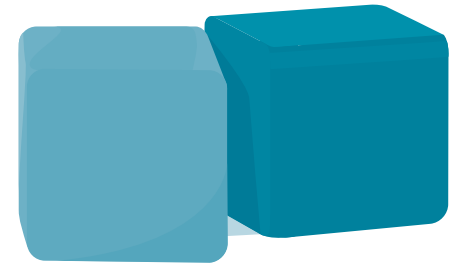




Reshaping care for older people



Issues for elected council members and non-executive NHS board members









Audit Scotland published its national report, *Reshaping care for older people*, on 6 February 2014. This paper accompanies that report and sets out some issues that elected council members and NHS board non-executive members may wish to consider in relation to how services for older people are changing within their own council and NHS board areas. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local activities and progress.

Page references to main report	Issue	Questions for elected council members and NHS board non-executive members to consider
Part 2: Spending		
Page 19–24 Exhibit 10 (PDF)	<p>We used available national data to estimate the percentage of older people using a range of care services in each council area in Scotland (Exhibit 10, page 24). It is not possible to tell if a person is using more than one kind of service as NHS and social care data is not linked in most areas. It is difficult to conclude from national information whether money is being spent on the right services for older people. It is also not possible to determine the extent to which people are being supported so they do not need to access traditional health or social care services.</p> <p>This information matters as it helps local decision-makers to decide where to spend, and not to spend, public money. Information on cost, activity and outcomes for health and care services in local areas should be set out clearly as part of joint strategic commissioning plans.</p>	<ul style="list-style-type: none"> • Does the NHS board/council have clear information on the cost, activity and outcomes for services for older people? • Are there gaps in the information available? If so, are there plans to collect and maintain this information in future? • Has the NHS board/council attempted to monitor the extent to which people are being supported so that they do not need to access traditional health or social care services? • Have the NHS board/council made progress in linking health and social care data to inform how services are delivered in future?

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<p>Pages 17-18 and 23 (PDF) </p>	<p>The Scottish Government introduced the Integrated Resource Framework (IRF) in April 2008. The IRF gives an overview of how money is spent on health and social care across health boards, councils and Community Health Partnership (CHP) areas. The IRF provides cost information at an individual patient level across Scotland, and is built from information on activity and costs for both the NHS and social care. Organisations are starting to use the IRF to underpin strategic commissioning plans but now need to use this information to inform decisions about how to reconfigure services.</p> <p>It is important that the kind of information generated by the IRF is at the heart of planning and delivering services for older people, and that it is used to help decide where best to target resources in local communities. Local partners are beginning to make use of IRF data to help inform how they plan and deliver services.</p>	<ul style="list-style-type: none"> • Does the joint strategic commissioning plan clearly set out how partners will move resources to improve services for older people? <ul style="list-style-type: none"> – is this based on a clear analysis of local information on costs, activity, needs, outcomes and quality of services? – has IRF data been used to support the rationale for decisions about how to reconfigure services? – Has the NHS board/council identified any services that will no longer be provided? – has the NHS board/council identified any new services to meet the needs of older people in the local area?
<p>Pages 18–23 and page 31 (PDF) </p>	<p>Longer-term trend information on how much the NHS spends on services for older people is limited because the NHS reports how much it spends by specialties or services rather than by age groups or conditions.</p> <p>Like other information, the IRF is only reliable when it is built on accurate data. Information on hospital services is more accurate than data on long-stay and community health services. The Scottish Government, NHS boards, councils and partners need to improve data on community services if the focus is on improving and delivering more community-based services.</p> <p>The Joint Improvement Team (JIT) mid-year review in 2011/12 found that partnerships did not understand some of the national outcome measures or use them well.</p>	<ul style="list-style-type: none"> • Is the NHS board/council working with the Scottish Government to develop more consistent information on how much is spent on different types of care for older people? • Is the NHS board/council working with the Scottish Government and partners to improve data on community care services? • Is the NHS board/council routinely monitoring what impact services are having on older people?

