

Change Fund for Older People 2011-15

- Original aims of the Change Fund
 - improving outcomes for older people
 - supporting a shift in the balance of care from institutional to community based care
 - developing community capacity, co-production and preventative approaches
- Have these been achieved?

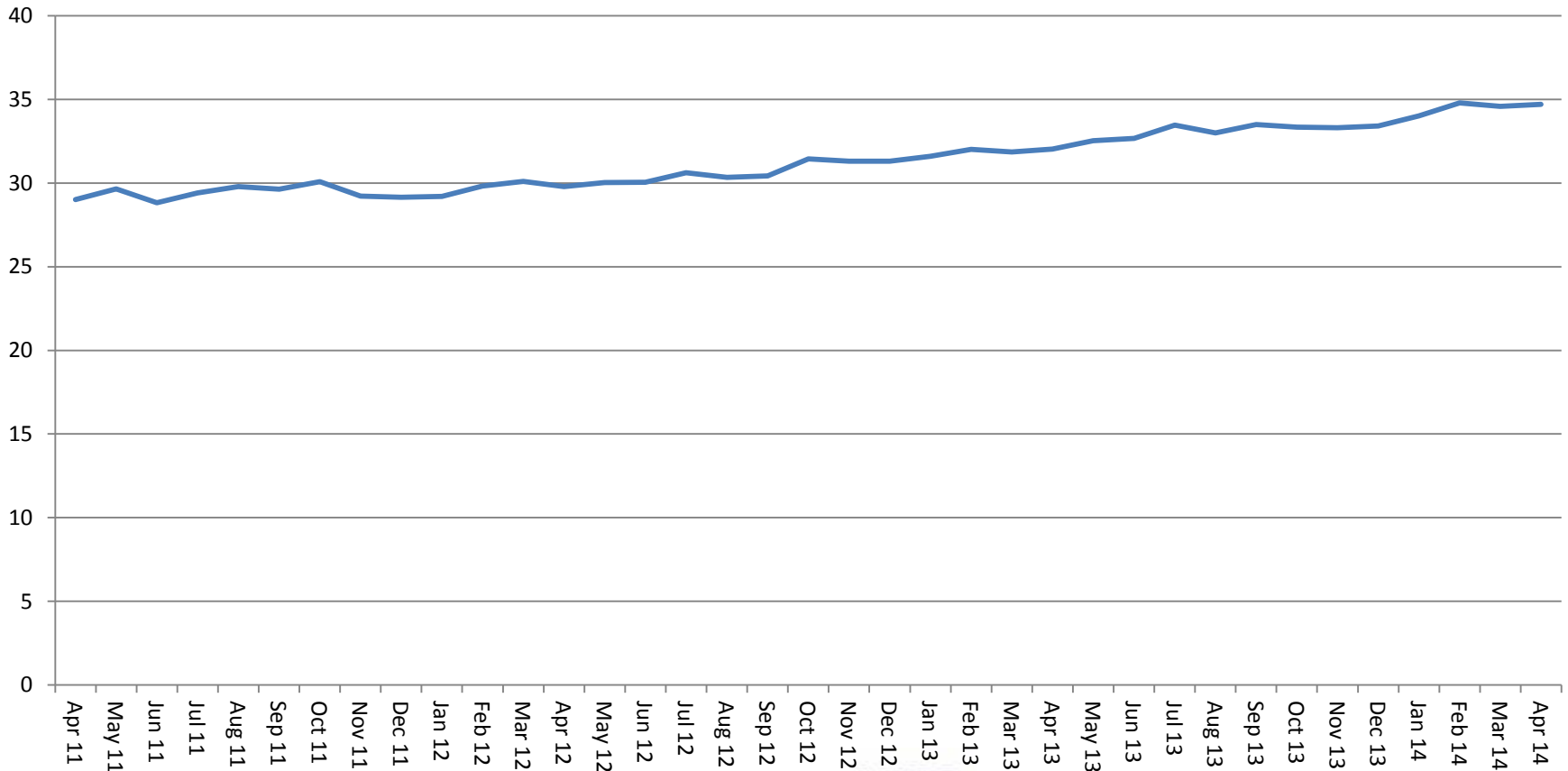
Balance of Care

Balance of Care
 No of people aged 65+ receiving +10 hrs of
 homecare/ care at home per week

