

Reshaping care for older people

Impact report

ACCOUNTS COMMISSION 

AUDITOR GENERAL 

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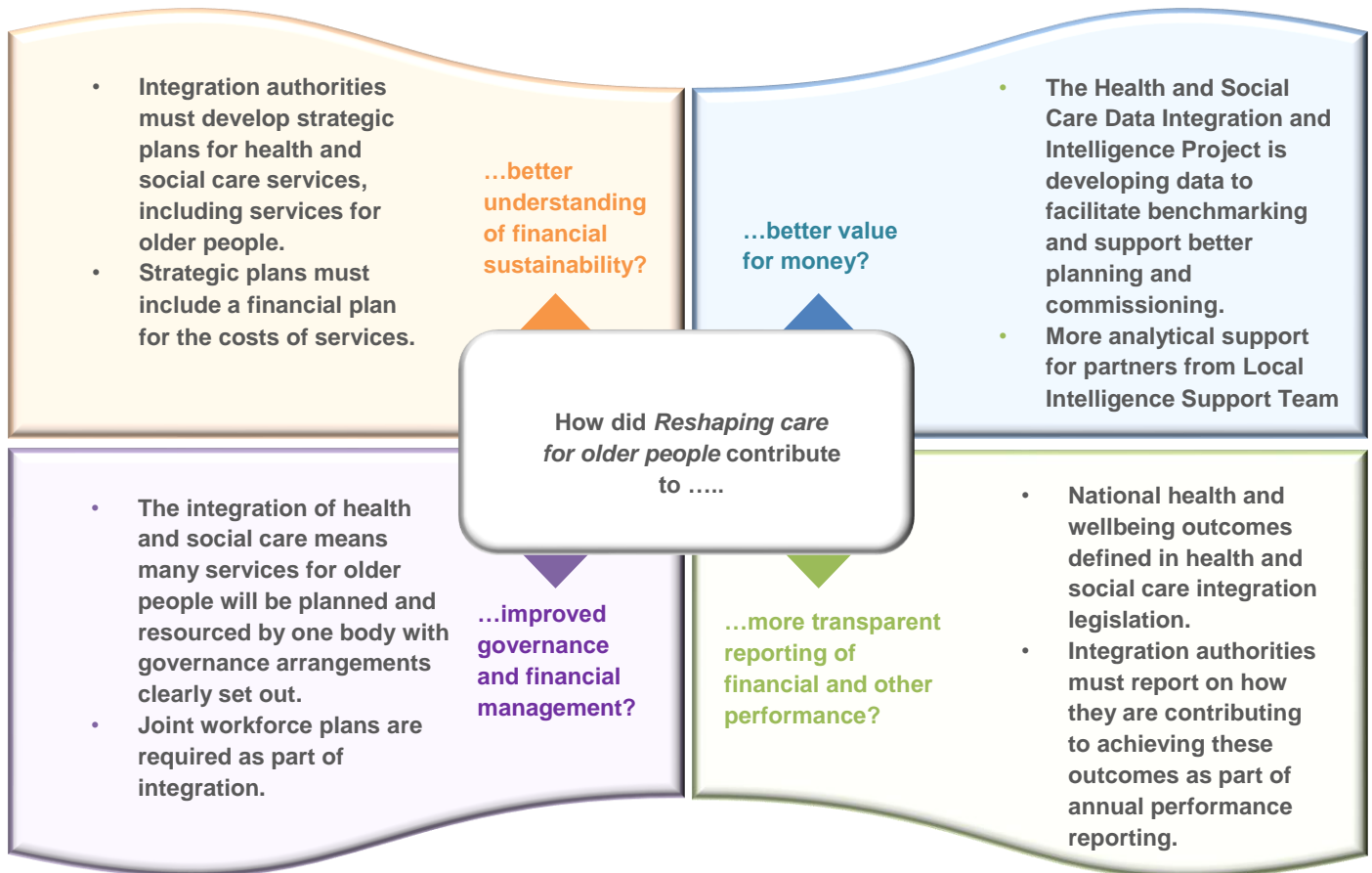
Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

