



The Scottish Parliament
Pàrlamaid na h-Alba

Public Audit Committee

6th Report, 2014 (Session 4)

Report on Reshaping care for older people

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The Scottish Parliament
Pàrlamaid na h-Alba

Public Audit Committee

Remit and membership

Remit:

The remit of the Public Audit Committee is to consider and report on—

- (a) any accounts laid before the Parliament;
- (b) any report laid before or made to the Parliament by the Auditor General for Scotland; and
- (c) any other document laid before the Parliament, or referred to it by the Parliamentary Bureau or by the Auditor General for Scotland, concerning financial control, accounting and auditing in relation to public expenditure.

(Standing Orders of the Scottish Parliament, Rule 6.7)

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Public Audit Committee

6th Report, 2014 (Session 4)

Report on Reshaping care for older people

The Committee reports to the Parliament as follows—

INTRODUCTION

1. In February 2014, the Auditor General for Scotland (AGS) and the Accounts Commission published a joint report entitled *Reshaping care for older people*¹ (hereafter referred to as the RCOP report).
2. This report assessed the progress three years into the 10 year Scottish Government and Convention of Scottish Local Authorities (COSLA) programme Reshaping care for older people (RCOP). This programme is aimed at improving services for older people by shifting care towards anticipatory care and prevention.²
3. The RCOP report also considered the impact of the Change Fund, two years into that four year fund.
4. The Committee's report sets out its views on the progress made in relation to the RCOP programme and the Change Fund. We also make recommendations aimed at enhancing the progress made with the RCOP programme and the Change Fund.

BACKGROUND

5. Scotland's population is ageing, with the percentage of the population aged 65 or over projected to rise from 17% to 25% between 2010 and 2035.³ Many will enjoy good health and will not need to access intensive or long-stay health and care services. However in 2012, 9% of people aged 65 or over received care at home or as a long stay resident in a care home or hospital. This percentage increased to just over a third for people aged 85 or over.⁴

¹ Audit Scotland (2014) *Reshaping care for older people*. Available at http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_resaping_care.pdf [accessed 29 May 2014]

² Scottish Government website (<http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare>)

³ *Reshaping care for older people*, paragraph 10

⁴ *Reshaping care for older people*, paragraph 1

6. The length of time people live in good health has not increased in line with life expectancy.⁵ In addition, the number of long-term health problems that people have increases with age. In some areas of Scotland, higher levels of deprivation and ill health mean that people need more access to health and social care and at an earlier age.⁶

7. The Scottish Government predicts that spending on health and social care for older people will need to rise from approximately £4.5 billion in 2011/12, to nearly £8 billion by 2031.⁷ However the overall annual Scottish Government budget will continue to decline until 2015/16 and is not expected to return to 2009/10 levels until 2025/26.⁸ The AGS observed that RCOP highlights that current arrangements for older people's care are not sustainable because the number of older people and demand for services are increasing and the quality of services needs to improve.⁹

8. As part of the RCOP programme, in 2011/2012 the Scottish Government introduced a Change Fund specifically to assist organisations to work together to provide care and support for older people.¹⁰ This Fund will operate until 2014/15 and is worth £300 million over the four year period, with £70 million provided in 2011/2012. The Change Fund represents 1.5% of all spending on older people in 2011/12.¹¹

9. In addition to the RCOP programme and the Change Fund, there are a number of policies and activities that will impact on services for older people. These include plans to integrate health and social care services, policies focussed on specific conditions such as dementia, and wider policy developments in the areas of housing, lifelong learning and transport.¹² Other developments such as self-directed support will also provide older people with more control over the services they receive.

10. Councils and the NHS plan and deliver health and social care services, along with their third and private sector partners. Almost all health and social care services are available to older people.¹³

11. This report focusses on the RCOP programme and the Change Fund. The Committee notes that the policy of self-directed support will be the subject of a future Audit Scotland report whilst the Public Bodies (Joint Working) (Scotland) Act will come into force in April 2015. This Act will require that, amongst other things, NHS Boards and councils produce a plan for health and care services across their local areas.¹⁴

⁵ [Reshaping care for older people, paragraph 14](#)

⁶ [Reshaping care for older people, paragraph 14](#)

⁷ [Reshaping care for older people, paragraph 22](#)

⁸ [Reshaping care for older people, paragraph 22](#)

⁹ [Reshaping care for older people, paragraph 17](#)

¹⁰ [Reshaping care for older people, paragraph 2](#)

¹¹ [Reshaping care for older people, Key Messages 3, page 7](#)

¹² [Reshaping care for older people, paragraph 18](#)

¹³ [Reshaping care for older people, paragraph 20](#)

¹⁴ [Reshaping care for older people, paragraph 3](#)

12. The Committee also recognises that both the RCOP programme and the Change Fund will operate over a number of years (10 years and 4 years respectively) and as such this report provides the Committee's views on the progress made to date.

13. The Committee would like to thank all those who provided evidence to the Committee (listed in Annexe B to this report).

SHIFTING THE BALANCE OF CARE

14. Since 2004 the Scottish Government has had a policy objective to 'shift the balance of care'. This means shifting from institutional services such as hospitals and care homes, to care at home or in the community. It also means having a greater focus on services that prevent or delay ill health.¹⁵

15. In evidence the Committee heard from the AGS that whilst there was some shifting of resources in some localities and some council and health areas, the Government's commitment to shift the relative spend has resulted in limited progress. In 2003/04, 42% of NHS spending for all age groups was on community services; this increased to 44% in 2011/12.¹⁶

Challenges and opportunities in shifting the balance of care

16. The AGS explained that limited progress had been made in shifting the balance of care because of the difficulty in making the shift at a time when finances are reducing and the number of older people are increasing. There is also a need to sustain health and social care services that meet people's needs.¹⁷

17. Scottish Care explained that because of Scotland's demography, downsizing hospitals and closing wards cannot be relied upon to deliver the savings needed to develop the infrastructure of provision in communities. They argued that, given these challenges, just meeting this increasing need with the same resources in the acute sector (or reducing institutional care slightly) should be considered a success.¹⁸

18. NHS Greater Glasgow and Clyde (NHS GGC) considered, however, that acute service reductions were part of the solution, and advocated focussing on delayed discharge given that—

"At any given point in time, 10 percent of our acute hospital beds have patients in them who are waiting for social care" and that

