APPENDIX 4: CHANGE FUND INVESTMENT 2011/12

The Scottish Government established the Change Fund for older people's services to enable health, social care, housing, Independent and Third sector partners to implement local plans for making better use of their combined resources to improve outcomes for older people.

All 32 Partnerships agreed local plans and received their allocations of the £70 million Change Fund available for 2011/12.

Following the 2012 Spending Review, Ministers announced that an £80 million Health and Social Care Change Fund would be available to partnerships in 2012/13, with £80 Million committed for 2013/14 and £70 million for 2014/15, to drive the development of services that optimise the independence and wellbeing of older people at home or in a homely setting.

In Year 1 of the Change Fund, Moray received £1.187 million.

This was invested in areas which were identified for investment in line with existing commissioning strategies and services plans, with specific proposals developed through a wider engagement with key stakeholders, including older people themselves.

These proposals were considered for funding in line with guidance from the Joint Improvement Team on a structured option appraisal approach. All have been evaluated to consider what improved outcomes they have provided to older people and whether further investment is required.

The Moray Partnership agreed a second local plan for Year 2 of the Change Fund which builds on the actions commenced in 2011/12 and complies with the Scottish Government's criteria that at least 20% of funding will be dedicated to supporting carers to continue to care for older people.

In Year 2 of the Change Fund, Moray received £1.36 million.

A Joint Performance Reporting Team has been put in place to gather data and evaluate the success of the interventions which have been put in place. This will enable the Partnership to decide which pattern of services to retain and which to dispense with once the Change Fund ends.

A. PREVENTION AND ANTICIPATORY CARE				
PROJECT		**RATIONALE**	**OUTPUTS**	**RECURRING IN 2012/13**
1	Anticipatory Care Practitioners	Anticipatory care practitioner posts, working closely with extended community care teams and primary care, providing comprehensive geriatric assessment using prediction of risk to develop anticipatory care plans, will reduce inappropriate emergency admissions	??????????	??????????
2	Falls Team	To create a falls team with responsibilities for implementing the local integrated Falls and Bone Health Strategy, focusing on interventions to reduce the consequences of falls and fragility fractures.	• Team established Feb 2012 • Using a care bundles approach • Adoption of simple screening tool in A&E to provide intervention to reduce the risk • Steering group established around implementation of the Falls and Bone Health Strategy in Moray • Mapping workshop completed	Initial delay in recruitment. Will be evaluated after 11 months (Jan 2013). Funding for remainder of 2012/13 may be required from Year 2.
3	Library Information Officer for Older People	To work in partnership with library services to improve the provision of information and advice for older people. This includes access to information and advice for older people around long term	• Work plan steering group established • Production of two newsletters for older people around services and community groups • Service and community information gathered and Morinfo database	Successful. Funding recurring in Year 2 to consolidate. Post to be further focused on system-wide co-ordination of accessible joint

A. PREVENTION AND ANTICIPATORY CARE				
PROJECT		**RATIONALE**	**OUTPUTS**	**RECURRING IN 2012/13**
		conditions via different methods of communication tools; complementing the self care agendas within Public Health and already happening across Health and Social Care	updated	information for older people, with a focus on preventative and self-care approach
4	Transport seminar	To organise and stage a seminar to take a partnership approach to address the difficulties faced by older people in accessing public transport, in response to enabling health and wellbeing event with older people	• Seminar in Sept. 2011attended by 51 participants. Action plan developed which led to following outcomes: Funding to BABS Dial-a-bus to sustain and develop the current community transport scheme in the Buckie area Funding to Speyside Car Sharing Scheme to sustain and develop the current community transport scheme in the Speyside area Funding to pilot an on demand bus service for Spey Bay - Fochabers – Orton for a six month trial Establishment of a Moray Transport Passenger Forum and a Moray Transport Providers Forum	Completed. Funding non-recurring.

A. PREVENTION AND ANTICIPATORY CARE				
PROJECT		**RATIONALE**	**OUTPUTS**	**RECURRING IN 2012/13**
			Re-establishment of multi-agency Transport Liaison Group	
5	Scoping work for time banking	To identify opportunities to develop community capacity and strengthen communities in response to enabling health and wellbeing event with older people	• Initial scoping work completed	Initial phase completed. Funding non-recurring in Year 2. Proposal included in community capacity building work stream
6	Telephone Befriending	Vulnerable socially isolated older people can receive a daily phone call to enhance their wellbeing	• Development work completed for Moray Calls • Volunteer recruitment commenced	Initial phase completed. Funding non-recurring in Year 2. Proposal included in community capacity building work stream
7	Be Active Life Long (BALL) project worker	To develop and build the capacity of the Moray BALL Group Management Committee; support and build the capacity of existing BALL groups to ensure continued sustainability; to establish two new groups	• Two new groups established in Burghead and New Elgin • Development support provided to existing groups	Completed. Funding recurring in Year 2 following proposal from BALL Management Group the post of a co-ordinator to build further capacity.

