Scotland: Reshaping Care for Older People

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	Yes
Verification of the Good Practice	Yes
Evaluation of the Good Practice	NO
Type of the Good Practice	Good practice

Part 2: Description of the Good Practice

Name of the Good Practice	Reshaping Care for Older People
Short name (Acronym)	RCOP
URL of the Good Practice	http://www.jitscotland.org.uk/resource/reshaping-care- for-older-people-change-fund-building-on-progress- june-2015/
Geographical scope	Regional level
Country	Scotland
Region(s) involved	Scotland
Status of the Good Practice	Completed
Stakeholders involved	• Advocacy organisations of nurses • Advocacy organisations of physicians • Advocacy organisations of patients / users • NGOs • Medium-sized industry • Small-sized industry • Micro-sized industry • Private companies • Housing organisations • Informal caregivers • Nursing homes • Home care centres • Day care centres • Nurses • Pharmacists • General practitioners • Specialised physicians • Primary care centres

	• Hospitals
Size of population covered	>100,000
Targeted audience	65 - 79, 80+

Summary of the Good Practice

From 2011- 2015 a national improvement programme and £300 million Change Fund has enabled more older people to live well at home or in the community through preventative, anticipatory and coordinated care and support, intermediate care at times of transition, and technology to empower greater choice and control. A cross sector improvement network supported testing new approaches, spreading Good Practice, understanding variation and joint commissioning and resourcing to improve outcomes. Each local partnership's Change Plan described how health, social care, housing, Third sector and independent sector partners would work together to test and spread interventions across the four pillars of the RCOP pathway.

Examples of the interventions and approaches include:

- empowering older people and their carers to remain active, independent and connected with families, friends and social networks
- building community capacity for preventative supports
- applying a national risk prediction tool to target high resource users
- scaling up anticipatory care planning
- polypharmacy reviews
- community rehabilitation and reablement
- proactive, coordinated and integrated care management
- frailty pathways for community CGA
- Hospital at Home and intermediate care

Success factors offer transferable learning for other systems:

- adaptive and collaborative leadership;
- coproduction and social innovation with citizens;
- innovative use of ICT;
- use of funding and contracts as a catalyst for change;
- use of data and quality improvement approaches to support spread;
- joint commissioning and resourcing for sustainable change;
- joint governance and outcomes framework;

Key words: Ageing, Integrated Care, Improvement, Complexity

Good practice being part of the larger programme

Yes.

Now evolved to integration of health and social care. From April 2015, 31 new §integration authorities are using their collective resources to scale up new models of integrated care and support for all adults, particularly the growing numbers of people who have multiple physical and mental health conditions. http://www.gov.scot/Topics/Health/Policy/Adult- Health-SocialCare-Integration

Challenges / problems addressed by the good practice

- The increasing demand on health and social care associated with ageing and multimorbidity.
- The need for a stronger focus on personal outcomes as well as system outcomes
- The desire to shift the balance of care to care and support at home
- The need to empower and enable greater choice and control for people who use services and their carers
- The need to deliver value through sustainable integrated care.

Importance of the challenges / problems before starting to implement good practice

There was widespread engagement and a national consensus from all sectors that the current model of care was not sustainable given the demographic challenges and the diminishing public funding. Analysis of the potential impact of no change made a compelling case for change and resulted in innovation funding to be used to lever transformational change at scale

Environment before the good practice was implemented

Collaboration between healthcare and social care partners in Scotland had been actively promoted since the report of the Joint Future Group (Scottish Executive 2000). Although the Community Care and Health (Scotland) Act 2002 conferred powers to create pooled budgets between healthcare and social care, this earlier legislation resulted in few examples of effective joint planning and shared resources (Audit Scotland 2011). However conventional care was still generally designed and delivered by health and social care partners within separate organisational frameworks and with variable involvement of older people and carer groups. Housing, Third and independent sector partners were not generally viewed as full partners.

Key innovative elements of the good practice and how the good practice improved situation compared to previous practice

- Development of a local Change Plan for older people with strategic commissioning of health and social care budgets in each local partnership
- Local change and improvement support and a series of national learning events
- Systematic spread of anticipatory care interventions and intermediate care
- Use of funding to lever growth in community and Third sector capacity to help people stay well and connected
- Use of matched local and innovation and European funding to increase adoption of telecare.

Part 3: Transferability of the Good Practice

Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)	Equal costs, improved outcomes
Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required • Cross sector policy development – regional • Professional and political leadership – regional and local • Improvement support – regional and local • Third sector advocacy – regional and local • Innovation funding	
Total budget of the Good Practice	More than €5M
Source of funding	Regional and local funding
The main actions that have to be done to deploy the Good Practice • Cross sector policy development – regional • Professional and political leadership – regional and local • Improvement support – regional and local • Third sector advocacy – regional and local • Innovation funding • Time and space to test and adapt new models of care • Support for joint commissioning • Tracking of indicators • Learning to track personal outcomes • Workforce development in new models of care	
Issues during the implementation of the Good Practice • Building effective relationships across disciplines and across sectors • Supporting statutory services to shift from procurement to a commissioning approach • Inadequate ICT to enable shared information • Restrictive data sharing agreements • Workforce development in assets based person centred practice	
Additional resources required to scale up Good Practice Yes The Change Fund represented just 1% of the overall budget. Maximum impact is achieved when the total budget is used in this way – thus the development of legislation for fully integrated health and social care.	

