FINANCE COMMITTEE

DRAFT BUDGET 2014-15

SUBMISSION FROM HIGHLAND COUNCIL AND NHS HIGHLAND

Prevention and Preventative Spend

The Highland Community Planning Partnership understands the arguments for prevention and preventative spend. It is committed to addressing the challenge and realising the aspirations set out by the Christie Commission, and is committed to turning theory into practice and achieving transformational change through the Change Funds for Early Years and Reshaping the Care of Older People.

The Highland Single Outcome Agreement endorses the national guidance that defines prevention as 'actions which prevent problems and ease future demand on services by intervening early, thereby, delivering better outcomes and value for money.' This was defined further by Highland Council, which is investing an additional and recurring £6m in annual resource with the following criteria:

1. to involve new developments or achieve new additionality and not be about funding existing commitments;
2. to involve greater or earlier intervention to prevent negative health and social outcomes, and generate positive health and social outcomes;
3. to be evidence-based;
4. to be likely to reduce future public expenditure; and
5. to involve measures of improved outcomes that are tangible.

The Single Outcome Agreement makes the case for prioritising preventative activity and new expenditure in three areas:

- Early Years
- Support for older people
- Tackling deprivation

NHS Highland and Highland Council are driving these agendas forward, as part of a joint statement of intent to:

"Achieve the best possible outcomes for our population and service users. We believe that services should be person centred and enabling, should anticipate and prevent need as well as react to it, should be evidence based and acknowledge risk.

We will improve the quality and reduce the cost of services through the creation of new, simpler, organisational arrangements that are designed to maximise outcomes and through the streamlining of service delivery to ensure it is faster, more efficient and more effective"

Accordingly, preventative spend is very closely associated with the organisational integration of services, achieved in April 2012. We seek to achieve better outcomes

for people through directing resources more effectively, and through new and integrated service delivery models.

We believe that this will reduced expenditure on what the Christie Commission called ''failure demand: - demand which could have been avoided by earlier preventative measures. While some of this change can be achieved quickly, it is recognised that further and sustainable change will take longer.

This submission to the Finance Committee focuses on the use of the Early Years and Older People Change Funds, including how much is additional funding and how much is refocusing existing activities towards a preventative approach.

Early Years

The Highland Council has been allocated £175k for Family Support in 2013/14, and £52k for looked after 2 year olds.

This funding is short term, and is being deployed to address immediate priorities, fill current gaps in services, and promote change. The use of this funding in 2012/13 has been reported to the Scottish Government, and in the current financial year, it is being deployed to support:

- Early Years Collaborative activity – training, pilot schemes and support for involvement by parents.
- Active play in schools.
- Enhanced nursery provision for children with Additional Support Needs.
- Additional support in Family Centres.
- Additional daycare to enable enhanced support for foster carers.
- Toddler groups in remote and rural areas.
- Increased use of video interactive guidance with parents, children and carers, focussed on building positive relationships as early as possible in the child's life.
- Nursery places for LAC two year olds.
- Innovative methods to assess the quality of parenting.

A further £250k in 2012/14 has been awarded as part of the Public Social Partnership with the Care & Learning Alliance and Action for Children, to provide enhanced family support, including outwith normal working hours, in remote and rural communities.

The Scottish Government has also invested around £300k in each of the next three years to extend the Family Nurse Partnership model into the Inner Moray Firth area.

This funding has been quickly and easily deployed, and is complementing more far reaching change that has been achieved through the integration of children's services within Highland Council, and the investment of an additional £2m preventative spend to enhance Early Years provision.

Total spend of around £26m is now being deployed by Highland Council, across early learning and childcare, social care and child health, to support better outcomes

for young children and families. This includes £7.75m of commissioned services from NHS Highland.

The further £2m will be used to:

- Ensure earlier assessment or diagnosis of developmental delay or other difficulties in young children.
- Increase the numbers of Health Visitors, Early Years Workers and others, who work directly with families with young children.
- Remodel family support services, enhancing capacity in communities, creating funds for self-directed support, and also providing more targeted support for children at risk of harm.
- Implement a comprehensive parent support programme, from pre-birth through to adolescence.

These various activities are being directed by a multi-agency and multi-disciplinary Improvement Group, which has been supplemented by additional infrastructure to support the Early Years Collaborative. This reports to the Chief Executives of both agencies, to the Council and the Health Board, and also to the Community Planning Partnership.

Accordingly, an enormous momentum has been established for transformational change in the Early Years. The Change Fund is a key part of this – but it is the Change Plan that is critical.

