



The Scottish Parliament
Pàrlamaid na h-Alba

FINANCE COMMITTEE

AGENDA

2nd Meeting, 2014 (Session 4)

Wednesday 15 January 2014

The Committee will meet at 9.30 am in Committee Room 5.

1. **Early Years Change Fund:** The Committee will take evidence on the Early Years Change Fund from—

Aileen Campbell, Minister for Children and Young People, Sir Harry Burns, Chief Medical Officer, Shirley Laing, Deputy Director for Early Years, and Sarah Bruce, Policy Manager, Scottish Government.

2. **Reshaping Care for Older People Change Fund:** The Committee will take evidence on the Reshaping Care for Older People Change Fund from—

Dr Margaret Whoriskey, Director, Dr Anne Hendry, National Clinical Lead for JIT and Integration, Pete Knight, Programme Lead for Partnership Information, and Gerry Power, National Lead Community Capacity and Coproduction, Joint Improvement Team.

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The papers for this meeting are as follows—

Agenda item 1

Note by the Clerk

FI/S4/14/2/1

Finance Committee

2nd Meeting, 2014 (Session 4), Wednesday, 15 January 2014

Early Years Change Fund and Reshaping Care for Older People Change Fund

Introduction

1. The purpose of this paper is to provide background information to inform the Committee evidence with the Early Years Taskforce on the Early Years Change Fund and with the Joint Improvement Team on the Reshaping Care for Older People Change Fund.
2. These evidence sessions follow from a commitment made in the Committee's report on Draft Budget 2014-15 to invite updates on progress made in implementing these two Change Funds.
3. A written submission has been provided by the Early Years Taskforce and the Joint Improvement team and these are attached at Annexe A to this paper.

Report on Draft Budget 2014-15

4. The sections of the Committee's report on Draft Budget 2014-15 relating to the Change Funds have been reproduced below. Members may wish to note that the paragraph numbering from the report has been retained to aid consistency of reference—

“Change Funds

55. The Government is committed to providing over £500m of investment in the Change Funds over the period of the Spending Review period from 2012-13 to 2014-15. Draft Budget 2012-13 states that—

“Together it is anticipated that national and local government and their community planning partners will invest up to £500 million through these change funds to support the greater alignment of budgets across the public sector on a preventative and outcomes-focused basis.”¹

Reshaping Care for Older People (RCOP) Change Fund

56. The bulk of the investment in the RCOP Change Fund is being made from the health budget as follows:

	2011-12	2012-13	2013-14	2014-15	2015-16
Health (£m)	70	80	80	70	120

57. This includes funding of £70m which the Government had previously allocated to the Change Fund prior to the 2011 Spending Review. The existing funding for the Change Funds ends in 2014-15. Additional funding of £120m for 2015-16 has been announced in Draft Budget 2014-15. The 2011 Spending Review also stated that the

¹ Scottish Government. Scottish Spending Review 2011, p. 224

RCOP Change Fund would be “supplemented by funding from local authority partners.”² The Government wrote on 15 November 2012 to all 32 local health and social care partnerships, including to request the completion of a Financial Summary that identifies the local authority contribution to the RCOP Change Fund.

58. The Committee welcomes the additional funding which has been allocated to the RCOP Change Fund but is concerned about the limited contribution which some local authorities appear to be making and asks the Government to provide details of how much new money has been provided by local authorities.

Early Years (EY) Change Fund

59. The Government has also stated that the total resource for the EY Change Fund over the Spending Review period is estimated to be £272m. The Early Years Taskforce has published guidance on the EY Change Fund which includes a breakdown of the funding as follows.

	2012/13	2013/14	2014/15	2015/16	Total (£ million)
Scottish Government	10.5	14.5	16.5	8.5	£50
Health	36	39	42	-	£117
Local Government	20	35	50	-	£105
Total					£272

60. The total investment for the Spending Review period is £263.5m with a further £8.5m allocated by the Government to support national programmes in 2015/16. There is no indication of any further money being allocated to the EY Change Fund in 2015/16 from either the Health or Local Government budget.

61. The Committee has previously questioned the extent to which the funding being provided to the Change Funds by local authorities is based on refocusing existing activities rather than additional monies. The Early Years Taskforce guidance states that “The Early Years Change Fund is a combination of existing funds currently committed and new funds.” While the Scottish Government’s contribution of £50m is new funding the guidance states that at “a local level, we understand that these funds are a blend of currently allocated and redeployed resources.” West Dunbartonshire Council when questioned on this point stated that: “From the discussions that we have had, I know that the investment in change fund activity is not new money; it is the same money spent differently.”³

62. The performance information provided by the Government on the Early Years states that it is “clear that there is significantly more spent on early years than is captured in the Change Fund. This indicates that the Change Fund has been successful in leveraging in additional resources to drive the move to prevention and early intervention.”

² Scottish Government. Scottish Spending Review 2011, p. 38

³ [Scottish Parliament Finance Committee. Official Report, 25 September 2013, Col 3036](#)

63. However, the Budget Adviser states that “it is still unclear whether improvements have been able to unlock resources and the cost associated with the achievement is not clear.”⁴

64. **The Committee is concerned about the limited contribution which some local authorities appear to be making towards the EY Change Fund and asks the Government to provide details of how much new money has been provided.**

65. **The Committee also asks the Government to provide evidence of the additional resources which the EY Change Fund has leveraged within local authorities to support early intervention.**

Reducing Reoffending (RR) Change Fund

66. The RR Change Fund totals £10m with the Government contributing £7.5m, the Robertson Trust, £2m and the Scottish Prison Service, £500,000. The Fund has two main aims—

- To provide offenders with substantial one-to-one support through evidence-based mentoring schemes;
- To promote strong, equal partnership working between third sector and public sector organisations.

67. The fund has provided two-year funding for the delivery of two national mentoring services. The Justice Committee reports that while the fund has been “extremely useful” there are “concerns regarding the implications of the projects should the funding end after two years.” When asked to respond to these concerns the Cabinet Secretary for Justice stated that he was “open to discussion on this.”