Basis to support sustainability of the Good Practice

The practice has now evolved to integration of health and social care for all adults and is supported by an Integrated Care Fund from 2015. Local communities are the engine room of integrated care and the space to best engage and empower those who deliver and receive healthcare and social care support. Therefore, each Integration Authority will establish locality planning arrangements as a forum for strong local professional leadership and engagement of local, voluntary and independent sectors in service planning. A strategic plan and integrated budget, developed with involvement of providers, non-statutory partners, patients, carers and service-user representatives, will commission the required range of integrated services and community support to improve local population health.

Evidence to observe the Good Practice

http://www.jitscotland.org.uk/resource/reshaping-care-for-older-people-change-fund-building-on-progress-june-2015/

Part 4: Viability assessment of the Good Practice

Time needed to deploy the Good Practice

Between one year and three years.

Lead in phases was over 1 year. Maximum impact came at around year three.

- Extensive engagement, political and professional consensus building on the case for change
- Development of a national action plan supported by local and national improvement infrastructure
- Securing agreement to ring-fenced funding to pump prime the local implementation
- Develop a set of outcomes to track improvement

Investment per citizens / patient / client in terms of financial resources

Between €100 – €1.000 per targeted citizen / patient.

The £300 million over 4 years represents around just 1% of the overall health and social care budget for older people – the £300 million was funding that the providers expected. The innovation was that this was ring-fenced and used by all partners together to drive a shift in practice and lever a shift in the model of care

Evidence behind the Good Practice

Agreed evidence. Evidence is based on an agreed established monitoring system/process before and after implementation of the Good Practice.

This practice builds on improvement and innovation in care for adults with long-term conditions in Scotland - Improving the Health and Wellbeing of People with Long-Term Conditions in Scotland: A National Action Plan (Scottish Government 2009). A national improvement collaborative from 2008–2011 supported adoption of high-impact changes across three work streams: self-management, condition management and complex care for people with long- term conditions. Between 2006/2007 and 2010/2011, the rate of inpatient bed days for coronary heart disease, diabetes, asthma and chronic obstructive pulmonary disease reduced by 14%. These chronic care model approaches were adapted for the older population.

Scottish Government. 2009. Improving the Health and Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan. Edinburgh: Scottish Government. Retrieved on June 15, 2016.
<www.gov.scot resource="" doc="" 294270="" 0090939.pdf=""> Scottish Government. 2010a.

"Reshaping Care: A Programme for Change 2011- 2021.'' Edinburgh: Scottish Government. Retrieved on June 15, 2016. www.gov.scot resource="" doc="" 924="" 0114884.pdf=""

Maturity of the Good Practice

There is evidence that the practice is economically viable and brings benefits to the target group. Further research and development is needed in order to achieve market impact and for the practice to become routine use.

Fully implemented at scale and now evolving to integrated care and a Change Fund for all adults After four years of the programme, outcomes delivered include:
39% of the Change Fund provided support for carers including carer's assessments, opportunities for short breaks, information and advice, training, income maximisation and advocacy.

- Around 16% of the Change Fund was invested in the Third Sector.
- 85% of older people receiving support at home now benefit from telecare.
- 17% reduction in rate of conveyance by Ambulance to the Emergency Department for older people who have fallen and are not injured.
- The hospital bed day rate for people aged 75+ following an emergency admission reduced by 10.3% from 2009/2010 to 2014/2015.
- In absolute terms this equates with a reduction of around 2% in the number of beds used, despite the increasing number of older people.
  In 2014, there were at least 5500 fewer older people in care homes than projected based on the 2009 rate and demographic trends. • Older people spent around 2.5 million more days at home in 2014/2015 than would have

been expected based on previous balance of care and population ageing analyses.

Healthcare Quarterly, 19(2) July 2016: 73- 79.doi:10.12927/hcq.2016.24703 Scottish Government. 2014b. Integrated Care Fund. Guidance for Local Partnerships. Retrieved on June15, 2016. www.gov.scot resource="" 0046="" 00460952.pdf=""

Estimated time of impact of the Good Practice

Medium impact – e.g. shortly beyond the pilot project period

Impact observed

- Better health (societal).
- Better quality of life (societal)
- Less isolated people (societal)
- Increased sense of security (societal)
- Better care integration (economic and societal) Shorter stay in hospital (economic).

Local evidence of improved health and wellbeing outcomes using Talking Points approaches National evidence - after four years of the programme, outcomes delivered include:

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Transferability of the Good Practice

The innovative practice has been transferred within the same region.

Designed as a regional programme but delivered locally - and fully implemented across Scotland from the outset. Over the last year there has been extensive knowledge exchange on transferable lessons for other systems in Europe and beyond.

Success factors offer transferable learning for other systems:

- adaptive and collaborative leadership;
- coproduction and social innovation with citizens;
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- use of data and quality improvement approaches to support spread;
- joint commissioning and resourcing for sustainable change;
- joint governance and outcomes framework.

Part 5: Your organisation

Name of the organisation	Scottish Government
Address of the organisation	St. Andrews House, Regent Road, Edinburgh, EH1 3DG
Type of organisation	Government
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