

FALKIRK COUNCIL

Subject: FOLLOWING THE PUBLIC POUND (FPP): HEALTH AND OLDER PEOPLE
Meeting: SCRUTINY COMMITTEE
Date: 14 AUGUST 2014
Author: DIRECTOR OF SOCIAL WORK

1. INTRODUCTION

- 1.1 The purpose of this report is to update Members on the work of the external organisations who receive funding and who provide services relating to health and for older people, and who fall within the 'Following the Public Pound' (FPP) reporting and monitoring arrangements. The reporting period is April 2013 to March 2014. It should be noted that organisations were previously reported by Service, however in order to provide Members with a strategic context, organisations will now be reported by category as outlined to Members during April's Scrutiny Committee.
- 1.2 External organisations are often voluntary or charitable, and non-profit making organisations and generally, will be able to provide a better range or quality of service, or to provide services that would not otherwise be provided. The common purpose is usually to offer a wider range of services, often in conjunction with other public organisations which encourages joined-up services.

2. HEALTH & OLDER PEOPLE: IMPACTS RESULTING IN DEMAND

- 2.1 In Falkirk, we are aware that we are faced with a number of challenges that mean that the demand for health and social care services has been and will continue to substantially increase. The third sector agencies that we commission to deliver services make a substantial contribution in addressing the issues. The key challenges that we face are summarised below.

Falkirk's Older Population

- 2.2 Falkirk's total population is increasing. In 2013, there were approximately 26,278 people aged over 65 living in Falkirk, which is 17% of the total area population at that time (155,705). By 2035 it is projected that 42,708 people will be aged 65 or older, accounting for 25%, a quarter of the total population in the Falkirk area.

Life Expectancy

- 2.3 A major challenge is the growing number of older people, who are often living with multiple long term conditions, some of which may be caused by a combination of living longer and lifestyle choices.

- 2.4 Life expectancy is an estimate of how many years a person might be expected to live, and healthy life expectancy is an estimate of how many years a person might live in 'full health'. The difference between these figures can provide an indication of the level of demand that may be put on services. Over recent years, life expectancy has increased in Falkirk and it is predicted to continue to rise.
- 2.5 Falkirk males have a difference of 10 years between healthy life expectancy and life expectancy. Falkirk males are expected to live until 76.4 years (which compares to the 76.1 Scottish average), however, from 66.4 years of age they are expected to require some form of health or social support. Females in Falkirk have a difference of 10.9 years between Healthy Life Expectancy and Life Expectancy, which is slightly lower than the Scottish Female average.

Lifestyle Choices and Disease

- 2.6 There is an expectation that the 'burden of disease' will continue to increase proportionally as the number of people living longer over the age of 65 continues to rise. This could be significantly exacerbated by the lifestyle choices that people make, such as unhealthy eating, excessive alcohol consumption and smoking, which may result in an increase in the number of people diagnosed with diabetes, heart disease, cancer and arthritis. This will have a significant impact on service provision.
- 2.7 It is estimated that during the next 3 years, heart disease will increase by 7%, stroke by 8% and dementia by 9%. This will have a significant impact on service delivery.

Mental Health

- 2.8 Mental Health also contributes to the 'burden of disease'. Approximately one third of the population experience a mental health issue every year. In Scotland 13% suffer from depression and in 2010 suicide rates in Scotland were 14.7 per 100,000 population. It is estimated that 43% of individuals in receipt of benefits do so as a result of a mental health illness. In Falkirk, we also recognise that there are also a considerable proportion of benefit claimants who have mental health issues which have not been diagnosed, and where there is a direct impact on their ability to meet with their claimant responsibilities under revised welfare regulations. The life expectancy of people with mental health issues is typically 10 years shorter than the average life expectancy.

Hospital Care

- 2.9 The commissioning of Forth Valley Royal Hospital during 2011 was the final stage in a significant disinvestment in acute bed numbers, with Forth Valley now having the lowest number of acute beds per 1,000 of population in Scotland. It is therefore critical that we work to minimise emergency admissions and ensure patients are able to be discharged from hospital as quickly as possible, meeting the national Delayed Discharge target. It is recognised that there are some patients with high level needs whose discharge will take longer to arrange and therefore the standard maximum delay is not always applicable.

3. HEALTH & OLDER PEOPLE: FALKIRK'S STRATEGIC CONTEXT

Policy and Planning Context

- 3.1 In delivering effective services, it is important to consider the evolving policy landscape – both at national and local level. There are a number of common themes that underpin national and local strategy and policy. These themes include:
- Prevention and early intervention;
 - Enabling and supporting rehabilitation and self-management of health and wellbeing; and
 - Enabling and supporting community based development to ensure that the right services are locally accessible, at the right time.
- 3.2 The third sector has a critical role in service delivery to support these themes. The key policies and strategies which are relevant to services relating to health and older people are shown in table 1 below:

Table 1

National Drivers	Local Drivers
<ul style="list-style-type: none">▪ Christie Commission Report▪ Reshaping Care for Older People▪ Caring Together▪ Healthcare Quality Strategy for Scotland▪ National Dementia Strategy▪ Self-Directed Support Bill▪ National Strategy for Housing for Older People▪ Community Empowerment & Renewal Bill▪ Equally Well▪ Mental Health Strategy for Scotland	<ul style="list-style-type: none">▪ Strategic Community Plan▪ Falkirk Council Corporate Plan▪ NHS Forth Valley Corporate Plan▪ Forth Valley Carers Strategy▪ Poverty Strategy: Towards a Fairer Falkirk▪ Culture & Sport Strategy: Falkirk Community Trust▪ Local Housing Strategy▪ Equally Well In Falkirk▪ Single Outcome Agreement▪ Falkirk Partnership Change Plan▪ Forth Valley Mental Health Framework

Reshaping Care for Older People

- 3.3 The Joint Strategic Commissioning Plan for Services for Older People has been prepared by the Falkirk Community Health Partnership to describe our shared view of how care services and supports for older people, their carers and families need to change over the next 3 years (2014-2017) and beyond.
- 3.4 The Partnership recognises that we need to work together to provide co-ordinated care and support for older people, their carers and families living in the Falkirk area. In order to ensure that the right health, social care and housing support is available, partners within the statutory, third and independent sectors must continue to work together – and for this to happen all partners will be working to a common vision and set of aims, objectives and outcomes- using their skills and resources in joined up ways.

