

## REPORT

To: COATBRIDGE LOCAL AREA PARTNERSHIP		Subject: RESHAPING CARE FOR OLDER PEOPLE; PROGRESS REPORT
From: EXECUTIVE DIRECTOR OF HOUSING AND SOCIAL WORK SERVICES		
Date: 9 APRIL 2013	Ref: SM/SK/JMcE	

**1. Purpose of Report**

- 1.1 The purpose of this report is to update members of the Local Area Partnership on progress made in respect of Reshaping Care for Older People across the statutory sectors in North Lanarkshire Council; NHS Lanarkshire and the Third Sector and the Independent Sectors as reported to the North Lanarkshire Reshaping Care for Older People Steering Group and the North Lanarkshire Health and Care Partnership.

**2. Background**

- 2.1 Reshaping Care for Older People is a Scottish Government policy aimed at supporting an increasing proportion of older people at home, in keeping with the wishes of older people. It was accompanied by a Change Fund for a period of 4 years from April 2011 to March 2015. The North Lanarkshire allocation of £3.8 million lies within the NHS Lanarkshire budget.
- 2.2 It is recognised that more older people provide support to their local communities than require high levels of support or services. However the changing demographic profile does mean that there will be a higher number of people who are older and who will potentially require support or services at a time when available resources may be lower.

The challenge is great. The number of people aged 65 years and over is due to increase by 20.6% by 2023 with the numbers of people aged 75 years and over due to increase by 30.5%. For Coatbridge locality specifically, the number of people aged 65 and over in 2013 is 7,509 and is projected to rise by 18.9% to 8,926 by 2023.

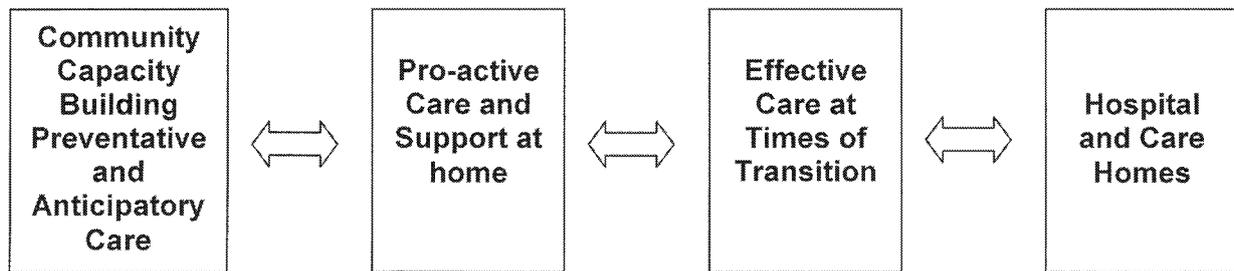
- 2.3 Change Fund monies are non-recurring and therefore it is intended that they provide an opportunity to test out and implement approaches to develop effective community based supports and services to improve outcomes for older people.

**3. Overview of Progress Made**

- 3.1 This section of the report provides a brief overview of the progress that has been made by the partner agencies over the first two years of the Reshaping Care agenda. Section 4 below provides more specific information in respect of what has been put in place within the locality.
- 3.2 The Scottish Government identified 4 key areas or "pillars" to which investment was to be directed. In determining these "pillars", it is recognised that it is just as important to support local communities to have networks of support in place for older people as well as to have targeted services as and when these are required. North Lanarkshire partners have made a strong commitment to capacity building in local

communities to support older residents and ensure that they stay connected with local resources.

### Reshaping Care Pathway



The primary intention of Reshaping Care for Older People is to ensure that more resources are channelled towards the first three elements above to ensure that older people are supported to live as long as possible in their own homes with the support and services require.