 Above + long stay residential places + Inpatient
 Complex Care beds

**Increased from
 29.0% - 34.7%**

**Balance of Care
 April 2011 - April 2014**



Improved outcomes for older people

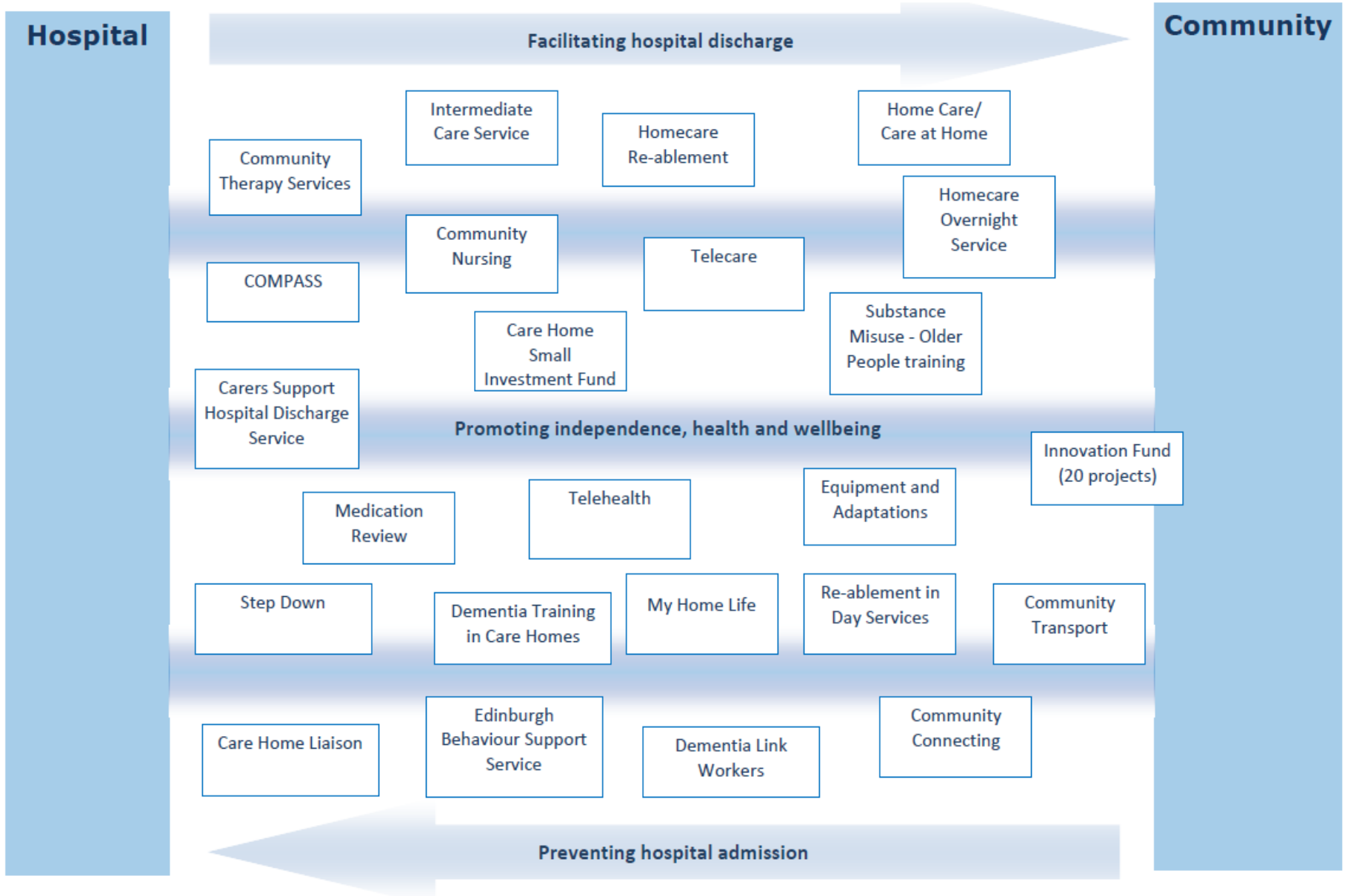
- Project case studies
- see Evaluation Report

‘The team really helped me get used to being back at home and I went from being frightened of doing things to being happy to give things ago. My confidence is so much better now and I think I just needed time. I think people forget that older people need more time.’ *Intermediate Care*