68. **The Committee notes the recommendation of the Justice Committee that the Scottish Government provides funding for an additional year to allow the projects to run for the full three-year period as originally planned.**

Disinvestment

69. The previous Finance Committee stated in its report on preventative spending in January 2011 that one of the main barriers to change is that the necessary level of investment to effectively support a shift towards prevention will require disinvestment in some existing services. The Committee recognised this issue in its report on Draft Budget 2012-13. The Committee noted that “difficult decisions regarding disinvestment will need to be made to ensure that preventative spending becomes integral to service delivery in the longer term.”⁵ The Early Years Task Force states in its guidance on the EY Change Fund that “The decision to disinvest will be difficult, but if we are to make the shift we need, those decisions are crucial.” However, Glasgow City Council stated in oral evidence on Draft Budget 2014-15 that

⁴http://www.scottish.parliament.uk/S4_FinanceCommittee/Final_Budget_Adviser_Report_Scotland_WEBUPDATED.pdf

⁵<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/45087.aspx#e>

disinvestment is “extremely difficult to do at any time...but it is particularly difficult to do at the moment.”⁶

70. Children in Scotland state that while the EY Change Fund is a useful incentive “our partners have pointed out to us the dilemma they face in transferring increasingly scarce resources to meet revised priorities.” Their view is that “there is very little in the way of ‘slack’ in the financial system which would allow a major shift of resources, while still ensuring that current statutory duties are met.” They also question whether the Government and Parliament will be “able to measure from a meaningful baseline whether there is a shift of resources towards the prevention and early intervention priorities.”

71. The Health and Social Care Alliance Scotland (HSCAS) and Voluntary Action Scotland (VAS) argue that the “move to preventative spend has not yet been significant enough.” They raise concerns about the RCOP Change Fund being used to a certain extent to “prop up existing service provision so that it is maintained rather than driving the change agenda.” The Independent Living in Scotland Project and Inclusion Scotland argue that local authorities continue to focus on crisis interventions and “are not providing the preventative, low level support disabled people need.”

72. The Coalition of Care and Support Providers in Scotland (CCPS) expressed concern in evidence to the HS Committee that—

“some of the Change Fund has been used to fund short-term preventative interventions, so once the Change Fund stops, so will they. The Change Fund was supposed to be a kind of lever to shift the bulk of spending that was behind it; it has, in fact, been used in creative ways, but almost as an isolated project fund.”⁷

73. The Equal Opportunities (EO) Committee heard evidence which “outlined the extreme challenges faced by disabled people in accessing social care services delivered through local authorities.” It concluded that “the funding currently being provided through the public sector is insufficient to meet the needs of many disabled people” and “that opportunities are now being missed to take a preventative approach.”

74. NHS Greater Glasgow and Clyde (GGC) point out that there is a balancing act for local authorities and health boards in seeking to “invest in new programmes of prevention and intervention while managing their budgets in a way that deals effectively with the problems that confront them at present.” They argue that “that balancing act is probably the biggest challenge that health boards and local authorities in the west of Scotland are facing.”⁸ However, “the release of any new resources for early intervention will not get an easy or a clear ride. Those resources will need to be bid for and competed for, and there is no getting away from the fact that, in the present environment, the competition is tough.”⁹

⁶ [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3153](#)

⁷ [Scottish Parliament Health and Sport Committee. Official Report, 8 October 2013, Col 4447](#)

⁸ [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3143](#)

⁹ [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3153](#)

75. The Local Government and Regeneration (LGR) Committee considered the pressure local authorities are facing in funding statutory services and the implications for discretionary services. The LGR Committee noted that—

“It is clear there is widespread concern in relation to the potential reduction or withdrawal of discretionary services to the public as local authorities continue to try to find savings in terms of their budgets. The belief that councils have absorbed as much of the financial squeeze internally as they can, and that front line services will now be impacted in a major way over the coming years, is clearly causing a great level of concern.

Many councils are expressing concern that the potential savings to be made from reforms and reductions in their operations will now only have limited benefit going forward.”

76. However, the LGR Committee also question how severe the current cost pressures are on local authorities given the 34,500 job losses in the local government sector since 2008. The LGR Committee point out that the most recent figures from 2011-12 show a sharp decline of just under £537m in staff costs. The LGR Committee, therefore, states that it expects “a significant reduction” in the staffing budgets required by local authorities in future years.

77. At the same time though the LGR Committee also highlights a potential increase to local authority pay bills as a consequence of changes to national insurance contributions from 2016. Local authorities currently receive a rebate on national insurance contributions due to the pension arrangements which they have. This rebate is due to end in 2016 and the LGR Committee states that it “will be important to establish what its overall revenue implications will be across the entire local government sector in Scotland.”

78. In response to questioning from the Committee that the change funds are being used to prop up existing service provision the CSFESG stated that “change fund allocations to individual projects were made only if those projects involved a degree of joint development between different public service sectors to produce a change to the way in which a service was being delivered.”¹⁰

79. In relation to the unlocking of resources the CSFESG stated that “there is an accounting challenge in trying to identify the consequences of a preventative measure or service that has been put in place and whether it has directly saved us money in some other part of the service.”¹¹

80. The Committee is concerned that there appears to be a real lack of evidence of the necessary disinvestment taking place to support the shift towards a preventative agenda. Without this disinvestment in existing services it is difficult to see where the additional resource for preventative services will come from.

¹⁰ [Scottish Parliament Finance Committee. Official Report, 4 November 2013, Col 3238](#)

¹¹ [Scottish Parliament Finance Committee. Official Report, 4 November 2013, Col 3238](#)

81. The Committee asks whether the Government is content with the progress being made by public bodies in carrying out the necessary disinvestment to unlock resources for a preventative approach.

82. The Committee also asks the Government to provide examples of resources being unlocked for preventative measures through a disinvestment in existing services.

83. The Committee asks the Government whether there have been any discussions with COSLA in relation to local authorities deploying any savings to preventative services from the “significant reduction” in staff costs, identified by the LGR Committee.

84. The Committee also asks the Government whether there have been any discussions with COSLA in relation to the impact on local government financing of UK Government changes to national insurance contributions from 2016.

85. The Committee recommends that the principles of affordability, prioritisation and value for money are a useful framework for driving forward the essential disinvestment which is necessary to move towards a preventative approach.

Bridging Funding

86. The Committee heard from some witnesses that there is a need to provide bridging funding and that the Change Funds had been welcome in this regard. For example, West Dunbartonshire Council point out that while there are good examples of a shift towards a preventative approach there is a need to recognise that “such a switch of focus requires an element of ‘bridging support’” due to the need for “some ‘double running’ of services as current demand takes some time to lessen.”

