



Capacity to Change Commissioning Effective Services for Older People

“The key to delivering effective services is to ensure that people are provided with the right service at the right time and in the right place”

Preface

The key to delivering effective services is to ensure that people are provided with the right service at the right time and in the right place. Effective commissioning arrangements are crucial to this.

This workbook has been designed to assist local authority and health partners to gather data across the whole system to assist capacity planning which will then inform local commissioning plans. It will be of particular use when considering older people's services. It should be considered in the context of important policy documents such as *Changing Lives* and *Delivering for Health* which recommend how changes can be made to social care and health services to make them fit for the future. It is intended to be a practical tool for use by partnerships and can be easily adapted or customised for use in local areas.

This workbook assists partners with this process by providing a framework for identifying existing services, service pressures, and financial data, all of which gives a firm basis for then agreeing a detailed and robust capacity plan within an overall Strategic Plan.

The workbook has been developed and tested in a number of partnerships in Scotland and thanks go to NHS Forth Valley, and Stirling, Falkirk and Clackmannanshire Councils who have worked with the Joint Improvement Team (JIT) over the past six months to further develop a model which was devised and developed initially by Andrew Reid together with Dundee City Council.

Assistance with the use of this toolkit can be obtained by contacting JIT via its website:
www.jitscotland.org.uk

We hope that the workbook will be useful to partnerships developing their commissioning arrangements and any comments on the further development of this workbook would be warmly received.

Mike Martin

Director – Joint Improvement Team

This workbook was written for the Joint Improvement Team by Andrew Reid, JIT Associate.

The workbook is designed to be used as a toolkit, so its content may be reproduced for personal or organisational use without the need for formal permission from JIT.

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“With growing demands on services, increasing expectations and an ageing population, the need to have clear costed commissioning plans is crucial”

Introduction

1. The commissioning context

Partnership working towards a ‘joint future’, integrating services, and changing the balance of care have been key themes of government policy for 20 years. With growing demands on services, increasing expectations and an ageing population, the need to have clear costed commissioning plans is crucial.

The recent report of the Scottish Executive Future Project¹ notes that there will be a number of trends which will have a direct impact on Scottish society, including: fewer births; a greater older people population; increasing changes in family structures; more solo living; people living longer (but not necessarily healthier); more chronic disease and mental illness; and increasing health inequalities across the life course. The planning and commissioning of services should take account of the impact of such trends at a national and local level.

Delivering for Health emphasises the need to provide health services effectively in community settings, nearer to the point of delivery, to promote self-care and to support carers. Community Health Partnerships have a key role in delivering this. Similar themes can be found in *Changing Lives*, where there is an emphasis on developing personalised services and enabling people to remain at home and in control of their own lives. The Implementation Plan says *Changing Lives* “will only be achieved by social work services working with their partners locally to re-design the delivery of services.”

It has become evident that the term “commissioning” has different connotations for different agencies. For the purposes of this document, commissioning is referred to as the following sequence of events. These have been identified in the Department of Health document *A Catalyst for Change*² as important elements of effective commissioning and include:

1. Understanding, mapping and forecasting the supply and demand factors within the market to meet the current and evolving needs of users or recipients of care services;

2. Ensuring that there is an alignment between all system partners about planning aspirations and about what needs to be achieved to ensure demand is met, including working within the legal and political framework;
3. Involving all system partners, including users and carers, in the development of plans and strategies;
4. Ensuring the resources across the system are applied to best effect to maximise the attainment of strategic commissioning goals;
5. Reviewing and evaluating models of care, and option appraisal of services with a view to any necessary reprovisioning of services to meet ever-changing needs.

It is important to note that this workbook is designed to assist with the first stage of this process but also emphasises other key stages that need to be considered. Although it focuses solely on the capacity planning process for older people, it may also provide a useful approach when considering capacity planning for other user groups. The workbook will require to be customised to local circumstances in a wide variety of ways, whether it is being used for older people’s services or other services.

However it is used, this workbook needs to fit in with the local stage of development in partnership working and joint strategic planning and commissioning. Partnerships may wish to consider what stage of development they have reached. The *Catalyst for Change* self-assessment audit workbook can help partnerships with this process in relation to all aspects of commissioning.

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Related links

- 1 <http://www.scotland.gov.uk/Topics/Government/futures/trendanalysis>
- 2 http://www.cat.csip.org.uk/_library/Catalyst%20II%20-%20version%206%20release%201%20Final%201.02.pdf

2. Developing a Joint Commissioning Strategy

One key themed area of work that has been developed by the JIT is effective practice in joint commissioning. This work has suggested a number of ways to take this forward and to develop a 3 to 5 year Strategic Plan for older people including a Commissioning Strategy:

Self-assessment of the commissioning process

– the “Catalyst for Change”, a self-assessment workbook, is designed to highlight the strengths and weaknesses of current partnerships in the way they currently commission services. It enables partnerships to identify key actions to produce and effectively implement commissioning in their areas. It can be used in one-day workshops with key stakeholders and can assist with the development of an action plan³.

Involving housing services – the provision of high quality housing in the community is essential to ensure that people can remain in their own homes for as long as possible and Supporting People funding of housing support services also makes a significant contribution to maintaining older people in their own homes. Therefore, the involvement of a range of housing services is crucial.

Consulting with user and carer groups – this needs to be done in a number of ways, including consultation exercises around the commissioning planning process, taking into account the unmet needs of users and carers (including minority ethnic groups), and qualitative feedback in relation to the use of existing services when considering service redesign. A useful article on this process can be found in the Commissioning e-book⁴.

Consulting with independent sector providers – independent providers from both the voluntary and private sector may have useful knowledge of local services, market demand, and also new models of care they have developed in other areas. As such, their contribution is crucial to the process.

Identifying key principles – the establishment of key principles, such as promoting independent living and improving care standards, will provide an

important foundation and check against the terms of a Commissioning Strategy.

Producing core data – on current capacity, future demand for services and financial data across the health and social care system, and using that data to inform the commissioning strategy and explore future models of care.

Carrying out options appraisals and agreeing future models of care – to determine the most appropriate models of care, which are fit for purpose and will meet predicted demand within identified resources. The second report of the Scottish Executive’s Range and Capacity Review Group provides a valuable vision for care.⁵ Community approaches to supporting self care are examined in English Department of Health⁶ and King’s Fund⁷ reports.

Considering preventative services – the role of preventative support services also needs to be considered as an important part of the whole system.

Identifying desired outcomes and defining outcome measures – whilst much of the workbook focuses on the outputs delivered through specific services, it is essential to identify desired outcomes for older people, both as a guide to service specifications for resources to be developed and to provide the outcome measures to evaluate the outcomes of the investment by partners.

Workforce planning – this is a critical requirement in the quality of service delivery and needs to be factored in to the commissioning plan as early as possible.

Financial planning – an integral part of the Joint Commissioning Strategy will be inclusion of details about how the financial resources match the strategic and operational frameworks. It is essential that these are prepared and developed in an open and transparent process and in accordance with guidelines issued from the Scottish Executive and professional accountancy bodies such as CIPFA.

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Related Links

- 3 http://www.cat.csip.org.uk/_library/Catalyst%20II%20-%20version%206%20release%201%20Final%201.02.pdf
4 www.cat.csip.org.uk/commissioningebook

- 5 <http://www.scotland.gov.uk/Resource/Doc/112906/0027388.pdf>
6 <http://www.dh.gov.uk/assetRoot/04/10/17/02/04101702.pdf>
7 http://www.kingsfund.org.uk/media/do_it_yourself.html

“(The workbook) will enable partners to take informed strategic decisions based on robust information including financial data.”

3. Context for using the workbook

It is important to recognise that all of these activities are important to achieve a clear commissioning plan. The process needs to involve key managers and commissioners in health, social care and housing to agree the commissioning framework. JIT can consider facilitating a partnership meeting to agree a framework and provide examples of models of practice from other areas to stimulate debate and discussion, and more information about support from JIT is available to partnerships by contacting JIT via its website: <http://www.jitscotland.org.uk/contact/>

The workbook supports a whole systems approach to meeting need through care by developing a model which brings together key factors affecting social care, health and housing services, including population, needs, policy objectives, models of care, service levels, finance and workforce planning. The templates contained in this workbook are intended to assist with data collection, capacity and demand and available financial resources. After customising them to accommodate local circumstances, policies and priorities, they will enable partnerships to collate key details about existing services to provide sound data and an agreed baseline for future commissioning plans and service redesign, which will enable partners to take informed strategic decisions based on robust information, including financial data.

4. The purpose of the workbook

This workbook provides a series of prompts through tables or templates that are designed to be adapted locally by partners to provide comprehensive data across agencies that will enable you to know:

- a) What services exist in your area now;
- b) Anticipated population changes;
- c) Financial data and spend on services;
- d) Performance information related to the Joint Performance Information and Assessment Framework (JPIAF).

The core objectives of the workbook are:

- 1. To provide a coherent framework to be adapted locally to identify existing resources;
- 2. To provide robust information for partnerships including financial data to assist in the future planning and commissioning of services;
- 3. To enable sharing of common data across agencies, localities and sectors;
- 4. To help to inform people about what exists and about future gaps/demands in services.

It is recognised that this is one step in the process. It is expected that all stakeholders will be engaged in the process, including service users and carers and the independent sector. It will be necessary that, at the conclusion of this exercise, decisions will be made on the future range and models of services taking into account policy directives, best practice, population changes, and finance available. The data in the workbook can be used to assist with modelling or forecasting scenarios to help to inform these key decisions.