Contents

Summary of overall progress.....	4
Introduction	5
Raising awareness and communication of key messages	6
Parliamentary consideration	7
Local consideration of the report	8
Contribution to national policy developments.....	8
Progress on implementing recommendations.....	10
Appendix 1. Progress on implementing the recommendations in <i>Reshaping care for older people</i>	11

Summary of overall progress

Contribution to key aspects of public sector audit



Introduction

1. This report summarises the impact made by the joint Accounts Commission and Auditor General for Scotland performance audit '*Reshaping care for older people*' published on 6th of February 2014.
2. In 2010, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) launched a ten-year change programme, Reshaping Care for Older People (RCOP). This aims to improve the quality and outcomes of care, and to help meet the challenges of an ageing population.¹ Our audit aimed to establish how much progress NHS boards and councils had made in improving health and care services for older people, including developments through RCOP.
3. We looked at the extent to which care for older people has shifted towards communities and away from hospitals and care homes. We reviewed whether the Change Fund was helping to improve care for older people in ways that can be sustained. We also examined the challenges facing organisations that deliver services for older people and how well they are meeting them.
4. The key messages from the report were:
 - RCOP is a complex programme of major transformational change affecting most health and social care services. Implementing the programme is challenging as organisations must continue to meet people's current care needs and plan future services while managing pressures on existing services. Strong national and local leadership is needed to take this significant agenda forward.
 - In 2011/12, the NHS and councils spent approximately £4.5 billion on care for older people. More needs to be done to target resources on preventing or delaying ill health and on supporting people to stay at home. There is little evidence of progress in moving money to community-based services and NHS boards and councils need clear plans setting out how this will happen in practice. To implement RCOP successfully, partners need to make better use of data, focus on reducing unnecessary variation and monitor and spread successful projects.
 - The Change Fund represents 1.5 per cent of all spending on older people in 2011/12 and this has led to the development of a number of small-scale initiatives. Initiatives are not always evidence-based or monitored on an ongoing basis and it is not clear how successful projects will be sustained and expanded. The Change Fund has been successful in bringing together NHS boards, councils and the third and private sectors to develop and agree joint plans to improve care for older people in their local area.
 - For several years, there has been a greater focus on improving quality of care for older people in Scotland and providing services in a joined-up way, but progress has been slow. National performance measures have not kept pace with policy changes and a

¹ Reshaping Care for Older People – A Programme for Change 2011–21, Scottish Government, COSLA and NHS Scotland, 2010.

greater focus on outcomes is needed. There is no clear national monitoring to show whether the policy is being implemented successfully and what impact this is having on older people.

5. The report made a number of recommendations for the Scottish Government, NHS boards and councils. We recommended there should be clear measures of success when a policy is introduced. We also recommended that existing information is better used to understand variations in activity and spend on older people's health and social care services across Scotland. In addition, we recommended improvements to information on the cost, activity, outcomes and quality of health and care services for older people. Finally we recommended evaluation of new initiatives aimed at improving health and social care for older people, to assist in spreading successful initiatives. Appendix 1 details our recommendations, along with an update of progress against each one.
6. Our report aimed to add value by providing an early independent assessment of progress in RCOP as well as assessing the impact the Change Fund had on improving services for older people in its first two years, making recommendations aimed at improving care for older people, and highlighting good practice. This audit built on previous Audit Scotland work on health inequalities, commissioning social care, telehealth, transport for health and social care, delayed discharge, free personal and nursing care and community health partnerships.

Raising awareness and communication of key messages

Media coverage

7. The report received coverage in a number of national and local papers and radio stations. The Auditor General gave broadcast interviews to STV and the BBC and was interviewed on BBC Radio Scotland's *Good Morning Scotland* show.
8. Most media coverage focussed on the following key messages:
 - More needs to be done to target resources on preventing or delaying ill health and on supporting people to stay at home. There is little evidence of progress in moving money to community-based services and NHS boards and councils need clear plans setting out how this will happen in practice.
 - For several years, there has been a greater focus on improving quality of care for older people in Scotland and providing services in a joined-up way, but progress has been slow.
 - There is no clear national monitoring to show whether the policy is being implemented successfully and what impact this is having on older people.
9. The full report was downloaded more than 8,700 times in the 12 months following publication. Media coverage and report downloads in the 12 months since publication from Audit Scotland's website are summarised below:

Media items/downloads	Number of items: Twelve months after publication
National press	10
Local press	2
Television	4
Radio	11
Specialist press	0
Online	9
TOTAL MEDIA ITEMS	36
Report downloads	8733
Podcast downloads	279
Key Messages downloads	488
TOTAL DOWNLOADS	9500

Note: Information on media items is only available for the first month after publication. This means these figures may be an underestimate of the figures for the year.