Critical successes and lessons learned to date include:

- The value of a single practice model across professional disciplines.
- The advantages of single management, single governance and a single budget across these services.
- Focus across all disciplines and staff teams on the significance of the early years agenda, including leadership.
- Effective long-term strategic planning.
- Liberating the creativity of staff and teams.
- 'Small tests of change', which have already led to improvements in practice.

The intended end point, involves better outcomes for children and families – and sustained better outcome over the life course. The new Children's Plan will involve 27 high level outcomes, which include:

- Children and young people thrive as a result of nurturing relationships and stable environments
- Children and young people are physically active and experience healthy growth and development.
- Families are valued as important contributors to ensuring positive outcomes for their children and young people.
- Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages and needs of their children or young people
- Parental confidence and parenting skills are increasing.
- Children, young people and families' receive advice and guidance at an early stage to help them build on their own strengths and resilience.

Older People

The Change Fund was introduced to support "Reshaping Care of Older People"

The initiative recognised that Health and Social Care partnerships needed to move from an over reliance on institutional and long term residential care to more community based support, and that to do that would require the availability of some non recurring funding…. A "Change Fund". This would equate to £3.9m (subsequently increasing to £4.1m for two years) for the NHS Highland/Highland Council area.

A key aspect of the Change Plan was the requirement for this to be produced and signed off in collaboration with the Third and Independent Sectors. This requirement has been approached in a robust manner in the Highlands, resulting in the creation of the cross sector Adult Services Commissioning Group, a unique structure in Scotland (but one which anticipates some of the proposals of current national integration proposals).

The Partners aimed to protect the catalytic nature of the Fund. Initially, this was achieved by requiring the identification of a clear 3:1 return on investment, which could be used to:

- Sustain the initiative
- Contribute to savings
- Build resource for further investment.

It is important to note that, in the midst of the period of the Change Fund's existence, the statutory Partners chose to integrate. In this integrated context, NHS Highland are producing a Strategic Commissioning Plan for Older People".

The Change Fund has not been "added to" from other streams of funding (as elsewhere), but is instead part of a total integrated resource fund for older people which exceeds £200m.

How Has The Older People Change Fund Been Used?
The financial summary of Change Fund use as at August 2013 is described in below.

Figure 1 shows the large areas of investment:

Figure 1

	£m
Care at home	1.4
Virtual Wards	0.6
Alzheimer's	0.3
Falls Prevention	0.1
Medicines Management	0.2
Extended community care	0.4
Community workers	0.3
Subtotal	**3.3**

Figure 2 shows smaller scale investments:

Figure 2

	£000
Red Cross Pilot Service	17
Action Research Post/Volunteering	35
Tissue Viability Initiative	157
Delivering Choice & Control with Older People	10
Plan Do Study Act / Care at Home Review	40
Support to the Sectors Consultation Group	50
Communications Strategy "My Health, My Resources" Web Site - £75k	75
Expanded Support for Carers	45
Carers Support Initiative	18
S&L Health & Social Care Forum	10
Befriending Caithness	38
AHP Acute & Emergency Services	30
Cognitive Stimulation Therapy	20
Heart Failure Support Services	57
Sliding Doors	8
Sub Total	**610**

As can be seen, the Change Fund has been used principally to develop:

- community infrastructure
- Reablement
- virtual ward initiatives
- falls work
- Polypharmacy work
- dementia specific provision
- end of life care
- discharge planning
- carers provision

Operational Experience of Older People Change Fund Use

The Directors of Operations see the Change Fund making a real difference:

The teams that have had additional staff through change fund have made excellent use of the extra capacity and are clearly more able to focus on admission prevention and early discharge. Perhaps we should have invested in more posts, especially to allow us to extend the normal working day as evenings and overnight remain a problem. The increased capacity has also meant that more health in-reach to social care settings is possible to engender the preventative, anticipatory approach. Anecdotally, these initiatives are making the difference in keeping people at home.

The focus on integrated team approaches is also beginning to bear fruit and people are clearly thinking differently which is resulting in more person centred planning. They report a reduction in bureaucracy, whilst saying there is much more we can do to reduce that further and in some areas, there is a notably faster response.

However it must be acknowledged that this is early in the process and the teams are really just at the laying of foundations stage.

It is reported that Multi -Disciplinary Team (MDT) meetings are much more productive, with genuine risk sharing and better supported of professionals by each other. The challenge of Care at Home redesign should enhance this as provision is devolved and integrated with the teams.