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5. Using the workbook

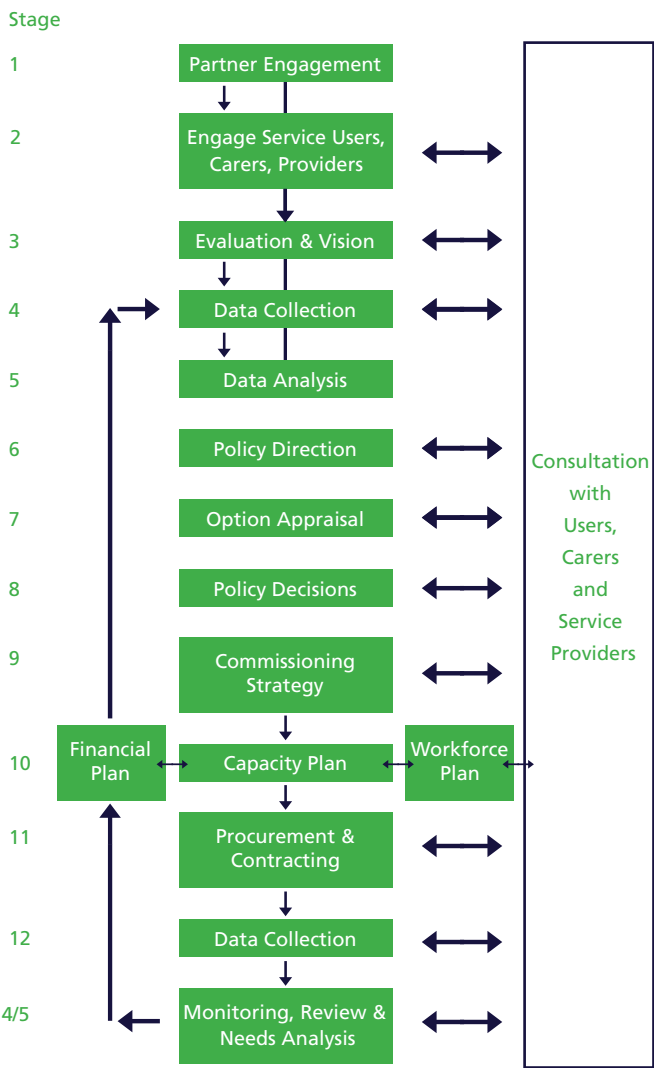
The main body of the workbook provides a series of templates, which need to be customised to local areas, and populated with local data. They will then provide partnerships with a framework to predict demand on existing services, given population changes, along with robust financial data.

The workbook is accompanied by Excel files with the same Tables as in this guideline document – some of the versions in this document are summary versions of the full Tables in the Excel files. The purpose of providing them both in this document and as workable files is to help illustrate their purpose and intended use. The Excel worksheets should be customised as necessary to meet the local circumstances of the planning area and completed with local information. Each Table should be completed by inserting local data in the highlighted cells of those tables. In certain Tables, formulas will then calculate consequential information.

Possible definitions have been set out in Appendix 1 of this paper (Data Definitions) and we have referred people to existing data sources, which should assist with the collection of data as well as providing a benchmark for partnerships to consider their data against other similar partnership areas. However, if other data sources are more relevant to your local area these can be easily included.

Many of the Tables are set out for a 15-year period. Taking a longer-term view and establishing Strategic Plans which are based on aspirations for ten or twenty years is desirable to establish a long-term direction within which shorter-term plans can be established. Detailed costed plans are set out for a 5-year timescale. The Tables can be adapted to reflect locally determined planning periods.

Key Stages in establishing a Commissioning Strategy



Section 1: Populations

Table 1. Demographic Changes

Key Point: This Table will provide data about population change amongst older people, to inform consideration of the need for change in community health, social care and certain housing services to maintain or revise current rates of service.

The need and demand for community health and social care services for older people will undoubtedly rise as the population of older people rises within NHS and Council areas. Whilst the Table illustrates a 15 year planning period, local partnerships should determine the time period for the whole workbook and adjust Table 1 and other Tables accordingly.

Population projections⁸ for Scotland are normally prepared every two years by the Government Actuary's Department (GAD) in consultation with the General Register Office for Scotland. The figures to be inserted in Table 1 can be found in the 2004 population projections made by the General Register Office for Scotland (GROS)⁹ on the basis of the 2001 census. (See Excel Appendices 1, 2 and 3 for age groupings and gender variations or the GROS website.) Appendix 2 or the GROS website can be used to insert GROS population projections for females and males, which may be needed for detailed service planning. The GROS website scroll analyser, through its 'cultural category' can also be used to identify population information about certain minority ethnic communities in local areas.¹⁰

Table 1 may demonstrate an increase in the population aged 65 and over, 75+ and 85+. This may suggest growth in need and demand for community health, social care and housing services of a certain percentage per year over the planning period even to maintain the rate of services, which is in existence at this point. That is not to say that all services should be grown to exactly the same extent. If additional investment funding were available then it would provide opportunities to make strategic changes to the balance of care and improve the service framework by enabling growth in key services or the development of alternative approaches. It is also the case that if this additional investment is not made available, then the rate of services will decrease, and certain pressures, for example in relation to delayed discharge within the whole system, will increase.

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Related Links

⁸ <http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/index.html>

⁹ GROS website: <http://www.gro-scotland.gov.uk/index.html>

¹⁰ GROS website: <http://www.scrol.gov.uk/scrol/analyser/analyser?actionName=choose-topic-and-table>

Table 1

Table 1 Demographic Change - Older People - % Change 2005 - 2020										
Scotland										
	2005	2006	2007	2008	2009	2010	2005-2010	2015	2020	2005-2020
65+	834,157	840,041	848,486	860,360	873,361	884,592	45,696	988,350	1,072,787	238,630
75+	376,942	382,926	389,202	394,416	400,385	407,566	28,440	450,338	499,975	123,033
85+	90,627	94,738	98,036	100,259	103,303	106,123	15,200	122,299	144,298	53,671
65-74	457,215	457,115	459,284	465,944	472,976	477,026	17,256	538,012	572,812	115,597
75-84	286,315	288,188	291,166	294,157	297,082	301,443	13,240	328,039	355,677	69,362
85+	90,627	94,738	98,036	100,259	103,303	106,123	15,200	122,299	144,298	53,671
Local Partnership										
	2005	2006	2007	2008	2009	2010	2005-2010	2015	2020	2005-2020
65+							-			-
75+							-			-

Instructions for using Table 1

Local Partnerships should determine the time period for the whole workbook and adjust Table 1 and other Tables accordingly.

Insert name of the Local Partnership area under consideration in cell A14, for example a local authority area and/or an NHS Board area.

Insert population information in the highlighted cells from local sources or with data from Appendix 5 of this file or from the Excel Projections file with the Workbook or through the GROS website – go to web address and then relevant Local Authority Area.

<http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/04pop-proj-scottishareas/detailed-tables.html>

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

<http://www.jitscotland.org.uk/uploads/paneldocs/JIT-Commissioning-Workbook-Tables.xls>

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Table 2. Disability, Dementia and Learning Disability

Key Point: This Table will provide data about changes in the number of older people with disabilities to inform planning, which requires to take account of changing needs.

A Scottish Executive report¹¹ in 2004 said of people, who have reached the age of 65, that:

“Healthy life expectancy is generally keeping pace with increasing life expectancy, so the proportion of time spent in less than good health has remained the same.”

The Range and Capacity Review Group’s Second Report¹² cautioned against extending the implications of ill-health and health care costs analysis to the areas of social care, but said:

“If past trends in age specific levels of ill-health and disability and past increases in healthy life expectancy continue, they will serve to mitigate to some extent the impact of an ageing population on the demand for care.”

Whilst there is specific data indicating how the population of older people will increase in the coming years, it is clear that not all of these additional people will require particular health or social care services. In the case of social care, the need for services relates also to people with severe disabilities – physical disabilities, sensory impairments, learning disabilities, and mental health problems including dementia.

The Wanless Social Care Review in England¹³ discussed disability as a needs indicator:

“Dependency models of need encompass a broader set of factors than disease-related disability models of need. Some argue the importance of social and cultural factors and expectations, as well as health-related disability. Nonetheless, disability – as measured by activities of daily living and cognitive functioning impairment – is a very significant predictor of future service demand.”

Although the use of prevalence rates for disability/dementia to predict future service needs should be used with some caution, particularly with small populations, and actual incidence may produce significantly different actual service demand to the estimated need, applying prevalence rates may be valuable where there is an absence of good data about the number of people locally with disabilities. By applying relevant prevalence rates to the population projections identified above, estimate can be made of the number of older people with moderate to severe disability or dementia in local planning areas (Table 2). The prevalence rate used here for disability relates to people with all disabilities, including physical, sensory and learning disabilities, and mental illness. Consideration should also be given to the effects of disability amongst older people in minority ethnic groups through relevant research.^{14 15}

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Related Information and Links

11 *Healthy Life Expectancy in Scotland* ISD Scotland March 2004

12 *Range & Capacity Review: 2nd Report: The Future Care of Older People in Scotland* Scot. Exec. May 2006

13 *Securing Good Care for Older People – Taking A Long-Term View* DOH

14 <http://www.scotland.gov.uk/cru/resfinds/swr36-00.asp> Social Work Research Findings No. 3, Support for Majority and Minority Ethnic Groups at Home – Older People’s Perspectives (Scottish Executive)

15 <http://www.scrol.gov.uk/scrol/analyser/analyser?topicId>

Table 2

Table 2 Demographic Change & the No. of Older People with Severe Disability or Dementia 65+ years												
	2006	2010	2006-2010	% change	2015	2020	2006-2020	% change		2006	2010	2006-2010
	65+ pop											
Disability - Moderate>Severe Disability												
Scotland	195,261	207,632	12,371	6%	231,165	255,550	60,289	31%		130,548	140,104	9,556
Local Partnership	-	-	-		-	-	-			-	-	-
Dementia - Moderate>Severe												
Scotland	40,825	43,832	3,007	7%	49,093	55,764	14,939	37%		31,791	34,387	2,596
Local Partnership	-	-	-		-	-	-			-	-	-
Learning Disability - Severe>Profound												
Scotland	4,034	4,267	233	6%	4,797	5,199	1,165	29%		1,616	1,737	121
Local Partnership	-	-	-		-	-	-			-	-	-

Instructions for using Table 2

This Table will be automatically populated with data from previous Tables.