87. NHS GGC point out that the Change Funds have helped to address this problem as “they have given us some breathing space to provide some of the bridging finance that enables us to address both sets of issues simultaneously.”¹² NHS Fife agreed with this point but stressed that there is need to extend the change funds for another couple of years beyond 2015 “to fully deliver the future model of delivery that we all envisage. We need to allow local authorities and boards some certainty for another few years so that the new models can become embedded as the way forward.”¹³ This was a view shared by Glasgow City Council who stated that “people are changing, and we must allow enough times for those changes to be delivered.”¹⁴

88. The Committee welcomes the additional funding of £120m for the RCOP Change Fund for 2015-16 but notes that only £8.5m appears to have been allocated to the EY Change Fund. The Committee asks whether the

¹² [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3144](#)

¹³ [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3161](#)

¹⁴ [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3167](#)

Government expects local authorities and health boards to contribute additional funding to the EY Change Fund in 2015-16 and beyond.

System and Cultural Change

89. NHS Highland argue that the shift towards preventative spending will require total system change. They point out that the Change Funds while welcome “will not create a preventative approach on their own.” Rather, the Change Funds should be looked at as a means of creating initial change and as “a catalyst to lever in system change.”¹⁵

90. The Committee welcomes the approach being taken by NHS Highland and Highland Council in seeking “to achieve better outcomes for people through directing resources more effectively, and through new and integrated service delivery models.” In particular, the Committee notes the partnership agreement between Highland Council and NHS Highland. In March 2012 the two bodies agreed responsibilities for the delivery of integrated services for adults and children. Highland Council is the lead agency for integrated children’s services while NHS Highland is the lead agency for adult services. The Committee also welcomes the “recurring £6m in additional resource” which Highland Council is investing in a preventative approach.

91. Glasgow City Council also pointed out the challenges of realising the fundamental cultural change to realise a shift towards a preventative approach. They stated that: “People have worked in the system for a long time and some of them will embrace change, others will be more ambivalent and others will resist it.”¹⁶ Fife Council stated that the “success of prevention and early intervention will depend on the reshaping of mainstream provision and universal services. It is not about a small, targeted response; it is about reshaping the whole system.”¹⁷ However, the HSCAS and VAS question the assumption that any new preventative approaches will be mainstreamed once the Change Fund ends.

92. The HS Committee noted that there was a consensus among the witnesses it heard from of the need for “a radical change of the healthcare system”. The HS Committee concluded that this—

“...is a clear signal that the system recognises the need for a significant change in order to make the healthcare system sustainable in the long term, accounting for current and future pressures and changing health and care needs reflecting demographic trends.”

93. The Government’s guidance on the new Single Outcome Agreements (SOAs) states that they—

“should include a plan for prevention which demonstrates commitment to the approach extending beyond the Change Funds for Early Years, Reducing Reoffending and Reshaping Care into mainstream services; quantifies the

¹⁵ [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3150](#)

¹⁶ [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3145](#)

¹⁷ [Scottish Parliament Finance Committee. Official Report, 9 October 2013, Col 3167](#)

resources allocated to prevention and commits to increasing them over time; and provides clarity on the preventative actions to be taken and the impact they will have.”¹⁸

94. The CSFESG stated that the “cultural challenges are being addressed by work on two levels”—

- The national community planning group is driving culture and attitude change;
- “Specific measures to encourage focus on the different approaches that can be taken to preventative action and to breaking down compartments in public services”.¹⁹

95. The Committee concluded in its final report on its inquiry into demographic change that it “is concerned that there would appear to be a lack of real progress in addressing some of the main challenges and barriers which prevent the necessary cultural and structural change which is required in the way our public services are delivered.”²⁰

96. The Committee welcomes the progress which NHS Highland and Highland Council are making especially in relation to the integration of services and invites the Government to respond to the view of Highland Council that the shift towards preventative spending will require total system change.

97. The Committee notes, however, that progress would appear to be much slower in other areas and would welcome the views of the Government on the main challenges and barriers preventing cultural and structural change and what actions it is taking to address these.

Demographic Change

98. One of the main drivers of the preventative spend agenda is demographic change and an ageing society. The Committee recently concluded a substantial inquiry on the impact of demographic change. The Committee found that while there was a high level of support for a preventative approach this was viewed as a long term approach while there was a considerable short to medium term problem of demand due to demographic change. This meant that it would be difficult to fund and support preventative measures. For example, NHS GCC stated—

“As well as the direct impact on service use, a further potential risk is that the immediate pressures of demographic change will make it difficult to fund and support other priority areas with longer term benefit, in particular preventative spend and a focus on early years interventions and support for vulnerable children and families....By responding to demographic changes by extending current models of health care to more older people with long term conditions it

¹⁸ <http://scotland.gov.uk/Topics/Government/local-government/CP/SOA2012/SOA2012>

¹⁹ [Scottish Parliament Finance Committee. *Official Report*, 4 November 2013, Cols 3244-45](#)

²⁰ http://www.scottish.parliament.uk/S4_FinanceCommittee/Reports/fiR13-02_rev.pdf

is unlikely we can realise aspirations to shift resource to preventive spend and early years.”

99. The LGR Committee received evidence from a number of local authorities as part of its draft budget scrutiny which emphasised the “pressures demographic changes are placing on their current and future budget planning provisions.” For example, Fife Council stated that the increased demand on services as a consequence of demographic change “will create a significant gap between funding and council expenditure.”

100. The Committee invites the Government to respond to the view of the LGR Committee that “we remain to be convinced the delivery of the preventative spending agenda is keeping pace with the ever-growing demographic pressure local authorities are facing.”

Monitoring and Evaluation

101. The Government stated in January 2012 that “work is underway to develop monitoring and evaluation frameworks” for the RCOP and EY Change Funds. The Committee raised concerns about the lack of progress in developing these frameworks in its report on last year’s draft budget. The Government responded that it “is committed to establishing fit-for-purpose monitoring and evaluative processes underpinning what we recognise to be a very long term shift in spending patterns and culture in public services for Scotland.” The Government also indicated that each of the Change Funds will also evaluate their impact over the short to medium term.