"focussing on that single issue and trying to resolve it is part of the route to creating some wriggle-room on resources, which is fundamental to developing the infrastructure that delivers prevention."¹⁹

¹⁵ [Reshaping care for older people, paragraph 28](#)

¹⁶ [Reshaping care for older people, paragraph 31](#)

¹⁷ [Public Audit Committee, Official Report, 19 February 2014, Col 2181](#)

¹⁸ [Public Audit Committee, Official Report, 2 April 2014, Col 2228](#)

¹⁹ [Public Audit Committee, Official Report, 2 April 2014, Col 2241](#)

19. NHS Tayside highlighted the opportunities to shift the balance of care by having a community-facing acute sector rather than focussing on the 'big-ticket' issue of beds. One example given by NHS Tayside was in the Strathmore area where a six bed in-patient dementia assessment unit in the community hospital was redesigned as a community based service serving hundreds of people with dementia.²⁰

20. The Committee heard that a significant shift of resource from acute services to the community had been achieved in the 1980s in relation to mental health services. Three preconditions were cited for achieving this shift: using bridging finance to pay for the double running costs of two hospitals while the change was taking place; investment in third sector alternatives (hospital bed closures then took place once evidence showed they were no longer required); and strong public support for hospital closures.²¹

21. NHS GGC highlighted that political leadership was key to reducing bed numbers given hospital provision is highly valued by the public. The Coalition of Care and Support Providers in Scotland (CCPS) highlighted the importance of changing the public's perception of services.²² Glasgow City Council also suggested that the shift in resources to the community will necessarily involve—

"a shift in the relationship between state and the individual; an emphasis on an acceptance of risk and the effective management of risk, rather than on risk aversion; and an acceptance of the need for pragmatism at times, rather than an insistence on an idealistic and unsustainable position."²³

22. It was also suggested that there was a gap between the political priorities of improving care and access to it in the acute setting, and the rebalancing care agenda.²⁴ NHS GGC highlighted the role that waiting time targets, new drugs and other priorities have on driving NHS financial planning, explaining that—

"The idea that we are releasing money from acute services is continually undermined by the priority that is still given to acute service targets and acute service developments over everything else in the health service in Scotland."²⁵

23. The Scottish Government explained that the process of shifting the balance of care is complex and takes time but the process was not about closing hospitals. The Scottish Government highlighted a range of opportunities such as:

- some facilities being reused for other purposes such as in Glasgow where a new hospital will result in other facilities being released and replaced;²⁶ and

²⁰ [Public Audit Committee, Official Report, 2 April 2014, Col 2240](#)

²¹ [Public Audit Committee, Official Report, 2 April 2014, Col 2240 and 2242](#)

²² [Public Audit Committee, Official Report, 2 April 2014, Col 2242](#)

²³ [Public Audit Committee, Official Report, 2 April 2014, Col 2227](#)

²⁴ [Public Audit Committee, Official Report, 2 April 2014, Cols 2240-41](#)

²⁵ [Public Audit Committee, Official Report, 2 April 2014, Col 2234](#)

²⁶ [Public Audit Committee, Official Report, 30 April 2014, Col 2315](#)

- reducing the emergency bed day rate to be able to reinvest those resources into more anticipatory, preventative care and care and support at home. Partnerships and the Scottish Government have focussed on this target and since the 2009/10 baseline, there are 359 fewer beds occupied as a result of emergencies for the over-75s.²⁷

24. The role of appropriate housing (such as accessible private homes or sheltered accommodation) in shifting the balance of care was also explored by the Committee. In response the Scottish Government explained that its national strategy for housing for Scotland's older people (*Age, Home and Community*) sets out its vision, the outcomes anticipated to be delivered and a framework for delivery of the strategy. In terms of budget, the Scottish Government confirmed that it will provide £1.35 billion over the four years to March 2016 for affordable housing, of which Local Authorities will receive over £1 billion. Local Authorities use their Local Housing Strategy to identify their local priorities for social and affordable housing. Scottish Government funding of £10 million is also provided annually to Housing Associations to provide adaptations, enabling people to remain in their home longer.²⁸

The Public Bodies (Joint Working) (Scotland) Act

25. The AGS reported that the Public Bodies (Joint Working) (Scotland) Act also aims to address the challenge of shifting resources from hospital to community based services. The Scottish Government explained that Integration Authorities (comprising councils and NHS Boards) will include some mandatory delegation of functions and budgets from councils and NHS Boards along with other functions and budget delegated by agreement.

26. The Scottish Government recognised that, as the element of agreed delegated budget may vary between Integrated Authorities, it will not be straightforward to compare baseline budgets between Integrated Authorities across Scotland. It may however be possible to make comparisons between Integration Authorities with the same delegated functions, once the set of common functions is clear.²⁹

27. The Committee recognises that shifting the balance of care continues to be a significant long term challenge made all the more difficult as a result of Scotland's ageing population. The Committee draws attention to the comments in the Auditor General for Scotland report that the overall Scottish Government budget will continue to decline until 2015/16 and is not expected to return to 2009/10 levels until 2025/26.³⁰

28. Given the differing views of witnesses (such as Scottish Care and NHS GGC) on the contribution of changes in acute service provision to significantly shifting the balance of care, the Committee would welcome further information from the Scottish Government on—

²⁷ [Public Audit Committee, Official Report, 30 April 2014, Cols 2315-16](#)

²⁸ [Scottish Government written evidence, 29 May 2014](#)

²⁹ [Scottish Government written evidence, 21 May 2014](#)

³⁰ [Reshaping care for older people, paragraph 22](#)

- the extent to which shifting the balance of care is dependent upon savings initially being made in the acute sector and in what other areas savings can be identified;
- how it will support NHS Boards to release funds and capacity from acute services to support investment in community services; and
- how it proposes to support NHS Boards to ensure that their financial planning takes account of the objectives of reshaping care for older people as well as nationally set targets.

29. The Committee welcomes the commitment by the Scottish Government³¹ to provide further information on the extent to which comparisons will be possible between the baseline budgets of Integration Authorities with the same delegated functions. This will assist Parliamentary scrutiny of health and social care budgets in future.