Presentations by the audit team

10. Members of the audit team gave a number of presentations on the audit, including:
 - NHS Forth Valley Audit Committee, March 2014
 - MacKay Hannah Elderly Care in Scotland Conference, May 2014
 - National Care and Repair Conference, May 2014
 - Connecting Policy to Practice Seminar, June 2014
 - Ageing Well in Scotland, February 2015
 - Caring for Older People in Scotland 3rd Annual Conference, May 2015.
11. Fraser McKinlay (Director, Performance Audit and Best Value) made a presentation on the report at Holyrood's Funding Public Services Conference in May 2014.
12. The findings from this audit have also had wider applicability and have been beneficial in influencing presentations on broader issues around health and social care integration.

Parliamentary consideration

13. The Auditor General briefed the Scottish Parliament Public Audit Committee (PAC) on 19 February 2014. Much of the discussion centred on the absence of national data in many areas, raised by the report, and the difficulties in monitoring progress in achieving the commitments of the RCOP policy. Following this, the PAC agreed to take oral evidence from

the Scottish Government Accountable Officer and other stakeholders. The PAC also asked for additional written information from Audit Scotland on delayed discharge.

14. The PAC held an evidence session on the 2 April 2014, with the Executive Director of Social Work at Glasgow City Council; the Director of Corporate Planning and Policy, NHS Greater Glasgow and Clyde; the General Manager of Perth and Kinross CHP, NHS Tayside; the Executive Director (Housing & Community Care), Perth and Kinross Council and; representatives from the Coalition of Care and Support Providers in Scotland and Scottish Care. Discussion at this session mainly focussed on the Change Fund, shifting care from acute to community settings and delayed discharge.
15. An additional PAC evidence session took place on the 30 April 2014 with the Director General for Health & Social Care and Chief Executive NHS Scotland; the Head of Unit, Integration and Reshaping Care, Scottish Government; a Principal Researcher, Health Analytical Services, Scottish Government; the Clinical Lead Integrated Care, Joint Improvement Team (JIT) and; the National Lead for Co-Production and Community Capacity, JIT. Discussion at this session, focussed on measuring the RCOP commitments, delayed discharge, availability and quality of national data.
16. The PAC published its report on our findings and the above discussions in June 2014. The report focussed on challenges and opportunities in shifting the balance of care from acute to community settings, variation in spending across Scotland, national versus local data collection and monitoring and the commitments of the RCOP policy. In November 2014 and May 2015, the PAC agreed to note responses to this report by the Scottish Government.

Local consideration of the report

17. Following publication of this report, we planned a series of audits examining health and social care. Particularly, our audits of *Health and social care integration* and *Changing models of health and social care* provided opportunities to look in more detail at some of the issues raised in the *Reshaping care for older people* audit. Consequently, local auditors were not asked to complete local impact returns for this audit. Desk based research indicates local consideration was given to the report in a number of partnership areas. This includes: Highland, Moray, East Ayrshire, East Renfrewshire, Perth and Kinross, Stirling, Glasgow, Inverclyde and Fife. There was evidence that local areas were considering the implications of our recommendations in their area and some reported completing the self assessment checklist.