102. The Committee also raised concerns about the evaluation and monitoring of the impact of preventative policies in its recent report on the Financial Memorandum for the Children and Young People (Scotland) Bill. In particular, the Committee noted the lack of detail underpinning the forecast savings from the implementation of preventative policies. The Committee emphasised that the Government needs to develop a more robust methodology for forecasting potential savings from preventative policy initiatives. The Committee also recommended that the actual savings are effectively monitored and reported.²¹

103. Draft Budget 2014-15 states that: “Analysis and feedback from the three Change Fund programmes demonstrates that real progress is being made at the local level to drive a change in mainstream delivery in relation to early years, reducing reoffending and health and social care provision.”²²

104. In response to questioning from the Committee on the evaluation of the Change Funds the CSFESG stated that: “there will be periodic reporting on, and assessment of, individual programmes.”²³

²¹ <http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/change-fund-plans/>

²² [Scottish Government Draft Budget 2014-15](#)

²³ [Scottish Parliament Finance Committee. Official Report, 4 November 2013, Col 3244](#)

105. The Committee invites the Government to update it on progress in “establishing fit-for-purpose monitoring and evaluative processes” as stated in the response to last year’s draft budget report.

EY Change Fund

106. In its response to last year’s draft budget report the Government stated that: “The Early Years Task Force will monitor and evaluate the way in which the Change Fund is operating and will be seeking information from CPPs by 30 June 2013. This will include monitoring spending.” Draft Budget 2014-15 states that the Early Years Taskforce will be seeking to review regularly the operation and the impact of the EY Change Fund.²⁴

107. The Committee asks the Government what progress has been made in developing a “monitoring and evaluation framework” for the EY Change Fund as stated in January 2012 and when will an evaluation report will be published.

RCOP Change Fund

108. The Joint Improvement Team (JIT) have published mid-year reports on the change fund for 2011-12 and 2012-13.²⁵

109. The JIT report for 2012-13 states that—

“Progress in Reshaping Care for Older People is primarily evidenced by trends in the suite of published national outcomes that relate to care of older people. These include indicators of the Balance of Care for over 65s; the rate of emergency hospital bed days for older people; changes in the proportion of the last 6 months of life spent at home or in a community setting; and delays in discharge from hospital.”

110. However, given that the Change Fund is relatively new and the time lag in some of the nationally available data JIT point out that “an analysis of trends since the start of the Change Fund alone is rendered unreliable at present.”

111. In its report on demographic change and an ageing population the Committee asked the Government to “explain why performance has not improved over the last five years in relation to the National Indicator, ‘Reduce emergency admissions to hospital’.”²⁶ The Government stated in its response that “The rate of emergency admissions for the 75+ age group was around 320 and admissions per 1000 population between 2003/4 and 2005/6, increased steadily to 350 between 2005/6 and 2008/9 and has remained around this level up until 2011/12. The rate of emergency bed days for the 75+ age group has decreased each year since 2008/9.”²⁷ The JRF emphasised the significance of the emergency admissions indicator in the context of the preventative spending agenda and asked whether the reshaping care for older people policy “is strong enough, fast enough and being

²⁴ [Scottish Government Draft Budget 2014-15](#)

²⁵ <http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/change-fund-plans/>

²⁶ <http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/59613.aspx#unplanned>

²⁷ http://www.scottish.parliament.uk/S4_FinanceCommittee/SG_response_demographic.pdf

delivered with the right degree of urgency for that indicator to start to go in the right direction.”²⁸

112. JIT also provide a breakdown of how the change fund money is being allocated and this is reproduced in Table 1 below.

Table 1: Change Fund Allocation: Reshaping Care Pathway

SCOTLAND	Preventative and anticipatory care	Proactive care and support at home	Effective care at times of transition	Hospitals and long stay care homes	Enablers
	%	%	%	%	%
2011/2012 Change Plans	19	27	24	23	7
2012/2013 Change Plans	23	25	28	16	8
2012/13 projected spend at Mid Year	25	27	24	12	12

113. The projected spend for 2012/13 shows that 52% of the Change Fund has been allocated for preventative, anticipatory and more proactive community based services to support people living at home. JIT suggests that the increase in enablers such as training and development “perhaps signals the scale of transformation required to enable a sustainable shift in the location and approach to care.”

114. In response to questioning from the Committee on the effectiveness of the reshaping care policy the CSFESG responded that he was very confident that the policy is strong enough but that it is not happening fast enough.²⁹ The integration of health and social care is, therefore, “a major legislative and policy priority for the Government” and this will be supported by the additional funding for the RCOP Change Fund in 2015-16.

115. The Committee invites the Government to provide outturn figures for the RCOP Change Fund allocation for 2011-12 in comparison with the change plans for 2011-12 in Table 1 above.

116. The Committee will invite the Joint Improvement Team to provide an update on progress in implementing the RCOP Change Fund and the Early Years Taskforce to provide an update on progress in implementing the EY Change Fund at a future meeting.

RR Change Fund

117. Draft Budget 2014-15 states that the RR Change Fund “has helped to develop two national offender monitoring services and four local, specialised mentoring projects providing guidance and assistance to prolific young male offenders and women offenders.”³⁰

²⁸ [Scottish Parliament Finance Committee. Official Report, 2 October 2013, Col 3082](#)

²⁹ [Scottish Parliament Finance Committee. Official Report, 4 November 2013, Col 3239](#)

³⁰ [Scottish Government Draft Budget 2014-15](#)

118. The Justice Committee reports that an independent evaluation of the public social partnership (PSP) development funded by the first year of the RR Change Fund was published on 17 May 2013 and that an “independent evaluator would be appointed to examine the on-going development of the PSPs and the delivery of mentoring services.”

119. The Committee welcomes the level of analysis and evaluation of both the RCOP Change Fund and the RR Change Fund but is concerned that a similar level of independent evaluation does not appear to have been carried out in relation to the EY Change Fund and asks the Government to explain why.”

Additional information

Reshaping Care for Older People Change Fund

5. In its written submission, JIT notes the following in relation to funding levels and areas in which Change Fund spend is being focussed—

“This is the third year of the £300m RCOP Change Fund. To date a total of £230m has been allocated to partnerships by the Scottish Government. Focus has shifted from creating the conditions and testing and evaluating local improvements towards understanding what works and planning for sustainable change.”