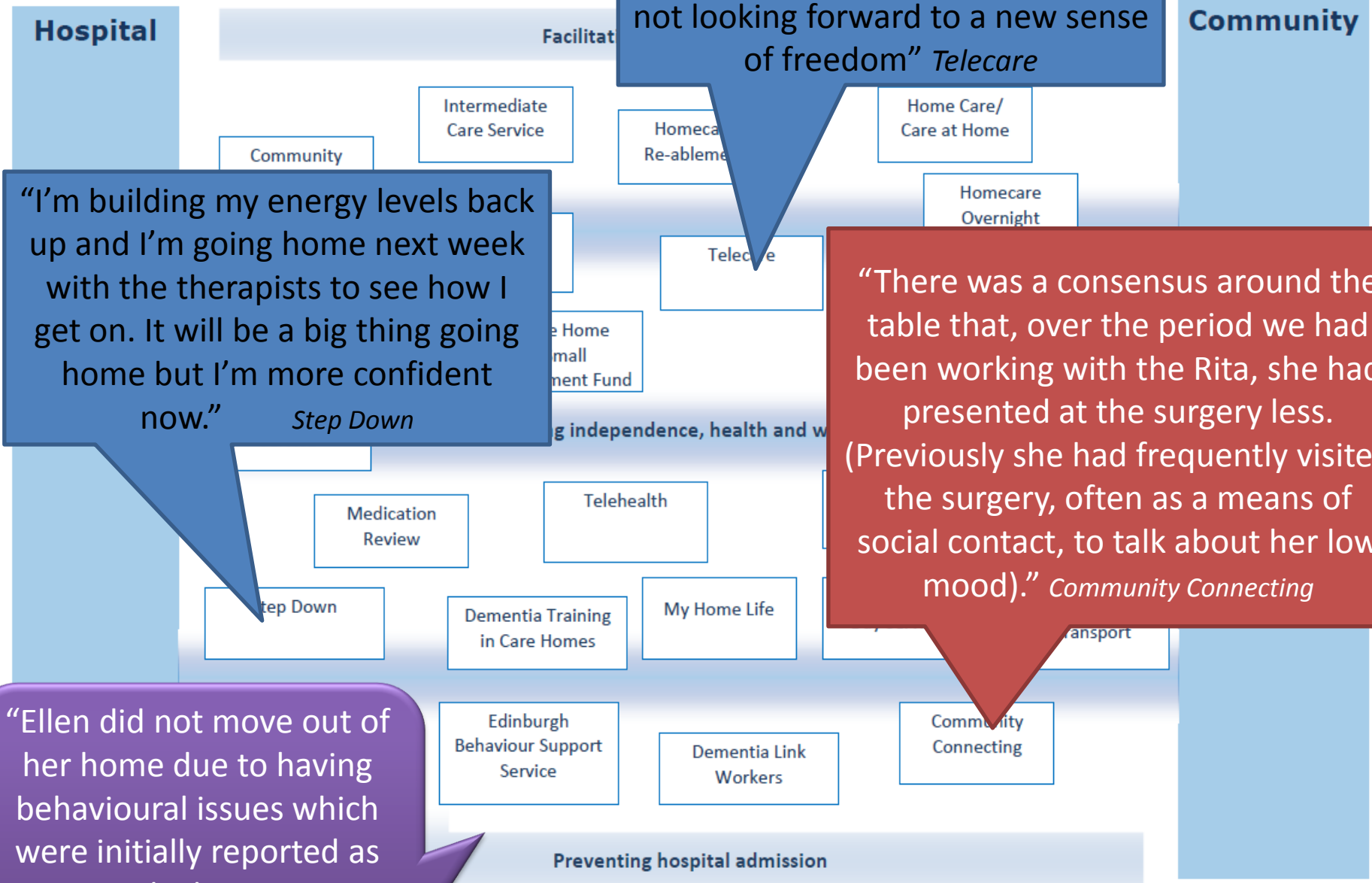
“I had a triple bypass in February so I feel the cold a lot more and depend on the heat. I need heating in the winter and now have a better understanding of how to use it.” *Changeworks – Heat Heroes*

“When I came out of hospital I felt lost, for someone to start supporting me to move on in life was helpful – you’re not finished if you still can’t do something”. *ECSS*

The Change Fund for Older People 2011-15



What are we preventing?



