

## APPENDIX 5: SERVICE MAPPING

# Service Mapping 2010-2011

This service mapping document seeks to identify and map provision within the Moray health and social care system, regardless of provider, which currently provides care and support services to older people. The aim of this mapping is to establish what activity is being carried out and by whom. It has been used as the basis for gaps analysis and service development

# SERVICE MAPPING

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## Introduction

It is not the intention that this Service Mapping covers everything in great detail, but rather it highlights particular pressures in terms of the main services for older people.

It reflects the breakdown in resources mapping between primary healthcare, social care and acute healthcare, although there are some areas where there is some considerable crossover and these are placed in the area most likely to deal the most with that issue.

Primary healthcare:

- GPs
- District Nurses
- Allied Health Professionals
- Telehealth
- G-med

Community care:

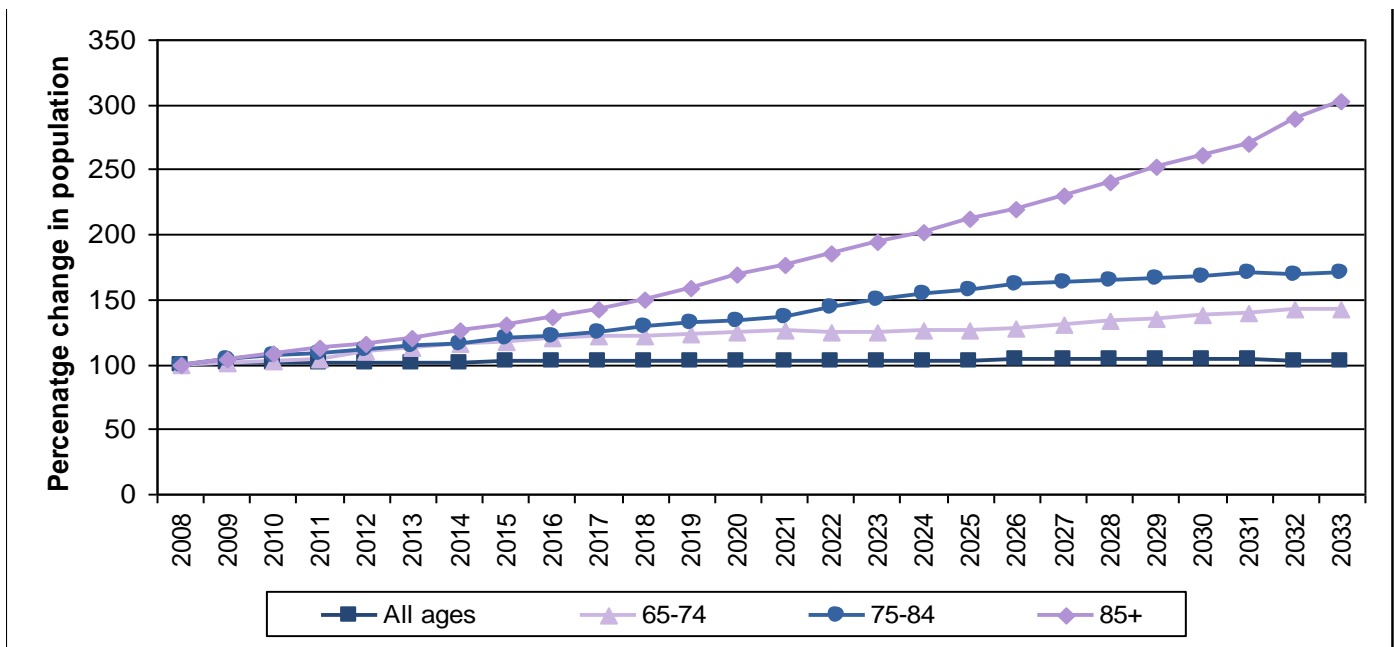
- Care homes
- Home care
- Day care
- Carers
- Mental Health
- Supported housing
- Support in the home
- Additional Services external to Community Care

Acute healthcare:

- Dr Gray's
- Community hospitals
- Community Mental Health

One of the greatest challenges that face health related services and in particular those directly involved in the care of those aged over 65, is the rise in population that is already being seen in that age group and will become more apparent and increase the pressure on services in the next ten years.

