leadership development and sharing good practice
15. Integration authorities should:
 - carry out a shared analysis of local needs, and use this as a basis to inform plans to redesign local services, drawing on learning from good practice
 - ensure new ways of working, based on good practice from elsewhere, are implemented to overcome some of the barriers to introducing new care models

- move away from short-term, small-scale approaches towards a longer-term approach to implementing new care models.
 - identify appropriate performance measures from the outset and track costs, savings and outcomes when implementing new care models
 - ensure clear principles are followed for planning, implementing, monitoring and reviewing new care models
16. The appendix to this report demonstrates the local position in East Renfrewshire in relations to the recommendations for Integration Joint Board with Council and NHS.

CONCLUSIONS

17. This report provides the Committee with an overview of the Audit Scotland Report on Changing Models of Health and Social Care which illustrates some of the risks and challenges associated with transformational change in health and social care.
18. Through the long standing partnership between East Renfrewshire Council and NHSGGC, East Renfrewshire is in the fortunate position of having a well-developed and integrated local health and care service. However pressures on public finance and the use of short term funding have similar implications for East Renfrewshire as elsewhere in Scotland

RECOMMENDATIONS

19. Audit & Scrutiny Committee is asked to note the Audit Scotland Report on Changing Models of Health and Social Care and the local actions detailed in Appendix A.

REPORT AUTHOR AND PERSON TO CONTACT

HSCP Chief Officer: Julie Murray

Candy Millard, Head of Strategic Services
candy.millard@eastrenfrewshire.gov.uk
0141 577 3376

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BACKGROUND PAPERS

<http://www.audit-scotland.gov.uk/report/changing-models-of-health-and-social-care-0>

KEY WORDS

Audit Scotland, Risk, National Overview, Strategic Risk Register;

Action	Local Position
<i>NHS boards and councils should work with integration authorities during their first year of integration to:</i>	
carry out a shared analysis of local needs, and use this as a basis to inform their plans to redesign local services, drawing on learning from established good practice	The Integration Joint Board Strategic Plan is based on a Strategic Needs Assessment drawn from both East Renfrewshire Council and NHSGGC data and analysis. This informed the initial strategic priorities. As an integrated partnership for 10 years East Renfrewshire CHCP/HSCP has been used as an example of good practice for a number of areas of integration and redesign.
ensure new ways of working, based on good practice from elsewhere, are implemented in their own areas to overcome some of the barriers to introducing new care models	In addition to the existing integrated service models the Integration Joint Board identified the Community led support model of good practice from England and Wales and is working with the National Development Trust for Inclusion to implement this locally. Link workers similar to those described in Exhibit 6 of the report are being rolled out as part of the safe and supported work stream.
move away from short-term, small-scale approaches towards a longer-term approach to implementing new care models. They should do this by making the necessary changes to funding and the workforce, making best use of local data and intelligence, and ensuring that they properly implement and evaluate the new models	Both East Renfrewshire Council and NHSGGC are supporting the HSCP with workforce planning closely linked to the strategic plan. Reductions in NHS and council budgets will pose risks to implementing new models and shifting more care into community-based settings
ensure, when they are implementing new models of care, that they identify appropriate performance measures from the outset and track costs, savings and outcomes	All changes to care models and tests of change are underpinned by local data which is used to evaluate the effectiveness of change.
<p>ensure clear principles are followed for implementing new care models;-</p> <ul style="list-style-type: none"> • Make good use of local data and intelligence to understand the local population and inform service change • Share data and learning across professional groups and organisations 	<ul style="list-style-type: none"> • Data and live experience are used by the HSPC to inform strategic and service change e.g My Life My Way • Our vision is underpinned by our ‘working together’ approach of co-production with all stakeholders as set

<ul style="list-style-type: none"> • Focus on a small number of models in priority areas and do these well, rather than trying to change too many things at once • Allow sufficient time to test new ways of working and to gather evidence of what works • Identify how technology can be used to support new models and make them more efficient in light of limitations of funding and workforce • Consider basing models around small local areas or clusters with groups of staff who know the local population and are best placed to identify those at risk and provide preventative measures or intensive support • Ensure staff are well informed and on board with new ways of working • Consult with the general public and engage with service users to ensure an understanding and acceptance of new models and why services need to change • Develop a clear business plan detailing timescales, resources (such as equipment, staff and training), costs, estimated savings and efficiencies, sources of funding, a risk assessment, plans to pilot, scale up and make the approach sustainable, methods for evaluating and measuring impact, and options for shifting resources and building community capacity 	<p>out in the Public Bodies legislation</p> <ul style="list-style-type: none"> • Pressure of funding models such as Integrated Care Fund and Delayed Discharge funding tends to lead to multiple tests of change • Through reshaping care for older people and integrated care fund we have built up data over time. • Our <i>technology enabled care</i> and <i>modernising the way we work</i> programmes are designed to identify where benefits and efficiencies can be gained. • Community led support will test preventative models in small areas with local people and organisations. Locality working with GP clusters will test other anticipatory care approaches. • The HSCP uses a variety of leadership and team meetings, newsletters and digital channels to communicate with staff • The strategic planning process commenced with a series of conversations with local people. This has been built on by the more recent Community led support conversations. • The HSCP has adopted a programme management approach building on East Renfrewshire Council expertise to manage a range of change projects.
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<p><i>Information Services Division (ISD) should:</i></p>	
<ul style="list-style-type: none"> • ensure it shares and facilitates learning across Scotland about approaches to analysing data and intelligence, such as using data to better understand the needs of local populations. 	<p>ISD have provided a data analyst to work with the HSCP. The analyst is able to help the HSCP understand data and intelligence relating to our local population and share the work of other areas across Scotland.</p>