Populations established from GROS data should be entered in the highlighted areas of the calculator worksheets in the accompanying worksheet file as indicated. The entries for Table 2 will then be automatically calculated in the bottom right cells (red font) of these calculator Tables. These results will be automatically taken forward into Table 2. If you have undertaken local work the Table should be used to reflect this.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

<http://www.jitscotland.org.uk/uploads/paneldocs/JIT-Commissioning-Workbook-Tables.xls>

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Table 3. Ageing and Service Need

Key Point: This Table will provide data about the proportion of older people receiving services from different age groupings. The suggestion in national reports that growing age itself is the best indicator of increasing demand for health services is tested against local use of both specific health and social care services.

Whilst estimated changes in the numbers of people with moderate and severe disability offers a reasonable indicator of changes in demand for social care services, there is an issue about whether there is any single indicator or a set of indicators which can offer the same function for health and care services. The Scottish Executive Report *Adding Life To Years* (January 2002) set out the increased prevalence of certain major conditions in older age, including cancer, coronary heart disease, strokes, dementia, fractures and sensory impairments, but illustrated different increases in prevalence between the different conditions as people age.

The Kerr Report, *A National Framework for Service Change in the NHS in Scotland – Building A Health Service Fit For The Future* (May 2005) suggested that the best indicator for increased need and demand for health services is not the prevalence of individual conditions but age itself:

“On the whole, the distribution of diagnoses among the heavy use groups is not dissimilar to the distribution of diagnoses for all inpatients. Therefore, it is not the nature of the diagnosis, disease or treatment that determines who is most often in our hospital beds. The principal determinant of being among the ‘heavy usage’ group of patients is age, for example someone aged 80 and over is around 40 times more likely to end up in the top 3% of hospital bed users than someone aged under 65.”

The Wanless Social Care Review in England¹⁶ said:

“In principle, if people are living longer because of later onset of disease and pathology, then they ought

to be living longer in good health as well. But if people are living longer after they develop diseases and long-term conditions, the numbers with disability could rise significantly. . . . Trends between 1981 and 2001 show that increases in healthy life expectancy have indeed not kept pace with improvements in total life expectancy. . . . The analysis by Jagger and colleagues commissioned by this Review suggests that even in relatively optimistic scenarios there will be a relative expansion of morbidity. Projection modelling, developed on the basis of a thorough review of the evidence and calibrated on the GAD’s 2004 population projections, found that in each of the scenarios ‘no change’, ‘poorer health’ and ‘improved health’, the proportion of those 65 and over who are disabled increased in the future.”

As part of the database preparation for a Commissioning Strategy, it may be useful to carry out an exercise to examine service use locally within different age groupings of older people, and Table 3 provides a format for this.

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Related Information

16 Securing Good Care for Older People – Taking A Long-Term View
DOH

Table 3

Table 3 Service Use by Age						
Local Partnership	Number of:	65 - 74 yrs		75 - 84 yrs		85 + yrs
		No.	%	No.	%	No.
Acute Hospital admissions within NHS area	Patients					
NHS Care of the Elderly - Continuing Care occupied by long stay patients	Patients					
Hospice - average occupied beds per day	Patients					
Nursing Home places purchased for permanent residents	Residents					
Residential Home places purchased for permanent residents	Residents					
Local Authority Residential Home places occupied by long stay residents	Residents					
Home Care	Service users					
	Hours					
Housing Support Services	Service users					
	Hours					
Community Nursing (District & HV) Service	Contacts					
	Hours					

Instructions for using Table 3

Insert in the highlighted areas the number of patients/residents/service users/hours/contacts in your area for the age groups 65-74, 75-84, and 85+, or for the alternative age groupings you have decided on locally. The data should be drawn from your local management information systems, and local survey exercises if these are necessary. The admissions figures should be for a period of 12 months – Other data can be as at most recent date for which information is available.

Whilst this model recommends surveying local service use between older age groups, local partnerships may also wish to examine variances among older people's service usage for other variables such as older people living alone, availability/remoteness from services, deprivation, long-term conditions prevalence. Table 3 can be customised to accommodate these different angles.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

<http://www.jitscotland.org.uk/uploads/paneldocs/JIT-Commissioning-Workbook-Tables.xls>

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Table 4. Rates of Service Use

Key Point: This Table will provide data about the rates at which some of the main health and social care services are currently used. The application of these rates to population projections may provide a picture of future need and demand.

As suggested above, if the population of older people is increasing, not all of these additional people will require particular health or social care services. It is therefore helpful to consider the current rates of service use. Table 4 provides a format for calculating the current rates of service use of some of the main areas of health and social care.

Establishing the current rate of service provision and then applying that rate to future population offers another means of estimating additional need and demand. This again is based on an assumption that the policy intention will be to at least maintain levels of service in real terms against population growth.

The overall model in the workbook is intended to be fairly comprehensive – to reflect a basic division between institutional care and care at home, but then to provide a framework for detailed plans for specific services within those broad categories. Table 4 is, however, restricted in the services considered because it seeks to use mutually exclusive data within the broad institutional/non-institutional categories to determine an overall take-up rate. Home care was used on the assumption it will involve the biggest number of older people compared with other community services – adding in other community services would be problematic unless the data used was for service users who do not also receive home care services.

It is assumed that Table 3 has shown that the majority of older people who are service users are 75+ years. Table 4 therefore uses the service rates, related to the 75+ population, and against the projected growth in this population, to determine an estimate of the additional number of older people who will require these health and community care services over a five-year period. The Table can be adjusted to identify how this would look using rates and growth against other ages, e.g. 65+, 80+, 85+.

Table 4

Table 4 Rate of Service User per 100 pop. for main Current Resources									
Scotland		2005/06	2006/07	2007//08	2008/09	2009/10	2010/11	2015	2020
Population 75+		375,855	381,280	387,097	391,918	397,592	404,295	450,338	499,975
Increase in pop. 75+			5,425	5,817	4,821	5,674	6,703	46,043	49,637
Services									
POA Continuing Care Occupied	Beds	2,670							
NHS Care of Eld. - Cont.Care Occup.	Beds	2,561							
Total Care Hm Places (Purch + LA Occup)	Resid	23,568							
Home Care (Over 65s)	Users	57,883							
Total Patients/service users		86,682							
Rate of service users per 100 pop. 75+		23.1							
Additional need @ current rate	Users		1,251	1,342	1,112	1,309	1,546	10,619	11,448

Instructions for using Table 4

Population data will be automatically drawn from Table 1.

Add local resource information into the 2006/07 column as highlighted and the other cells will be automatically populated.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

<http://www.jitscotland.org.uk/uploads/paneldocs/JIT-Commissioning-Workbook-Tables.xls>

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Table 5. Demographic Indicator and Changes in Need and Demand for Services

Key Point: This Table draws together summary information from the first three Tables. Completing Table 5 requires local partners to reach a conclusion about how to use population data and information about the current rate of service use in planning to meet future need and demand, and decide on a Demographic Change Indicator.

A connection needs to be made between the information about how many older people use services, what age they are and population change affecting the number of older people in future. Changes in the number of older people will clearly be significant for increased demand, and if the proportion of older people requiring social care and health services remained about the same over the next few years, it would be appropriate to apply the percentage growth in population to the current level of service or budget to establish what percentage change was required in their levels.

Analysis of the current use of social care and services indicates that an increasing proportion of people need services with increasing age, and this suggests that if an age indicator is to be used within the planning model, then it may well be appropriate to use population change in those aged 75+, 80+ or 85+.

An alternative approach would be to take as the population indicator the number of older people with moderate to severe disabilities, on the basis that these are the older people with long-term conditions causing a need for social care and community health services.

The final potential option is to project need and demand based on the current rate of use, with a view to building a Commissioning Strategy around an objective of at least maintaining the current broad levels of service (with some changes to the balance between services) or an aim to increase the rate of those receiving services, and thereby meet unmet need amongst older people.

Table 5 brings data together from the previous Tables to assist the consideration of these issues, but requires a decision to be made about which of the three main options is to be chosen to take the planning model forward, and then for the chosen indicator to be applied, to determine how many additional (or fewer) older people will require services over the planning period.

The workbook model is developed on the basis of Option 3, with the current rate of service use for older people aged 75+ applied to the additional (or fewer) number of older people to determine how many additional (or fewer) older people will require care, health and certain housing services at the current rate.

Table 5

Table 5 Demographic Change Indicator										
Local Partnership										
Change in Level of Services to reflect:										
1 Population Change	2006	2007	2008	2009	2010	2006-2010	2015	2020	2006-2020	06-20 % change
65+	-	-	-	-	-	-	-	-	-	
75+	-	-	-	-	-	-	-	-	-	
85+	-	-	-	-	-	-	-	-	-	
2. Disabled Population Change - Moderate>Severe Disability										
						2006-2010			2006-2020	06-20 % change
65+						-			-	
75+						-			-	

Instructions for using Table 5

This Table will be automatically populated with data from previous Tables.

Local Partnerships should confirm that they wish to use the current rate of service use to estimate changing need against population change or should determine what alternative factor to use to calculate changing need and demand.

