ScotPHN report

Scottish Public Health Network (ScotPHN)

An Overview to the Health and Social Care Needs Assessment for Older People in Scotland

Phil Mackie

August 2013

Foreword

Meeting the health and social care needs of the older people in the Scottish population remains one of the most fundamental requirements of maintaining a socially just society. In recent years, successive national and local Governments, public sector agencies and the third sectors have sought to meet the challenges which this requirement places on us all. Over the last few years these bodies have refocused all of our attention on the care of older people and have sought to redouble our efforts at developing safe, and effective care in a way which is sustainable both financially and in terms of our use of finite resources.

It was against this background that I identified, as Director of Public Health for both NHS Borders and the Scottish Borders Council, that there was a need to undertake a comprehensive health and social care need assessment to help guide the development of services over the next decades to meet these needs. I am grateful to my fellow Directors of Public Health across Scotland who agreed with this view and requested that the work be carried out by and through the Scottish Public Health Network.

This short document provides an overview to the work which has been undertaken as part of the assessment. It provides background to the various elements of the work and links to the substantive documents and the key messages from them. It also provides an indication on how each of the documents may be used in planning and commissioning health and social care services.

In commending this health and social care needs assessment to you, I am conscious of the need to thank the very many people who have been involved in the project. I do not wish to single any one individual or group of individuals out for thanks; rather I thank all those who have had involvement in the various steering and project groups. Without them, this would not have been possible.

Eric Baijal
Director of Public Health
NHS Borders and Scottish Borders Council /
Chair of the HSCNA of Older People Steering Group

Contents

1.   Introduction

Providing health and social care for the older people within our population are defining features of a mature, socially just society. However, in recent years the development of new and more effective approaches to health and social care provision, linked to the simple fact that the proportion of older people within the Scottish population is set to increase has highlighted the need for change in planning for and providing such care. Overall, the demographic change means that the way public sector services are provided currently are largely unsustainable in the sense that (in particular, age-related) needs are increasing at a time when significant pressure is being exerted to reduce budget deficits, in part by reducing public spending.

This recognition has been reflected in a wide range of public policy reports which seek to influence how public sector services are funded and managed. The key themes that emerge from the reports may be summarised as:

- a need for services to increase efficiency – doing more for less;

- to increase partnership working;

- seeking meaningful and positive, engagement with the people themselves to encourage an interest in their own health, which translates to action e.g. self- care; and

- redesigning the way in which needs in the population are identified and met through the wide range of providers and other stakeholders.

The specific trigger for undertaking a new Health and Social Care Need Assessment for Older People in Scotland was the implementation of the Reshaping Care for Older People initiative1 and planning for the use of the Change Fund2 associated with it. The Directors of

---

[1] Scottish Government / CoSLA / NHS Scotland (ND) Reshaping care for older people: a programme for change 2011-2021. Available at: http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/Reshaping-Care Last accessed 18th July 2013.

Public Health for Scotland identified that in many local areas work was progressing apace on developing spending plans for the change fund, but the extent to which evidence on need had been gathered to support proposals was variable. As a result, the Scottish Public Health Network (ScotPHN) was commissioned to deliver a programme of work to the health and social care needs of older people.

Given the complexity of this work, and the mix of background documents and formal reports which comprise the health and social care needs assessment, this report has been written to provide an overview of all the work which has been undertaken by ScotPHN.

As with any such assessment of health (and social) care need, the work is undertaken at a specific point of time, on the basis of existing evidence. Consequently it is necessary to keep the usefulness of the assessment under review. This health and social care need assessment will be kept under review by the Scottish Directors of Public Health and revised, updated or extended when and where necessary.

---

[2] Joint Improvement Team (ND). Change Fund Plans. Available at: http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/change-fund-plans/ Last accessed 18th July 2013.

2. The General Principles of Health & Social Care Needs Assessment

The objective of any Health and Social Care Needs Assessment is to specify services and other activities which impinge on health care relating to a specific disease or diseases.3 In general, the principal activities involved in HSCNA are:

- an assessment of incidence and prevalence;

- an analysis of the effectiveness and/or cost-effectiveness of services; and

- establishing the existing service baseline to help guide service development and redesign.

From these three components, health and social care planners and commissioners, together with other stakeholders, can determine the policy direction they wish to pursue. There can also be other objectives in HSCNA. These might include:

- improving access and the allocation of resources at local, regional and national levels;

- targeting resources at area(s) of highest need; and

- securing the active participation of key stakeholders and players in understanding the need for change and how it can be achieved.