- 3.3 **Community Capacity Building/Preventative and Anticipatory Care –**  
A locality partnership programme has been implemented in each locality with effect from April 2012 through 6 local organisations (CACE, Voice of Experience, Glenboig Neighbourhood Centre, Orbiston Neighbourhood Centre, North Lanarkshire Carers Together, Getting Better Together). This programme is now moving from the mapping phase to developing a Partnership Consortium across all sectors in each locality to look at how a joint approach can support greater numbers of older people to (have a life) locally. Additionally there are other initiatives that have looked at community transport home from hospital, dementia friendly signing in sheltered housing, and partnership with local voluntary organisations to provide support.
- 3.4 **Proactive Care and Support at Home –** is provided through initiatives such as reablement, polypharmacy (addressing management of multiply medications), telecare options, and support for carers. A development worker has been recruited for a period of 9 months by North Lanarkshire Carers Together to work with carers across the North Lanarkshire Council area to look at what arrangements require to be put in place to provide short breaks.
- 3.5 **Effective Care at Times of Transition –** Intermediate care which is being provided through 2 local authority homes in Monklands and Muirpark to provide assessment and rehabilitation for people who need some time to maximise their capacity before longer term arrangements for their support can be arranged as well as respite placements. Community assessment and rehabilitation teams provide a similar service to people on discharge from hospital within their own home. ASSET which is a prevention of hospital admission scheme is a service that has been piloted in Airdrie, Coatbridge and part of the Cumbernauld/North locality.
- 3.6 **Hospital and Institutional Care -** Improving discharge planning; liaison psychiatry and leadership support and development programme in care homes.
- 3.7 North Lanarkshire has a history of effective partnership working with a result that partners have been able to build on this in taking forward the reshaping care for older people agenda. However there is no doubt that this agenda has resulted in much stronger partnership in terms of providing health and care support and services between the statutory, third and independent sectors.
- 3.8 The partners are required to provide an annual update in respect of the local Change Plan as well as a mid year monitoring report on achievements made as well as accountability in respect of the Change Fund spend. A Performance Framework has been developed to monitor the impact of current initiatives and joint working.

- 3.9 In terms of the Reshaping Care for Older People agenda, it is the totality of the partners' resources that require to be considered in terms of how a whole system approach will be improved, a sum equating to over £200 million pounds for the partners in North Lanarkshire.

#### 4. Impact for Coatbridge Locality

##### 4.1 Community Capacity Building / Preventative and Anticipatory Care

Resource has been allocated to Glenboig Neighbourhood House through the Locality Partnership Development Programme to develop the Consortium in the local area as well as carry out a mapping exercise on existing provision to support community capacity building. The Consortium has regular meetings and includes representation from NHS, the Local Authority Community Learning and Development and Social Work, Carers, Strathclyde Police, and the Third Sector. The Consortium aim to work in partnership to build agencies' and individuals' capacity to meet the wider outcomes in respect of Reshaping Care for Older People (RCOP). The initial mapping has taken place and is now being developed.

Through the assets, gaps and services which were identified through this activity as well as the outcomes identified in the Community Capacity Building and Carers Support Strategy, Glenboig Neighbourhood House have been resourced to deliver the Senior Care Project in partnership with Safety Zone, Bargeddie which aims to establish a daily telephone contact service with follow up service and referrals, meal delivery service, community garden service, good neighbour and emergency support services in the winter. This is leading to local information gathering for future development of services. A further project has been resourced – Digital Inclusion – which is run in partnership with Kirkshaws Neighbourhood Centre, Glenboig Neighbourhood House, and Safety Zone and aims to develop older people's IT and internet usage skills resulting in reduced isolation. This project is being delivered by tutors in both hub and home settings with older people typically learning how to use the internet for online shopping through Skype etc.

The Consortium has also been working on the development of the Locality Activity Programme which is a programme which allows for smaller agencies and service providers to bid for smaller localised activities. The Consortium have received 8 applications so far and have received expressions of interest from a further 6 groups, with a closing date for applications of 8<sup>th</sup> March. Allocations are to be made at the next Consortium meeting on March 18<sup>th</sup> to those activities and programmes which meet the RCOP outcomes in the local area. Proposals so far include: equipment to enhance the Monklands Talking Newspaper project; resources for a newly formed Men's Group who are working on a book research project; and resources to expand an Art for Fun project.

Anticipatory Care Plans (ACP) – used to develop improved communication and recording of decisions, thereby leading to provision of care based on the needs and preferences of patients and carers. It includes making patients more aware of their clinical symptoms and what to do if their condition exacerbates. There are now 118 patients with an ACP in Coatbridge Locality Care Homes and roll out has commenced for community patients.

Alzheimers Support Hours are being used effectively to support people with dementia and their carers at home in their own communities. In addition to this we are making good use of assistive living technology.