6. The JIT submission also provides updated information about the spread of investment, including the actual year-end spends for 2011/12 and 2012/13. This is set out in the table below, with the figures anticipated in the change plans for 2011/12 and 2012/13 included in parentheses for comparison—

SCOTLAND	Preventative and Anticipatory Care	Proactive Care and Support at Home	Effective Care at Times of Transition	Hospitals and Long Stay Care Homes	Enablers
2011/2012 Actual Year-End Spend	21% (19%)	33% (27%)	19% (24%)	18% (23%)	9% (7%)
2012/2013 Actual Year-End Spend	26% (23%)	28% (25%)	21% (28%)	13% (16%)	10% (8%)
2013/14 Projected Year-End Spend	26%	26%	23%	12%	10%

7. In relation to the additional funding of £120 million that the Government has announced for 2015-16, the Draft Budget sets out that, of this sum, £100 million will be allocated via Health Boards to drive the shift towards prevention and £20 million which will be deployed centrally within Health to support national initiatives. This funding “will focus, in particular, on tackling multiple co-morbidity problems earlier in the 55-65 age group”.

8. The Government also stated in the Draft Budget 2014-15 that “We are working closely with Audit Scotland and other stakeholders to determine where the Fund has made most impact and will use the findings to fund future investment decisions.” Audit Scotland has a forthcoming report on Reshaping Care for Older People which is indicated as being due for publication in late January/early February 2014. In its Project Brief for this report, Audit Scotland states that it will “consider to what extent NHS boards and councils have used the Change Fund to improve how they work in partnership to deliver care for older people”.

Conclusion

9. The Committee is invited to consider the above in relation to this evidence session.

Catherine Fergusson
Senior Assistant Clerk to the Committee

SUBMISSION FROM THE EARLY YEARS TASKFORCE

THE EARLY YEARS CHANGE FUND

1. The Early Years Change Fund comprises contributions from Scottish Government, local government and Health as outlined in the following table.

Early Years Change Fund minimum contributions in Scotland:

	2012/13 £m	2013/14 £m	2014/15 £m	2015/16 £m	Total £m
Scottish Government	11.25	15.25	17.25	8.5	52.25
Health	36	39	42	-	117
Local Government	20	35	50	-	105
Total					274.25

2. The Scottish Government contribution includes the initial Change Fund allocation of £50 million plus £2.25 million from the Positive Futures (Early Years) core funding over the current spending review period. The Health and Local Government monies are a blend of currently allocated and redeployed resources.
3. The establishment of the Early Years Change Fund signifies a significant shift to preventative spend over the current Parliamentary term. The Change Fund is the first time we have collectively discussed a financial mechanism for delivering on the aspirations of the Early Years Framework and it represents the Scottish Government, Local Government and NHS Scotland's intention to shift resource to where it makes the most difference, by supporting prevention and early intervention.
4. The Early Years Taskforce published a Vision and Priorities paper in March 2012. That paper set out that Community Planning Partners should use the Early Years Change Fund as a starting point to reconsider the way the total resource for early years services provision is invested (approximately £2.7 billion per year across the NHS and Local Government). This should be with a view to shifting investment upstream and to developing a clear strategy to make anticipatory and preventative approaches that we know work and that help to reduce the demand for more formal, higher intensity care in the future.
5. The objective of our joint early years change programme and our emerging work on the Early Years Collaborative is to accelerate the conversion of the high level principles set out in the Early Years Framework into practical action. This must:
 - Deliver tangible improvement in outcomes and reduce inequalities for Scotland's vulnerable children.
 - Put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016.
 - Sustain this change to 2018 and beyond.

SUBMISSION FROM THE JOINT IMPROVEMENT TEAM

The Joint Improvement Team and progress on the implementation of the Reshaping Care for Older People Change Fund

The Joint Improvement Team (JIT) welcomes the opportunity to appear in front of the Finance Committee to provide an update on progress by partnerships in utilising the Reshaping Care for Older People (RCOP) Change Fund.

1. Purpose

- To highlight themes from JITs recently published report of progress;
- To illustrate the contribution of RCOP towards a decisive shift to prevention; and
- To describe trends in national outcomes and indicators for older people

2. The Joint Improvement Team

The JIT is a strategic improvement partnership between the Scottish Government, NHS Scotland, CoSLA, the Third Sector, the Independent Sector, and the Housing Sector. Governed by the **Joint Improvement Partnership Board**, we are tasked with accelerating the pace of improvement in the quality of Scotland's care and support services

Ministers and COSLA have made explicit their expectation that local partnerships should engage with the improvement capacity that the JIT represents in order to accelerate the pace of progress against the National Outcomes, with a specific focus on Outcomes 6 and 15:

- *We live longer healthier lives.*
- *Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.*

JIT supports local partners to work together to develop, test and spread preventative approaches that reduce demand, improve personal outcomes and deliver value across the whole system and throughout the continuum of care and support which translate into positive outcomes for patients, users and carers.

3. A 'Whole System Whole Pathway' approach

A sustainable shift to prevention requires a long-term commitment from all partners to reshape mainstream and universal services, embed preventative approaches at all stages in care and support pathways and to incrementally shift investment 'upstream'. The Reshaping Care pathway tool (Annex 1) illustrates the evidence based interventions and approaches which collectively improve outcomes for older people. The 4 pillars of the RCOP Pathway are:

- Preventative and anticipatory care that supports best use of the assets of older people, their families and local communities in improving physical, psychological and emotional health, wellbeing and inclusion
- Proactive and integrated care that enables older people to maintain their independence and to remain safe and supported at home

- Effective, enabling assessment and care at home, or closer to home, to help recover capability and confidence after an illness or change in circumstances
- Early intervention within hospital and care homes to prevent escalating dependency, reduce delays in return home and avoid premature admission to long term care

Prevention is at the heart of the RCOP pathway as each pillar comprises interventions to prevent escalation of dependency, reduce demand for long term care and prevent negative outcomes for older people and their carers. Prevention underpins JITs support for critical enablers such as coproduction, Joint Commissioning, locality planning, workforce development and adaptive behavioural change.

4. Progress by Partnerships

This is the third year of the £300m RCOP Change Fund. To date a total of £230m has been allocated to partnerships by the Scottish Government. Focus has shifted from creating the conditions and testing and evaluating local improvements towards understanding and spreading what works and planning for sustainable change. To support knowledge exchange and improvement the JIT, on behalf of the national partners, invited all Partnerships to submit a summary of local progress by the end of September 2013.