Option 3 is suggested but the Table can be amended to show a different option.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

<http://www.jitScotland.org.uk/uploads/paneldocs/JIT-Commissioning-Workbook-Tables.xls>

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Table 6. Carers

Key point: This Table will provide data about unpaid carers, whose needs require to be accounted for in the Commissioning Strategy, with consideration given to changes in carer numbers over the planning period.

The *Future of Unpaid Care in Scotland* Report said that carers should be supported in their caring task as well as being enabled to have a life outwith caring as they chose. The Report proposed a move away from a narrow focus on carers 'needs' and seeing them as a drain on resources, to an acceptance of carers as partners and an extension of the paid workforce.

The Care Development Group¹⁷ said of the supply of unpaid care that:

"Changes in the supply of informal care, over time, could be influenced by a number of factors including changing household structure and generation effects. However, it is difficult to forecast the likely impact of these changes on the future availability of informal carers. Therefore we assume broadly that the supply of informal care will remain constant over time."

The presence of an increasing number of frail older people will continue to present major challenges in relation to carer support. As *'Delivering for Health'* said:

"Some estimates suggest that over 80% of all medical symptoms are self-diagnosed and self-treated. . . . A health service which is increasingly oriented towards the establishment of continuous relationships with patients aimed at the management of long term conditions will be one in which continuous and collaborative relationships with carers will be an essential element."

In its response to the Care 21 Report¹⁸ the Scottish Executive¹⁹ identified four early priorities: young carers; respite; carers' health; and carer training.

The 2001 Census sought information from people who cared for others and whether that involved 0-19, 20-49 or 50+ hours of care per week. The figures did not include the age of those cared for, and there is no recognised way to project the future carers' population. This analysis therefore assumes that the majority of carers aged 50+ will be supporting older people, and applies census rates to population projections to indicate how the carers' population might change. The estimated carer population figure suggested for the model therefore includes carers aged 50+ supporting people under 65, but excludes carers under 50 who are supporting older people. Whether these figures balance out is not known.

The Commissioning Strategy should also determine how carers' support is to be developed amongst existing carers. Partnerships should decide which figures to use for their carer population.

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Related Information

¹⁷ Care Development Group Report *Fair Care for Older People* Scottish Executive (September 2001)

¹⁸ The Future of Unpaid Care in Scotland, <http://www.scotland.gov.uk/Publications/2006/02/28094157/2> Report for the Care 21 Unit, Scottish Executive September 2005

¹⁹ Scottish Executive Response to Care 21 Report: The Future of Unpaid Care in Scotland <http://www.scotland.gov.uk/Publications/2006/04/20103316/0>

Table 6

Table 6 Estimated Carers aged 50+ years old providing different amounts of care per week										
Local Partnership	2006	2006	2006	2006		2010	2010	2010	2010	2010
Number of Carers by Hours of Care provided	Hrs 0-19	Hrs 20-49	Hrs 50+	All Total		Hrs 0-19	Hrs 20-49	Hrs 50+	All Total	Hrs
Male	-	-	-	-		-	-	-	-	
Female	-	-	-	-		-	-	-	-	
All	-	-	-	-		-	-	-	-	
% Change in Number of Carers by										
Local Partnership	2006-2010	2006-2010	2006-2010	2006-2010		2006-2010	2006-2010	2006-2010	2006-2010	2006-2010
Additional Carers	Hrs 0-19	Hrs 20-49	Hrs 50+	All Total		Hrs 0-19	Hrs 20-49	Hrs 50+	All Total	Hrs
Male	-	-	-	-						
Female	-	-	-	-						
All	-	-	-	-						

Instructions for using Table 6

Population data will be automatically drawn from Carer Calculator Table.

Instructions for calculating the figures for Table 6.

Details of the rate of carers providing care for 0-19 hours, 20-49 hours and 50+ hours should be calculated for the local partnership area using the Carer Census Statistics worksheet in the Excel file and the Carer Calculator worksheet. The five year age bandings required for the partnership area/s can be established from Populations 2002 Base Year worksheet in the Excel file and the 2004 based population projections available through the GROS website:

<http://www.gro-scotland.gov.uk/statistics/library/popproj/04pop-proj-scottishareas/detailed-tables.html>

The Calculator Worksheet should then be used to establish estimates of the local carer population for the beginning and end of the planning period. The relevant figures will then be taken forward automatically into Table 6.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 7. Unmet Need and Waiting Lists

Key Point: This Table will provide data about older people at home assessed as needing home care services and care home places and waiting for these resources, on the basis that Commissioning Strategies should take account of these unmet needs.

In relation to unmet need, the Care Development Group commissioned research, and sought to determine specifically what the impact of implementing 'free personal care' would have on the expression of need and demand. In addition to concluding that providing personal care free would have an impact on carer availability, the Care Development Group Report also found that:

"Many services are under pressure and compromises have to be made. . . . It is not an easy task to try to identify and cost how much unmet need there is for community care services. . . . Some areas of unmet need are easier to identify than others, e.g. those older people whose discharge from hospital has been delayed. To try to establish the degree of unmet need in the community as a whole, and whether caused by lack of services or lack of awareness among individuals, is far more difficult. There is simply no reliable information."

So, whilst there is evidence of unmet need for services in the community, it is difficult to quantify the extent of the short fall, other than through the number of older people on the current community care waiting list, and for delayed discharge. Whilst it is suggested that finding a successful answer to the delayed discharge problem is an essential element of any joint Commissioning Strategy for older people, the needs of older people, at home and on waiting lists for services, are equally valid.

In developing the planning model it appeared that, whilst changes in future need and demand should be accounted for through demographic changes, it is important initially to deal with the existing position, including any current waiting lists for community care services. Work is also required to estimate how waiting lists may change over the planning period. Current data and any future estimates should be entered in Table 7.

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Table 7

Table 7 Community Care Waiting List						
Number of older people needing regular care services (10+ hrs)						
Community Care Waiting List (Post Assessment) - Older People in their own homes						
Local Partnership	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Care at home						
Care home (offering residential care)						
Care home (offering nursing care)						
Care Housing/Very Sheltered Hsg.						
Major equipment and adaptations						
Community health services						
Total	0	0	0	0	0	0

Instructions for using Table 7

Insert the number of people currently on your waiting list for the specified services in the highlighted cells of Table 7. It is suggested that this is restricted within the planning model to people waiting for regular care services including care packages at home amounting to 10 or more hours per week, and therefore excluding, for example people waiting for delivery of small items of equipment. It may be decided locally to present a fuller picture, including, for example all people waiting for home care. Local partnerships will require to determine which groups of people and which services they wish to take account of, for planning purposes, through Table 7, and customise the Table accordingly. You will also need to decide whether and how you can estimate the scale of future waiting lists, and might use the local trends over the last five years to do this.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 8. Delayed Discharges and Repeat Admissions

Key Point: This Table will provide data about delayed discharges from hospital and reducing emergency admissions, with estimates about how these figures may change over the planning period.

The national requirements set by the Scottish Executive through the reduced delayed discharge and reduced admissions targets mean that dealing with delayed discharge and reduced admissions also needs to be factored into Commissioning Strategies.

Whilst there has been considerable activity already in reducing discharge delays and reducing emergency admissions across the country, action is still required to invest in services, which will deal with the national targets for further reducing delays and multiple admissions. Table 8 provides a picture of the current position and future targets. As well as inserting figures about the current position in Table 8, work will be required to estimate how many older people will require additional resources over the planning period because of the need to reduce delayed discharge and unnecessary multiple admissions.

Table 8

Table 8 Delayed Discharge and Multiple Readmissions						
Number of older people with long term conditions needing regular care services						
Local Partnership	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Delayed Discharge - Older People in hospital						
Social Care Reasons						
1 Community Care Assessment						
2 Community Care Arrangements						
2.1 awaiting re-start services to discharge home						
2.2 awaiting new services to discharge home						
2.3 non-availability of public funding to purchase Care Home Place						
2.4 awaiting Care Home place availability						

Instructions for using Table 8

The categories used in Table 8 are the categories in the ISD monthly returns (Delayed Discharges Definitions and Data Recording Manual Effective from the May 2006 census). The data for the first 2 columns should be as per existing returns. The figures used should be the aggregated figure for the whole financial year, in order to identify the overall additional need and demand rather than just the picture as at a particular date.

Whilst the Table categories of delayed discharge are intended to provide a complete picture, the totals for the additional older people from delayed discharge should only represent the mutually exclusive data about the additional number of older people needing social care and/or health care, such as those awaiting home care services or care home places.

The national target on reducing emergency admissions relates to reducing the number of people who have been admitted two or more times during a single year. The Table should therefore set out current and future estimates for the number of individuals subject to multiple admissions, where meeting the target will require the provision of additional social care, health and housing services.

The data for future years should identify the number of additional people who will require services in order to reach the Scottish Executive and Local Improvement Targets. This should reflect the number of home care packages/placements required and not just the target reduction – for example, a reduction from 50 to 0 delayed discharges may require not just 50 but an additional 120 placements/care packages. The number shown in Table 8 should be the additional requirements beyond those funded through turnover from existing budgets.

You will need to decide how you can estimate the scale of the future demand which will require to be met in order to achieve these targets, and might use local trend data from the last five years to inform these calculations. This can be provided by ISD, if not available locally.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 9. Additional Need

Key Point: This Table will bring together data about population change and the requirements of dealing with delayed discharge and waiting lists, along with any other significant local factors, and estimates of changes to carer populations, to provide an overall summary picture of changes to the total number of older people and carers needing support over the planning period.

Taking together population change and the requirements of dealing with delayed discharge and waiting lists, the data enables an overall estimate to be made of the additional number of older people who may need social care services, complemented by community health services, and the additional carers providing intensive support who may themselves need support.