“If CAS had not been put in place David would be in a care home and not looking forward to a new sense of freedom” *Telecare*

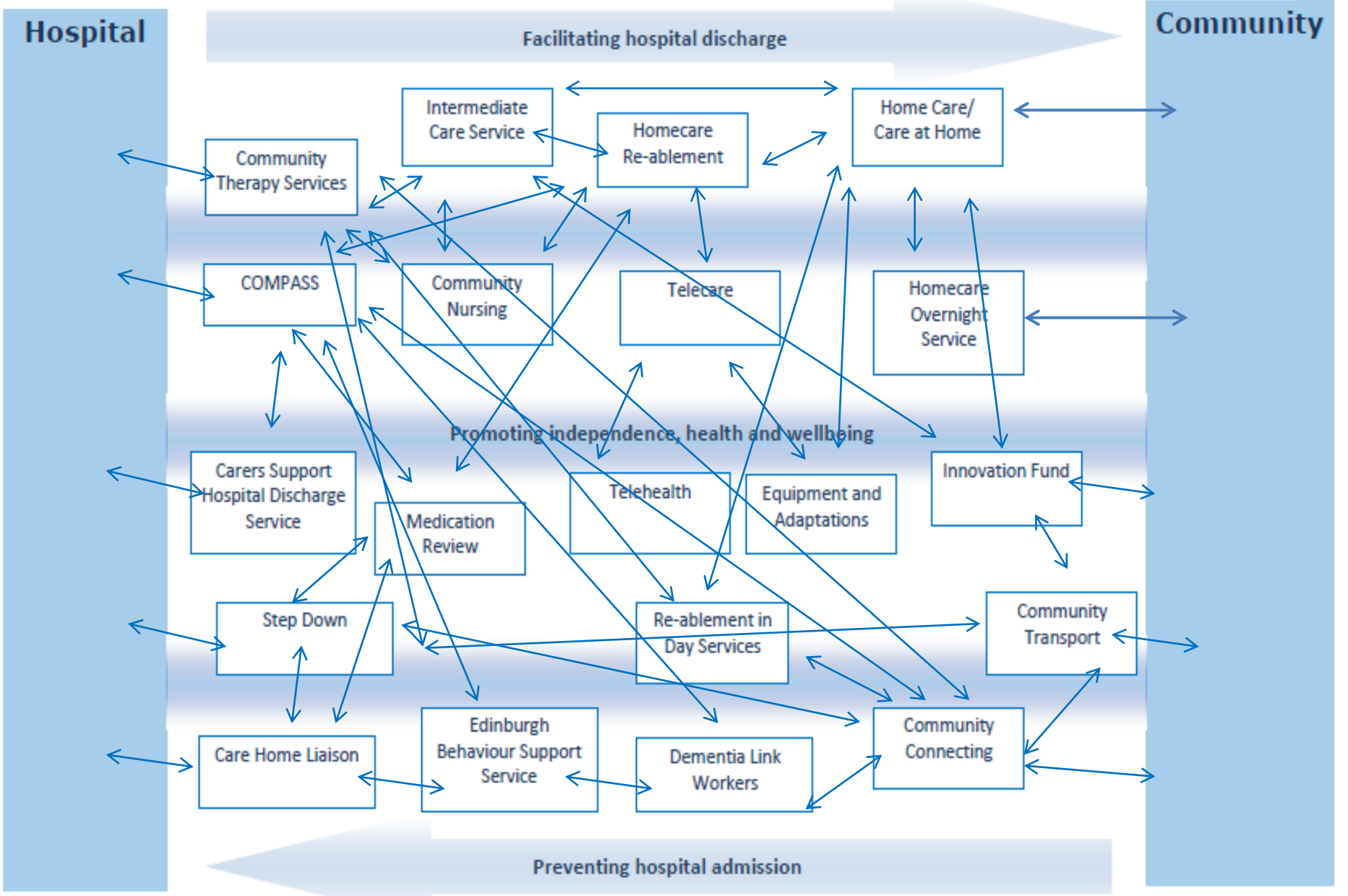
“I’m building my energy levels back up and I’m going home next week with the therapists to see how I get on. It will be a big thing going home but I’m more confident now.” *Step Down*