Using an agreed template, Partnerships provided:

- Up to 5 examples of advances made locally, including impact on carers;
- Self-assessment of spread of key interventions and approaches
- Learning on use of data for option appraisal and investment decisions;
- A financial summary of investment by Reshaping Care Pathway
- Areas for future improvement support

The full report of JITs analysis of returns from all Partnerships is at www.jitscotland.org.uk.

Partnerships provided 234 examples that offer valuable insight into how the Change Fund has been used to make a difference to the lives of older people and their carers across Scotland (the report contains a snapshot of 87 of these). Partnerships report that many initiatives have been tested, have been found to be of benefit and are now being mainstreamed, and that they are considering the impact of other initiatives and innovations funded by their RCOP Change Fund.

Some general points to note are:

- Partnerships are beginning to 'join up' interventions to amplify their impact;
- Change Fund investment has built capacity in the Third and Independent sectors to enable them to more fully engage in the Reshaping Care programme;
- Examples of both direct and indirect support for carers were evident across all pillars and include provision of carer's assessments, opportunities for short breaks, information and advice, training, income maximisation and advocacy.
- Enhanced housing, housing support, adaptations, falls prevention and support for people with dementia evidenced the contribution of housing to prevention
- Partnerships welcome continued support for Joint Commissioning and decisions on disinvestment / sustainability
- Partnerships seek greater involvement of secondary care.

5. Change Fund investments

Table 1 shows the self-reported Change Fund investments against the Pathway Pillars.

Table 1 Change Fund Allocation: Reshaping Care Pathway

SCOTLAND	Preventative and Anticipatory Care	Proactive Care and Support at Home	Effective Care at Times of Transition	Hospitals and Long Stay Care Homes	Enablers
2011/2012 Actual Year-End Spend	21%	33%	19%	18%	9%
2012/2013 Actual Year-End Spend	26%	28%	21%	13%	10%
2013/14 Projected Year-End Spend	26%	26%	23%	12%	10%

NB Due to rounding and the way some partnerships reported their spend, figures will not necessarily add up to 100%

6. Co-production, Community Capacity Building and Asset Based Approaches.

“The Change Fund is the best thing that has happened with regard to the Third Sector and partnership working. We are now seen as a major player with regard to service delivery and also form an integral part of co-production”

Chief Executive Officer, Voluntary Action South Ayrshire

Co-production and community capacity building is a priority work-stream for JIT and within RCOP. The Third Sector has been pivotal in promoting understanding and developing practice around prevention. Third Sector Interfaces (TSI) have become increasingly more confident and effective influencers within Reshaping Care Partnerships.

This is evident in the use of the Change Fund to redesign and develop services which ally personal and community assets with those of public services to achieve better outcomes for service users and carers. Of the case study examples in the recent RCOP progress report, 42% illustrate co-production and prevention in tackling social isolation, preventing falls, income maximisation, promoting wellbeing and nutrition and the capacity for individuals to remain as independent as possible at home.

Partnerships have adopted different approaches in developing co-production locally, from commissioning specific befriending or signposting projects to the creation of significant Innovation or transformation programmes which are TSI led on behalf of the Partnership: e.g. Edinburgh’s Innovation Fund (£550k) and Glasgow’s Transformation Fund (£700k).

Partnerships report challenges in evidencing attribution and direct contribution to the RCOP measures from preventative supports and services.

JIT and the Scottish Government Third Sector Division are supporting the ‘Stitch in Time’ demonstration project in Lothian. This project is facilitated by Evaluation Support Scotland and is using logic modelling and action learning to understand the contribution to the outcomes of Reshaping Care from Third sector-delivered interventions including time banking, a community food project, befriending, day care and community transport.

7. Joint Strategic Commissioning

The Change Fund has always been presented as a catalyst to enable partnerships to accelerate local progress and to improve the national outcomes that relate to care of older people. Change Plans are viewed as an important step towards the joint strategic commissioning (JSC) that is the principal mechanism to fully design, mainstream, fund and sustain future care and support in local communities.

Year four Change Fund priorities will be agreed by the joint commissioning group post evaluation of our change fund initiatives which reflect the vision and strategic priorities of our JSC for older people and the outcomes gained. This will be in conjunction with our self-assessment against the pillars of the RCOP pathway Moray partnership

Partnerships reported using some form of structured assessment criteria that linked initiatives to the RCOP goals and outcome indicators. Partnerships stressed the need to balance an agile, inclusive approach that has minimal bureaucracy with the need to ensure transparent decision making and processes.

The Change Fund has created the conditions for a mature partnership approach to JSC including adoption of co-production, involvement of all sectors and an increase in joint resources assigned to develop and sustain community based support. JIT is supporting Partnerships, through the Improvement Network and the National Improvement Support Programme for JSC, to make a shift in investment towards primary and community settings. This is notable in the deployment of Allied Health Professionals in Intermediate Care and reablement. Within social care, housing and Third sector, preventative investment is supporting independence through telecare, speedier access to equipment / adaptations, personalised support at home and support from Third sector.

8. Progress in delivering outcomes

JIT is supporting Partnerships to use local information to drive improvement, inform investment and disinvestment decisions and track progress towards RCOP national indicators and targets.

The Aberdeenshire partnership reports data quarterly as part of their Joint Performance Framework. This includes national core measures and local measures to measure progress in reshaping care and shifting the balance, using the Change Fund.

National progress in RCOP is primarily evidenced by trends (Annex 2) in:

- the rate of emergency hospital bed days for people over 75 years;
- indicators of the Balance of Care for people over 65 years;
- delays in discharge from hospital;

Analysis of national data show significant progress at just over 2 years into RCOP:

- There was a 9.5 per cent decrease in the rate of occupied bed days for patients aged 75+ who were admitted in 2012/13 compared with the target baseline;
- Delays over 4 weeks in discharge from hospital have reduced by 56% from 352 in Jan 2011 to 156 at October 2013;
- On average 359 fewer over 75s are in hospital each day after an emergency than were in hospital in 2009/10;
- Change is evident in the balance of care for older people – around 80% of people receiving support at home now benefit from prevention through telecare;

- By 2012 there were nearly 6500 fewer residents in care homes than anticipated had care home use increased in line with the population ageing since 2003;
- By 2013 on average around 1000 less people aged 65+ in hospital than 'expected' had the age related rate at 2008/09 continued in line with the ageing of Scotland's population.