According to the General Register Office of Scotland the 65+ population figures set to climb at the following projected rates



Base year 2008 = 100%

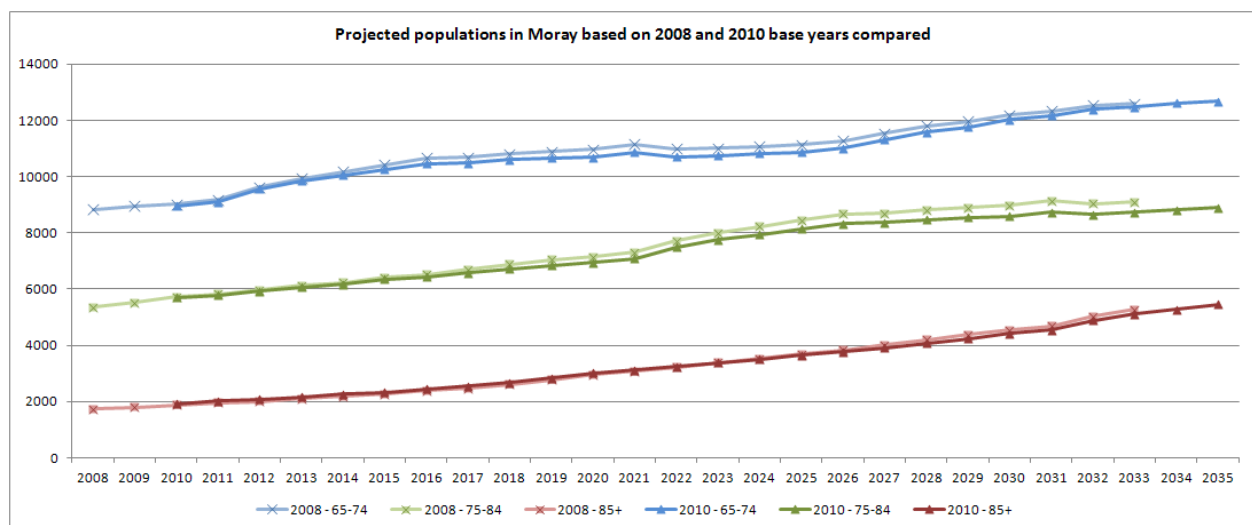
Source: *General Register Office for Scotland - Population - Population Projections*

At the end of February '12 the General Registrar's Office released a new set of population projections for Scottish Council Areas and Health Boards up to the year 2035.

They expect a considerable increase in Grampian's Population over this time frame, from 550620 (in 2010) to 667476 (in 2035) representing a rise of 21.22%. Aberdeen city is expected to rise by 25.14% from 217120 to 271705. Aberdeenshire increases by 21.82% from 245780 to 299404. Moray increases by 9.86% from 87720 to 96367. The Scottish average percentage of change is expected to be 10.21%<sup>1</sup>.

The following increases are expected in the elderly population of Grampian by 2035:

	65-74	75-84	85+	All 65+
Aberdeen City	+53.64%	+51.65%	+119.50%	+61.40%
Aberdeenshire	+68.40%	+103.69%	+198.52%	+96.08%
Moray	+41.34%	+55.93%	+183.89%	+62.88%
Grampian	+58.20%	+74.59%	+166.44%	+77.32%



Source: *General Register Office for Scotland - Population - Population Projections*

<sup>1</sup> <http://www.gro-scotland.gov.uk/statistics/theme/population/projections/sub-national/2010-based/index.html>

The population is following the originally forecast path so in the future it will go from providing services within a population of 16,783 Jan 2011 which we are providing now to providing services:

within a population 18,000 by end of 2013 (end of 1yr plan)

within a population 18,500 by 2017 (end of 5 yr plan)

within a population 22,000 by 2023 (end of 10yr plan)

<b>GRO mid- 2010 Population Estimates</b>		
<b>Age Group</b>	<b>Total</b>	<b>Difference from GP Population</b>
65-74	8969	-2.5%
75-84	5702	-3.4%
85+	1924	-5.6%
65+	16595	-3.1%
75+	7626	-3.9%

General Registrars Office June 2010 populations:

As there are differences between the populations estimated by GRO and those of the GP practice population it was agreed to use the GP Practice population when making most of the specific rates per 1000 etc. Also where possible we have used 2010 and 2011 data.

