

EAST RENFREWSHIRE COUNCIL
AUDIT AND SCRUTINY COMMITTEE
10 April 2014
Report by Clerk
NATIONAL EXTERNAL AUDIT REPORT
RESHAPING CARE FOR OLDER PEOPLE

PURPOSE OF REPORT

1. To provide information on the Audit Scotland report on *Reshaping Care for Older People*.

RECOMMENDATION

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

RESHAPING CARE FOR OLDER PEOPLE

3. A copy of the Audit Scotland report on *Reshaping Care for Older People* has already been circulated to all Audit and Scrutiny Committee Members. The Members who are leading on the review of this particular report are Councillor Grant and Councillor Reilly. In accordance with arrangements established by the Committee for dealing with such reports, the Head of Health and Community Care has provided comments on it. A copy of the feedback is attached to this report (see Appendix).

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:- Audit Scotland report *Reshaping Care for Older People* (see also documents referred to in Appendix).

AUDIT SCOTLAND REPORT ON 'RESHAPING CARE FOR OLDER PEOPLE'**FEEDBACK FROM HEAD OF HEALTH & COMMUNITY CARE****PURPOSE OF REPORT**

1. To present to the Audit and Scrutiny Committee the key findings of the Audit Scotland report 'Reshaping Care for Older People', local experience in relation to this audit area and to present for consideration the local position as evaluated against the associated self-assessment checklist.

RECOMMENDATION

2. Committee is asked to note and comment on the report and attached self-assessment checklist.

BACKGROUND

3. The proposals for Reshaping Care for Older People originate in work during 2009 under the Ministerial Strategic Group for Health and Wellbeing. This led to the development of a strategy to improve outcomes for older people against a backdrop of projected demographic change, increasing demand and budgetary constraint¹.

4. It is the delivery of this strategy to date through the Reshaping Care for Older People Change Fund that is the subject of the external audit report. The report, therefore, covers the first three years of the 10 year Reshaping Care for Older People programme and two full years of the Change Fund.

REPORT**National External Audit Findings and Recommendations**

5. The Audit Scotland report makes a number of observations and recommendations. The report notes that Reshaping Care for Older People is a complex and challenging programme which requires the management of new interventions and relationships alongside more traditional services, as partners move toward different models of care and support.

6. The report comments on the need for strong leadership at a national level to take this agenda forward. It pinpoints a need to step up the delivery of the change programme, shifting more decisively to preventative approaches in the face of what is assessed as 'limited evidence of progress in moving money from institutional to community care'.

7. The report goes on to observe that better use needs to be made of data to drive improvement and spread successful innovation. While noting the beneficial effects of the programme in enhancing partnership across sectors, the report states that many initiatives are small-scale and lack a robust evidence base.

¹ <http://www.jitscotland.org.uk/downloads/1299249359-ReshapingCareProgrammeFinal4March.pdf>

8. Audit Scotland also draws the conclusion that the impact of initiatives is not well measured and that approaches to performance nationally need to change to better reflect the outcome-focused approach to policy-making.

9. The report makes 16 separate recommendations. The key areas identified for improvement by Audit Scotland relate to:

- The Scottish Government, NHS Boards, local authorities and partners working together to improve data to inform decisions and shape commissioning intentions, measure the impact of interventions, understand variation and support a shift in the balance of care.
- NHS Boards and local authorities utilising Integrated Resource Framework (IRF) data to shape investment and commissioning decisions.
- Making use of a consistent tool to assess 'dependency' and analyse this to inform future planning.
- Produce integrated workforce plans to ensure the appropriate skill and experience levels among staff.
- Work in partnership to spread initiatives which evaluate positively in sustainable ways.

Local Experience and Self Assessment

10. There is much for local partners to consider in the Audit Scotland 'Reshaping Care for Older People' report. However, experience locally has been more positive than that reported in the national report.

11. Firstly, there is a clear linkage between the local Joint Strategic Commissioning Plan which outlines partnership intentions over the next decade, the national outcome, the shared RCOP vision and East Renfrewshire's Single Outcome Agreement 5 where "older people are valued, their voices are heard and older people are supported to enjoy full and positive lives for longer." The commissioning plan is underpinned by a needs and resources analysis which was taken forward collaboratively with local partners.