Undertaking such work usually requires a collaborative approach bringing together people with the necessary knowledge base and those with the appropriate technical skills. Broadly speaking, this requires that there is an:

1. *Epidemiological Needs Assessment:*
   o incidence and prevalence;
   o effectiveness and cost effectiveness of services; and
   o description of baseline services.

2. *Corporate Needs Assessment:*

---

[3] Stevens A, Rafferty J, Mant J, Simpson S. Health Care Needs Assessment. First Series, Second Edition, Volume 1. Radcliffe Publishing Oxford.

o reporting the demands, wishes and alternative perspectives of interested parties, for example service users and their carers, and stakeholders including professional, political and public views; and

3. *Comparative Needs Assessment*
   o comparing and contrasting the services in the population under study with those provided elsewhere.

Taken together a HSCNA should, insofar as there is appropriate data available, describe the capacity of the population to benefit from a service or intervention and to make suggestions as to how such benefits can be delivered. Care provision need is not however, the only important factor in planning and delivering health care. Consideration may be given to, for example, political direction, health and social care costs, legislation, competing NHS priorities, patient voices and public involvement, professional opinion, scarcity of resources or expertise and the existing pattern of services. Given the NHS is a public-funded institution, it is also important to recognise the importance of population perceptions and the impacts of political processes.

The specific approaches taken in this HSCNA are set out in chapter 3 below.

3.   The Contents of the HSCNA for Older People

The general approach used by the Scottish Public Health Network (ScotPHN) was described above. This highlighted that there is no single, formal approach to undertaking HCNA which must be used in all circumstances. Rather, any HCNA should be undertaken using methods which are appropriate to the types of need being established. Clearly the aim is to use data collection mechanisms that are valid and robust. In general this requires a mixture of qualitative and quantitative data collection and analytic techniques.

For the purpose of this HSCNA the scope was broadly set to include:
- describing the health and social care needs of Scotland's older population in the next twenty years.
- describing more fully what initiatives are being – or could be – undertaken by NHS Boards and Local Authorities to meet the requirements of the Scottish Government's key policy areas including:
  o Reshaping Care for Older People's Change Fund (now in year three of four);
  o refocusing preventative services to promote healthy ageing; and
  o the integration of health and social care.
- describing for existing models of care:
  o how they may be more sustainable in terms of their carbon / resource uses, including the role of self-managed care within these; and
  o the values which should underpin service provision, in so doing, highlighting the need for quality and safety of patient care.

However, it was very clear that much activity was already underway and it was agreed every effort should be taken to avoid unnecessary duplication of any existing or proposed work in this area. At the same time it was recognised that it was vital to understand how these pieces of work link, could link better and how they will impact.
In reviewing the work being undertaken across Scotland in this field, notably by the various health and social care service improvement agencies and by NHS Boards and Local Authorities, the specific strands of the HSCNA to be completed were identified in

conjunction with the Steering Group for the project and formal working groups established to progress them (see Appendix 1).

A complete list of all the work strands and their lead authors is contained in Appendix 2.

3.1 Epidemiological Assessment

There were four work-strands agreed for the Epidemiological Assessment. These are briefly described in Table 3.1 which sets out the rationale behind the work-strand, the product developed by the HSCNA and where it can be found. In each case, the final product is a stand-alone document or resource which can be used in conjunction with other components of the HSCNA or individually.

Table 3.1   Work-strands within the Epidemiological Assessment

Work-strand	Rationale	Product	Location
Epidemiological Statement	The main epidemiological analysis of existing national and local health and social care data.	Report	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*
Dementia Health Care Needs Assessment	A specific sub-analysis to complement the update Scottish Dementia Strategy.	Report	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*
Pharmaceutical Needs Assessment	A toolkit to allow local NHS Boards to determine pharmaceutical needs over time.	Toolkit	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*
Community Profiles	Sub-NHS Board community data sets to facilitate CPP planning and delivery.	ScotPHO profile (web)	Via ScotPHO website (www.scotpho.org.uk)

It should be noted that the work concerning the development of a HSCNA toolkit for long-term conditions was transferred into an independent ScotPHN work programme. This will start during 2013/14.

3.2   Corporate Assessment

Broadly speaking, the consideration of what work was necessary as part of the Corporate Analysis identified little which was not already covered by existing activity. However two areas were identified and these are set out on Table 3.2 below.

Table 3.2   Work-strands within the Corporate Assessment

Work-strand	Rationale	Product	Location
Policy Landscape	A summary report outlining the major Scottish policy documents which impact directly or indirectly on the health and social care of older people.	Report	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*
Values for care	Rapid review of values for care (post Francis Report and Jarvie Report). Work on this was subsequently subsumed into SGHD Vision 20:20 workforce initiative[4].	Background / context	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*

3.3   Comparative Assessment

As with the Corporate Assessment, many of the areas usually associated with a Comparative Assessment were already being carried forward across Scotland. There were however, four specific areas where the HSCNA undertook work. These are detailed below in Table 3.3.