The public in general, and older people in particular, service users and carers will have views about what needs should be met, and people moving into older age will have opinions about what their expectations and aspirations are for services in future. These views should be gathered as part of the planning process.

Data from previous Tables should be inserted in Table 9, which sets out a summary position for the planning area concerning additional needs. This will complement the change strategy for existing populations and the current configuration of services.

Table 9

Table 9 Additional No. Older People for Services through Population and Planned Services Changes							
	06/07	07/08	08/09	09/10	10/11	2015	2020
Local Partnership							
Demography & Discharge							
Demographic Change and the Number of Older People Needing Care Services							
Additional older people							
Demographic Change - Carers 50+ providing 20+ hrs care per week							
Additional carers	-	-	-	-	-	-	-
Unmet Need - Additional places required for Older People awaiting services							
Community Care Waiting List	-	-	-	-	-		
Delayed Discharge	-	-	-	-	-		
Repeat Admissions	-	-	-	-	-		
Total	-	-	-	-	-		

Instructions for using Table 9

Population data will be automatically drawn from Carer Calculator and other Tables.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Section 2:

The balance of care

Table 10. Balance of Care Resources

Key Point: This Table will provide data about the nature and scale of current resources.

The Commissioning Strategy for older people's services needs to reflect national and local views of a more fundamental nature about the overall balance of care, and at its most basic level about the balance between institutional services (NHS continuing care and care home provision) and support to older people in their own homes. Both national policy and research suggests that local Commissioning Strategies should seek to maximise the opportunities for older people to be supported at home. The Strategy needs to reflect a view about the current levels and balance of services, as set out in Table 10. The format in Table 10 should be customised to the planning area and local resource information inserted.

Decisions need to be made both about whether the balance between the services should change, and about the nature of current services and whether there need to be different approaches to service delivery, different kinds of services, or resources of a different quality. Within this context, some relevant national research²⁰ was carried out by the Nuffield Centre for Community Care Studies at the University of Glasgow. The study, which was the first major study of intensive domiciliary support in Scotland, concluded, amongst its main findings, that:

- At present there is not a continuum of support to provide individual choice to older people in Scotland who require intensive support. Some older people, who are determined to remain at home, receive support of increasing intensity. Others with lower dependency needs are admitted to residential or nursing home care after having received only a low level of support at home;
- Intensive domiciliary support is sustainable;
- Many of those admitted to residential or nursing home care felt they had been given little choice over their care options;
- Informal carers made a fundamental contribution to the care of many frail older people;
- Prevention and rehabilitation did not form a central element of intensive domiciliary packages for older people. There is a need to apply the principles of independent living to older people;
- Barriers to shifting the balance of care so that people can receive intensive support in their own home include the inflexibility of mainstream domiciliary provision in terms of hours worked and tasks performed;
- The physical and total dependency levels of older people recently admitted to institutional care were significantly lower than those receiving intensive domiciliary care in the community, and mental dependency levels were about the same. Only a minority had made a positive choice for institutional care.

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Related Information

²⁰ Curtice L., Petch A., Hallam A. & Knapp M. *Over the Threshold? An Exploration of Intensive Domiciliary Support for Older People* Scottish Executive Central Research Unit Health and Community Care Research Findings No. 19

Table 10

Table 10 Balance of Care - Health and Social Care Services for Older People			
Current Resources			
		2005/06	
Local Partnership		Services	Date
Continuing Care/Assessment/Rehab. Beds			
Psychiatry of Old Age - Continuing Care Available	Beds		
POA Continuing Care Occupied	Beds		
POA Delayed discharge occupied beds	Beds		
Psychiatry of Old Age - Assessment Available	Beds		
Psychiatry of Old Age - Assessment Occupied	Beds		
NHS Care of the Elderly - Continuing Care Available	Beds		
NHS Care of the Elderly - Continuing Care Occupied	Beds		

Instructions for using Table 10

In the Excel file provided there is a broader range of services provided but these will need to be customised to the partnership's own area.

The data should be entered to the highlighted cells of Table 10 and should be the most recent available, e.g from recent Scot. Exec. Stats. Returns.

Double counting should be avoided, e.g. between home care and rapid response/meals etc.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 11. Benchmarking Comparisons

Key Point: This Table will provide data to enable benchmarking comparisons to be made between the local authority planning area/s and similar Council areas, and between NHS Board area concerned and other NHS Board areas, which can suggest where there might be potential to shift the balance towards non institutional services.

Comparator authorities were established in 2004 by HMIE²¹ and were determined by comparing a number of statistical measures between local authorities, such as deprivation figures, council tax banding rates, rural figures, life expectancy and economic activity. In order to determine the weight that could be given to comparisons between the local authority and its group, a star rating was introduced which indicates the 'distance' of a particular authority to each member; five stars indicating extremely close and one star indicating not close. HMIE urges users to take into account the input indicators used in its analysis and to check whether they are appropriate for use within the context of the work – particularly in relation to city authorities, as they tend to have very few other authorities to which they can be considered 'very close' or 'extremely close'. Although the source means there is a bias in the figures to children and family statistics, using these ratings, the planning areas can be compared with certain other Scottish local authority areas. Appendix 3a in the Excel file provides a full list of comparator authorities. The populations used for comparative purposes can be taken from the General Register Office for Scotland's (GROS) population projections for each Council area (Appendix 3c.). Other information for benchmarking, including service levels, use of resources and financial information can be established through the Scottish Executive from data in statistical returns made by local authorities and NHS Boards.

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Related Information

21 HMIE - Her Majesty's Inspectorate of Education 2004 Review Group on Comparator Authorities Technical Report

Table 11

Table 11a Comparisons - Planning Area & Scottish Benchmark Authorities							
Expenditure and Service Levels for Older People's Services	Revenue Expenditure 04/05 Older Persons	Total Home Care Hours	Home Help Service Users (65+)	Service Users (65+) with 10+ Hrs	Purchased & Provided Care Home Places	Average years in care home*	65+ pop.
Local Partnership							
Comparator Authority 1							
Comparator Authority 2							
Comparator Authority 3							
Comparator Authority 4							
Comparator Authority 5							
Comparator Authority 6							
Comparator Authority 7							
Comparator Authority 8							

Table 11b NHS Area - Comparisons with other NHS Areas									
Expenditure and Service Levels for Older People's Services	NHS Geriatric Medicine Beds Available	NHS Geriatric Medicine Beds Occupied	NHS Geriatric Continuing Care Beds Available	NHS Geriatric Continuing Care Beds Occupied	NHS Old Age Psychiatry Continuing Care Beds Available	NHS Old Age Psychiatry Continuing Care Beds Occupied	WTE District Nurses	Gross Budget District Nurses (000s)	WTE CMHT Elderly Staff
Local Partnership									
Benchmark NHS areas									

Instructions for using Table 11a & 11b

Details of benchmark authorities established by the Scottish Executive are in Appendix Table 3a of the Excel file. The local partnership area and benchmark authorities should be inserted in Tables 11a and 11b. Local decisions will be required about which NHS areas should be used as benchmark areas. Details of the 65+ population should be drawn from the GROS source material for Table 1. Financial information on local authority expenditure can be found in the Scottish Executive Detailed analysis of Councils' revenue accounts 2004-05 and the Care Scotland website and about NHS expenditure on the ISD website. Data about social care services to enable completion of Table 11a is provided in Appendices 3f to 3h of the accompanying Excel file and can also be found on the Care Scotland website. Data about health services to enable completion of Table 11b is provided in Appendix 3i of the Excel file and can also be found on the website of ISD (NHS Information and Statistics Division).

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 12. JPIAF 10 and Local Improvement Targets

Key Point: This Table will provide data about the balance of care and two options for changing that balance.

Shifting the balance of care towards non-institutional services reflects the expectations of Local Improvement Targets (LITs) and JPIAF 10 (Joint Performance Information and Assessment Framework). The Scottish Executive through the Joint Performance Information and Assessment Framework and specifically JPIAF 10 requires that Local Improvement Targets set an objective of achieving intensive home care at 30% of all long-term care.

The easiest way of achieving a shift in the balance towards non-institutional services would be through increasing services for older people in their own homes. If there was no increase in service users, then to meet the LIT would require an increase in the number of older people receiving care at home to be matched by reducing the number of older people in care homes. The position in some authorities, which already meet the 30% ratio target suggests there may be scope to further shift the balance in the direction of non-institutional services significantly further than the national target in those areas.

Inserting local figures for the various forms of long stay institutional care in the top section of Table 11 will establish the current proportion of intensive home care.

For authorities with intensive home care below the national 30% target, the easiest way of achieving this target (Table 12 Option 1) would be through increasing services for older people in their own homes. This would meet the additional demands arising through demographic changes, would start to deal with unmet need and waiting lists for services, and would also respond to the requirement to reduce delayed discharge from acute hospitals. Table 12 Option 1 illustrates the consequences of seeking to meet the 30% target in two equal stages over two years.

If the Local Improvement Target is to be met whilst limiting services to approximately the same number of service users as presently receive them (Table 12 Option 2), then increasing the number of older people receiving care at home would require to be matched by reducing the number of older people in care homes.

Table 12 could also include a mid point position for Options 1 and 2. The table formulas in this column would require adjustment to reflect the relevant local mid point.