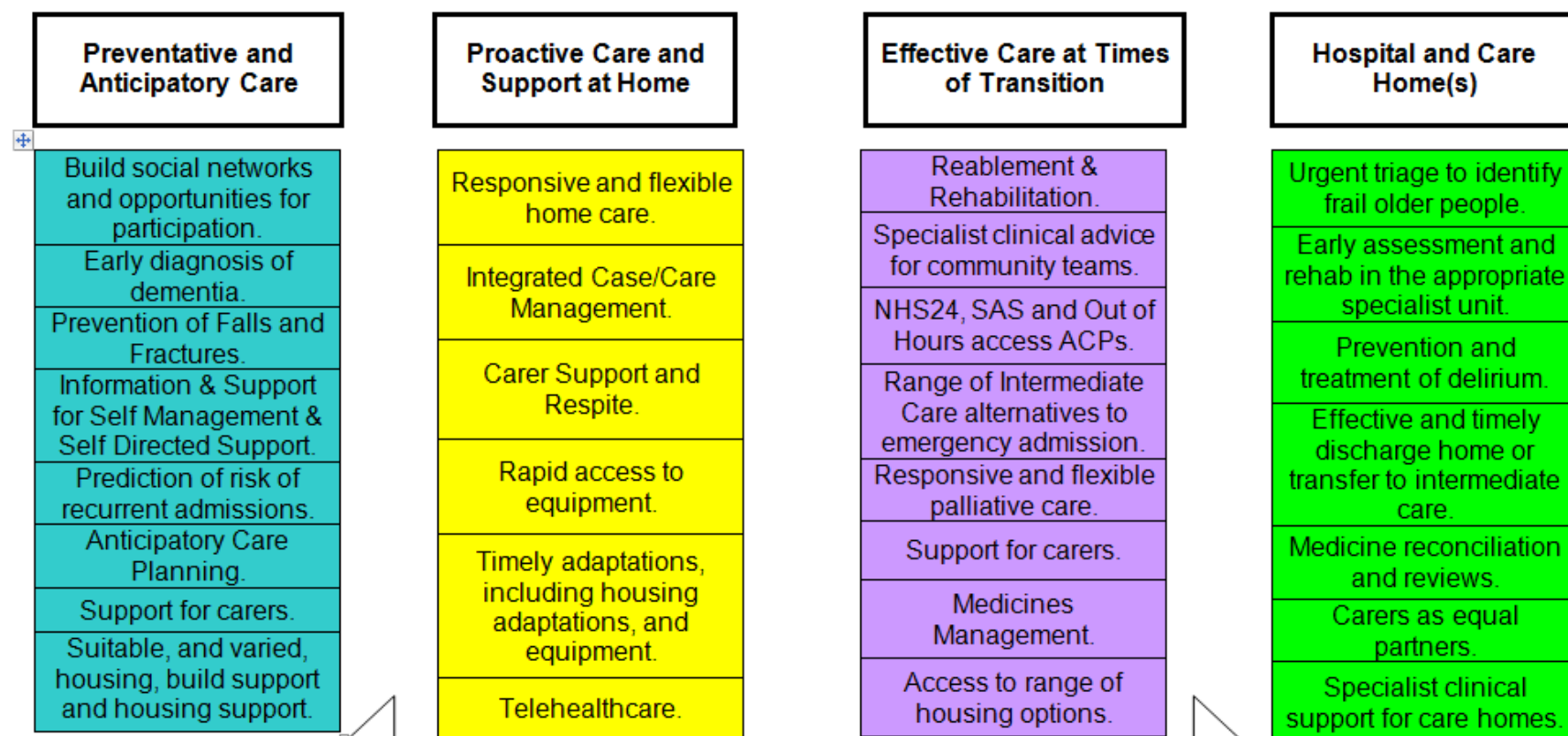
*Bringing partners together has highlighted the different perspectives on what 'impact' means - e.g. the impact on high level system measures such as emergency admissions to hospital and the impact on the quality of life for older people. **Edinburgh City Partnership***

*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 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?" **Highland partnership***

The JIT will continue to support Partnerships over the final 15 months of the Change Fund as the focus extends from older people towards all adults and in the context of the integration of health and social care.

Joint Improvement Team
January 2014

Reshaping Care Pathway



Enablers

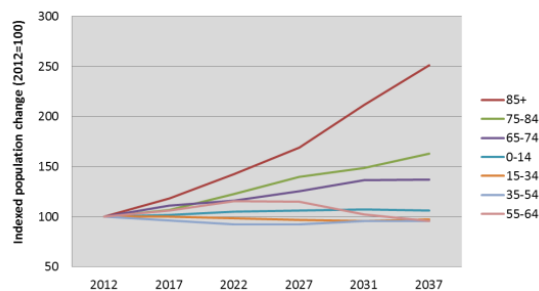
Outcomes-focussed assessment
 Co-production
 Technology/eHealth/Data Sharing
 Workforce Development/Skill Mix/Integrated Working
 OD and Improvement Support
 Information and Evaluation
 Commissioning and Integrated Resource Framework

Key messages for JIT from national data: January 2014

The JIT needs to keep abreast of the latest trend data and other evidence relating to the programmes of interest in order that improvement and support is effectively directed. This selection uses nationally available statistics to illustrate some of the key trends on progress with the Re-shaping Care for Older People programme (RCOP).

In carrying out its improvement and support work the JIT, like partnerships, needs to be aware of the changes happening in the population. The anticipated growth, in absolute and relative terms, of the population aged 75 and over is an important factor for planning and commissioning both health and social care in the years ahead.

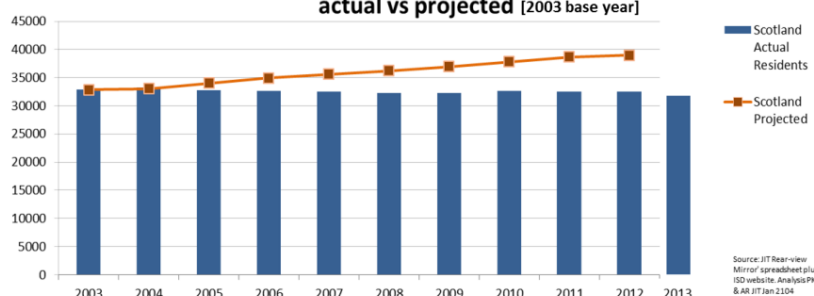
Scotland's projected population by age group: 2012-2037
(indexed to 2012)



Source: General Register Office Scotland; chart by Peter Knight JIT

Change in the balance of care has been happening for some time as this chart showing the

Number of long stay residents in care homes for older people:
actual vs projected [2003 base year]

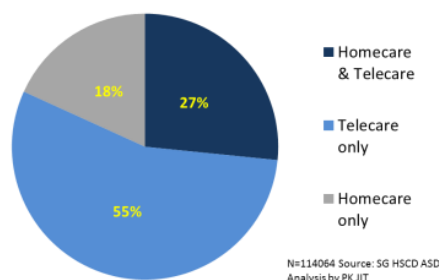


Source: JIT Rear-view Mirror spreadsheet plus ISD website. Analysis PK & AR JIT Jan 2014

number of long stay residents in care homes reveals. It shows that despite a rise in the number of older people (reflected in the upward growth in the 2003 based 'projected values') the number of older residents is largely constant over a ten year period.