Table 3.3   Work-strands within the Comparative Assessment

Work-strand	Rationale	Product	Location
Workforce Analysis	Rapid review of workforce situation. Formal workforce planning requirement subsequently subsumed into 20:20 Workforce Vision	Background / Context	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*

---

[4] Scottish Government 20:20 Workforce Vision. See: http://www.scotland.gov.uk/Topics/Health/NHS-Workforce/Policy/2020-Vision Last accessed 18 July 2013.

	initaitive[4].		
Models of Care	Literature review of models of care undertaken to support other work-streams.	Background / Context	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*
Sustainability Checklists (Resource use)	Development of evidence based checklists to support local planners regarding service (environmental) sustainability (cf Good Corporate Citizenship requirements)	Checklists	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*
Service Configuration Sustainability Modelling	Joint development work between ScotPHN, Scottish Managed Sustainable Health Network and University of Exeter underway to assess existing resource sustainability models within Scotland covering carbon footprint, staffing and locational resources.	Toolkit	*http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports*

3.4   Developing the HSCNA

The HSCNA was carried forward using the ScotPHN project management approach that requires oversight for the project to be undertaken by a formal Steering Committee, chaired by a Director of Public Health. The Director of Public Health acts as sponsor for the project on behalf of all the Scottish Directors of Public Health and provides an essential component in quality assuring the projects final products. The work itself is undertaken by small working groups, under the leadership of a nominated "lead author" who is responsible for the work, supported by ScotPHN.

This HSCNA has been the most complex undertaken by ScotPHN and this is reflected in the full list of people who have collaborated in the Steering Group and the individual project groups who have carried out the assessment work. These are all detailed in Appendix 1.

4.   Using the Health and Social Care Need Assessment Documents

4.1   Health and Social Care for Older People in Scotland

One of the "usual" areas which was not required for this HSCNA was a specification of the model of care which would be preferred in meeting the care needs of older people. This is simply because the large body of work from both the Scottish Government and from the Joint Improvement Team in Scotland that already exists on this topic.

The Scottish Government's "20:20 Vision" sets out the strategic vision for achieving sustainable quality in the delivery of health and social care services across Scotland in the face of the significant challenges of Scotland's public health record, the demography changes predicted and the general economic environment generally.[5] The vision is that by the year 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a system where:

- there is integrated health and social care;
- there is a focus on preventive care, on anticipatory care, and on supported self-management;
- required hospital treatment is normally provided on a day case basis if it cannot be provided in a community setting; and
- whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.

Overall, there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to care.

It is this vision which is at the heart of the Reshaping Care for Older People initiative and the many other initiatives which impact on the care of older people (e.g. the work of the Long-term Conditions Collaborative).

---

[5] Scottish Government (2011). Achieving sustainable quality in Scotland's healthcare: a '20:20 Vision'. See: http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision Last accessed 18th July 2013.

4.2   Using the HSCNA Documentation

The various documents produced as part of the current HSCNA – and the on-going work which it has created – are designed to be used within the context of the model of care for older people which is informed by the "20:20 Vision". Though it is clear that not all of the documentation will be of use to everyone involved in developing and reshaping care services.

It is anticipated that this Overview Statement and the Policy Landscape document are likely to be best used in helping establish the current context in which changes are being made. Of particular interest may their use in helping focus attention on the inter-relationships that already exist within policy and service domains as statutory agencies more towards greater integration of adult health and social care and the renewed emphasis on Community Planning Partnerships as the mechanism by which local services are commissioned and monitored.

For all service commissioners and planners, whether in health or social care sectors, it is expected that the epidemiological assessment, the dementia needs assessment and the pharmacy need assessment will be of specific use. The epidemiological assessment will be updated over time, not least with the development of specific Community Profiles by the Scottish Public Health Observatory. The dementia need assessment will be useful to all those involved in delivering the updated dementia strategy in Scotland. The pharmacy need assessment will also be updated over time and it is anticipated that this will have specific use by the newly formed collaborative focussing on the pharmaceutical care of older people.

The current sustainability checklists are likely to use of greatest use by those working within local services to help them understand and respond to the carbon foot-prints of the services which they are designing or reviewing. Over time, these will be augmented by the outputs from the joint work with the University of Exeter and NHS Lothian which is developing Scottish models for resource sustainability covering facilities and workforce, financial and carbon. Early evidence of the model in practice has shown the ability to model potential improvements in financial, workforce and carbon efficiencies. Work is now underway to extend the model to cover health and social care in Scotland.