<b>CHP - Moray</b>			
<b>Age Group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
0 To 4	2,481	2,286	4767
5 To 14	5156	4,836	9992
15 To 24	5533	5057	10590
25 To 44	10276	11225	21501
45 To 64	12630	13132	25762
65 To 74	4378	4758	9136
75 To 84	2406	3332	5738
85 Up	608	1301	1909
<b>Total</b>	<b>43,468</b>	<b>45,927</b>	<b>89,395</b>

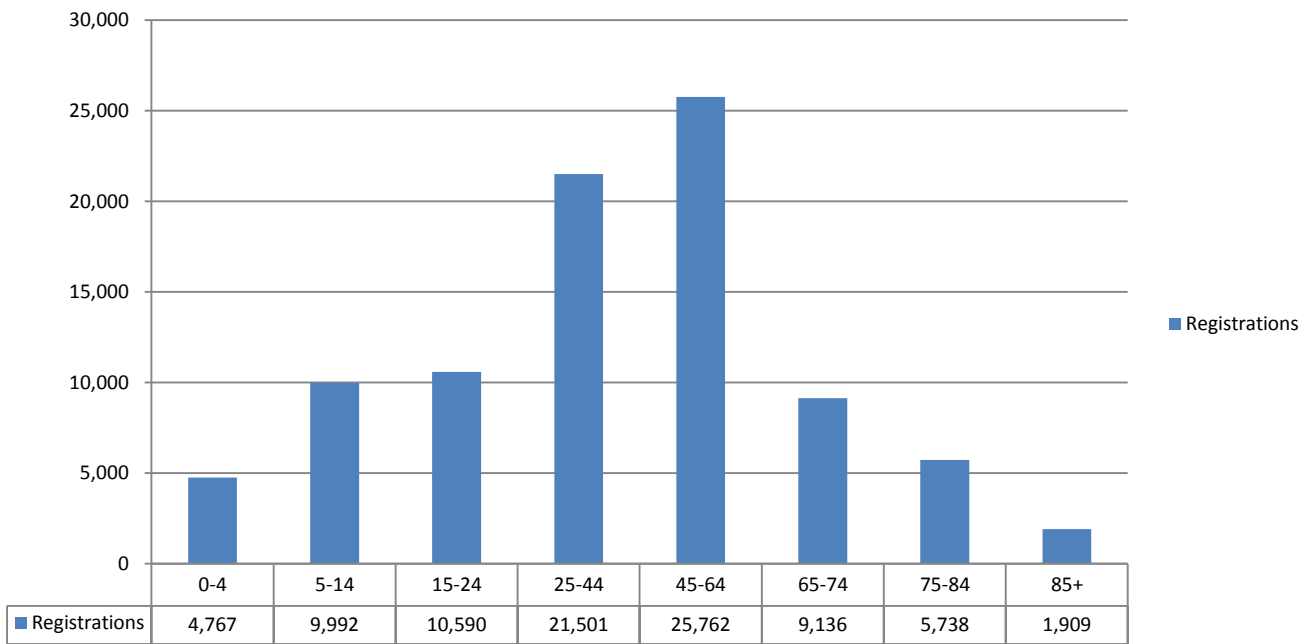
<http://www.isdscotland.org/Health-Topics/General-Practice/Practices-and-Their-Populations/>

Population (01-Jan-11)

In Moray there is a higher population of females than males in each age group of 25 and above and a lower population of females than males in those groups below 25 this will further exacerbate the immediate problem as females currently tend to live longer and also females make up the larger part of many of the caring industry services.