Variation in spending across Scotland

30. The AGS identified that shifting resources from hospitals to community based services can only happen if there is a good understanding of how resources are being used at a local level. However, the AGS reported that the amount that NHS boards and councils spend on care for older people varies significantly across Scotland and the reasons for these differences are not always clear. Spending also varies considerably both between and within council areas.³²

31. These local differences are key to planning services, as organisations need to understand why there are local differences and then, if there are specific local problems, plan how they spend money to address these differences.³³

Integrated Resource Framework

32. The Scottish Government introduced the Integrated Resource Framework (IRF) in April 2008. The IRF gives an overview of how money is spent on health and social care across health boards, councils and Community Health Partnership (CHP) areas. It was implemented across Scotland in 2012.³⁴

33. Since 2010/11, NHS Information Services Division has produced the IRF information for all partnerships. A tool is now available so NHS boards and councils can access IRF data and produce reports to help them make more use of the available information.³⁵

34. The Scottish Government explained that a lot of work has gone into understanding the IRF data on local cost, activity and variation with this being undertaken at a national and locally, at an aggregate level. It is also enabling

³¹ [Scottish Government written evidence, 21 May 2014](#)

³² [Reshaping care for older people, paragraphs 34-35](#)

³³ [Reshaping care for older people, paragraph 35](#)

³⁴ [Reshaping care for older people, paragraph 24](#)

³⁵ [Reshaping care for older people, paragraph 26](#)

understanding of activity and spend at an individual and speciality level such as people with dementia.³⁶

35. An example of how the IRF is assisting with understanding of resource consumption was provided by Perth and Kinross Council and NHS Tayside. Working together they had used IRF data to analyse the variation in resource consumption and health outcomes between GPs.³⁷ IRF analysis revealed that the variation is accounted for by differences in decision making and the confidence that GPs have in their local services, which can allow them to avoid the need to hospitalise patients.³⁸ The IRF analysis had been able to provide GPs with a better understanding of the impact of their decisions on resource consumption, thereby giving them confidence to refer patients to appropriate alternative service provision (other than hospital) such as the rapid response service.^{39, 40}

36. The AGS highlighted some areas where there remain some limitations with the IRF including:

- the need for more accurate data on community services (more on which is set out at paragraphs 89-94);
- the limits on trend data given only data from 2010/11 and 2011/12 are centrally available;
- more detailed breakdown of council spending on those aged 75 or over (which is not currently separately available).⁴¹

37. The Committee also heard that the Joint Improvement Team⁴² (JIT) is working with partnerships to understand their local data and any variations in that data including whether the variation can reasonably be explained by factors such as demography.⁴³

38. With the demand for health and social care services likely to rise due to demographic changes and with less money available to pay for services, the Committee considers that it is important that information on the costs of providing care for older people, and how that care is delivered, is well understood.

39. The Committee therefore recognises that the IRF is a valuable tool for Councils, the NHS and partnerships to understand resource consumption and variations in their local area.

³⁶ [Public Audit Committee, Official Report, 30 April 2014, Col 2314](#)

³⁷ [Public Audit Committee, Official Report, 2 April 2014, Col 2225](#)

³⁸ [Public Audit Committee, Official Report, 2 April 2014, Col 2230](#)

³⁹ This service is an early intervention response where the Rapid Response Team provides a multi-disciplinary support service to people in crisis situation, to keep them well and independent as possible at home and to prevent unnecessary hospital admissions or to a care home. [Written submission, Perth and Kinross and NHS Tayside](#)

⁴⁰ [Public Audit Committee, Official Report, 2 April 2014, Col 2237](#)

⁴¹ [Reshaping care for older people, paragraph 26](#)

⁴² The Joint Improvement Team (JIT) is a strategic improvement partnership between the Scottish Government, NHS Scotland, COSLA, and the third, independent and housing sectors.

⁴³ [Public Audit Committee, Official Report, 30 April 2014, Col 2292](#)

40. The Committee believes that if there is to be a step change in the progress of shifting the balance of care then it is vital that councils, the NHS and partnerships fully exploit the data IRF provides on variations in local areas. The Committee would welcome further information from JIT on how it is proactively ensuring that the data from IRF is being fully interrogated and acted upon by Councils, the NHS and partnerships.

41. The Committee would also welcome a response from the Scottish Government and the JIT as to how they would propose to address the limitations in the IRF data in relation to data on longer term trends and spend by councils on those aged 75 or over.

Home Care

42. One example of the type of variation found across councils reported by the AGS was in relation to home care where census figures indicate that the percentage of home care clients receiving intensive home care⁴⁴ has increased from 24% in 2005 to 32% in 2013 whilst the numbers of people receiving home care have fallen over this period.⁴⁵ The AGS explained that information on the number of hours of care people receive at home is often used as a proxy for need.⁴⁶

43. The Scottish Government observed that some of the variations in home care spend and activity may be due to the way in which local authorities have commissioned and provided care for older people and whether such care was categorised as home support or care at home. This can then affect how it was accounted for, such as whether spend was accounted for within housing or social care expenditure in the Local Government Finance LFR3 return in 2011/12.⁴⁷

44. The Scottish Government acknowledged that there can also be difficulties with determining what the reality is when the levels of home care provision is measured by using a proxy, such as census data being used as a proxy measure of clients receiving intensive home care.⁴⁸

45. The Scottish Government however recognised that this is one area of variation which would be helpful to remove so that baseline figures and attribution of spend can be compared across councils, NHS Boards and partners.⁴⁹

46. The Committee acknowledges the work of the JIT with partnerships to better understand local variations.

47. However, the Committee requests further information from the Scottish Government on what action it is taking to improve consistency across NHS

⁴⁴ Intensive home care is considered to be the provision of more than 10 hours of home care a week). Home care is defined as less than 10 hours per week.

⁴⁵ [Reshaping care for older people, paragraph 38](#)

⁴⁶ [Reshaping care for older people, paragraph 38](#)

⁴⁷ [Public Audit Committee, Official Report, 30 April 2014, Col 2295](#) and [Scottish Government written submission, 21 May 2014](#)

⁴⁸ [Public Audit Committee, Official Report, 30 April 2014, Col 2308](#)

⁴⁹ [Public Audit Committee, Official Report, 30 April 2014, Col 2295](#)

Boards, Councils and partners in the way spend on different types of care for older people is accounted for.

