

---

## POSTER ABSTRACT

### Holding the gains in Reshaping Care

19<sup>th</sup> International Conference on Integrated Care, San Sebastian, 01-03 April 2019

Anne Hendry<sup>1</sup>, Peter Knight<sup>2</sup>, Paul Leak<sup>3</sup>, Amanda Andrew<sup>1</sup>, Alison Taylor<sup>3</sup>

1: International Centre for Integrated Care, United Kingdom;

2: ISD, National Services Scotland, United Kingdom;

3: Scottish Government, United Kingdom

---

**Introduction:** Few integrated care programmes sustain impact once dedicated funding and support cease. We report the impact of Reshaping Care for Older People (RCOP) in Scotland at two years post conclusion of the Change Fund.

**Description:** RCOP sought long term transformational change from reactive services provided to older people towards preventative, anticipatory and coordinated care and support at home or closer to home, delivered with older people and their carers and enabled by technology to promote greater choice and control. Proposals crystallised around 2009 (baseline year). From April 2011, a £75 million annual Change Fund (around 1% of the annual >65s healthcare and social care budget) was ring-fenced for RCOP over 4 years using planned public expenditure. This dedicated Change Fund ended in April 2015 as new legislation established health and social care integration authorities to jointly commission services and use their integrated budgets to improve population health for all adults.

**Targeted population:** Thirty one local partnerships (statutory, voluntary and independent sectors across healthcare, social care and housing) used their Change Fund to enhance well-being for older people and their carers; prevent, reduce or delay dependency; improve personal outcomes; and increase system resilience. They implemented a bundle of interventions across the RCOP pathway: preventative and anticipatory care; coordinated care and support at home; intermediate care at times of transition; and improvements in the quality of care in hospitals and care homes.

**Highlights:** A team offered system coaching and coordinated a national improvement network to test new approaches, spread good practice, reduce variation and track progress on a core set of improvement measures. This team concluded March 2016, following a transition year supporting integration authorities to extend the RCOP approach to all adults.

**Outcomes for people over 65 years include:** Progressive reduction in average number of emergency hospital beds occupied by over 65s each day compared to 'expected' had the age related rate at 2008/09 continued in line with population ageing – 989 fewer average daily occupied beds in 2012/13 compared to 'expected'; 1533 fewer than 'expected' by 2016/17.

Progressive reduction in average number of older people living in long term care homes than projected based on 2009 rate – 4476 less than 'expected' by 2014; 7213 less than 'expected' by 2017.

Older people spent around 3.2 million more days at home than 'expected' in 2016/17.

Estimated institutional costs avoided based on daily rate for care home and emergency hospital beds was approximately £480 million in 2016/17 (£1.3 million each day).

**Transferable lessons:** Sustainability was enabled by legislation to integrate healthcare and social care. Guidance on how to extend RCOP approaches across the life stages and support for strategic planning and use of an integrated budget helped partnerships continue their successful RCOP initiatives and begin to adapt them to adults with multimorbidity.

**Conclusions:** Planning for sustainability enabled RCOP gains to be held beyond the period of programme funding and support. However, further progress is required to scale the gains for all adults in the context of continued population ageing.

---

**Keywords:** implementation; impact; sustainability; transformation

---