As can be seen below there is a surge of 45-64 year olds that over the next 20 years will be split between the 65-74 and 75-84 age groups so changing the pattern of the GP registration population to having a larger proportion of over 65s.

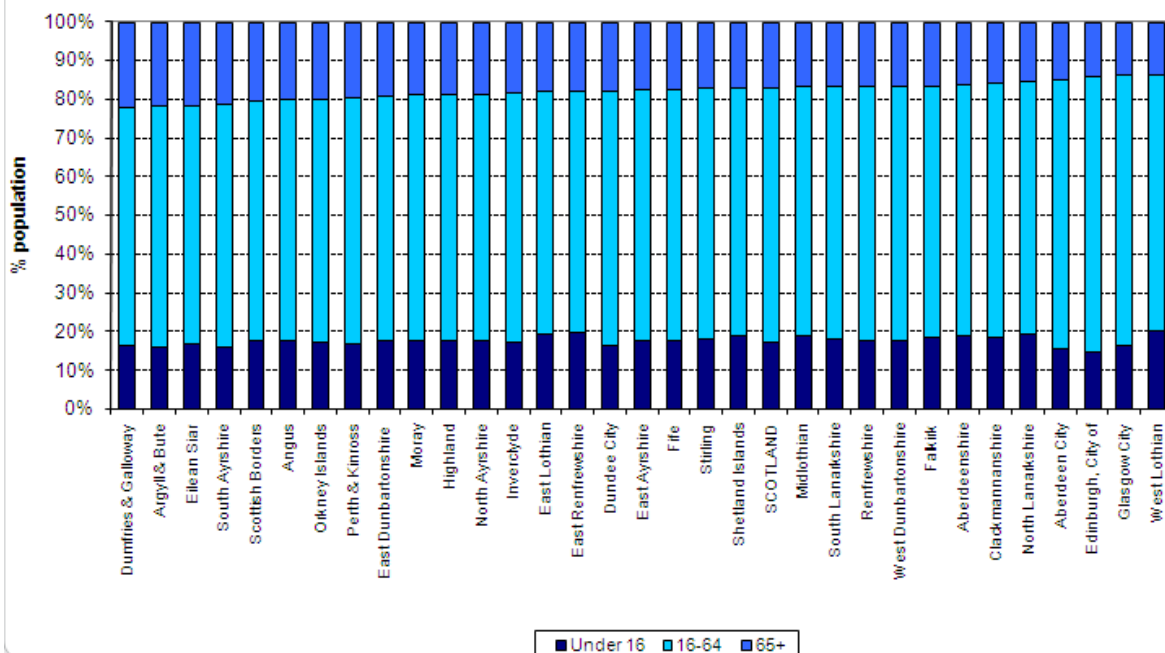
**Moray GP practice registrations by age (based on Jan 2011)**



<http://www.isdscotland.org/Health-Topics/General-Practice/Practices-and-Their-Populations/>

**Population (01-Jan-11)**

**Figure 8 Age structure of Council areas, 30 June 2010 (% under 16, 16-64 and 65+), (ranked by percentage aged 65+)**



GRO Mid Year 2010 estimates

Moray's population age structure is not unusual and Moray and has a very similar age proportion to Perth and Kinross, East Dunbartonshire, Highland and North Ayrshire.

## A: Primary Healthcare

Primary care is the term used to describe community based health services which play a central role in the community. It covers services provided by family doctors (GPs), community and practice nurses, community therapists (such as physiotherapists and occupational therapists), community pharmacists, optometrists and dentists.

### 1 GP Practices

#### 1.1 Overview

In Moray at the beginning of 2011 there were 15 GP practices based in 18 locations in Moray providing services to a total of 89,395 people of which 16,783 (18.77%) were aged over 65. (This went down to 14 practices in 18 locations at time of writing). There were 9 Community Nurse bases in Moray.