RESHAPING CARE FOR OLDER PEOPLE (RCOP) - MONITORING AND EVALUATION

National versus local data collection

48. The AGS reported that the Scottish Government collects data on hospital and care services at a national level but the available data has limited capacity to monitor performance, progress with RCOP or to help identify good practice and areas for improvement.⁵⁰

49. In evidence the AGS explained that—

"there is a big gap in national information on needs and the appropriateness of services. That was a big problem for us in pulling together the information about what good care looks like and seeing whether the trend information in national data shows good and bad practice."⁵¹

50. NHS Tayside identified the starting point as being able to gather at a national level the rich data available at a local level and that—

"We must also have systems in place so that, regardless of which parts of the service or system people are interacting with, we can capture the data and the outcome focussed approach."⁵²

51. The Scottish Government recognised that—

"If we are serious about local partnerships, we also have to be serious about delegating responsibility and authority to them if they are to deliver in ways that are meaningful to the communities they serve."⁵³

52. The Scottish Government also confirmed that having considered the RCOP report, data is—

"not yet collected consistently enough to give the right level of confidence about the national picture, or to enable meaningful comparisons between localities."⁵⁴

53. The Committee welcomes the commitment of the Scottish Government⁵⁵ to report back to the Committee in Spring 2015 on the work it has commissioned to ensure that national data supports the RCOP programme and the new arrangements involving the integration of health and social care.

⁵⁰ [Reshaping care for older people, paragraph 69](#)

⁵¹ [Public Audit Committee, Official Report, 19 February 2014, Col 2166](#)

⁵² [Public Audit Committee, Official Report, 2 April 2014, Col 2265](#)

⁵³ [Public Audit Committee, Official Report, 30 April 2014, Col 2291](#)

⁵⁴ [Scottish Government written submission, 21 May 2014](#)

⁵⁵ [Scottish Government written submission, 21 May 2014](#)

54. As part of that report back, we seek clarification from the Scottish Government of how any changes in national data monitoring, made as a result of this commissioned work, will enable progress with the RCOP programme to be evaluated over its 10 year duration.

RCOP Commitments

55. There are eight commitments set out under the reshaping care policy. The AGS reported that whilst progress had been made towards achieving some of the commitments, for others the Scottish Government does not collect information to report on progress.⁵⁶

56. The AGS also reported that in 2011, JIT published core measures to help partnerships track their progress in implementing RCOP but in relation to some measures organisations were not reporting outcomes comprehensively or consistently.⁵⁷

57. The AGS observed that the reshaping care programme is detailed but that in relation to the eight commitments the Scottish Government should set out how it will monitor and report on progress against them.⁵⁸ The AGS explained that—

"one reason why monitoring information is important is that it is important to be able to track what is happening across those 10 years [of the RCOP programme] rather than wait until the end and look at the difference that the programme has made."⁵⁹

58. The Scottish Government explained that its approach to the RCOP commitments has moved on since the eight commitments were set. The Scottish Government confirmed that although these commitments remain useful "we are moving to a whole system approach, for which we have a coherent framework".⁶⁰

59. In written evidence the Scottish Government acknowledged that some of the eight commitments are largely input measures, not sufficiently focussed on outcomes for people—

"We have therefore undertaken two significant commitments: legislating for the integration of adult health and social care to be implemented by April 2015, and publishing an evidence based RCOP outcomes framework later this year."⁶¹

60. The Scottish Government commented that the RCOP report had prompted it to consider whether the right balance between local and national reporting on RCOP has been struck.⁶²

⁵⁶ [Reshaping care for older people, paragraph 42](#)

⁵⁷ [Reshaping care for older people, paragraphs 48-49](#)

⁵⁸ [Public Audit Committee, Official Report, 19 February 2014, Col 2169](#)

⁵⁹ [Public Audit Committee, Official Report, 19 February 2014, Col 2172](#)

⁶⁰ [Public Audit Committee, Official Report, 30 April 2014, Col 2283](#)

⁶¹ [Scottish Government written submission, 19 March 2014](#)

⁶² [Public Audit Committee, Official Report, 30 April 2014, Col 2289](#)

61. The Committee would welcome clarification from the Scottish Government on the extent to which the eight RCOP commitments will change as result of the integration of health and social care and the RCOP outcomes based framework.

62. The Committee also seeks information on what measures the RCOP outcomes framework will report on, and against what criteria or baseline activity, the success of the RCOP policy will be assessed in 2021.

Increasing spend on older people at home [Commitment 1]

63. In relation to the commitment to double the proportion of spend from the overall health and care budget on older people at home, the Scottish Government confirmed that it will introduce integrated health and social care budgets with the aim of keeping older people independent for as long as possible in what was described as “homely settings”. The Scottish Government explained that this is a more effective way of using integrated resources to support older people rather than defining a specific financial input of money, given this may not have a direct impact on the outcomes it is seeking to deliver.⁶³

64. That said, the Scottish Government confirmed that the baseline figure for Commitment 1 against which progress will be measured is the proportion of total expenditure on Health and Social Care for over 65s. In 2007/08 this was 7%. However, recent work to improve the quality of data in the IRF has suggested that a working estimate of the proportion of expenditure on home care is in the order of 9%.⁶⁴

65. The Committee welcomes the response from the Scottish Government⁶⁵ that it is considering publishing the progress made with increasing the proportion of the total health and social care budget spent on care at home. The Committee believes that this should be done on a regular basis.

66. The Committee seeks confirmation of what percentage of the proportion of spend from the overall health and care budget on older people at home requires to be achieved for this commitment to be fully delivered (such as 14% assuming a baseline figure of 7%).

67. The Committee also notes the Scottish Government’s comments regarding integrated health and social care budgets being a more effective use of resources as compared with a specific financial input of money. The Committee therefore seeks confirmation from the Scottish Government on how it proposes to evaluate, over the remaining duration of the RCOP programme, the effectiveness of integrated health and social care budgets in keeping older people more independent in “homely settings”.