12. Secondly, partners engaged in outcome-focused planning and evidence review in developing initiatives under the RCOP Change Fund. In implementing initiatives in East Renfrewshire an outcome-focused approach to measuring impact was established with the leads for individual initiatives.

13. Thirdly, monthly monitoring of key measures is in place with a balanced scorecard, including Talking Points – Personal Outcome measures as well as hospital admission and delayed discharge bed days, being regularly presented to the RCOP outcome delivery group. Key measures and regular qualitative assessments have been taken to the Community Health and Care Partnership Committee since the commencement of the Change Fund².

² CHCP Committee 15th February 2012 'Reshaping Care for Older People: Change Fund'.
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=4592&p=0>

CHCP Committee 28th September 2011 'Change Fund Mid Year Report'
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=3054&p=0>

CHCP Committee 20th April 2011 'Reshaping Care for Older People: Change Fund'.
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=7384&p=0>

14. More detail is available in the local self-assessment against the National External Audit Findings framework (see Appendix 2). In addition to this, partners would wish to highlight a number of positive features of local experience to date in taking forward the Reshaping Care for Older People programme in East Renfrewshire.

Culture Change

- Strong cross-sector partnership within the RCOP outcome delivery group involving health, social care, third and independent sectors, carers and housing.
- Embedding Talking Points - personal outcomes throughout the programme.
- The fictitious 'Arthur Lee'³ character that partners developed to illustrate personal pathways and outcomes has been used to create planning and development scenarios.
- The delivery of a successful pilot⁴ using the NES and SSSC 'Sliding Doors' tool, raising awareness of the issues and the actions everyone can take to help improve outcomes for older people⁵.
- A strong focus on developing preventative and anticipatory approaches.

Partnership Working

- Local governance arrangements are inclusive and ensure partners play an equal role at strategic level.
- Operationally project leads are actively involved in working groups and cross-sector networking opportunities, e.g., the Joint Strategic Commissioning Group, the Older Peoples' Reference Group, the Community Capacity Building Practitioners Network, and the Older Persons Third Sector Forum.
- East Renfrewshire hosts a 'Let's Take Time to Talk' protected learning time event for GP colleagues and this has regularly involved discussion and engagement on RCOP, e.g., presentations and discussions on the RCOP vision, evidence of impact, interactive sessions on services and support.

Co-production

- The strategic partnership includes health, social care, housing, Voluntary Action East Renfrewshire as the third sector interface, East Renfrewshire Carers' Centre, and Scottish Care, and PPF representation.
- A cross-sector RCOP stakeholder event is held each year which includes planning exercises reflecting on the previous year and planning for the year ahead, which feeds directly into the change plan.
- The Older Peoples' Reference Group meets bi-monthly with senior CHCP management and sets its own agenda. The group has influenced service developments including re-ablement, the advanced nurse practitioners, and medicines management, amongst others, and have engaged in the development of RCOP plans.
- Co-production approaches also extend to community outreach work with sheltered housing complexes and the community conversation related to establishing a 'Men's Shed'.

³ Working together to make East Renfrewshire a great place to be an older person
<http://www.eastrenfrewshire.gov.uk/reshapingcare>

⁴ Holyrood Magazine: Making a drama <http://www.holyrood.com/2013/10/making-a-drama/>

⁵ Sliding Doors event feed back slideshow
<http://www.youtube.com/watch?v=aC4TCpUXc0A&index=29&list=UUTha5en8Mq3kODNuJvc8WYw>

Evidence of impact

- East Renfrewshire has built in an outcomes focused performance framework from the very beginning of the RCOP programme. This has involved developing a system that captures quantitative statistics as well as the impact at an individual level.
- Promising practice has been shared through presentation at the Joint Improvement Team 'Demonstrating Impact' event⁶ in 2013.
- The regular reports on progress and performance to RCOP and CHCP Committee demonstrate positive impact at a local level and have contributed to collective effort to tackle high priority national policy issues, e.g., delayed discharge bed days where, in the current year, a 50 per cent reduction on baseline has been achieved.
- The range of core investments made by the partnership reflected an ambition to achieve broad impact to help sustain people in their own homes and minimise hospital admissions and stays. The local approach has supported a shift to a future model based on assets, preventative interventions and whole system working.