Finally, the HSCNA developed a number of background papers which – whilst not published with the HCNA - are available to be consulted. These background papers cover areas such as a literature review on models of older peoples' care and on the values for care. In all cases, the work was subsumed into other work-streams of the HSCNA or into national work. Whilst they can be accessed, they should be used with caution as they are not a "definitive" statement on any of the issues considered.

5.   Conclusions

In concluding this overview to the HSCNA for Older People in Scotland, it is hoped that it has helped in providing a useful introduction to the work as a whole. It has been a complex piece of work, reflecting the complexity of the challenges facing all those who plan and deliver services for older people in Scotland.

What has become apparent throughout this endeavour is that the work of everyone in relation to caring for our older people in Scotland cannot stand still. There should be no point at which there is a sense that planning, commissioning, delivering and reviewing the quality and effectiveness of services will be finished.

The factors which have underpinned the need for the current focus on older people's services will continue to evolve. Financial austerity may be with us for the generation to come, but demographic changes will change within that generation, as will innovation in service delivery and its consequences. These should be kept under active review so that as new factors emerge – or current ones change – there will be the necessary adaptability in the system of care to respond quickly and seamlessly to continue to meet need with services that are centred on the individual, are safe, and are effective.

Appendix 1: Steering and Project Group Members for the HSCNA

Steering Group

Eric Baijal (Chair)	NHS Borders and Scottish Borders Council
Gillian Barclay	Scottish Government
Peter Christie	Healthcare Improvement Scotland
Ann Conacher	ScotPHN
Ron Culley	Convention of Scottish Local Authorities
Harry Garland	Society of Local Authority Chief Executives
Anne Hendry	Joint Improvement Team
Anne Jarvie	
Kenny Leinster	Association of Directors of Social Work/South Ayrshire Council
Richard Lyall	Scottish Government
Gillian McCartney	ScotPHN
Phil Mackie	ScotPHN
Moira Smith	Public Partner
Debbie Tolson	University of West of Scotland

Former and deputy members include: Colin Bell, Healthcare Improvement Scotland; Kathleen Bessos, Scottish Government; Chris Bruce, JIT; Damien Killen, Public Partner; Callum Chomczuk, Age Scotland

Epidemiology Project Group

Oliver Harding	NHS Forth Valley – Lead author
Patricia Cantley	NHS Lothian
Jane Douglas	Scottish Borders Council
Laura Hay	*formerly* ScotPHN
Steve Kendrick	Information Services Division, National Services Scotland
Anthea Springbett	Information Services Division, National Services Scotland
Libby Webb	NHS Lothian

Dementia Project Group

Cameron Stark	NHS Highland - Lead author
David Berry	Scottish Government
Peter Connelly	NHS Tayside
Suzanne Croy	University of Stirling
Penny Curtis	Scottish Government
Maxine Johnston	Alzheimer Scotland

Pharmacy Steering Group

Sharon Pfleger	NHS Highland – Lead author
Iain Bishop	Information Services Division, National Services Scotland
Fiona Ford	Independent Living Services Scotland
Bruce Guthrie	University of Dundee
Anne Hendry	Scottish Government
Simon Hurding	Scottish Government GP Adviser
Richard Lyall	Scottish Government
Anna Marie McGregor	Royal Pharmaceutical Society
Laura McIver	Healthcare Improvement Scotland
Alpana Mair	Scottish Government
David Marshall	Care Inspectorate
Joy Nicholson	Healthcare Improvement Scotland
Derek Phaup	East Lothian Council
Ailsa Power	NHS Education for Scotland
Margaret Ryan	NHS Greater Glasgow & Clyde
Gregor Smith	NHS Lanarkshire
Allan Thomas	NHS Ayrshire & Arran
Martin Wilson	NHS Highland
Kathryn Wood	NHS Tayside

Appendix 2: HSCNA Documents and Lead Authors

Document	Lead Author
Epidemiological Statement	Oliver Harding Consultant in Public Health NHS Forth Valley
Dementia Need Assessment	Cameron Stark Consultant in Public Health Medicine NHS Highland
Pharmaceutical Needs Assessment	Sharon Pfleger Consultant in Pharmaceutical Public Health NHS Highland
Policy Landscape	Laura Hay, *formerly* ScotPHN Researcher
What is the sustainability of care services for older people?	Jackie Hyland Consultant in Public Health Medicine NHS Fife & Chair of SMaSH Jenny Wares, MRes student, NHS Fife
Sustainability Checklists (Resource use)	Sheila Beck Principle Public Health Advisor (Evidence for Action) NHS Health Scotland
Service Configuration Sustainability Modelling	University of Exeter ScotPHN SMaSH