The Change Fund [Commitments 2 and 3]

68. In 2011/12 the Scottish Government introduced the Change Fund. This Fund is worth £300 million over the four years to 2014/15. The Scottish Government

⁶³ [Scottish Government written submission, 19 March 2014](#)

⁶⁴ [Scottish Government written submission, 21 May 2014](#)

⁶⁵ [Scottish Government written submission, 21 May 2014](#)

designed the Fund to help organisations develop new ways of delivering services. To access the Fund, each partnership must submit a Change Fund plan each year, showing how the money being sought would improve outcomes for older people.⁶⁶

69. The AGS explained that the Change Fund's purpose is to leverage the £4.5 billion spent on health and social care services across Scotland.⁶⁷

70. The challenge, according to Audit Scotland, is to take the good examples of service change arising through local working, increase the scale and pace of those changes and to then 'embed' those changes. This will make these services part of the core work and funding of local authorities, health boards and the third sector.⁶⁸

71. The JIT has been working with all 32 local partnerships to use the Change Fund to develop and test models of care and support that are based on greater collaboration and integrated working. JIT explained that it is spreading good practice through national events, sharing case studies and specific benchmarking activities. Scaling up those improvements to deliver sustainable change is a longer term ambition that is being addressed primarily through the national development programme for joint strategic commissioning and integrated resourcing.⁶⁹

72. The Committee heard from the Audit Scotland that the first two years of the Change Fund has been about testing initiatives. More recently the JIT has been focussed on the evidence base to evaluate those initiatives and how successful initiatives might be rolled out more widely.⁷⁰ The AGS explained that the Change Fund has genuinely improved partnership working, in particular by involving the voluntary and private sector more, and that there have been some good examples of local projects. However—

"What we have not seen is the information that would let people spot those good projects and think about how to spread them."⁷¹

73. Scottish Care explained that the Change Fund has supported innovation in the area of intermediate care alternatives to hospitals otherwise referred to as the 'step up, step down' care model, 'virtual wards'⁷² models or 'hospital at home'⁷³ models. These models involve supporting patients who are deemed fit for discharge to have an intermediate place of full-time care as they continue their recovery and recuperation, before returning preferably to their own homes and communities. Scottish Care acknowledged that the challenge of whether these models are scalable and can be embedded into mainstream funding remains. In

⁶⁶ [Reshaping care for older people, paragraph 55](#)

⁶⁷ [Public Audit Committee, Official Report, 19 February 2014, Col 2175](#)

⁶⁸ [Public Audit Committee, Official Report, 19 February 2014, Col 2175](#)

⁶⁹ [Public Audit Committee, Official Report, 30 April 2014, Col 2284](#)

⁷⁰ [Public Audit Committee, Official Report, 19 February 2014, Col 2176](#)

⁷¹ [Public Audit Committee, Official Report, 19 February 2014, Col 2178](#)

⁷² Patients at high risk of an emergency hospital admission are targeted by multidisciplinary community teams who provide the patient with care at home. This model aims to reduce the chance of hospital admission. [Reshaping care for older people, Exhibit 13](#)

⁷³ Patients are referred to the service, often by their GP or an emergency department and are visited at home by a multidisciplinary team with the aim of avoiding admission to hospital. [Reshaping care for older people, Exhibit 13](#)

that regard, the Change Fund has allowed some quite small scale, sometimes quite high-cost, developments to try out models of care. Glasgow City Council (GCC) added that step down provision has helped facilitate some of the activity to address delayed discharge.⁷⁴

74. GCC also highlighted the success of reablement,⁷⁵ which was initially funded by the Change Fund for the first two years to provide the specialist skill base necessary to deliver reablement. Reablement has delivered significant results in the volumes of older people who are substantially regaining the skills and confidence that they had prior to the situation that led to a hospital admission. GCC confirmed it has substantially absorbed the need to fund the continuation of reablement and the continuing scaling up of it.⁷⁶ The two week delayed discharge target from 1 April 2015⁷⁷ will also drive the need to ensure that people are discharged from hospital as soon as they are medically fit and able.⁷⁸

75. Perth and Kinross Council has had similar success following the introduction of reablement with 40% of older people who accessed reablement diverted from the dependency on home care services that they would have had under the old traditional system. This has resulted in a transformation of home care services, allowing people to live more independently. Perth and Kinross Council also highlighted the better use of commissioning contracts and of the third and independent sector to deliver care on a greater scale, which enabled services to be sustained through a period of economic challenge.⁷⁹

76. NHS Tayside explained that the Change Fund was having a clear impact in Perth and Kinross in areas such as—

"the development of a rapid response service linked to an immediate discharge service to improve discharge pathways and avoid unscheduled admissions, where appropriate."⁸⁰

77. The investment from the Change Fund made by Perth and Kinross Council has seen delayed discharge reduced by 33% by increasing the number of people who come onto the delayed discharge pathway.⁸¹ The challenge was now one of taking forward this improvement to a level of service transformation, scaling up delayed discharge developments and then moving to sustainable delivery which is embedded alongside individual and community capacity building and resilience.⁸²

⁷⁴ [Public Audit Committee, Official Report, 2 April 2014, Cols 2232-33](#)

⁷⁵ This time-limited service helps individuals to learn or relearn skills necessary for daily living. [Reshaping care for older people, Exhibit 13](#)

⁷⁶ [Public Audit Committee, Official Report, 2 April 2014, Col 2233-34](#)

⁷⁷ This target will ensure that no patient is unnecessarily delayed in hospital for longer than two weeks by April 2015. Scottish Government website

⁷⁸ [Public Audit Committee, Official Report, 2 April 2014, Col 2233](#)

⁷⁹ [Public Audit Committee, Official Report, 2 April 2014, Col 2247](#)

⁸⁰ [Public Audit Committee, Official Report, 2 April 2014, Col 2224-5](#)

⁸¹ [Public Audit Committee, Official Report, 2 April 2014, Col 2257](#)

⁸² [Public Audit Committee, Official Report, 2 April 2014, Col 2225](#)

78. However other witnesses contended that creating the environment for change in a safe way would take more resource than the £300 million Change Fund over a four year period.⁸³

79. NHS GGC suggested that the Change Fund needed to become core funding for the new integration joint boards rather than a separate stream of money with a separate set of checks.⁸⁴ In that regard, NHS GGC explained that the Change Fund had helped to mitigate a series of other problems and pressures that would probably have overwhelmed the system if it was not in place.⁸⁵ NHS GCC had used the Change Fund to support a significant shift in delayed discharges; reducing by about 30% the number of bed days lost that way. It has also been used to bridge the gap between meeting a range of acute service targets (such as waiting-time targets) and investing in primary care or community services. That said NHS GGC explained that this investment in services to older people had not resulted in the necessary systemic change in service provision.⁸⁶

80. NHS GGC explained that there is therefore serious concern about the Change Fund ending at the end of April 2015.⁸⁷ The Health and Social Care Alliance Scotland also suggested that there remains significant uncertainty about how many third sector activities currently supported by the Change Fund will be supported after March 2015. That said, they acknowledged that many third sector organisations expect to secure a portfolio of investment to enable them to continue.⁸⁸