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<p>Pages 21–25 Exhibits 7, 8 and 9 (PDF) </p>	<p>The amount that NHS boards and councils spend on care for older people varies significantly across Scotland and the reasons for these differences are not always clear. Spending varies considerably both between and within council areas. These local differences are key to planning services but make it difficult to plan across an NHS board or council area. While we would expect a degree of variation, it is not clear, based on available national data, that these differences are reasonable or in response to different local needs.</p> <p>Organisations need firstly to understand why there are local differences and then, if there are specific local problems, such as areas of deprivation, they need to plan how they spend money to deal with these differences.</p>	<ul style="list-style-type: none"> • Is the NHS board/council working with the Scottish Government to do more to understand the reasons why activity and spending on services for older people vary across Scotland? • Is the NHS board/council working with local practitioners to: <ul style="list-style-type: none"> – use information to benchmark cost and activity data (both for areas within the organisations and with other organisations)? – understand why costs and activity vary across the local area? – use data on costs and activity to identify areas for improvement and monitor progress?
<p>Page 18–19 (PDF) </p>	<p>There is a lack of evidence of progress in shifting resources into the community. Shifting resources from hospitals to community-based services can only happen if there is:</p> <ul style="list-style-type: none"> – a good understanding of how resources are being used at a very local level – clarity about what works to deliver positive outcomes for older people – mechanisms to move resources – clear plans about what resources will move and when this will happen. – routine planning and good engagement with local clinical and social care staff. 	<ul style="list-style-type: none"> • Does the NHS board/council have clear plans for how resources will shift to community services in the short and longer term? <ul style="list-style-type: none"> – Does the NHS board/council understand how resources are being used in each locality? – Is the NHS board/council clear about how they plan to change services and what a reshaped model of care will look like in practice? – Has the NHS board/council set out how it plans to move money across the health and care system, including how much and when? – Are clinical and social care staff involved in discussions about how resources should be used within each local area?

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Part 3: Progress with Reshaping Care for Older People		
Pages 31–32 (PDF) 	<p>The JIT analysed partnerships' 2011/12 Change Fund mid-year progress reports to indicate the main areas of investment. However, due to inconsistencies in the way partnerships reported information, the analysis does not account for the full Change Fund allocation for 2011/12. The Scottish Government will publish an evaluation of the Change Fund in 2015. When issuing future Change Fund resources, it is important that the Scottish Government set out clear criteria for success. These should focus on ensuring that the money is used to deliver measurable improvements to services that can be sustained in the longer term and then spread to become part of routine core business.</p>	<ul style="list-style-type: none"> • Is the NHS board/council working with the Scottish Government to ensure that for the remainder of the Change Fund it is clear: <ul style="list-style-type: none"> – 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?
Pages 36–37 (PDF) 	<p>Tools that can describe people's care needs in the community in a standard way are not currently widely used. This information is important to ensure that needs are met and to help inform planning future services</p>	<ul style="list-style-type: none"> • Is the NHS board/council working with the Scottish Government to use a consistent tool to assess dependency in older people? <ul style="list-style-type: none"> – if not, are there plans to do this?
Pages 37–38 (PDF) 	<p>There is a lack of information on the current workforce, specifically for community services, and on the skills and staffing needed to deliver different services in the future. Integrated workforce planning is needed to support RCOP.</p>	<ul style="list-style-type: none"> • Are the NHS board and council working to produce 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? Are there plans to have this in place over the next few months to inform the integration of health and social care?
Page 36 (PDF) 	<p>The Scottish Government collects data on hospital and care services at a national level but the available data have limited capacity to monitor performance, progress with RCOP or to help identify good practice and areas for improvement. Data show a lot of local variation but do not help to understand whether services are good or need to be improved. For example, high levels of activity, such as people being admitted to hospitals, may show that people have access to the services that they need; or it could mean that people are using a service that they do not require. Low levels of activity could suggest that people are not receiving health or care services that they need; or this may show that older people have been helped to live independently and do not need access to NHS or care services.</p>	<ul style="list-style-type: none"> • Is the NHS board/council and partners (supported by the Joint Improvement Team and other national bodies) making best use of available data? Does this focus on: <ul style="list-style-type: none"> – understanding reasons for variation in activity and spend? – reducing unexplained variation? – identifying areas of poor practice and using data to monitor progress?

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Pages 33-34 (PDF) 	<p>In the JIT review of the change fund, published in November 2013, around half of partnerships reported that they had spread a series of initiatives to all areas, including early diagnosis of dementia, respite and support for carers, timely assessment and specialist support for care homes.</p>	<ul style="list-style-type: none"> • Is the NHS board/council, with partners (supported by the Joint Improvement Team and other national bodies): <ul style="list-style-type: none"> – monitoring and spreading successful projects? – ensuring that initiatives aimed at improving services for older people have evaluation built in from the start? – demonstrating how cost effective initiatives are? – monitoring performance against key measures of impact?
Page 33 (PDF) 	<p>We found a lack of detail about the impact that initiatives are having on reshaping care for older people. A number of partnerships stated that it was too early to demonstrate impact, or that they needed better performance management systems. The JIT is helping partnerships to demonstrate the impact of initiatives, but recognises how difficult it is to attribute improved performance to Change Fund initiatives alone as these are often part of a wider programme of activity.</p>	<ul style="list-style-type: none"> • Has the NHS board/council and their partners (supported by the Joint Improvement Team and other national bodies) identified initiatives that have had a positive impact on older people and: <ul style="list-style-type: none"> – specified how much they cost and the impact on other services? – been clear about how they can be sustained in the longer term? – have clear plans to roll out any successful initiatives?