Contribution to national policy developments

18. Our findings around the need for services to be more joined-up and around the information necessary to measure performance were particularly relevant to the health and social integration agenda. The legislation to integrate health and social care received royal ascent on 1 April 2014. This development takes forward a number of the issues raised in our report including:

- **Joined-up services.** The legislation sets out a framework for integrating adult health and social care services. It requires that a single organisation plans and resources all adult social care and some adult healthcare services by April 2016. This development aims to ensure that services are integrated, take account of people's needs and make the best use of resources.
- **Focussing on outcomes.** In November 2014, regulations accompanying the Public Bodies (Joint Working) (Scotland) Act 2014, prescribed nine national health and wellbeing outcomes. The publication of integration indicators, linked to these outcomes, followed on 19 March 2015. The Scottish Government announced that these would replace the RCOP indicators by drawing together measures which are appropriate for the whole system under integration. Our Health and social care integration progress report, highlighted that the mapping of these indicators to the national outcomes may vary locally. This may make it more difficult to measure progress with outcomes nationally.²
- **Improving data.** In a letter to the Scottish Parliament's Public Audit Committee, Director-General Health and Social Care, Paul Gray (21 May 2014), stated "the Audit Scotland findings had given me cause to reflect, and that I wanted to assure myself that I had sufficient national information to enable me to provide assurance to Parliamentary Committees. It is clear to me that data is not yet collected consistently enough to give the right level of confidence about the national picture, or to enable meaningful comparisons between localities. I have commissioned work to ensure that national data are in place to support the Reshaping Care for Older People Programme, and to support the new arrangements under the integration of health and social care." As a result, ISD Scotland is working in partnership with NHS boards, councils and others to provide an extension to the existing Integrated Resource Framework, the Health and Social Care Data Integration and Intelligence Project (HSCDIIP). This development includes more detailed data on social care and community health.

19. Other national developments linked to our report include:

- Health Scotland's outcome framework for the RCOP strategy, published in August 2014.³ This framework maps out the medium and longer term outcomes which will contribute to maintaining and optimising older people's quality of life and the main pathways to achieving these outcomes.
- The Joint Improvement Team's reported on progress with the Change Fund, published in June 2015. This draws together available information on how this fund was spent over a four year period. This includes a summary of change in spend over time, across four self reported categories and changes in the proportion of the fund spent directly or indirectly on carers. A self- assessment of the spread of initiatives funded by the Change Fund is included in this report. This shows that at least half of all partnerships reported initiatives which had spread to all localities in 15 out of 36 categories of initiative. This links to our recommendation that NHS boards, councils and their partners, supported by the Joint

² *Health and social care integration*, Audit Scotland, December 2015.

³ *Optimising Older People's Quality of Life: an Outcomes Framework*, Health Scotland, 2014.

Improvement Team and other national bodies, should monitor and spread successful projects.

Progress on implementing recommendations

20. Soon after our report was published in 2014, the legislation requiring NHS boards and councils to integrate adult health and social care services received royal assent. Many of the recommendations we made in the report are being taken forward as part of the integration agenda. We found evidence of progress in a number of areas, however, this is often ongoing as local areas work towards the April 2016 deadline for integration.
21. Appendix 1 lists progress with each of the specific recommendations in the report.

Appendix 1. Progress on implementing the recommendations in *Reshaping care for older people*

Recommendation	Progress
<p>The Scottish Government should work with NHS boards, councils and their partners to: improve and maintain data on cost, activity and outcomes for health and care services in local areas. This information matters as it helps local decision-makers to decide where to spend, and not to spend, public money. It should be set out clearly as part of joint strategic commissioning plans</p>	<p>The Health and Social Care Data Integration and Intelligence Project (HSCDIIP), will provide a national linked dataset of health and social information to assist strategic planning and commissioning. The programme is led by ISD Scotland, overseen by the Scottish Government, NHS Scotland and COSLA. Local partnerships are completing information sharing protocols and, once complete, ISD will roll out training and partnerships will have access to this information.</p>
<p>The Scottish Government should work with NHS boards, councils and their partners to: ensure that joint strategic commissioning plans clearly set out how partners will move resources to improve services for older people</p>	<p>Health and social care integration, as a result of the Public Bodies (Joint Working) (Scotland) Act 2014, requires integration authorities to prepare a strategic plan setting out local priorities and resource use. By April 2016, these plans should all be published. However, our recent audit of Health and social care integration reported that the strategic plans currently available tend to be aspirational and lack important detail. In particular, they lack information relating to how they will move resources to community and preventative services.</p>
<p>The Scottish Government should work with NHS boards, councils and their partners to: develop more consistent information on how much NHS boards and councils spend on different types of</p>	<p>The HSCDIIP project, mentioned above, will include more detailed spending and activity information, at an individual service user level, than previously available. The Scottish Government has published a series of core integration indicators to measure progress towards the national outcomes. This includes some measures</p>