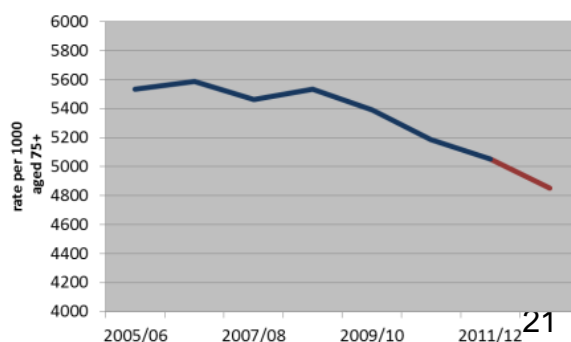
A predominant role of Telecare at home for social care clients is revealed by the chart below which shows that taking together people who are receiving home care or Telecare in 2012, some four out of five are receiving Telecare. The chart also shows that more people are receiving Telecare than home care.

Individuals aged 65+ provided with Telecare and/or Homecare, Scotland 2012



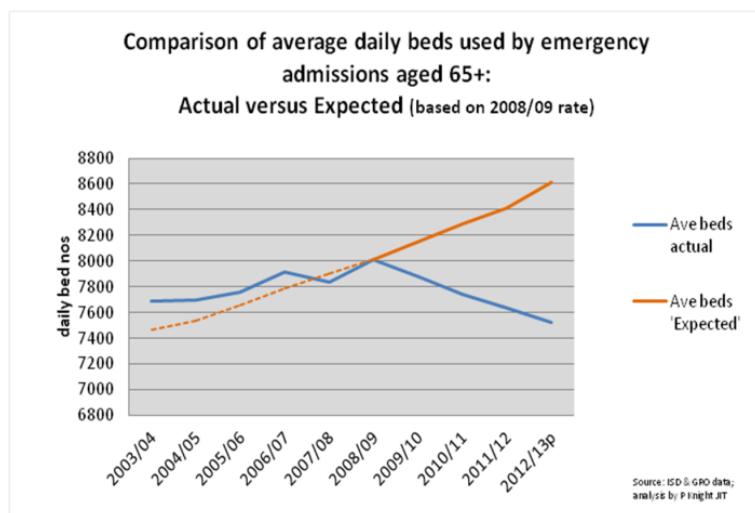
N=114064 Source: SG HSCD ASD Analysis by PK JIT

HEAT 75+ emergency admissions beddays
rate per 1000 popn

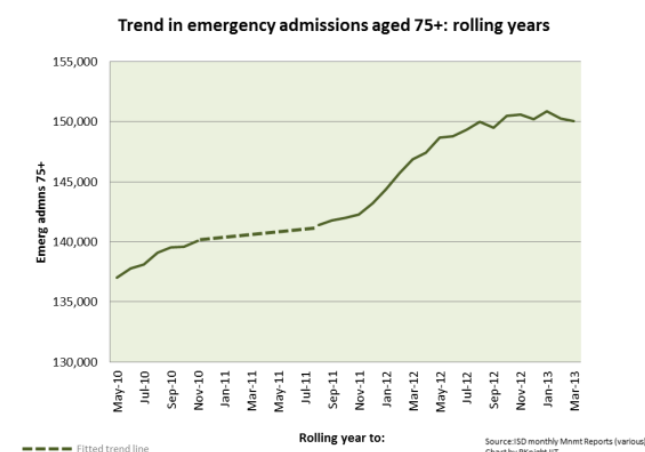


Source ISD Mgmt Rep Sept 2013; P Knight JIT

A relevant HEAT target is to reduce the rate in the beddays arising from emergency admission for people aged 75+. The chart below shows that since 2008/09 there has been a year on year reduction in the rate through to 2012/13.

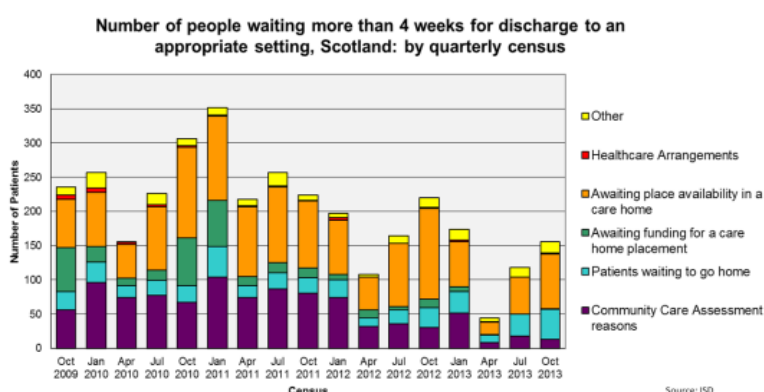


Taking a wider perspective the JIT finds it useful to see how the trend in the hospital bed use for people aged 65+ who have been admitted as an emergency has been changing especially since 2008/09 i.e. since before RCOP was formalised. This particular analysis also shows, hypothetically, the way inpatient bed use would have grown had the age related occupied beddays rate in 2008/09 continued. The JIT estimates the difference is around 1000 beds by 2012/13.



We know that despite the favourable trends in beddays there has nevertheless been a general rise in the number of patients aged 75+ admitted. While it is too early to conclude with confidence that the upward trend observed in the recent past has peaked the trend appears to have levelled off in the more recent periods.

An important role for the JIT since its formation has been to support partnerships where issues in the management of delayed discharges have arisen. The chart below shows the progress made since 2009 in the number of patients waiting more than 4 weeks.



Joint Improvement Team