FINANCE AND EFFICIENCY

15. Part 2 of the Audit Scotland report centres on spending. The report notes a need for better use of cost data in shaping decisions in relation to RCOP. The report makes specific reference to the use of the Integrated Resource Framework. East Renfrewshire CHCP piloted the use of the IRF within NHS Greater Glasgow & Clyde and used the framework to map variation in spend and balance of health care at GP practice level. Work is ongoing to further develop the IRF and this will require to be concluded in order for IRF data to be meaningfully utilised within an integrated health and social care setting. Financial data on RCOP initiatives has been collected, collated and presented to the RCOP delivery group on a periodic basis and included in mid-year and year-end reporting.

16. The National External Audit report notes the limited extent to which resources have shifted from institutional to community care. This is acknowledged locally though there is substantial potential to address this with the implementation of the Clinical Services Review (CSR) within NHS Greater Glasgow and Clyde from 2015 onwards. The CSR was ongoing throughout the period considered by Audit Scotland.

17. The proposed Integration Fund creates some concern locally in relation to the potential negative impact this may have on successful initiatives given the potential focus on a different demographic group and different allocation criteria.

PARTNERSHIP WORKING

18. This report highlights some of the strengths in local partnership working on RCOP. Partners have had an opportunity to formally discuss the Audit Scotland report and this feedback report reflects those discussions.

⁶ Demonstrating Impact event presentation <http://www.iitscotland.org.uk/downloads/1362048566-ZAID%20Demonstrating%20Impact%20-%20ER%20CHCP%20Presentation%2026.02.13%20Final.ppt>

CONCLUSIONS

19. This report has presented the key findings of the Audit Scotland report 'Reshaping Care for Older People', and described local experience in relation to this audit area alongside a formal evaluation of the local position against the associated self-assessment checklist.

20. The report highlights key themes, outlines areas of significant progress in the partnership since the commencement of the RCOP programme. As the Audit Scotland report notes, 'Reshaping care for Older People is a complex change programme', there are substantial challenges ahead but also much good practice and positive work to build on in moving forward.

RECOMMENDATION

21. Committee is asked to note and comment on the report and attached self-assessment checklist.

REPORT AUTHORS

Tim Eltringham, Head of Health & Community Care,
tim.eltringham@eastrenfrewshire.gov.uk;

Erik Sutherland, Planning & Performance Manager,
erik.sutherland@eastrenfrewshire.gov.uk ;

Zaid Tariq, RCOP Planning & Development Officer,
zaid.tariq@eastrenfrewshire.gov.uk

24th March 2014

BACKGROUND PAPERS

- Reshaping Care for Older People A Programme for Change (2011)
- Commission on the Future Delivery of Public Services (2011)
- East Renfrewshire Joint Strategic Commissioning Plan (2013)
- Working together to make East Renfrewshire a great place to be an older person (2013)
- East Renfrewshire Change Plan 2013-14
- East Renfrewshire Change Plan 2013-14 Mid Year Review,
- All available on: www.eastrenfrewshire.gov.uk/reshapingcare

Reshaping care for older people

Self-assessment checklist for NHS boards and councils


Prepared for the Auditor General for Scotland and the Accounts Commission
February 2014


Introduction



1. Audit Scotland published its national report, *Reshaping care for older people*, on 6 February 2014. This paper accompanies that report and sets out the main issues raised in the report. NHS boards and councils should assess themselves against each statement and consider which statement most accurately reflects their current situation. This approach will enable NHS boards and councils to identify what actions need to be taken forward.
2. The last column in the checklist can be used to record sources of evidence, supplementary comments to support your assessment or to highlight areas of interest.
3. Copies of the national report can be downloaded from our website www.audit-scotland.gov.uk


Self-assessment checklist for NHS boards and councils

The last column in the checklist can be used to record sources of evidence, supplementary comments to support your assessment or to highlight areas of interest.