Table 12

Table 12 JPIAF 10 and Local Improvement Targets			
Current Distribution of Resources and Plans for Institutional Care			
Local Partnership			
NHS Geriatric Cont. Care Occup.			
Psych.Old Age Cont.Care Occup.			
Care Home Purchased + LA Occup.			
Free Personal Care in Care Homes			
Total Institutional	-		
Intensive Home Care			
Total - Long Stay Care	-		
% Intensive Home Care of all LTC			
Options to meet LIT Target of 30% Intensive HC as % of all LTC			
Option 1. Retain Institutional Nos. & Increase Home Care Users			
Local Partnership			
Total Institutional	-	-	-
Intensive Home Care	-		-
Total - Long Stay Care	-	-	-
% Intensive Home Care of all LTC			30%

Instructions for using Table 12

The top section of Table 12 in the Excel worksheet (Rows 8-11 and Row 13) should be completed from the data in Resources Summary Table 10 and be consistent with that Table.

Table 12. Option 1 shows, for a partnership with intensive home care at less than 30%, the impact of moving to 30% in two equal stages over two years by increasing the number of home care users. Other scenarios can be shown, including improvement in partn

Table 12. Option 2 shows, for a partnership with intensive home care at less than 30%, the impact of moving to 30% in two equal stages over two years without increasing the number of service users. Other scenarios can be shown, including improvement in pa.

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Table 13. Additional Services through Population and Policy Changes

Key Point: This Table sets out information about the current level of resources and plans to meet Local Improvement Targets together with the conclusions reached in earlier Tables about the additional numbers of older people, who will require services because of population and policy changes. Completing the Table, as one step in moving towards a Commissioning Strategy, will require the Partnership to establish some preliminary conclusions about the service changes needed to meet population growth or reduction and policy objectives.

The modelling work already carried out through the workbook has established conclusions about the additional (or reduced) number of older people who will require services as a result of demographic change. In addition, consideration has been given to the certain options for rebalancing care services in relation to Local Improvement Targets. A final Commissioning Strategy will depend on local partners making decisions and reaching agreement about how to deal with population and policy, and because these two issues must be interlinked in any way forward, Table 13 brings data about them together, and requires local partners to reach some preliminary conclusions about the way they would like to see services developing.

In order to complete the final section of Table 13, local partnerships will also have to broadly consider what models of care they wish to investigate and/or take forward and how far they wish to engage in service redesign. This should take account of existing Plans, Strategies and Best Value Service Reviews.

The workbook will go on to consider what services might be necessary as a result of these preliminary conclusions, and what they might cost. The preliminary view might then change in order to reach achievable and affordable conclusions, but at this stage it is still important to reach that preliminary view, and set it out in the bottom section of Table 13.

Table 13

Table 13 Additional No. Older People for Services through Population and Policy Changes						
	06/07	07/08	08/09	09/10	10/11	2
Current and Planned Distribution of Resources to Meet Local Improvement Targets						
NHS Geriatric Cont.CareOccup.	-					
Psych.OA Cont.Care Occup.	-					
Care Home Purchased + LA Occup.	-					
Free Personal Care in Care Homes	-					
Total Institutional	-	-	-	-	-	
Intensive Home Care	-					
Total - Long Stay Care	-	-	-	-	-	
% Intensive Home Care of all LTC						

Instructions for using Table 13

After reviewing the LIT Options, local partners require to determine the balance between institutional services and intensive support for older people at home, and the figures from initial proposals about this should be entered into the top section of Table 13 in rows 7, 8, 9, 10 and 12.

The middle section of Table 13, which identifies the additional number of older people needing services through demography and meeting policy objectives, will be populated from previous Tables.

With information gathered together about demography and policy, including the Local Improvement Targets, local partners will then require to determine what initial conclusions they want to test out in the model concerning the number of older people they think should be provided with institutional care services of different kinds, and the number of older people they think should be provided with intensive care at home. The data from these conclusions should be inserted in the bottom section of Table 13 in Rows 36 to 39 and Row 41.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 14. Balance of Care Modelling

Key Point: This Table will provide an estimate of the average levels of social care and community health services by older people needing intensive support at home.

Having established a picture of changing demands for services earlier in this paper, and a direction in relation to the balance of care in current resources in line with the requirements of JPIAF 10 and a local strategy and the Changing Lives Implementation Plan, it is necessary to establish what the detailed implications of this direction will be for older people supported at home and what models of care should be adopted locally.

Chapter 7 of the Scottish Executive's Range And Capacity Review Report²² provides detail of the range of services, which may be needed to support people at home, including many which reflect innovative approaches. A commissioning model needs to complement decisions about service models to be developed with more precise views about the configuration of services to be pursued and the scale of development.

It may be appropriate, before decisions are made, that further information is gathered about alternative models of care by gathering data or through visits to other areas, which have developed new approaches to the provision of community health and social care services. The Joint Improvement Team can assist in helping to provide some of this data and also in linking with other areas, which may have developed alternative approaches to care provision.

The public in general, and older people in particular, and service users and carers will have expectations and aspirations for the models of care that should be available in the short- and long-term future. These views should be gathered as part of the planning process.

What would be a typical package of care for an older person at home who might otherwise require institutional care? From survey work carried out in Dundee in 2002, a picture was developed about the care and health services, which can successfully

support people at home as an alternative to institutional care, and about the services received by others with long-term conditions and complex needs. Consideration should be given to replicating this survey, to establish in detail 'what works' locally in the partnership area.

The model in this report requires details of what constitutes an average package of care, which successfully maintains older people at home as an alternative to long-term institutional care in a care home or NHS continuing care, and these details are required for Table 14. If the only way of establishing this information about what constitutes successful local packages of care is through a survey of what works locally, then local partners may wish to consider using the Dundee survey form (Excel file Appendix 4). This was completed in relation to older people who were identified by home care managers, care managers and community nurses as receiving social care and health services, which were providing them with sufficient support to enable them to remain at home in the community rather than moving to institutional care.

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Related Links

22 Range and Capacity Review Group: Second Report: The Future Care of Older People in Scotland, Scottish Executive May 2006 <http://www.scotland.gov.uk/Publications/2006/04/25111735/0>

Table 14

Table 14 Community Supports - People at home – What Works		
Local Partnership	Average Service Level per older person	
Sheltered Housing		tenancies
Very Sheltered/Care Housing		hrs pw
Day Care - mainstream		day sess.pw
Day Care – Dementia days		day sess.pw
Day Care – Dementia - Eves.		days pw
Day Hosp Med. for the Elderly		days pw
Day Hosp for Psych. of Old Age		days pw
Home Care		hours pw
Housing Support		hours pw
Laundry		loads pw

Instructions for using Table 14

The services identified in Table 14 should be amended as necessary to take account of the main resources available to older people living at home within the local partnership area, which provide social care, health or housing services together making up packages of care to maintain people at home, and as an alternative to institutional care. The data to be entered in the highlighted cells in Table 14 should be drawn from any information which is already available locally or from a What Works Survey carried out by local partners to inform the Commissioning Strategy. The survey form, which is provided in Appendix 4 of this Excel file, can be customised for use in such a local survey.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

<http://www.jitScotland.org.uk/uploads/paneldocs/JIT-Commissioning-Workbook-Tables.xls>

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Table 15. Projecting Service Requirements

Key Point: This Table will bring together data established in previous Tables about the additional numbers of older people, who will require services because of population and policy changes, together with information about the average rate of intensive services per person, and identify what this means in terms of additional service requirements.

Table 15 provides a format to calculate the service implications of the chosen options for change in the balance of care, and offers a means of incorporating plans for dealing with Local Improvement Targets, demography, delayed discharge and those who are on waiting lists for services within the calculations.

Table 15 within the accompanying Excel file should be used with local data to project the consequences of providing packages of care at the average level, identified by what works survey (Table 14), to the additional number of older people requiring intensive support at home identified in Table 13 as preliminary proposals.

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Table 15

Table 15 Additional Weekly Community Supports - People at home									
Local Partnership	Rate per person	Units	2006/07	2007/08	2008/09	2009/10	2010/11	2015	2020
Additional care packages			-	-	-	-	-	-	-
Sheltered Housing	-	tenancies	-	-	-	-	-	-	-
Very Sheltered/Care Housing	-	hrs pw	-	-	-	-	-	-	-
Day Care - mainstream	-	day sess.pw	-	-	-	-	-	-	-
Day Care – Dementia days	-	day sess.pw	-	-	-	-	-	-	-
Day Care – Dementia - Eves.	-	days pw	-	-	-	-	-	-	-
Day Hosp Med. for the Elderly	-	days pw	-	-	-	-	-	-	-
Day Hosp for Psych. of Old Age	-	days pw	-	-	-	-	-	-	-
Home Care	-	hours pw	-	-	-	-	-	-	-
Housing Support	-	hours pw	-	-	-	-	-	-	-
Laundry	-	loads pw	-	-	-	-	-	-	-
Shopping	-	shops pw	-	-	-	-	-	-	-
Meals	-	home meals	-	-	-	-	-	-	-
Community Alarm	-	installations	-	-	-	-	-	-	-

Instructions for using Table 15

Table 15 in the accompanying Excel file will be customised automatically to match the service framework determined for Table 14 unless rows are added to Table 14 (which will necessitate consequential adjustments to Table 15). The average rates of service identified by the 'what works' survey or other sources will also be taken forward automatically from Table 14 to Table 15. There will also be an automatic transfer of the figures for the total number of additional number of older people identified in Table 13, as projected to need support services in their own homes or in housing with support settings in the community. These figures, which will be inserted automatically in row 6 of Table 15, which will then automatically calculate details of the services required to meet the needs of these additional older people.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Section 3:

The financial framework

Table 16. Current Budgets

Key Point: This Table will provide data about the budgets for and unit costs of current social care and certain health services for older people.