GP Practice (Locality)	Population (01-Jan-11)					65+ 01-Jan-10	65+ % Change from 2010-2011	75+ 01-Jan-10	65+ % Change from 2010-2011	% of 65+ out of the individual practice population	% of total Moray 65+ population registered with each practice
	65-74	75-84	85+	65+	75+						
<b>Speyside</b>	<b>1781</b>	<b>1113</b>	<b>349</b>	<b>3243</b>	<b>1462</b>	<b>3212</b>	<b>1.0</b>	<b>1409</b>	<b>3.6</b>	<b>20.40%</b>	<b>19.32%</b>
Aberlour Health Centre	404	219	79	702	298	677	3.6	283	5.0	21.80%	4.18%
Glenlivet Medical Practice	87	26	9	122	35	118	3.3	35	0.0	16.90%	0.73%
Keith Medical Group	774	558	163	1495	721	1483	0.8	698	3.2	20.34%	8.91%
Roths Medical Centre	158	105	38	301	143	302	-0.3	135	5.6	18.67%	1.79%
Rinnes Medical Group	358	205	60	623	265	632	-1.4	258	2.6	20.84%	3.71%
<b>Buckie/Cullen/Fochabers</b>	<b>2118</b>	<b>1461</b>	<b>486</b>	<b>4065</b>	<b>1947</b>	<b>4043</b>	<b>0.5</b>	<b>1922</b>	<b>1.3</b>	<b>21.82%</b>	<b>24.22%</b>
Ardach Health Centre	1077	746	210	2033	956	2040	-0.3	958	-0.2	21.23%	12.11%
Cullen Medical Centre	342	212	113	667	325	659	1.2	323	0.6	19.67%	3.97%
Fochabers Medical Practice	475	328	116	919	444	910	1.0	433	2.5	22.41%	5.48%
Seafeld Medical Centre	224	175	47	446	222	434	2.7	208	6.3	24.81%	2.66%
<b>Elgin (includes Lossie)</b>	<b>3644</b>	<b>2250</b>	<b>729</b>	<b>6623</b>	<b>2979</b>	<b>6469</b>	<b>2.3</b>	<b>2888</b>	<b>3.1</b>	<b>16.67%</b>	<b>39.46%</b>
Elgin Community Surgery	436	244	78	758	322	714	5.8	294	8.7	17.39%	4.52%
Linkwood Medical	1009	610	181	1800	791	1775	1.4	775	2.0	15.80%	10.73%
Moray Coast Medical Practice	932	538	175	1645	713	1598	2.9	675	5.3	17.94%	9.80%
The Maryhill Practice	1267	858	295	2420	1153	2382	1.6	1144	0.8	16.33%	14.42%
<b>Forres</b>	<b>1593</b>	<b>914</b>	<b>345</b>	<b>2852</b>	<b>1259</b>	<b>2799</b>	<b>1.9</b>	<b>1225</b>	<b>2.7</b>	<b>18.85%</b>	<b>16.99%</b>
Forres Health Centre	790	425	184	1399	609	1371	2.0	594	2.5	18.73%	8.34%
Varis Medical Practice	803	489	161	1453	650	1428	1.7	631	2.9	18.97%	8.66%
<b>Total</b>	<b>9136</b>	<b>5738</b>	<b>1909</b>	<b>16783</b>	<b>7647</b>	<b>16523</b>	<b>1.6</b>	<b>7444</b>	<b>2.7</b>	<b>18.77%</b>	<b>100%</b>

<http://www.isdscotland.org/Health-Topics/General-Practice/Practices-and-Their-Populations/>