- 3.5 NHS Forth Valley, Falkirk Council, CVS Falkirk and District and Scottish Care worked closely together to develop the plan. The priorities and actions were informed by gathering feedback from the wider third and independent sectors and, most importantly, from older people, their carers and families.
- 3.6 The Partnership's vision for Falkirk is **“to enable older people in Falkirk Council area to live full and positive lives in their own homes or when this is not possible within homely settings within supportive communities.”**
- 3.7 The Partnership recognises that to deliver this ambitious vision will require substantial changes to both attitudes and the way that services are delivered and that organisations, individuals and communities will need to embrace change. The third sector have a key role in this change, particularly in moving away from crisis driven actions that can lead to dependency, to actions which enable people to have ownership of their own wellbeing and care, and that support their well-being and independence.
- 3.8 We also know that overall older people provide far more care than they receive. Across Scotland approximately 20,000 people over 65 years receive more than 20 hours home care per week while over 40,000 provide more than 20 hours unpaid care per week. This critical resource must be supported and maintained, alongside wider community supports.
- 3.9 The changes that we would like to see happening within the Falkirk Council area through the delivery of the plan over the next 3 years are:
- Older people and their carers have control over their own health, care and well being through a range of community based services;
 - Older people live in a homely environment within a supportive community, in order to avoid unnecessary admissions to care homes or hospitals;
 - Older people, their carers and families will have control and choice over decisions about their care, particularly at times of transition;
 - Supports are in place to ensure that older people are not admitted to hospital where this is not appropriate and that discharge is not delayed.
 - An enabling infrastructure of integrated working practice across all partners and communities is in place to underpin and support the pathway of care.
- 3.10 These outcomes are mirrored within the Community Planning Partnership's Single Outcome Agreement (SOA).

Mental Health

- 3.11 Forth Valley Mental Health Framework (2012-2015), again reinforces the importance of prevention, anticipation and self-management. The Forth Valley vision is **“To co-ordinate and deliver the provision of a person centred, safe and effective Mental Health & Wellbeing service through partnership working. Supporting and promoting rights and recovery, addressing stigma and improving quality of life outcomes”**.
- 3.12 Services provision contributing towards this vision is beyond the scope of statutory agencies and therefore third sector agencies are critical to the partnership. Local partners are committed to achieving the following outcomes:
- The mental and wellbeing of the local population is improved;

- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities is better recognised and reduced;
- Inequalities, stigma, and discrimination suffered by people experiencing mental health problems and mental illness are reduced;
- Individuals have a better experience of the support and treatment they receive and have an increased feeling of control over related decisions;
- Access to and the quality of preventative measures, early intervention and treatment services improved and more people recover as a result.

4. OVERVIEW OF FUNDED ORGANISATIONS: HEALTH & OLDER PEOPLE

- 4.1 The table below shows the 5 External organisations that received Council support during 2013/2014, either via 'in kind' support or by direct financial support.

App.	Organisation	Funding Purpose	Total Support Received 13/14
1	Independent Living Association	Core	£29,604
2	Princess Royal Trust for carers	Core	£141,898
3	RVS – Meals on Wheels	Volunteer Recruitment	£10,400
4	Alzheimer's Scotland	Core	£63,219
5	Falkirk & District Association for Mental Health	Core	£177,777
	Total Funding		£422,898

5. ASSESSMENT OF INDIVIDUAL ORGANISATIONS PERFORMANCE

- 5.1 An individual report is attached for all of the External organisations shown above. Each report provides an overview of the service provided, the agreed objectives or outcomes, performance information during the reporting period and a financial overview. It should be noted that audited accounts for 2013/2014 have not yet been prepared for any of the organisations. The organisations concerned, whilst appreciative of the support they receive from the Council, have highlighted the challenges they face associated with annual funding.
- 5.2 As part of the support allocation assessment process, External organisations are allocated a risk rating based on governance arrangements, financial management and past performance. The ratings are low, medium or high and provide Monitoring Officers with an indication of the minimum level of monitoring and support which should be established. External organisations deemed as low risk, are monitored at least annually, medium risk external organisations should be monitored at least quarterly and high risk, at least monthly. Monitoring is recommended to take the form of regular reports, which measure performance against outcomes and/or objectives and provide financial monitoring information. Monitoring Officers are also required to hold meetings with the external organisation throughout the year.

6. CONCLUSION

- 6.1 As set out within the report to this Committee on 13 June 2013, 'Following the Public Pound: Scrutiny Committee Role and Reporting Schedule', Members are invited to consider each organisation's report and select from the following options for each external organisation:
- A. Approve report and acknowledge progress by the external organisation in meeting Council priorities;
 - B. Request further information on specific aspects of the service provided; or
 - C. Request action with follow-up for subsequent Scrutiny Committee consideration.

7. RECOMMENDATIONS

Members are asked to:

- 7.1 **Consider individual reports for external organisations and select an option from those presented in 6.1.**

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DIRECTOR OF SOCIAL WORK SERVICES

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LIST OF BACKGROUND PAPERS