

WEST DUNBARTONSHIRE COUNCIL

Report by the Acting Director of Social Work Services

Health Improvement and Social Justice Partnership:

9 August 2006

Subject: Range and Capacity Review Group: Second Report

1. Purpose

- 1.1** This report advises the Partnership of the Second Report of the Range and Capacity Review Group, published by the Scottish Executive in May 2006.

2. Background

- 2.1** The Range and Capacity Review Group report builds on the first report published in July 2004, which looked at the demand for, and financing of key community care services for older people.
- 2.2** The first report presented modelling work that outlined seven scenarios and set out statistical projections for the numbers of community care service users for each scenario.
- 2.3** This second report states that of the seven scenarios of the first report, scenario 7 best fits with the direction of policy and practice in Scotland. Scenario 7 considered that more people should be supported at home as an alternative to residential and nursing care, with increased numbers of people receiving intensive home care; that there should be a proportional shift so that a higher proportion of older people should be cared for in their own homes, with a lower proportion in care homes, and that there should be better involvement of carers, with more carers accessing respite care.
- 2.4** The principles of scenario 7 reflect the principles of our Extended Local Partnership Agreement (2004) and are embedded in our own capacity planning work as reported to the Health Improvement and Social Justice Partnership in May 2005 and February 2006.
- 2.5** The Range and Capacity Review Group has been informed by a number of national policy documents, including *Delivering for Health* (the Scottish Executive response to *Building a Health Service Fit for the Future*, by Professor David Kerr); *Changing Lives* (21st Century Social Work Review); the *Care 21 Report: The Future of Unpaid Care in Scotland*; *Better Outcomes for Older People*; the report on *Recent Trends in Capacity in the Care Home Sector in Scotland* (Health Economics Research Unit); the emerging *Strategy for an Ageing Population*, and the *Review of Older People's Housing*. These

documents are available on the Scottish Executive web-site at <http://www.scotland.gov.uk>.

3. Main Issues

- 3.1** The report identifies a number of key drivers for change, including an ageing population; a rise in the number of older people living alone; the increased burden of chronic illness and rising expectations. All of these pressures are acknowledged in our own capacity planning work.
- 3.2** A number of workforce pressures are also identified, such as an ageing workforce; fewer people coming into the labour market; more part-time working and the regulations of the European Working Time Directive.
- 3.3** The report proposes that we should seek to address the issues outlined at 3.1 through a number of related work streams, which should come together as a whole systems local capacity plan. Health Inequalities are of particular relevance in West Dunbartonshire, given the lower than average life expectancy of our citizens (3rd lowest of all UK local authorities) and the relatively low financial incomes of many of our older people. We are keen to address these issues in West Dunbartonshire through redesigned health, housing and social work services, once our current capacity planning work has been completed and agreed by the Partnership.

Key Approach

- 3.4** The report proposes that capacity planning should be undertaken within the context of personalised services, and that this approach will ensure that service users and their carers have a say in service planning. It should also promote building the capacity of individuals and communities to find their own solutions and encourage self-care rather than dependency on services. Health Improvement services in West Dunbartonshire are fully engaged in our capacity planning work, and will ensure that these issues are integral to service redesign and public engagement.
- 3.5** Given the high prevalence of chronic illness in West Dunbartonshire and the projected increase in life expectancy, the need for a structured and properly supported approach to personal responsibility for health is clear, although the approach will be very challenging. Our local analysis indicates that personalised services could potentially be much more expensive than current models, so it is important that additional years added to life are as healthy and independent as possible. We have identified this issue within the context of recognising the need to develop sustainable models of care within the ethos of promoting independence and fostering a sense of personal responsibility for health improvement.