Similarly respite is being provided on a regular basis, not only in care homes but increasingly in local communities where we are achieving better outcomes. Respite at home is being used flexibly for a range of purposes e.g. for regular periods of respite to relieve carer stress; prevent crisis situations that could result in the use of

institutional care; and as a resource where there are adult protection concerns. The development of our respite flat, a new facility, funded through Reshaping Care Change Plan funding will assist us to continue this form of intervention.

Re-ablement: posts of Occupational Therapist and Home Support Manager funded from Change fund monies have made a real difference. Service users; confidence and independence are being maintained because of the speed of our response. They are assisting in the identification and support of long term care home support users who could potentially benefit from re-ablement to maximise their functional capacity and improve independence.

#### 4.2 Pro-active Care and Support at Home

Over the last year one of our major areas of success has been the use of adult homeshare. This initiative has been used to help us progress a few situations where we had concern about service users; quality of life and where there were significant tensions in the wider family about how best to meet needs. In two different situations, our service users in their 80's are now living more flourishing and satisfying lives. Given that we have several examples of positive practice in place of, how homeshare can work most effectively, we are discussing with colleagues how the scheme can be expanded.

Housing also plays a significant role in shifting the balance of care through the provision of a range of appropriate housing options that meet the changing needs of an increasing older population. Through these older people with more complex needs can be supported at home for longer with the supports they require as opposed to a hospital or care home setting. As such, a number of housing projects have commenced which seek to improve outcomes for older people within the Coatbridge locality. These include:

- The development of community respite at James Dempsey Gardens Sheltered Housing Complex for older people or their carers, improving the range of options for older people to access short breaks.
- Enhanced design of sheltered housing complexes based on dementia friendly design principles: Afton Gardens, St. James Way. Enhancements underway, aiming to provide to more accessible, inclusive living environments for older people who have or develop memory problems.
- Improved accessibility in sheltered housing complexes common rooms and multi storey towers with programme of installation of automated doors scheduled to commence at: Blairgrove Court, Merryston Court, Burnside Court, Dunbeth Court, High Coats, Jackson Court, Glen Court, Milbrae Court, Coltswood Court, Redbridge Court, Calder Court, Whifflet Court, Witchwood Court, Dundyvan Gardens, James Dempsey Gardens and Afton Gardens.
- Planned provision of flexible storage space for mobility scooters and other equipment at James Dempsey Gardens and Dundyvan Gardens.
- Provision of more accessible common room space at Hamilton Drive/Gilchrist Street to increase social interaction opportunities for sheltered housing tenants and other older people from the wider community.

#### 4.3 Effective Care at Times of Transition

Age Specialist Service Emergency Team (ASSET) – a multi-disciplinary, integrated team providing the same short term care (i.e., around 5 days) as a hospital, but in the community, preventing unnecessary admission to hospital. This includes direct access to Consultant Geriatrician, Nurses and Allied Health Professionals. The service has been running for over a year in North, Airdrie and Coatbridge Localities, supporting over 1200 patients, with lower mortality and readmission rates in

comparison with similar patient groups in hospital. An additional Staff Nurse has been recruited to the District Nursing Service in North Locality to support these patients once discharged from the service.

#### 4.4 Hospital and Care Homes

The Associated Sites Rehabilitation Development Team is a one year project funded through Reshaping Care for Older Adults within off-site beds in North Lanarkshire, including the Glenmore Unit at Coathill Hospital in Coatbridge. The objectives of the project are to enhance the skills of trained and untrained nursing teams in a re-ablement culture and also to develop specific rehabilitation skills that will be embedded within in nursing practice.

Additionally, the role of the Assistant Practitioner of Rehabilitation (APR) is being developed and the impact of this generic role within rehab sites is being measured as an objective within the project.

### 5. Strategic Resource Considerations

- 5.1 The partners in North Lanarkshire were required to prepare a Joint Strategic Commissioning Plan by March 2013. This plan is currently available for a period of consultation prior to finalisation and approval at the North Lanarkshire Steering Group and the North Lanarkshire Health and Care Partnership.

### 6. Recommendations

- 6.1 It is recommended that the Local Area Partnership
- l) Note the content of this report



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