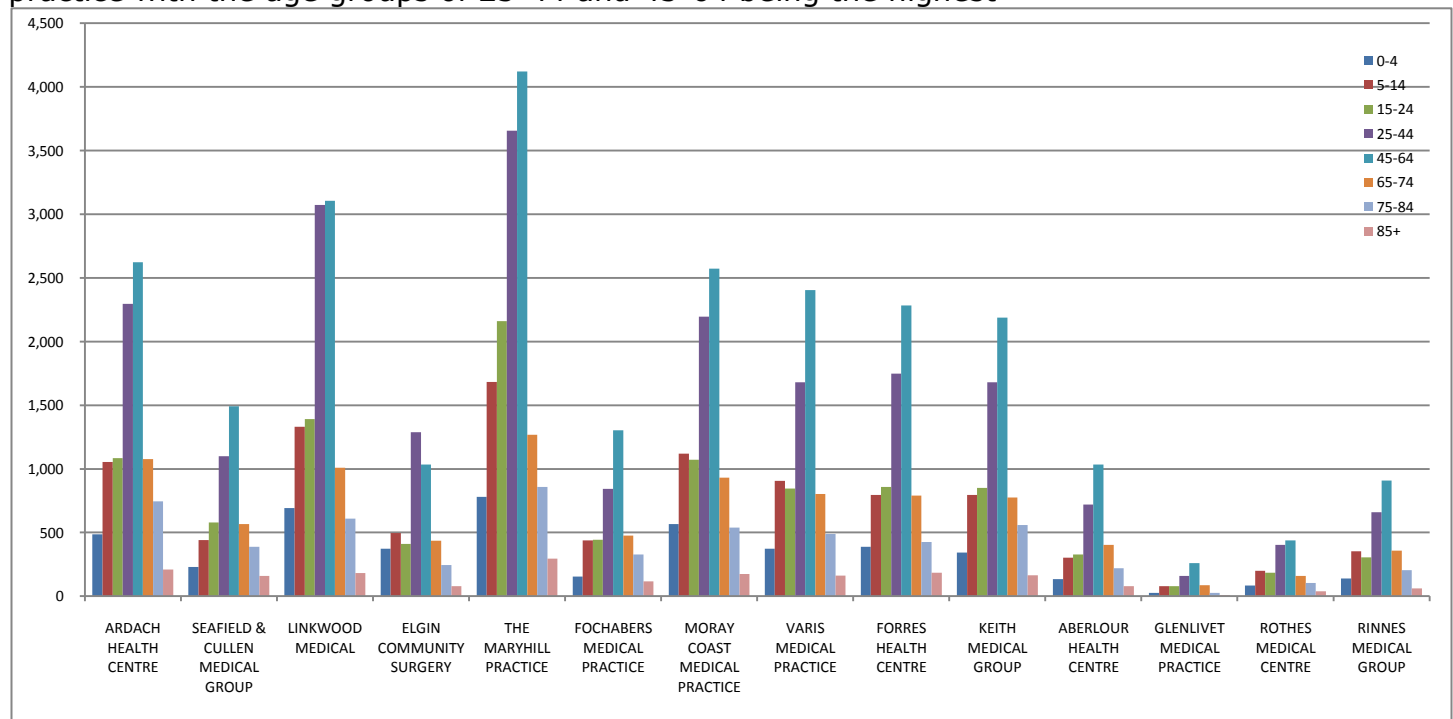
Looking at the Jan 2010 and 11 data the 65+ population rose from 16,523 to 16,783. Elgin has the highest overall percentage of the over 65+ population of Moray (almost 40%) but it also has the lowest proportion of over 65+ in the practice population i.e. it is diluted by a larger number of younger people – so there is potentially more support in those areas from the younger generations than there is in Seafeld or Aberlour.

In the last few months there have been practice changes, namely: the joining of Tomintoul and Dufftown practices to create the Rinnes Medical Centre (included in the table below); and the joining of Cullen and Seafeld to create the Seafeld and Cullen Medical Group (not included in the table below). In the case of the Seafeld and Cullen Group, although this is still being run with two locations the Community Council are concerned and seeking