B. PROACTIVE CARE AND SUPPORT AT HOME				
PROJECT		**RATIONALE**	**OUPUTS ACHIEVED**	**RECURRING IN 2012/13**
1	Reminiscence boxes	Reminiscence therapy can improve engagement with older people, specifically around dementia care	• 11 reminiscence boxes produced which are now available for loan through Moray libraries Positive feedback received from users	Completed. Funding non-recurring.
2	Carers' Short Break Bureau	Facilitate carers and older people to access a wider range of services/choices regarding respite and short break options, and enable service users to use self directed support	• Establish a single point of contact • Creation of database of services, organisations and resources providing information and creating choice for carers and older people • 30 referrals in 3 month period, of which 8 were older people, 10 were older carers and 1 for an interdependent caring situation Positive feedback received from service users	Successful. Funding recurring in Year 2 to consolidate. Future focus to include inter-dependent carers
3	Equipment Cleaner	Maximise equipment recycling by appointing an equipment cleaner to disassemble, clean and inspect equipment returned to the Joint Equipment Store	• Increased rates of equipment recovered, cleaned, serviced and returned to stock	Successful. Funding recurring in Year 2 to consolidate. Post to continue as demand for equipment is rising
4	Moray Handyperson Service	Investment in low-level home maintenance work will enable older people to stay at home for longer	• Development plan agreed for sustainable service	Completed. Funding non-recurring.
5	Alzheimer Scotland	To provide a specialist reablement service to people with dementia	• Contract began April 2012	Evaluation due in March 2013. Funding

B. PROACTIVE CARE AND SUPPORT AT HOME				
PROJECT		**RATIONALE**	**OUPUTS ACHIEVED**	**RECURRING IN 2012/13**
	dementia support		Improved quality of life for people with early dementia and their families by supporting them following diagnosis to live well with the condition	for remainder of 2012/13 may be required from Year 2.

C. EFFECTIVE CARE AT TIMES OF TRANSITION				
PROJECT		**RATIONALE**	**OUTPUTS ACHIEVED**	**RECURRING IN 2012/13**
1	Intermediate Care Team	Provision of community based assessment/rehabilitation/intermediate care to older people Identification of frail elderly who have the greatest risk of admission or re-admission to hospital or long term care	????????????	?????????
2	Intermediate Care Beds	Provide step up/ step down/ palliative beds as alternative to hospital admission, specifically in Elgin area which has no community hospital	• Enhanced partnership working with care homes • Increased provision of alternatives to hospital admission	Successful. Funding recurring in Year 2 to consolidate.
3	Winter Pressure Beds	To extend the existing step up/ step down/ palliative beds in Moray as an alternative to hospital admission, during winter pressure	• Enhanced partnership working with care homes in the area • Increased provision of alternatives	NR. Why is this non-recurring

C. EFFECTIVE CARE AT TIMES OF TRANSITION				
PROJECT		**RATIONALE**	**OUTPUTS ACHIEVED**	**RECURRING IN 2012/13**
		period	to hospital admission	
4	Home Care and dementia care element of Intermediate Care Team	Provision of home care to support the Intermediate Care Team		R
5	Reablement unit at Anderson's Care Home	To provide adaptations within an existing area of the home, creating a reablement facility	• Adaptation of accommodation completed • Older people undergoing period of reablement before returning home in the Elgin area	Completed. Funding non-recurring in Year 2. Possible further development to be taken forward as part of Housing work stream
6	Moray Well and Connected	Low level practical and emotional support on hospital discharge to complement existing Home From Hospital service, freeing up capacity	• Volunteers recruited and trained; service launched	Completed. Further funding to be considered under community capacity building work stream

D. ENABLERS				
PROJECT		**RATIONALE**	**OUTPUTS ACHIEVED**	**RECURRING IN 2012/13**
1	Intermediate Care van equipment	To provide mobile equipment to support the work of the Intermediate Care Team and Out of Hours service	• Equipment purchased • Access to equipment in out of hours	Completed. Funding non-recurring.
2	Hospital beds for community use	To provide specialist hospital beds for use in people's own homes	• Beds purchased • Access to hospital beds available in patients' own home	Completed. Funding non-recurring.
3	Community alarm and telecare monitoring centre	Ongoing development of Telehealthcare services and the promotion of more anticipatory and preventative working practices	• Moray selected for dallas project • Telehealthcare development has continued	Initial phase completed. 24 hour response service and use of technology to be taken forward as work stream
4	Communication and engagement work	To create and support consultation and engagement opportunities with older people during the commissioning process for the development of the strategy	• Living longer, living better newsletter – editions in Nov and May • Consultation and engagement events held around Moray • Continued engagement and involvement of the Older Peoples Reference Group in monitoring progress • Purchase of display boards for public consultation events	Initial phase completed. Funding remains for next phase of engagement and consultation on draft Joint Commissioning Strategy.

D. ENABLERS				
PROJECT		**RATIONALE**	**OUTPUTS ACHIEVED**	**RECURRING IN 2012/13**
5	Strategic Change Manager	To act as operational lead for Change Fund and create the commissioning document; engage and inform wider older people's networks across Moray	• Successful communication and involvement of OPRG and wider public at key points in commissioning process • Progress in the development of the commissioning plan including completed needs analysis, service mapping, resource mapping • Co-ordination of Change Fund Governance Group activities and commissioning activities of the wider commissioning group • Successful application of Change Fund in years 1 and 2	Successful. Funding to recurring in Year 2 to consolidate.
6	Cultural change and partnership working	Contract with IPC to support the development of cultural change and partnership working across all stakeholders in support of the development of the Joint Commissioning Plan, and to provide critical friend support	• 7 workshops facilitated by IPC • Completed needs analysis • Completed service mapping • Completed resource mapping • Start of draft commissioning document • Improved partnership working	Successful. Funding recurring in Year 2 to consolidate.
7	Partner agency cover	To backfill partners to attend commissioning events	• Wide range of stakeholders established	Successful. Funding recurring in Year 2 to support continued involvement.

D. ENABLERS				
PROJECT		**RATIONALE**	**OUTPUTS ACHIEVED**	**RECURRING IN 2012/13**
8	Workforce development	To support the continuing professional development of staff	• Heart failure training; pulmonary rehab training; GP sessional training; nurse training; all delivered	Completed. Funding non-recurring.