The teams that have been able to co locate report the best outcomes. The communication has greatly improved, informal meetings reap rewards in that advice is available quickly and the need to make formal referrals has reduced. In one District, coordinated visits to the Health Centre can be arranged so that the individual can come once to see a range of professionals.

In Lochaber, there is a designated Social Worker for every GP Practice meaning that they now have one named person instead of dealing with up to 9.

Discharge Planning has improved in that all team members have ownership and turn up. In Lochaber, as well as the Care Panel and MDT meetings, they have a troubleshooting meeting to focus on the pathway in and out of hospital and remove barriers.

We have step up/step down beds in Care Homes which are well used and valued and we have a Failte bed in an Independent Care Home for acute and end of life care.

Working with Voluntary Sector Partners seems to be much improved and Red Cross and Crossroads seem to be very much integrated to District team working. The post diagnostic support delivers through Adult Services is also valued.

Work on Falls prevention is discussed in all teams and I sense a greater understanding and sense of ownership. Again, working with the Voluntary Sector has been good.

Money has also been invested in training and that is ongoing, especially for team development and shared learning across sectors. We cannot over emphasise how important that has been and continues to be.

If the descriptions of activity show that the Change Fund is making a difference, then the next question is “Where is the return?”

<u>Can We Evidence What The Older People Change Fund Has Achieved?</u>

As stated above, the Partners aspired to a 3:1 return against investment. The key questions are:

- Has that been achieved?
- Where is the return?

The answer is complex.

We know that we have a high percentage increase in older people. This produces a gearing effect on hospital use, as older people have the highest hospital bed use rates

The expectation or forecast would be that the Health and Social Care system has to contend with an increase in numbers of older people and more of the oldest old people who have the most complex needs. This implies a disproportionate increase in institutional care and hospital beds.

To allow this to happen would therefore require an expansion of hospital and long term care home capacity, pulling ever more money in to acute hospital bricks and mortar and placing more people into care homes where they would remain for a long stay.

So the first question is "Has this happened?"

The answer is "No" because we have changed the way that we work and provide care for older people, and the initiatives of the Change Fund are a part of that.

Can we prove this?

Yes. Projecting trends forward, we should have shown a substantial increase in elective admissions and a smaller but marked increase in the already high rate of emergency admissions. But that hasn't happened:

We have reduced elective admissions by increasing community services, advanced care plans etc. – this change is even more marked when seen against the predicted increase.

We are now seeing a reduction in emergency admissions after a few years for the measures to begin to take effect, and supported by the Change Fund investment.

We have shortened admissions for all ages by better working across community / hospital boundaries

We are currently working on a definition of the level of change that has taken place in terms of social care, long term placement activity, however this has been tied up in the broader re design work around both residential and care at home work, as well as work to integrate health and social care performance information and data.

The next question would be "Has this been at the expense of quality?" As far as we can tell - no it hasn't. Aside from the anecdotal evidence, we can prove this, by looking at Hospital Standardised Mortality Ratios (HSMR) which show a steady, but no less impressive decrease in HSMRs. Simply put, this shows us that we are not seeing an increasing the numbers of deaths by these actions, in fact quite the opposite.

The next issue is to identify the role of the Change Fund in achieving this benefit. The answer is again complex.

If we look at the list of initiatives being funded, we will see that it is difficult to state whether it is one or other of a bundle of measures that are impacting in any given case. As indicated in the examples of use of the Change Fund below, different measures will have a different level of impact on different patients, because everybody's needs are different. The key points are:

The investment of the Change Fund has been on things that we believe to be the right things to make a positive difference to quality and to providing the right care, in the right place at the right time.

The Change Fund activity is only part of an overall redesign towards increasing independence and providing care as close to home as possible.
The Change Fund activity sits within the context of a general culture change to support this

The message of the above analysis suggests that, had trends continued, we would have seen a significant increase in the numbers of beds that we required in both Care Homes and Hospitals, and that would have had a related cost.

The benefit of the Change Fund therefore requires to be seen not in terms of how much resource we were able to remove from institutional care and place in community services, but in terms of the fact that we have contained the increase in population demand within the existing resource. Simply put, the question is not "How much did we get out?", but rather "How much did we not put in?"

Table 1 below describes the difference between forecast and actual activity, believed to have been impacted upon by the Change Fund and other redesign activity in the first year of deployment (2011). Clearly there has been a significant impact on bed usage; equating to a reduction of approximately 154 beds.