81. The Scottish Government acknowledged that whilst delayed discharge remains an issue, between 2007 and early 2014 there had been a 68% reduction in the number of patients (from 793 patients to 254) delayed by over four weeks. The Scottish Government recognised that the figure of 254 represented a slight increase in numbers compared with previous figures.⁸⁹ Thirty percent of these delays were associated with people waiting for a suitable care home package whilst 25% were caused by people waiting for a care package to allow them to go home.⁹⁰

82. Other activities to tackle delayed discharges being undertaken by the Scottish Government and JIT included learning events to share good practice for staff involved in planning discharges, the use of discharge hubs and revised guidance on power of attorney procedures. Work by NHS Lothian and the City of Edinburgh Council is focussing on improving care worker recruitment and improving the availability of care home places at the national care home rate⁹¹ and

⁸³ [Public Audit Committee, Official Report, 2 April 2014, Col 2226](#)

⁸⁴ [Public Audit Committee, Official Report, 2 April 2014, Col 2258](#)

⁸⁵ [Public Audit Committee, Official Report, 2 April 2014, Col 2234](#)

⁸⁶ [Public Audit Committee, Official Report, 2 April 2014, Cols 2234 and 44](#)

⁸⁷ [Public Audit Committee, Official Report, 2 April 2014, Col 2231](#)

⁸⁸ [Health and Social Care Alliance Scotland written submission, 21 April 2014](#)

⁸⁹ [Public Audit Committee, Official Report, 30 April 2014, Col 2296 and 2298](#)

⁹⁰ [Public Audit Committee, Official Report, 30 April 2014, Col 2298](#)

⁹¹ The Convention of Scottish Local Authorities (COSLA) negotiates annually with representatives of the independent care home sector as part of the National Care Home Contract (NCHC) to set these rates. The NCHC was developed to standardise terms and conditions and, as far as possible, the funding of placements in care homes for publicly funded service users. The NCHC also links payments to measurable quality indicators to improve the quality of care.

for people with challenging behaviour, both of which are considerable pressures in Lothian which delay discharge from hospital.⁹²

83. In November 2013 the JIT published a report, part of which looked at the Change Fund progress to date. As part of the work for that report partnerships were asked to self-assess (with JIT) how widely across their Partnership area the specific areas of improvement or intervention had been implemented. The outcome of that work will be turned into an action plan to complete the spread and mainstreaming of good practices. JIT will produce a final overview of the Change Fund which will be complemented by its on-going work to support partnerships to embed those approaches as part of the joint commissioning plan for older people.⁹³

84. The Scottish Government will also publish an evaluation of the Change Fund in 2015. In addition, the Scottish Government confirmed that there will be an innovation fund which will replace the Change Fund, but reiterated that —

"the principle behind a change fund is that it funds the change and, once the change has been embedded, it should displace other things that are not as good."⁹⁴

85. The Committee acknowledges the range of innovative projects which the Change Fund has supported but would welcome further information from the Scottish Government on the criteria and baseline activity against which it will evaluate the success of the Change Fund in 2015.

86. The Committee notes that the Change Fund will end in 2015 at the same time as Integrated Authorities will begin operating. The Committee therefore requests information from the Scottish Government on how it proposes to monitor any impact of these changes in funding on the provision of third sector community based services across Scotland.

87. The Committee welcomes the provision of an Innovation Fund in 2015, however we seek further information from the Scottish Government on the level of funding it will provide, over what time scale it will be available as well as the outcomes the Scottish Government expects the Innovation Fund to deliver.

88. The Committee endorses the recommendation of the AGS that the Scottish Government should learn from the approach taken to the Change Fund.⁹⁵ Therefore in relation to the Innovation Fund, we request confirmation from the Scottish Government on the arrangements to monitor, routinely and consistently, the spending and impact of this Fund.

Evaluating Community based services [Commitment 2]

89. The RCOP report highlighted that the Change Fund has meant that the third sector is now more involved in planning local services (commitment 2), but that

⁹² [Scottish Government written submission, 21 May 2014](#)

⁹³ [Public Audit Committee, Official Report, 30 April 2014, Col 2312-13](#)

⁹⁴ [Public Audit Committee, Official Report, 30 April 2014, Col 2314-15](#)

⁹⁵ [Reshaping care for older people, paragraph 43](#)

when JIT reviewed NHS Board and Council's work with communities, it concluded that it is very difficult to measure any impact that these third sector initiatives have had.⁹⁶ This concern was echoed in written evidence from the JIT who reported that partnerships had found it challenging to evidence attribution and direct contribution to the RCOP from preventative supports and services in the community.⁹⁷

90. CCPS explained that those in the third sector who provide commissioned and contracted services had not accessed the Change Fund to a great extent. However where the third sector had tapped into the Change Fund was through more community and volunteer-led capacity building types of support such as lunch clubs and befriending activities. CCPS estimated that somewhere between 10-20% of the Change Fund was spent on that kind of activity but that given these projects are 'soft impact' it would be a long time before it was possible to measure any evidence on their impact on hospital admissions. CCPS argued that there was a balance to be struck between the level of accountability and evaluation such community activities are required to undertake compared with the level of funding they receive.⁹⁸

91. In response to these concerns, JIT and the Scottish Government are supporting a pilot of the 'stitch in time' project in Lothian. This project is using logic modelling and action learning to understand the contribution to the outcomes of RCOP from third sector delivered interventions. Such interventions include time banking, a community food project, befriending, day care and community transport.⁹⁹

92. The Committee acknowledges the range of valuable community services delivered by the third sector and welcomes the pilot project to better assess the contribution such services make to reshaping care for older people.

93. The Committee seeks further information from the Scottish Government on the outcome of the stitch in time pilot project, as well as on what other action it is taking to improve the data collected on the costs, activity and outcomes of third sector community based services.

94. Given the concerns expressed by CCPS regarding evaluating small scale third sector projects, the Committee seeks clarification from the Scottish Government and/or JIT on what consideration it has given to ensuring that a proportionate approach to evaluating Change Fund projects is taken by Councils, the NHS and partners.