Service development strategies require to be complemented by financial plans, which reflect realistic estimates of the funding and staffing likely to be available. Much of the Joint Resourcing work progressed under Joint Future and in the developing Community Health Partnerships has been undertaken on this basis and this should provide potential users of the workbook with a sound basis to initiate any financial modelling and planning. Medium-term financial planning should include the following:

- **Financial planning** – All partners should jointly develop a medium-term financial management plan to support the overall envelope;
- **Output based budgeting** – Financial planning and resource allocation should be driven by output budgeting developed from the assessment of the appropriate level and mix of services agreed between the partners to meet both social care, health and housing needs and requirements. User and carer groups, independent providers, and voluntary sectors bodies should be included in this planning process;
- **Planning scope** – The financial management plan should address identified commitments (either existing or agreed future commitments) between all of the partners. The plan should include, for example, projections of future uplift requirements, maintenance of financial balance, response to service pressures, savings required under Efficient Government and future additional contribution requirements;

- **Continuous Review** – The financial health of the total financial envelope should be maintained by rolling forward the plan on an annual basis;
- **Congruence with partner agency strategic plans** – The financial plan should be congruent with individual agency strategic financial plans.

A starting point for the Commissioning Strategy is not only the current levels and balance of services, as set out in Table 10 above, but also the current levels and balance of budgets (Table 16). Decisions to change the balance of services will require that the balance of budgets should also change.

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Table 16

Table 16 Balance of Care - Health and Social Care Services for Older People			
Current Gross Revenue Budgets			
	2006/07 Gross Revenue Budget		
Local Partnership	Budget (000s)	Unit Costs	Notes
Continuing Care/Assessment/Rehab. Beds			
Psychiatry of Old Age - Continuing Care			
Psychiatry of Old Age - Assessment			
NHS Care of the Elderly - Continuing Care			
NHS Care Elderly Assess/Rehab			
Total	-	-	
Hospice places			
Residential/ Nursing/ Free Personal Care			
Residential Care Home Places			
Other EMI Residential Care Home Places			
Nursing Care Home Places			

Instructions for using Table 16

Table 16 should be customised to match Table 10 and the second column of Table 16 should be completed with information about the current gross revenue budget. There will need to be joint local consideration of the basis for calculating unit costs, which should preferably include oncosts, management and central costs. Services purchased externally should also show appropriate commissioning/central costs to enable best estimates to be made of the financial implications of possible future resource shifts.

Estimating the cost of care packages and the cost of wider development plans will also require aggregation from single services and their unit costs. The current unit costs of existing services should therefore also be inserted in the third column of Table 16.

Double Counting should be avoided, e.g. between home care and rapid response/meals etc.

The formulas within the Excel file will automatically calculate sub-totals and the total expenditure.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 17. Care at Home Costs

Key Point: This Table will provide an estimate of the broad average cost of a model/package of care which would maintain someone at home as an alternative to institutional care, by applying the average unit cost of specific services to the elements of the care package identified by the local ‘what works’ survey and adding the resulting service costs together.

Table 17 applies the average unit costs of services identified in Table 16 to calculate the cost of the average care package, determined through the local ‘what works’ survey or other means and set out in Table 14.

Consideration should given to adding an additional amount for other costs not previously taken into account such as the cost of equipment or minor adaptations. Certain major costs are not included, such as the cost of medication, which would also be included in the full cost of care home and hospital care, and can, therefore, be excluded for comparative purposes.

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Table 17

Table 17 Annual Cost of Community Supports - Average Intensive Care Package				
Local Partnership	Units	Rate	Unit Costs	Cost p.a.
Sheltered Housing	tenancies	-		-
Very Sheltered/Care Housing	hrs pw	-		-
Day Care - mainstream	day sess.pw	-		-
Day Care – Dementia days	day sess.pw	-		-
Day Care – Dementia - Eves.	days pw	-		-
Day Hosp Med. for the Elderly	days pw	-		-
Day Hosp for Psych. of Old Age	days pw	-		-
Home Care	hours pw	-		-
Housing Support	hours pw	-		-
Laundry	loads pw	-		-
Shopping	shops pw	-		-

Instructions for using Table 17

The first 3 columns of this Table will be completed automatically from the details of the service listing in Table 14 identifying the elements of an intensive care package, but Table 17 may need to be customised to match Table 14 if that Table identifies more than 19 services.

The unit costs will be brought forward automatically from the relevant rows of Table 16 to the highlighted cells in the fourth column of this Table.

The annual cost of individual services and this average package of care will then be calculated automatically.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 18. Service Development Costs

Key Point: This Table will provide an estimate of the total annual cost of providing the average intensive health and social care service package to the additional number of older people estimated to need such support at home.

Service Development Proposals require to be checked against the estimated cost of proposed resource changes to inform the process of option appraisal, which should ensure that the Commissioning Strategy finally adopted will be affordable.

The ‘what works’ care package and local average unit costs can also be applied to the investment proposals identified earlier in this report in Tables 13 and 15 and related to the additional demand stemming from demography, dealing with waiting lists, preventing multiple admissions, delayed discharge and Local Improvement Targets to change the balance of care. Table 15 has identified service requirements related to this additional need. Having established unit costs, Table 18 determines the financial implications of the service requirements related to the preliminary proposals.

Table 18

Table 18 Additional People with Long Term Conditions needing Regular Care Services - 2006/07									
Additional Annual Budget for Community Supports - People at home									
Local Partnership	Unit Cost	Units	2006/07	2007/08	2008/09	2009/10	2010/11	2015	
Additional care packages									
Sheltered Housing	£ -	tenancies	£ -	-	-	-	-	-	
Very Sheltered/Care Housing	£ -	hrs pw	£ -	-	-	-	-	-	
Day Care - mainstream	£ -	day sess.pw	£ -	-	-	-	-	-	
Day Care – Dementia days	£ -	day sess.pw	£ -	-	-	-	-	-	
Day Care – Dementia - Eves.	£ -	days pw	£ -	-	-	-	-	-	
Day Hosp Med. for the Elderly	£ -	days pw	£ -	-	-	-	-	-	
Day Hosp for Psych. of Old Age	£ -	days pw	£ -	-	-	-	-	-	
Home Care	£ -	hours pw	£ -	-	-	-	-	-	
Housing Support	£ -	hours pw	£ -	-	-	-	-	-	

Instructions for using Table 18

The service listing will be copied automatically from Table 14 and the unit costs will be copied automatically from Table 17. This Table 18 will require adjustment if an additional number of services is added to the service listing.

Data about the increased number of people requiring care at home and the consequential service requirements as calculated in Table 15 will be copied across automatically to the Excel calculator data section of Table 18 (Columns J to N). Table 18 will then automatically calculate the budget required for these additional services using the local unit cost of such services.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 19. The Cost of Meeting Local Improvement Targets

Key Point: This Table will provide information about the financial consequences of pursuing either of the two Local Improvement Target (LIT) options identified earlier.

Having established the services which might be included in a typical package of care providing an alternative to institutional care, and the costs of such a package, it is also then possible to apply this information to the options, identified earlier, which would deliver the Local Improvement Targets (LITs) required by JPIAF 10 or go beyond the national target.

Table 19 sets out the financial implications of the options set out earlier in Table 12. The Excel file allows partners to test out local options as the next step in the process of option appraisal.

The calculations for Option 1, increasing the number of service users to meet the Local Improvement Targets, assume maintaining people at home on the basis of an average package of care illustrated in Table 18 above.

Option 2 in Table 19 provides an illustration of the cost implications of meeting the Local Improvement Targets without increasing the number of service users.

Implementing Option 1 appears to offer the changes, which would most fully meet need but is likely to be unaffordable. Option 2 offers a way of meeting the numerical policy target in relation to the balance of care, but is less likely to meet the other policy objectives related to demography, unmet need and delayed discharge.

Costs would clearly vary depending on the service actually provided. If the amount of home care delivered were on average two hours per day rather than three hours per day, then implementing Option 2, for example, would be cost neutral.

Other options, which offer alternative service development options in between the two extremes outlined above, can also be developed using the same methodology.

Table 19

Table 19 Financial Implications of Options to meet Local Improvement Targets										
Option 1. Increase Level of Users at Home and Retain Care Home Level										
Local Partnership	LIT Service Change			Case Cost	Funding Required					
	05/06	06/07	07/08		06/07 £(000)s	07/08 £(000)s				
Total Institutional	-	-	-		-	-	Table 16. Care Home Unit Cost			
Intensive Home Care	-		-	-						
Total - Long Term Care	-	-	-		-	-				
% Intensive Home Care of LTC			30%							
Option 2. Retain Overall Level of Service Users and Change Distribution of Services										
Local Partnership	LIT Service Change			Case Cost*	Funding Required					

Instructions for using Table 19

The data for insertion in columns B, C and D under the heading 'LIT Service Change' in Table 19 will be copied automatically from Table 12.

The highlighted cells in the column headed 'Case Cost' should have a figure inserted to represent Institutional Care Costs = weighted average cost of a place in a residential care home or nursing home per person per annum. Underneath in the same column the figure representing Intensive Home Care Costs, i.e. the cost of purchasing an average package of care at home, will be automatically brought forward from the calculations in Table 17.

The additional funding required or the saving/investment generated will then be automatically calculated.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 20. Funding Sources and Investment Available

Key Point: This Table will provide financial data, which will allow final proposals to be closely linked to the funding, which might be available to finance them.

The final Change Strategy will require to match the financial framework, which will reflect both current budgets and estimated future funding levels.

In relation to the later years of a five-year planning period, funding will be uncertain. However, it is suggested that five-year commissioning intentions should still be established, but reviewed and modified annually in the light of three-year ‘spending review’ information.

Although there may be additional funding from government related to demographic change, the potentially tight financial position over the next few years may mean that the opportunities for additional investment through new funding will be very limited and that most of the funding for changes to the balance of care will require to be found within current resources on a ‘save to spend’ basis.