Issue	Assessment of current position					Comments
	No - action needed	No - but action in hand	Yes - in place but needs improving	Yes - in place and working well	Not applicable	
Spending						
<p>We are working with the Scottish Government and our partners to:</p> <ul style="list-style-type: none"> improve and maintain data on cost, activity and outcomes for health and care services in local areas collect data to monitor costs and activity of health and care services for older people, specifically data on community based services where there are currently key gaps. 						<ul style="list-style-type: none"> The local position is known for certainty for data on SW, GP, and community resources. There remains a lack of similar information readily available for secondary care, however we are aware national work is ongoing and look forward to the outcomes which will support partnership planning. For the interim period we do understand East Renfrewshire acute activity through various change fund investments including hospital discharge liaison. For the Reshaping Care for Older People (RCOP) change programme, we have built in an outcomes focused performance framework from the outset and therefore local intelligence on these initiatives is also robust and transparent amongst the health, social care, independent and third sector partners.

						<ul style="list-style-type: none"> For these reasons we would allocate our assessment position as 'yes – in place and working well' for local services, and more towards the 'yes – in place but needs improving' for secondary care data.
<p>We are working with our partners to develop more consistent information on how much we spend on different types of care for older people and the impact that services are having on older people.</p>						<ul style="list-style-type: none"> Performance information is routinely shared with health, social care, independent and third sector partners through the RCOP governance structure namely through the relevant Steering Groups. The information is made accessible, is talked through and discussed regularly and also presented to the CHCP Committee meetings and is also incorporated into reporting into the organisational performance review. Evidence of impact from the RCOP initiatives is regularly presented by project leads to a variety of audiences including the RCOP Steering Group; Community Capacity Steering Group; local stakeholder events and the RCOP Older Peoples' Reference Group, and protected learning time events for GP colleagues, amongst others.

<p>We are using existing IRF data, along with information on needs and demand, to help make decisions on how and where best to invest public money locally, and have set this information out clearly as part of joint strategic commissioning plans.</p>						<ul style="list-style-type: none"> • East Renfrewshire were one of the early adopters of using IRF data and has taken part in pilot use of the data. On reflection the partnership felt the data was of limited value due to the periods it related to, and it was felt local intelligence information would be more valuable as it covered more recent activity/data. • We continue to operate with an open-mind as to the use of data and will maintain a view on developments with IRF data and uses elsewhere.
<p>Our joint strategic commissioning plans clearly set out how we will move resources to improve services for older people, including how resources will shift to the community in the short and longer term.</p>						<ul style="list-style-type: none"> • Presently not detailed however the small investment in trialling new ways of working through RCOP has demonstrated areas of impact, which has informed our joint strategic commissioning plan and aspirational care and support model. • We recognise there is national and regional work ongoing (e.g. CSR) and will maintain links with progress.

<p>We are doing more to understand why activity and spending on services for older people varies across Scotland, to look at how we compare and to support improvement. As part of this we are working with local practitioners to help:</p> <ul style="list-style-type: none"> • use information to benchmark activity and costs • identify areas for improvement • identify good practice. 					<ul style="list-style-type: none"> • East Renfrewshire routinely benchmark data with NHSGGC local authority areas through the Health Board's corporate planning structure and the local RCOP Steering Group. • The East Renfrewshire RCOP Partnership is a regular contributor to national Joint Improvement Team events (including the 'Demonstrating Impact' event held in 2013), contributing presentations and case examples from across the sectors, with input from all our local partners. • A range of other events and engagement opportunities are regularly held, including the protected learning time 'Let's Take Time to Talk' event for GP colleagues; annual RCOP stakeholder events which include cross sector participation and older people; and the RCOP Older Peoples' Reference Group, comprising of older people who are service users and carers. All such opportunities are areas where information is made transparent and accessible, and where there are genuine opportunities for engagement on areas of improvement and celebrating good practice.
---	--	--	--	---	---



Progress with Reshaping Care for Older People


We are working with the Scottish Government to ensure that for the remainder of the Change Fund it is clear:

- how the money has been spent
- the impact initiatives have had on older people and other services
- how much initiatives have cost
- how successful initiatives will be spread.