Performance Management

- 3.6** Our Local Improvement Targets have been developed jointly within the care sector strategy groups, and finalised through the Health Improvement and Social Justice Partnership. This process ensures full participation of key stakeholders, including service users and their unpaid carers. The Local Improvement Targets have also been incorporated into our capacity planning work, and will be monitored through the processes outlined at 3.7, and the Capacity Planning Implementation Plan, once that has been developed.
- 3.7** We are required to report to the Scottish Executive on the progress of our joint Local Improvement Targets, within the Joint Performance Information and Assessment Framework (JPIAF). The Local Improvement Targets are also reported in the Corporate Action Plan; the Social Work Service Plan and where appropriate, included in the Quarterly Performance Report.

Vision for Care

- 3.8** The report highlights that capacity planning must be undertaken locally, but recognises that where people are living longer lives, some of those extra years will be complicated by chronic conditions, which will increase demand for community based health and social care services. A major aim must therefore be to encourage people to become participants and investors in their own care, rather than consumers of public services.
- 3.9** The problems around emergency or unplanned hospital admissions are highlighted, and in particular the loss of confidence that can accompany such an admission. Older people are even more vulnerable to losing their independence after being in hospital, and the value of rehabilitation is underscored as a key component in preventing a short-term crisis from being a catalyst to long-term dependency.
- 3.10** In West Dunbartonshire we have identified unplanned hospital admissions as being at a higher rate for our older population than the national average. Initial scoping suggests that this is due in part to the higher levels of deprivation, and associated general poorer health. Our capacity planning work and our Local Improvement Targets recognise the need to reduce the number of unplanned admissions, as evidence shows that outcomes are generally poorer for the patient if a hospital admission has been unplanned. We are therefore working with the Joint Improvement Team to develop a joint health and social work approach to reducing unplanned and multiple unplanned hospital admissions.

West Dunbartonshire Context

- 3.11** The report affirms our own local approach to capacity planning, with particular emphasis in reducing usage of bed based models of care, in favour of care at home and increased provision of sheltered and very sheltered housing.

- 3.12** It also recognises that there is likely to be an increase in chronic illness, with poorer communities being the most disadvantaged. Given the high levels of economic deprivation in West Dunbartonshire, the role of our Health Improvement effort will be important if we are to minimise health inequalities and achieve our longer-term aspirations of looking after people in their own homes in all cases where this is possible.
- 3.13** The report recommends that every NHS Board and local authority should develop its own forward-looking capacity plans to cover a significant period ahead (such as 10 years). Once the financial framework has been completed for our own capacity plan, we should be in a position to agree the final detail and use the plan as our joint commissioning strategy for older people's services. Our own plan will map out our vision up to the year 2016.

4. Personnel Issues

- 4.1** The report of the Range and Capacity Review Group has no immediate personnel issues for the Council, NHS or Communities Scotland.

5. Financial Implications

- 5.1** The report of the Range and Capacity Review Group has no immediate financial issues for the Council, NHS or Communities Scotland.

6. Conclusions

- 6.1** The report confirms the Scottish Executive's focus on the need for joint working to improve outcomes for those people who use community services, and articulates some of the impacts of factors such as demographic change, health inequalities and health improvement.
- 6.2** Our partnership is in a good position to respond positively to the report's recommendation that capacity planning should be undertaken by each partnership area, as our work is already substantially developed. Once the financial framework has been completed, we should be able to develop our joint commissioning strategy and begin implementation.

7. Recommendations

- 7.1** The Partnership is asked to note the content of the Range and Capacity Review Group report.
- 7.2** The Partnership is asked to make comment to the Acting Director of Social Work Services.

- 7.3** The Partnership is asked to direct the Acting Director of Social Work Services to submit an updated West Dunbartonshire Capacity Planning Report, which will include a financial framework.
- 7.4** The Partnership is asked to direct the Acting Director of Social Work Services to submit a report on the work with the Joint Improvement Team to the November 2006 meeting.

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Background Papers: Range and Capacity Review Group: Second Report. The Future Care of Older People in Scotland, Scottish Executive, May 2005.

Wards Affected: All council Wards.