Table 20

Table 20 Joint Commissioning Strategy - Funding Sources						
	05/06	06/07	07/08	08/09	'09/10	10/11
Local Partnership	£(000s)	£(000s)	£(000s)	£(000s)	£(000s)	£(000s)
Local Authority						
Additional Revenue						
GAE - Older People						
Resource Transfer Frail Elderly						
Resource Transfer - Dementia						
Resource Transfer - Delayed Discharge						
Supporting People						
MISG						
Sheltered Housing						
NHS Board						
Additional Revenue						

Instructions for using Table 20

Funding sources for any additional funding, which might be available for investment in the relevant social care, health and housing services, and estimated amounts should be inserted in Table 19.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Section 4: Next steps – beyond the workbook

1. Analysis, Consultation and Service Redesign

It is important to note that capacity planning is only one of a number of key stages that need to be undertaken in order to develop a comprehensive Commissioning Strategy. In addition to data collection, partnerships will have to consider the following stages:

1. Analysis of the data – what does this mean for our area – what data is needed, what is available and how can it be collected?;
2. Identifying financial data and robust financial planning;
3. Consulting users/carers (including minority ethnic communities) and providers;
4. Evaluating models of care through options appraisal;
5. Whole systems review and, as necessary, redesign of services – option appraisal and modelling techniques;
6. Identifying desired outcomes and defining outcome measures;
7. Medium-term financial planning within the terms set out for Table 16;
8. Defining and agreeing a clear strategy and purchasing intentions;
9. Establishing a Workforce Plan;
10. Developing management information systems and management reporting.

Gathering the data and completing the Tables in this workbook cannot substitute these necessary activities. On the other hand, these steps cannot be properly carried out without the data, which the workbook provides.

Planning for the use of the workbook should, therefore, be accompanied by consideration and conclusions about how and when these other steps will be taken, and what approach will be adopted regarding involvement and consultation in the planning process, and for the evaluation of outcomes following service changes.

Local partners should undertake all of these other steps before Section Five of the workbook can be completed.

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2. Workforce Issues

One of the key steps in the development of a Commissioning Strategy will be to give consideration to workforce issues.

The *Drivers for Change*²³ Paper and *Scotland's Social Care Labour Market Report*²⁴ considered workforce issues respectively in the NHS and for social care, and highlighted a number of factors that lend weight to the need for service change in the NHS and in care service provision in Scotland:

- Demography – the number of people of working age in the workforce;
- Work-life balance – flexible working will be important in attracting and retaining staff;
- New Deal Contract and Working Time Directives;
- Workforce age profile;
- Gender, qualifications and job characteristics;
- Skills shortages;
- Remote and rural issues.

The second report, *The Future Care Of Older People In Scotland*²⁵, from the Scottish Executive's Range And Capacity Review Group considered workforce issues and indicated that the question we have to face is how are we to provide improving services, that are labour intensive, for a growing population of older people, when there will be changes in a labour market that is increasingly competitive, with the NHS, education, social care, supermarkets and call centres pursuing the same people.

The Report noted that the delivery of care services is within a mixed economy, with the voluntary and private sectors increasingly delivering more services, and suggested a range of responses to get the right people with the right skills to the right place at the right time:

- Reducing the labour input where possible by avoiding duplication and by better organisation;
- Designing new roles to reflect changing patterns of service delivery with greater integration of jobs, functions and roles in health and social care services;
- Providing a more skilled workforce by paying and training the workforce better;
- Responding positively to inward migration;
- Using alternative types of care: equipment, adaptations, technology and Telecare;
- Building employee development as the foundation on which the confidence and competence of staff is built, not just for those with a professional qualification.

Local partners will require to analyse and evaluate all of the above issues in order to give proper consideration to workforce issues and in the preparation of the Workforce Plan, which, along with the Financial Plan, will be an essential component of the Commissioning Strategy.

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Related Links

23 National Workforce Planning Framework: 2005 <http://www.scotland.gov.uk/Publications/2005/08/30112522/25230>

24 <http://www.scottishexecutive.gov.uk/Publications/2004/08/19821/41747>

25 <http://www.scotland.gov.uk/resource/doc/112906/0027388.pdf>

Section 5:

The Commissioning Strategy

Table 21. Reaching Conclusions about the Direction of Change

Key Point: This Table will provide a summary of the main service changes proposed in the final Commissioning Strategy and the implications for financial investment.

After involving and consulting relevant stakeholders, including service users, carers and service providers, conclusions have to be reached about the needs to be met, the policies to be implemented, the models of care to be developed and the options to be pursued, and this needs to be demonstrably affordable and achievable.

Table 21 requires conclusions about the details of the change strategy, and that these should take account of information about the cost of services, the financial consequences of service changes and the investment available. Table 21 is designed to show in broad terms the change strategy for the number of people receiving different kinds of services.

The change strategy should reflect the analysis concerning demography and delayed discharge, and conclusions reached concerning the way forward with Local Improvement Targets and changing the balance of care.

The conclusions will require to reflect the funding which can be made available over the planning period and the priority, which is accorded to the development of older people's services. The details of the Strategy can be modified over the next five years, with an annual review to revise those plans as the government, the Council/s and NHS Board concerned determine their future spending priorities.

For the later years of a five-year planning period the bottom line of Table 21 might suggest significant sums of 'Net Additional Investment' required, reflecting aspirations for service development. This will require annual review to bring commissioning plans into line with the funding which will actually be available. 'Net Additional Investment' requirements in the early years of a five-year planning period will require corporate, inter-agency and political discussion to identify whether additional funding can be made available for these additional requirements.

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Table 21

Table 21 Older People with Long Term Conditions needing Regular Care Services								
Joint Commissioning Strategy								
Local Partnership	05/06	06/07	07/08	08/09	09/10	10/11	2015	2020
Service Framework proposed to meet need								
NHS Continuing Care								
Nursing Care Home Placements								
Residential Care Home Placements								
Accommodation with care								
Intermediate Care								
Care at home								
Carers' Support								

Instructions for using Table 21

The top section of Table 21 should be completed with detailed proposals for the broad service areas over the five-year planning period. The middle section of Table 21 should be completed with details of the funding released if reduced capacity is planned in any service area, and the additional investment required to increase capacity in any service area.

In the early years of a five-year planning period the bottom line of the final version of Table 21 (after external and internal discussions have been completed) should show zero 'Net Additional Investment' required – 'Total Gross Investment' should match 'Funding Available'. If the bottom line shows an unaffordable and therefore an unachievable plan, details of capacity changes and investment/resource release should be adjusted until the bottom line does show zero for the early years of a five-year planning period.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Table 22. Change Strategy

Key Point: This Table will provide a final summary of the main services proposed to meet need and how their levels are intended to change over the planning period.

The data set out in the workbook Tables is designed to provide information on which to base decisions about the future direction of services and about the Commissioning Strategy which will define how needs are to be met, how the market is to be managed, what service design and procurement arrangements are needed and what Financial and Workforce Plans are required.

The main thrust of service development should be focused on services for older people in their own homes, with these services comprising home care, community health services and other housing support and care services, including day hospital, day care and respite services. However, detailed local judgments will depend on local views about the future of care homes and care at home, the strength of local partnerships and the capacity to develop care housing and other alternative models of care including intermediate care designed to provide and ensure seamless services for people whose needs may be in transition.

Any agreed commissioning proposals will need to reflect the strategic vision of the partnership and agreed direction of travel for services, which will influence the shape of service redesign.

Critical issues to consider will include:

- Shifting the balance of care away from hospital or institutional care;
- Supporting and improving independence;
- Services provided as locally as possible.

The previous Table set out a picture of service development proposals matched with an affordable financial framework.

Table 22 provides a summary of the strategic plans for the main services areas. This summary needs to link to other elements of the whole commissioning system, including assessment and care management, financial planning and management, workforce planning and development, contracting and quality assurance. All of these elements will provide the framework to link the key agreed changes to the final commissioning strategy and detailed purchasing intentions for older people’s services.

Table 22

Table 22 People with Long Term Conditions needing regular care services								
Change Strategy	05/06	06/07	07/08	08/09	09/10	10/11	2015	2020
Number of Older People requiring Services								
Service Framework proposed to meet need								
NHS Continuing Care								
Psychiatry of Old Age								
NHS Care of the Elderly								
Nursing Care Home Placements								
Residential Care Home Placements								
Accommodation with care								
Intermediate Care								

Instructions for using Table 22

Figures should be inserted in the top highlighted row of Table 22 setting out the number of older people requiring services as this changes over the planning period in line with all of the calculations made earlier in the workbook.

The other highlighted rows in Table 22 should set out the conclusions, which have been reached about the change strategy and draw the detail of the service change proposals for the five-year planning period from the top section of the previous Table.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

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Appendix 1

Data Worksheets – Definitions - Commissioning Strategy for Older People's Services	
Resource	Definition
Services for people in their own homes	
Care at home services	Registration criteria (Care Commission)
Home Care (Over 65s)	Registration criteria (Care Commission)
Home Care - Bathing Service	Registration + designation as specialist service
Home Care - Laundry	Registration + designation as specialist service
Home Care - Shopping	Registration + designation as specialist service
Meals - by Meals Service and SW. Dept. Staff	Registration + designation as specialist service
Meals - Lunch Clubs	As Scottish Exec. Category/returns
Housing Support Service	Registration criteria

Please note:

The linked Excel file has full data definitions in Appendix 1, and further Appendices providing benchmarking and population data.

This link will take you to the first page of the Excel document, please use the tabbing device at the bottom to select the table number you require.

<http://www.jitScotland.org.uk/uploads/paneldocs/JIT-Commissioning-Workbook-Tables.xls>

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