“There was a consensus around the table that, over the period we had been working with the Rita, she had presented at the surgery less. (Previously she had frequently visited the surgery, often as a means of social contact, to talk about her low mood).” *Community Connecting*

“Ellen did not move out of her home due to having behavioural issues which were initially reported as extremely disruptive to care staff.” *EBSS*

Preventing hospital admission

Collaborative Working



Improved Outcomes for Older People

- Collaborative working





- Examples

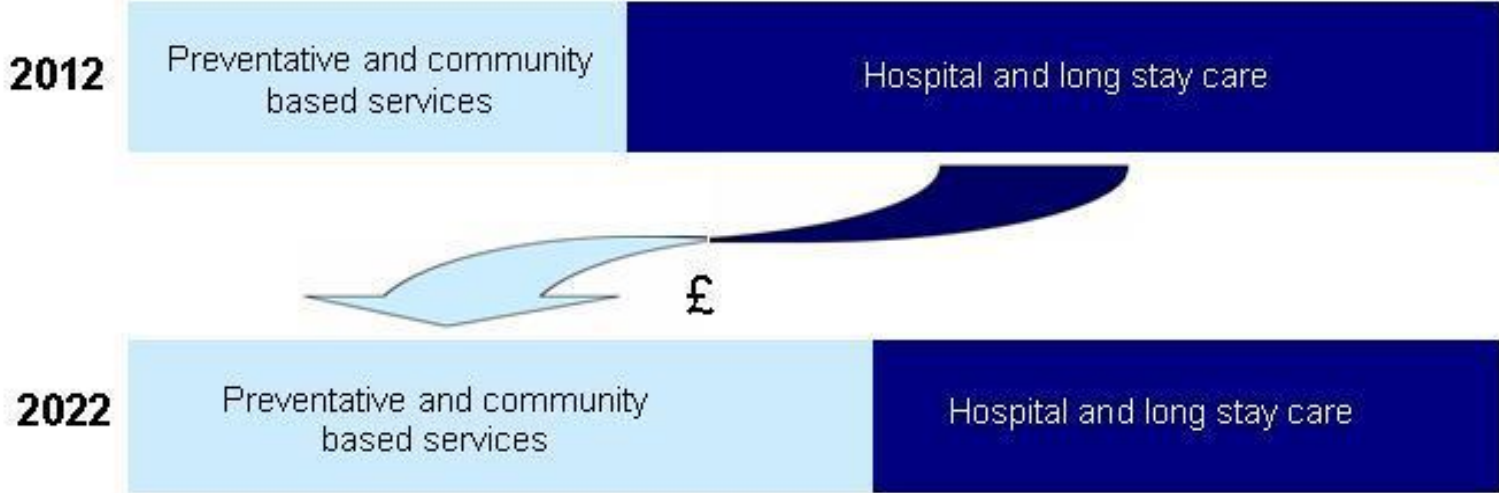
- Edinburgh Community Stroke Service and Community Connecting
- Steady Steps and Intermediate Care/ Community Connecting
- Edinburgh Behaviour Support Service and Dietetics
- Telecare and GPs
- Day Services and Day Hospitals/ COMPASS
- Care Home Liaison – Care Home staff, GPs, Community Nursing, MoE