<p>care for older people and the impact that services are having on older people. This is needed to implement RCOP and show how services are shifting from institutional to community care</p>	<p>which illustrate the impact that services are having on people (of all ages, not just older people). Our recent audit of Health and social care integration highlighted that the indicators do not include a measure of shifts from institutional to community care.</p>
<p>The Scottish Government should work with NHS boards, councils and their partners to: 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</p>	<p>Paul Gray in a letter to the PAC stated “the Audit Scotland findings had given me cause to reflect, and that I wanted to assure myself that I had sufficient national information to enable me to provide assurance to Parliamentary Committees. It is clear to me that data is not yet collected consistently enough to give the right level of confidence about the national picture, or to enable meaningful comparisons between localities. I have commissioned work to ensure that national data are in place to support the Reshaping Care for Older People Programme, and to support the new arrangements under the integration of health and social care.”</p> <p>Plans are underway to improve data on community based services. As part of HSCDIIP, noted above, data on community based services are under development. Additionally, data on GP activity, will be available as part Scottish Primary Care Information Resource (SPIRE), which is due to be available from April 2016.</p>
<p>The Scottish Government should work with NHS boards, councils and their partners to: do more to understand the reasons why activity and spending on services for older people vary across Scotland. They need to work 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 	<p>More benchmarking information on activity and costs should be available through HSCDIIP. In addition, ISD Scotland is providing local areas with analytical support through their Local Intelligence Support Team (LIST) initiative where partnerships can have an information specialist from ISD working with them in their local area.</p>

<p>The Scottish Government should work with NHS boards, councils and their partners to:</p> <p>set out clear plans for how resources will shift to community services in the short and longer term.</p>	<p>The Public Bodies (Joint Working) (Scotland) Act 2014, places a requirement on integration authorities to produce a strategic plan by April 2016. This will set out the arrangements for integrated health and social care functions for the period of the plan. It will also detail how the integration authority will contribute to the national health and wellbeing outcomes – one of which relates to people living, for as long as reasonably practical, at home or in a homely setting.</p> <p>However, our recent audit of Health and social care integration reported that the strategic plans currently available tend to be aspirational and lack important detail. In particular, they lack detail relating to how they will move resources to community and preventative services.</p>
<p>NHS boards and councils should:</p> <p>use existing IRF data, along with information on needs and demand, to help them make decisions on how and where best to invest public money locally, and set this information out clearly as part of joint strategic commissioning plans.</p>	<p>The Public Bodies (Joint Working) (Scotland) Act 2014, places a requirement on integration authorities to produce a strategic plan by April 2016. This will set out the arrangements for integrated health and social care services, as well as a financial plan detailing spending plans for these arrangements.</p> <p>However, our recent audit of Health and social care integration reported that the strategic plans currently available tend to be aspirational and lack important detail. This work also highlighted that strategic planning was less developed at a locality level, although some areas have completed strategic needs assessments to identify the needs and priorities of individual localities and link these to budgets.</p>
<p>The Scottish Government should:</p> <p>set out clear measures for success when a new policy is introduced. The Government should monitor progress and publicly report on performance against these measures and use them to underpin local commissioning and scrutiny. These indicators should include measures that cover outcomes, quality, community services and services to prevent or delay</p>	<p>The Public Bodies (Joint Working) (Scotland) Act 2014, for the first time, prescribes a set of outcome measures in law. There are a set of core indicators which aim to measure progress in delivering these outcomes. However, our Health and social care integration report highlights that the process of mapping the indicators to outcomes can vary locally and nationally and the indicators do not fully take account of all the expected benefits of integration. For example, they do not measure any move to more community based, preventative services.</p>