- Bi-annual reporting through the Joint Improvement Team Change Plan reporting progress has been followed since 2011 and will continue for the remainder of the Change Fund, maintaining a transparency of allocation of all funds according to the RCOP pathway and demonstrating a positive shift towards preventative and anticipatory focus on investments.
- This is further supported through evidencing the impact of the RCOP initiatives in an outcomes focused manner, utilising the talking points personal outcomes approach and using case examples to complement the quantitative information.
- Annual RCOP stakeholder workshops with cross-sector participation use the JIT self-assessment tool as part of the session for initiatives to reflect on progress from the previous year and plan ahead to scale-up and spread.
- In terms of spread and sustainability beyond the change fund, please see response outlined in joint strategic commissioning plan section.

<p>We are working with partners to ensure that we use a consistent tool to assess dependency in older people.</p>					<ul style="list-style-type: none"> • The Indicator of Relative Need (IoRN) is a tool East Renfrewshire are using in a variety of settings, including the Re-ablement service and the Falls teams. • The East Renfrewshire Falls Lead is currently working with Pete Knight from the Joint Improvement Team in the development of the IoRN tool. • We recognise there may be further opportunities to use the tool in the area of care home provision.
<p>We have produced integrated workforce plans for health and social care services, to underpin RCOP, to ensure staff with the right skills and experience are in place to deliver the care needed in each local area.</p>					<ul style="list-style-type: none"> • Learning and Development plans include training opportunities around the talking points personal outcomes approach, which is central to our RCOP joint strategic commissioning vision where personal outcomes are at the core of everything that we do, and where the conversation is consistent across the care and support system. • The re-design of the Rehabilitation and Enablement Service (RES) teams which launched in September 2013 after years of preparatory work is the implementation of a workforce plan. This involved the review of the skill-set and contribution of professional staff

						<p>across community services (health and social care) can provide, and thereafter implemented an integrate point of delivery with a single point of access.</p> <ul style="list-style-type: none"> • This development has been achieved through engagement with GP colleagues through the protected learning time “Let’s Take Time to Talk” annual events, where initial proposals were considered and thereafter once implemented evolved offered the opportunity for scenario inspired multi-disciplinary group exercises to raise awareness and support the relationships required in the new way of working.
<p>We are monitoring and spreading successful projects by ensuring that initiatives aimed at improving services for older people have evaluation built in from the start to show how cost effective they are and how they are performing.</p>						<ul style="list-style-type: none"> • East Renfrewshire has built in an outcomes focused performance framework from the very outset of the change fund. • The approach taken has been presented at national Joint Improvement Team events on the subject of ‘Demonstrating Impact’ and we have shared the approach with other areas as well as held learning exchanges with academics from RMIT University, Australia, where presentations were delivered

						<p>from a range of cross-sector partners on the impact of a selection of RCOP initiatives.</p> <ul style="list-style-type: none">• Evidence is presented routinely by project leads on a regular basis through the local RCOP governance structures, as well as the CHCP Committee reports and the Joint Improvement Team bi-annual reporting process.• Some initiatives have been more readily suited to assessing cost effectiveness such as the medicines management initiatives where medications have been reduced or eliminated completely.• As a partnership we feel it can be challenging to realistically directly apportion cause and effect between individual initiatives and wider system effects, however try to balance this through recognising initiatives have evidenced certain personal outcome impacts which may, in combination with a range of other investments, have helped contribute to wider improved outcomes in the system.
--	--	--	--	--	--	---

<p>We have identified initiatives that have had a positive impact on older people and:</p> <ul style="list-style-type: none"> • specified how much they cost and the impact on other services • been clear how they can be sustained in the longer term. 					<ul style="list-style-type: none"> • Through the performance arrangements previously described we recognise the majority of investments made have had a positive impact on older people and understand the cost of these services. • As the RCOP Change Programme progresses we see the wider whole systems way of working across sectors becoming increasingly utilised by ourselves and our partners. • Sustainability is something the partnership will be in the process of considering; recognising national developments are underfoot with suggestions of continuations of preventative investment. • We recognise there is a great risk of disinvestment in successful initiatives could cause a potentially adverse impact on the wider whole system, both for older people and service providers alike. We have therefore scored this point separately as needing action.
--	---	--	--	---	---