Challenges

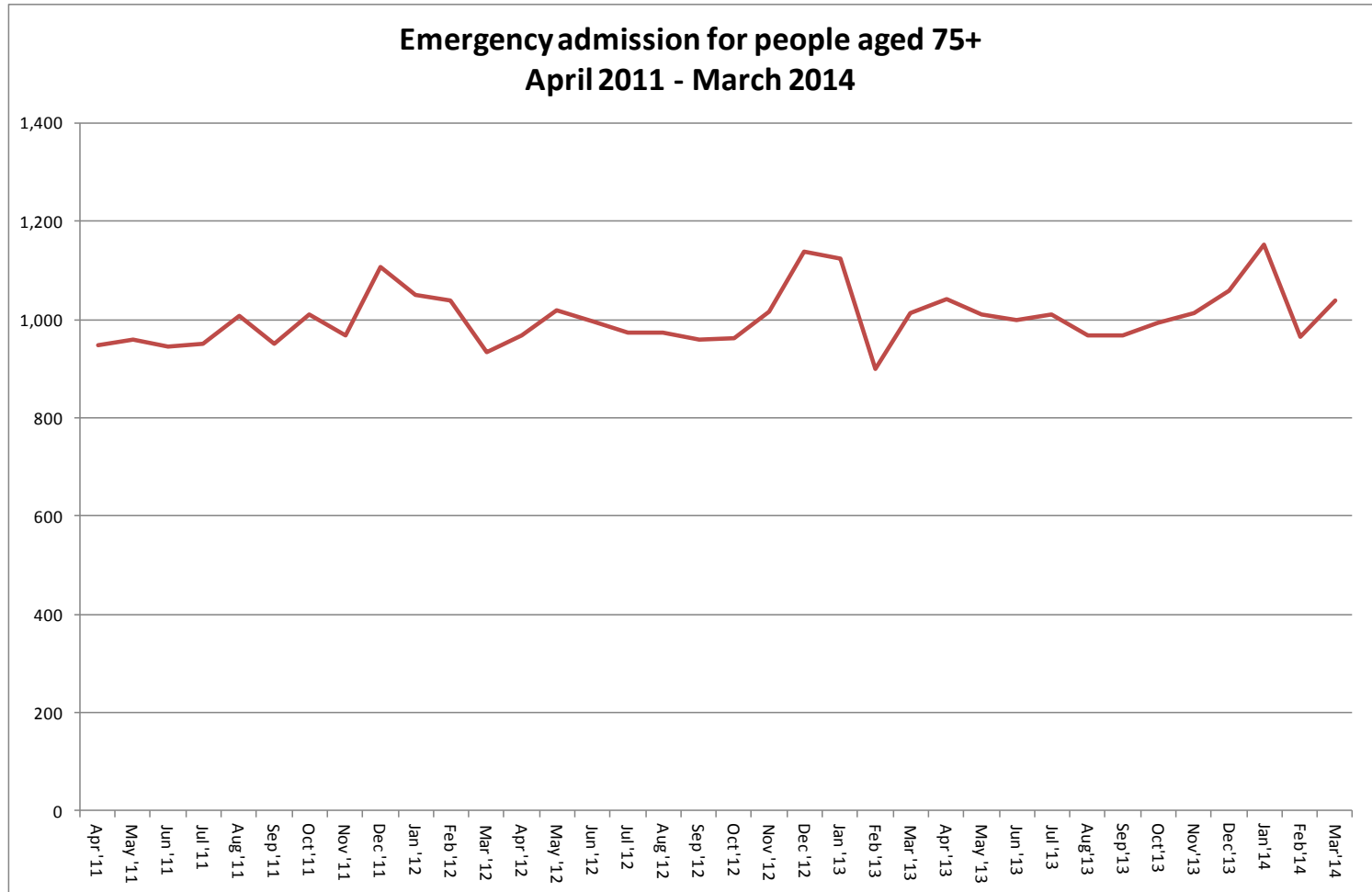
- 4 year funding
- Implementation/ lead in time (c18 mths)
- Embedding and mainstreaming of learning
- Demonstrating the impact of prevention within 4 years
- Release of funds within context of demographic and financial pressures

Shifting the balance of investment

<p>Preventative and community based services</p> <ul style="list-style-type: none"> •Promotion of health and wellbeing •Care and support at home •Support at times of change 	<p>Hospital and long stay care</p> <ul style="list-style-type: none"> •Emergency admissions to hospital •Long term hospital and residential care 
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Emergency admissions +75



Integrated Care Fund

- 1 year fund
- Edinburgh allocation: £8.19m
- Change Fund 14/15: £6.013m + £2.648 + £2.669 slippage = £11.33m
- Scottish Government guidance – multi-morbidity and long term conditions – Not an extension of the Change Fund
- 4 partners
- Timescales – plan to be submitted by 12 December