In terms of monetary value, however, the answer to this would be difficult to accurately estimate, requiring complex business modelling to allow for fixed costs and changes in provision. The table below therefore indicates the opportunity benefit of 55,654 occupied bed days of hospital activity that did not take place. To translate this into a financial measure, in the crudest of terms, we can use an average bed day cost of £344.31 (12/13 rate) to show an overall benefit of £19.2m of averted activity, or a 4.9 times return against the Change Fund, were all benefits to be ascribed to the Change Fund (which, of course, they cannot be). Taking all of the above into account, and further recognising the different pace of development and spend, it is reasonable to suggest that we achieved an *opportunity benefit* in the region of the aspirational 3:1 return purely on the basis of hospital costs.

Table 1

Bed Days	Forecast	Actual	Difference	Crude Cost based on average bed day cost of £344.31
Emergency In Patient	199,161	176,023	23,138	£7,966,645
Elective In Patient	74,454	41,938	32,516	£11,195,583
Totals	273,615	217,961	55,654	£19,162,228

What is the Future Change Plan?

The Change Plan, and use of the Change Fund, now requires to become part of the more comprehensive Strategic Commissioning Plan for older people. This has translated into the allocation of **£0.5m** to a **service fund** for the purchase of care at home, Reablement etc and **£0.3m Community Innovation Fund** being directed through community networkers (11 starting November) to provide small scale grants to community initiatives (for the remainder of 2013/14).

In terms of focus, however, the big issue that the NHS has recognised is that a Quality Approach to safe and effective Admission, Transfer and Discharge will be inextricably linked to the previous Change Plan activity. To paraphrase the Director of SW for Highland Council "This (the Quality Approach to Admission, Transfer and Discharge) is the Change Plan"

Critical Lessons from the Older People Change Fund.

- The Change Fund has to be seen as part of a broader context of resource to be shifted and used to commission; re commission and de commission services.
- The provision of "un-badged" funds is immensely useful to allow redesign and testing of innovations.
- The impact of the Change Fund has to be seen within the context of shifting population demands and a general shift in innovation and redesign that makes direct attribution of impact difficult.
- The assessment of impact of the Fund is not simply a case of resource saved and released, but also one of keeping pace with a demographic demand.

The Change Fund investment and activity described above is mirrored by complimentary **Preventative spend.**

Preventative spend monies were allocated to NHS Highland in relation to achieving specific outcomes namely-

	£m
Integrated early intervention	0.240
Falls prevention	0.085
Improved Community wellbeing	0.150
Reablement /care at home	0.400
	0.875

There was also £125k allocated for leisure and learning services and some of this will support voluntary and third sector initiatives in the community supported by Community Development Staff who work across the Public and third sectors.

Integrated early intervention – development of this approach is enabling health in-reach to social care to engender the preventative, anticipatory approach. Also

enabling allocation of SWs to GP practices providing closer working, speeding up access to services. As integrated teams develop further and evidence the advantages of the lead agency model such as improved sharing of information, focus on person-centred approaches, speedier access and decision making, we expect to see an improvement in keeping people well and at home for longer and alongside that continued active engagement in their communities.

Falls Prevention – this area of work has been a priority across NHS Highland for some time and the additional resource alongside our Lead Agency model has enabled us to focus a consistent approach to training, raising awareness and support for older people across all our facilities and services. This means that whether the people of Highland access services in our care homes, hospitals or day services or are supported by anyone in our Community Teams, this will involve trained staff who deliver consistent messages as to how to prevent a fall. This work has involved many groups across the Public, independent and third sectors as the causes of falls are so widespread and variable.

Improved Community Wellbeing – NHS Highland has continued to build on work in communities to build resilience and sustainability- especially important in the more remote and rural areas of Highland. New funding has been directed through the Third Sector to develop a team approach to community development and to ensure all resources can be attracted and deployed. Work is focussed at a District and very local levels to prioritise developments based on needs assessments and what is already working. Many communities have recognised the need to get involved and have reshaped day activities, lunch clubs, local transport schemes etc. to engage their older population. The Community Development teams have a key role in supporting these local initiatives as well as sharing ideas across the whole area.

Reablement /care at home – Seen very much as a key role in the integrated teams and the reshaping care agenda, the intention is for this service, once redesigned for integrated working, to become embedded in the integrated teams. The work to date has focussed on improving the quality of management and leadership as required by the Care Inspectorate, addressing capacity issues both for front line staff and Care at Home Officers, improving processes and redesigning the service to ensure it becomes the flexible and responsive service that is required to support people for longer in their own homes.

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