reassurances that a medical centre will still remain in Cullen beyond 2014. Seafield to Cullen (one way) is a distance of just under 7 miles with a round trip journey of approx 20mins and a cost of £2.70. Cullen has a marginally higher number of registrations on their practice list than Seafield and a higher number (almost a third more) of 65+ registrations. Tomintoul appears also to be run from 2 locations. Tomintoul to Dufftown (one way) is a distance of over 18 miles with a round trip journey of approx 1hr 26 minutes and a cost of £10.66. The Moray Coastal Medical Practice is run from three sites: Lossiemouth, Burghead and Hopeman. Lossiemouth is the main practice and is open 8am till 6pm on weekdays. Burghead is open on weekday mornings (08:30 – 12:00) and Hopeman is open weekday afternoons (14:00 till 17:30). The distances involved are:  
Burghead to Lossiemouth – 8.5miles/20mins/£2.41 each way  
Hopeman to Lossiemouth – 6.3miles/16mins/£1.79 each way  
Hopeman to Burghead – 2.4 miles/7 mins/£0.68 each way<sup>2</sup>.

As a result of the changes there are currently 14 practices/groups at 18 locations.

The age pattern seen for Moray overall (see the introduction) can be seen against every practice with the age groups of 25-44 and 45-64 being the highest



<http://www.isdscotland.org/Health-Topics/General-Practice/Practices-and-Their-Populations/> (Based on their stats)

According to the ISD Jan 2011 information there are currently 82 GPs to 89,395 registered clients in the Moray area.

On average this is 1090 registrations per GP of which 205 are 65+.

82GPs:-

- 56 'Performer (partners)'
- 14 'Performer Salaried'
- 2 'Performer Retainee'
- 10 'Performer Registrar/Specialist Trainee'

In the NHS there are 3 types of practice

- **2C practice:** In general terms, this is most likely to mean that the practice is run by the NHS Board (as opposed to being run by GPs and/or other partners, as is the case for practices with 17C or 17J contract types).

<sup>2</sup> Mileage/Time and Cost info are Google map estimates

- **17C practice:** A 'Section 17C' practice (formerly known as 'Personal Medical Services' or 'PMS' practice) is one that has a locally negotiated agreement, enabling, for example, flexible provision of services in accordance with specific local circumstances.
- **17J practice:** A 'Section 17J' or 'GMS' (General Medical Services) practice is one that has a standard, nationally negotiated contract. Within this, there is some local flexibility for GPs to opt out of certain services (such as additional services) or opt in to the provision of other services (such as enhanced services).

In Moray there are 13 of the 17J type practices and 1 of the 17C type practices (Maryhill). There are no 2C type practices in Moray.

There is only one practice in Grampian that supports a full out of hours service but none in Moray. The Moray Coastal Medical Practice (Lossiemouth) and Maryhill have a level of out of hours (OOH) support in the form of a former OOH nurse and a paramedic.

GP Practice (Locality)	Practice List Size	Population (01-Jan-11)	Practice Type	GPs in Practice	Population per GP	Population of 65+ per GP
	All ages	65+	17J/17C/2C			
<b>Speyside</b>	<b>15,894</b>	<b>3243</b>	-	<b>21</b>	<b>808</b>	<b>154</b>
Aberlour Health Centre	3,220	702	17J	3	1073	234
Glenlivet Medical Practice	722	122	17J	2	361	61
Keith Medical Group	7,351	1495	17J	6	1225	249
Roths Medical Practice	1,612	301	17J	6	269	50
Rinnes Medical Group	2,989	623	17J	4	747	156
<b>Buckie/Cullen/Fochabers</b>	<b>18,631</b>	<b>4065</b>	-	<b>15.5</b>	<b>1202</b>	<b>262</b>
				7	1368	290
Ardach Health Centre	9576	2033	17J	(6 full time GPs +1 part time GP + 1 GP Assists part time)		
Fochabers Medical Practice	4100	919	17J	3 (2 full time + 1 may be part time)	1367	306
Seafeld & Cullen Medical Centre	4955	1113	17J	5.5 (5 full time and 1 part time)	901	202
<b>Elgin (includes Lossie)</b>	<b>39,740</b>	<b>6623</b>	-	<b>29</b>	<b>1370</b>	<b>228</b>
Elgin Community Surgery	4359	758	17J	4 (2 full time + 2 part time, 1 GP registrars)	1090	190
Linkwood Medical	11391	1800	17J	8	1424	225
Moray Coast Medical Practice	9169	1645	17J	7	1310	235
				10	1482	242
The Maryhill Practice	14821	2420	17C	(6GP, 4 GP Assists (Part time?), 2 GP registrars)		
<b>Forres</b>	<b>15130</b>	<b>2852</b>	-	<b>12</b>	<b>1261</b>	<b>238</b>
Forres Health Centre	7469	1399	17J	7	1067	200
Varis Medical Practice	7661	1453	17J	5 (4 fulltime and 2 GP Assists)	1532	291
<b>Total</b>	<b>89,395</b>	<b>16783</b>	-	<b>82 was quoted in ISD in Jan '11 and there are 83 GPs showing in Jan '12 but not all Full time.</b>	<b>1090 (0.92 GPs per 1000 population)</b>	<b>205 (4.89 GPs per 1000 65+ population)</b>