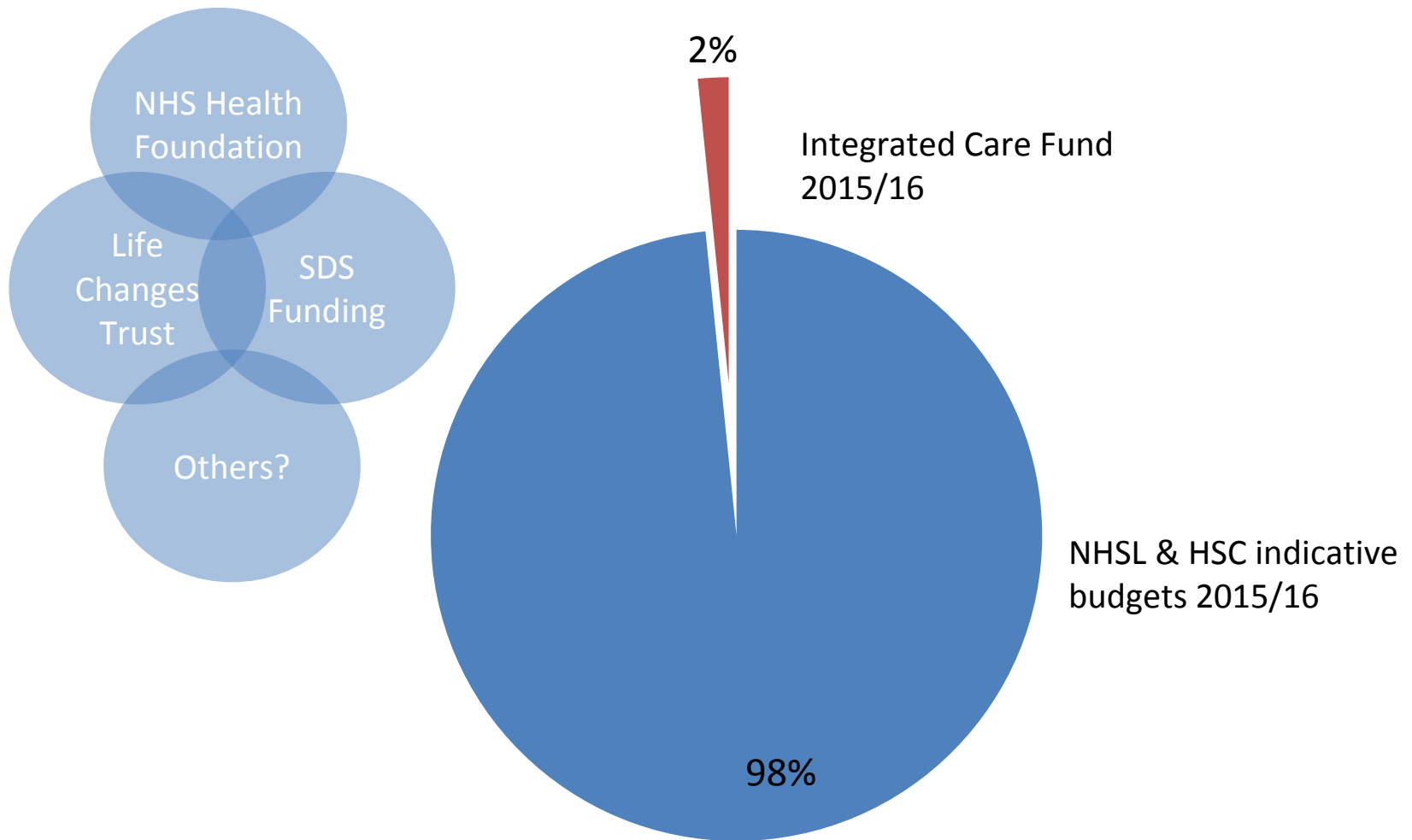
Wider context – Financial Challenge

Savings requirement	2015/16	2016/17	2017/18	Total
CEC*	£22m	£31m	£14m	£67m
NHSL	£50m	£40m	£40m	£130m

*Council budgets are indicative as currently out for consultation

www.edinburgh.gov.uk/budget

Wider financial context



Wider context

- Shift to prevention
- Integration at local level
- Workforce development and effective leadership
- Improved performance through transparency, innovation and technology

We need to work together to do things differently!



Questions?



On your tables...

- Consider the information provided:
 - *Change Fund Evaluation Report*
 - *Innovation Fund Evaluation Slides*
 - *Scottish Government Integrated Care Fund Guidance*
- Consider the Change Fund investments:
 - What would you continue as is?
 - What would you amend (in line with the guidance ie multi-morbidity focus)?
 - What would you stop?
- Do you have suggestions re other sources of funding?
- Do you have ideas for other existing or new projects that fit with the Integrated Care Fund guidance?