Carers [Commitment 4]

95. Commitment 4 relates to shifting resources to unpaid carers as part of a wider shift from institutional care to care at home. The AGS reported that the

⁹⁶ [Reshaping care for older people, paragraph 62](#)

⁹⁷ [Joint Improvement Team written submission, April 2014](#)

⁹⁸ [Public Audit Committee, Official Report, 2 April 2014, Col 2235-36](#)

⁹⁹ [Joint Improvement Team written submission, April 2014](#)

Change Fund has provided about £35 million to help unpaid carers directly or indirectly demonstrating progress towards achieving commitment 4.¹⁰⁰

96. The Committee welcomes this additional funding for carers but requests further information from the Scottish Government on how it proposes to maintain progress in delivering this RCOP commitment following the end of the Change Fund in March 2015.

Reducing waste and unnecessary variation [Commitment 5]

97. Commitment 5 states that “we will improve quality and productivity through reducing waste and unnecessary variation in practice and performance with regard to emergency admissions and bed days across Scotland”. The AGS reported that the Scottish Government has not defined what it means by 'waste' or 'unnecessary variation'. Emergency admissions for older people have increased although the rates of emergency admission bed days for people 75 and over have decreased by 9.5% between 2009/10 and 2012/13.¹⁰¹

98. The AGS reported that some Councils and NHS Boards have started using IRF data to explore what is happening in local areas. However at a national level it is hard to monitor and understand variations in activity and spend in health and social care with gaps between information systems making it difficult to track overall progress with the policy. She added that—

“That is why the Government has to clarify what it means by “unnecessary variation” and say how it will monitor progress on the policy so that the areas that are lagging behind can be given the support that they need in order to catch up, given the scale of the challenges.”¹⁰²

99. The Scottish Government explained that a national definition of waste may not be applicable locally, and that if a national definition was produced, that might inhibit the development of systems that are appropriate to different localities. The JIT confirmed that it is working with partnerships to help them understand their local data and variation.¹⁰³

100. The Scottish Government confirmed that it will reflect upon whether it would be helpful to provide a definition of 'waste' and 'unnecessary variation'.¹⁰⁴

101. The Committee would welcome clarification from the Scottish Government on the definition of 'waste' and 'unnecessary variation'.

102. The Committee also requests further information from the Scottish Government on the criteria and baseline activity against which it will determine, in 2021, whether Commitment 5 has been successfully delivered.

¹⁰⁰ [Reshaping care for older people, Exhibit 11](#)

¹⁰¹ [Reshaping care for older people, Exhibit 11](#)

¹⁰² [Public Audit Committee, Official Report, 19 February 2014, Col 2174](#)

¹⁰³ [Public Audit Committee, Official Report, 30 April 2014, Col 2291](#)

¹⁰⁴ [Public Audit Committee, Official Report, 30 April 2014, Col 2291](#)

Emergency bed days [Commitment 6]

103. **The Committee welcomes the information in the AGS report that the rates of emergency bed days in Scotland used by those 75 and over have decreased by 9.5% between 2009/10 and 2012/13,¹⁰⁵ demonstrating progress with this commitment.**

Long term institutional care [Commitment 7]; and telecare packages.[Commitment 8]

104. In relation to commitment 7 (to ensure that older people are not admitted directly to long term institutional care from an acute hospital), the AGS reports the national data was not available to measure the meeting of this commitment, albeit that the rate of long-stay residents in care homes has decreased over time.¹⁰⁶

105. Audit Scotland explained that one of the issues explaining why national data is not available is that there is no link between NHS data and local authority data on care.

106. The Scottish Government explained that the purpose of commitment 7 was to prevent any notion of an automatic move into long-term institutional care from acute settings when many alternatives including step-down care, equipment and adaptations can often help.¹⁰⁷ In that regard, a better outcome for an older person who is in an acute hospital could be to go to an assessment facility to recover confidence and independence before making life changing decisions about future care.¹⁰⁸

107. The AGS reported that in assessing progress with Commitment 8,¹⁰⁹ no centrally held data was available on assessed needs to determine whether all people aged 75 or over with assessed needs for telecare receive it.¹¹⁰

108. The Scottish Government acknowledged that data was not available nationally to record progress but confirmed that—

"while the data we do have shows encouraging trends we are considering whether this data should be collected locally or nationally. Local partnerships are already developing robust systems for assessing progress locally and are using this information to help inform how they commission services in the future."¹¹¹

109. **The Committee seeks further information from the Scottish Government on whether it proposes to link NHS data and local authority data on care.**

110. **In the absence of a link between NHS data and local authority data the Committee requests information from the Scottish Government on the**

¹⁰⁵ [Reshaping care for older people, Exhibit 11](#)

¹⁰⁶ [Reshaping care for older people, Exhibit 11](#)

¹⁰⁷ [Public Audit Committee, Official Report, 30 April 2014, Col 2285](#)

¹⁰⁸ [Public Audit Committee, Official Report, 30 April 2014, Col 2287](#)

¹⁰⁹ Commitment 8 states that all older people aged 75 or over will be offered a telecare package in accordance with their assessment needs.

¹¹⁰ [Reshaping care for older people, Exhibit 11](#)

¹¹¹ [Scottish Government written submission, 19 March 2014](#)

criteria and baseline activity against which it will determine whether Commitment 7 has been successfully delivered.

111. In relation to Commitment 8, the Committee notes the evidence of the JIT that around 80% of people receiving support at home now benefit from prevention through telecare.¹¹² However we would endorse the AGS recommendation that the Scottish Government works with NHS Boards, Councils and their partners to use a consistent tool to assess dependency in older people. This will enable a better assessment of whether all those who are assessed as needing support, such as telecare, are receiving it.

112. In relation to Commitments 7 and 8, the Committee notes the Scottish Government evidence that robust systems to assess progress are being developed by local partnerships at a local level.¹¹³ The Committee would therefore welcome further clarification from the Scottish Government on whether it will publish this information and collate it at a national level to provide a national assessment of the progress being made in delivering these commitments.

¹¹² [Scottish Government written submission, 21 May 2014](#)

¹¹³ [Scottish Government written submission, 19 March 2014](#)

ANNEXE A: EXTRACT FROM THE MINUTES OF THE PUBLIC AUDIT COMMITTEE

3rd Meeting, 2014 (Session 4) Wednesday 19 February 2014

Section 23 report – Reshaping care for older people: The Committee took evidence on the Auditor General for Scotland's and Accounts Commission report entitled "Reshaping care for older people" from—

Caroline Gardner, Auditor General for Scotland;
Fraser McKinlay, Director and Controller of Audit, Claire Sweeney, Senior Manager, and Rebecca Smallwood, Performance Auditor, Audit Scotland.