ill health	
<p>The Scottish Government should: learn from the approach taken to the Change Fund, ensuring that, for any new initiatives, arrangements are put in place to monitor, routinely and consistently, impact and how public money is being used</p>	<p>The PAC endorsed this recommendation in their report. The Scottish Government produced new guidelines for the integrated care fund, which followed on from the Change Fund. Partners were required to complete a integrated care fund plan template which describes how their plans will: deliver outcomes; include input from a wide range of stakeholders; focus on the areas of greatest need; detail long term sustainability or lever resources from elsewhere; embed the principles of co-production; detail progress in implementing priority actions in National Action Plan for Multi-morbidity and; allow them to locally publish a progress report in autumn 2016. However, this template does not require partners to individually list each of the funded initiatives and how much money is allocated to each. This means it will still be difficult for the Scottish Government to routinely and consistently monitor how the money is used.</p> <p>The guidelines also state that partnerships should submit two six monthly progress reports to the Ministerial Strategic Group on Health and Community Care. These will use a template to be devised, based on the guidance.</p>
<p>The Scottish Government should: make information on the quality of care for older people across Scotland more accessible and easier to understand. In doing this, continue to support the development of joint inspections by Healthcare Improvement Scotland and the Care Inspectorate, particularly in light of plans to integrate health and social care services.</p>	<p>Healthcare Improvement Scotland and the Care Inspectorate have carried out a series of joint inspections for services for older people. As at 9 December 2015, these have been published for seven areas. From April 2017 these organisations are required by legislation to assess progress in establishing joint strategic commissioning and the early impact of integration.</p>

<p>The Scottish Government should work with NHS boards, councils and their partners to:</p> <p>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 and how successful initiatives will be spread</p>	<p>In a June 2015, JIT produced a report on the Change Fund. This included information on spend across five categories for each year of the Change Fund. These are high level categories which do not provide information on the cost of specific initiatives.</p> <p>The report also included self reported information from partnerships on the extent to which they have spread a series of initiatives. Information on how the successful initiatives are spread is not included in the report.</p> <p>Partnerships also self reported a number of local examples of the impact of their initiatives.</p>
<p>The Scottish Government should work with NHS boards, councils and their partners to:</p> <p>use a consistent tool to assess dependency in older people. This information is important to ensure that needs are met and to help inform planning future services</p>	<p>The PAC endorsed this recommendation in their report.</p> <p>An improved version of the IoRN tool has been tested in a number of community-based services across Scotland and was launched in September 2015. Six partnerships are currently using this new version in reablement or intermediate care and discussions are underway about its use in another six areas. Some areas are now considering implementing this tool across the whole care pathway.</p>
<p>The Scottish Government should work with NHS boards, councils and their partners to:</p> <p>produce integrated workforce plans for health and social care services, that underpin RCOP, to ensure staff with the right skills and experience are in place to deliver the care needed in each local area.</p>	<p>Joint workforce plans are being produced as part of health and social care integration. We expect these plans to be ready in most areas from around April 2016.</p>
<p>NHS boards, councils and their partners, supported by the Joint Improvement Team and other national bodies, should:</p> <p>make better use of available data, focusing on understanding reasons for variation in activity and</p>	<p>The more detailed activity and spending information available through HSCDIIP should help local areas to explore this. In addition, ISD Scotland is providing local areas with analytical support through there Local Intelligence Support Team (LIST) initiative where partnerships can have an information specialist from ISD working with them in their local area.</p>

<p>spend, and reducing unexplained variation</p>	
<p>NHS boards, councils and their partners, supported by the Joint Improvement Team and other national bodies, should:</p> <p>monitor and spread 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>	<p>Some evidence of spreading successful change fund initiatives from the June 2015 JIT report on the change fund. However, this is evidence of spread within a partnership, as opposed to across partnerships.</p> <p>As noted above, ISD Scotland is providing partnerships with additional analytical support through the LIST initiative.</p>
<p>NHS boards, councils and their partners, supported by the Joint Improvement Team and other national bodies, should:</p> <p>identify initiatives that have had a positive impact on older people and:</p> <ul style="list-style-type: none"> – specify how much they cost and the impact on other services – be clear how they can be sustained in the longer term. 	<p>Our audit of <i>Changing models of health and social care</i> examines this issue and comments on progress in this area.</p>