Consideration of approach - Reshaping care for older people (in private): The Committee considered its approach to the Auditor General for Scotland and Accounts Commission report entitled "Reshaping care for older people," and took evidence from—

Caroline Gardner, Auditor General for Scotland.

The Committee agreed to seek oral evidence from the Scottish Government Accountable Officer and stakeholders on issues raised during discussion. The Committee also agreed to seek further written evidence from Audit Scotland.

7th Meeting, 2014 (Session 4) Wednesday 2 April 2014

Section 23 report - Reshaping care for older people: The Committee took evidence on the Auditor General for Scotland and Accounts Commission report entitled "Reshaping care for older people" from—

Annie Gunner Logan, Director, Coalition of Care and Support Providers in Scotland;
Ranald Mair, Chief Executive, Scottish Care;
David Williams, Executive Director of Social Work, Glasgow City Council;
Catriona Renfrew, Director Corporate Planning and Policy, NHS Greater Glasgow and Clyde;
John Walker, Executive Director (Housing & Community Care), Perth & Kinross Council;
Bill Nicoll, General Manager, Perth & Kinross CHP, NHS Tayside

The Committee agreed to seek written evidence from stakeholders on issues raised in discussion.

Consideration of approach - Reshaping care for older people (in private): The Committee considered the evidence received at agenda item 2 and took evidence from—

Caroline Gardner, Auditor General for Scotland;
Claire Sweeney, Senior Manager, Audit Scotland.

9th Meeting, 2014 (Session 4) Wednesday 30 April 2014

Section 23 report: Reshaping care for older people: The Committee took evidence on the Auditor General for Scotland and Accounts Commission report entitled "Reshaping care for older people" from—

Paul Gray, Director General Health & Social Care and Chief Executive NHS Scotland, Gillian Barclay, Head of Unit, Integration and Reshaping Care, and Fiona Hodgkiss, Principal Researcher, Health Analytical Services, Scottish Government; Dr Anne Henry, Clinical Lead Integrated Care, and Gerry Power, National Lead for Co-Production and Community Capacity, Joint Improvement Team.

The Committee agreed to seek written evidence from the Scottish Government on issues raised in discussion.

Section 23 report: Reshaping care for older people (in private): The Committee considered the evidence received at agenda item 2 and took evidence from—

Caroline Gardner, Auditor General for Scotland;
Claire Sweeney, Senior Manager, Audit Scotland.

The Committee agreed to seek further written evidence from the Scottish Government on issues raised in discussion. The Committee agreed to consider a draft report, in private, at a future meeting.

13th Meeting, 2014 (Session 4) Wednesday 11 June 2014

Section 23 report - Reshaping care for older people (in private): The Committee considered a draft report on the joint Auditor General for Scotland and Accounts Commission report entitled "Reshaping care for older people". The Committee agreed various changes to the report as well as the arrangements for its publication.

ANNEXE B: ORAL EVIDENCE AND ASSOCIATED WRITTEN EVIDENCE

Please note that all oral evidence and associated written evidence is published electronically only, and can be accessed via the Public Audit Committee's webpages, at:

<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/29860.aspx>

RESHAPING CARE FOR OLDER PEOPLE

3rd Meeting, 2014 (Session 4) Wednesday 19 February 2014

ORAL EVIDENCE

Caroline Gardner, Auditor General for Scotland; Fraser McKinlay, Director and Controller of Audit, Claire Sweeney, Senior Manager, and Rebecca Smallwood, Performance Auditor, Audit Scotland.

7th Meeting, 2014 (Session 4) Wednesday 2 April 2014

ORAL EVIDENCE

Annie Gunner Logan, Director, Coalition of Care and Support Providers in Scotland; Randal Mair, Chief Executive, Scottish Care; David Williams, Executive Director of Social Work, Glasgow City Council; Catriona Renfrew, Director Corporate Planning and Policy, NHS Greater Glasgow and Clyde; John Walker, Executive Director (Housing & Community Care), Perth & Kinross Council; Bill Nicoll, General Manager, Perth & Kinross CHP, NHS Tayside.

Caroline Gardner, Auditor General for Scotland; Claire Sweeney, Senior Manager, Audit Scotland.

9th Meeting, 2014 (Session 4) Wednesday 30 April 2014

ORAL EVIDENCE

Paul Gray, Director General Health & Social Care and Chief Executive NHS Scotland, Gillian Barclay, Head of Unit, Integration and Reshaping Care, and Fiona Hodgkiss, Principal Researcher, Health Analytical Services, Scottish Government; Dr Anne Henry, Clinical Lead Integrated Care, and Gerry Power, National Lead for Co-Production and Community Capacity, Joint Improvement Team.

Caroline Gardner, Auditor General for Scotland; Claire Sweeney, Senior Manager, Audit Scotland.

WRITTEN EVIDENCE

- [NHS Greater Glasgow and Clyde to the Public Audit Committee, dated 5 June 2014 \(5KB pdf\)](#)
- [Public Audit Committee to NHS Greater Glasgow and Clyde, dated 12 May 2014 \(63KB pdf\)](#)

- [Scottish Government to the Public Audit Committee, dated 29 May 2014 \(137KB pdf\)](#)
- [Public Audit Committee to the Scottish Government, dated 21 May 2014 \(64KB pdf\)](#)
- [Scottish Government to the Public Audit Committee, dated 21 May 2014 \(433KB pdf\)](#)
- [Perth and Kinross Council and NHS Tayside to the Public Audit Committee, dated 23 April 2014 \(773KB pdf\)](#)
- [Audit Scotland to the Public Audit Committee, dated 23 April 2014 \(193KB pdf\)](#)
- [Health and Social Care Alliance Scotland to the Public Audit Committee, dated 21 April 2014 \(264KB pdf\)](#)
- [Glasgow City Council to the Public Audit Committee, dated 14 April 2014 \(548KB pdf\)](#)
- [Joint Improvement Team to the Public Audit Committee, dated April 2014 \(492KB pdf\)](#)
- [Scottish Government to the Public Audit Committee, dated 10 April 2014 \(239KB pdf\)](#)
- [Scottish Government to the Public Audit Committee, dated 19 March 2014 \(87KB pdf\)](#)
- [Scotland to the Public Audit Committee, dated 4 March 2014 \(143KB pdf\)](#)
- [Public Audit Committee to the Scottish Government, dated 28 February 2014 \(21KB pdf\)](#)

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