Grampian Care Data and Health Practice Websites – estimates are based on information on websites – **not confirmed data**

GP practices info was taken from various web sites so is not confirmed data but basically Roth's has a lower population per GP and in particular in the over 65s while Varis is highest in both.



## 1.2 Quality

GP satisfaction surveys are carried out and published by the Scottish Government under the title of Better Together – Scotland's Patient Experience Programme. These are published at practice level; CHP level; NHS Grampian level; and National figures – some of which are weighted in the reporting depending on the percentage that a practice has contributed to the survey. The following is a summary of the 2009/10 survey and the 2011/12 survey which was published at time of writing so is included here. This is a postal survey which was sent to a random sample of patients who were registered with a GP in Scotland. In 2011 the survey was completed by 145,569 respondents. In Moray the survey was sent to 6,633 people.

### 1.2.1 2009/10 Scottish GP Patient Experience Survey

In the rating of overall care provided by GP surgery in 2009/10 the percentages ranged from 79.78% to 99.21% with the Speyside practices having a large percentage of positive responses. As an average of all the questions, Moray was 90.85% compared to Grampian with 90.78% and Scotland with 90.39%. In the question, "People were not worried that they could be overheard talking to the receptionist" this got the lowest positive response in Moray, Grampian and Scotland with 68.88%, 66.95% and 65.18% respectively, with Scotland quoting a weighted percentage of 63%. In the question, "Patients know enough about how and when to take their medicines" this got the highest positive response in Moray, Grampian and Scotland with 98.95%, 98.90% and 98.75% respectively, with Scotland quoting a weighted percentage of 99%. In the question, "Able to book an appointment in advance" this showed the biggest variance in the practices in Moray ranging from 35.24% to 100% giving an average of 76.42% positive response in Moray, compared with 81.23% in Grampian and 81.27% in Scotland, with Scotland quoting a weighted percentage of 78%.<sup>3</sup>

### 1.2.2 2011/12 Scottish GP Patient Experience Survey

In the rating of overall care provided by GP surgery in 2011/12 the percentages ranged from 81.05% to 99.26% (up slightly from 2009-10) with the Speyside and Buckie practices having a large percentage of positive responses. As an average of all the questions, Moray came out with 91.84% compared to Grampian with 91.65% and Scotland with 91.40% (all up compared to 2009-10). In the question, "Thinking about the last time your GP referred you, how would you rate the arrangements for getting to see another NHS health professional?" this got the lowest positive response in Moray, Grampian and Scotland with 74.52%, 73.95% and 77.75% respectively with Scotland quoting a weighted percentage of 76%. In the question, "How clean is your GP surgery or health centre?" this got the highest positive response in Moray, Grampian and Scotland with 99.49%, 99.45% and 99.17% respectively with Scotland quoting a weighted percentage of 99%. In the question, "If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to?" this showed the biggest variance in the practices in Moray ranging from 40.91% to 100% giving an average of 83.21% positive response in Moray, compared with 82.16% in Grampian and 83.01% in Scotland with Scotland quoting a weighted percentage of 80%. In the question, "Thinking of the last time you contacted this GP surgery by phone, how easy was it for you to get through?" this also showed a big variance in the practices in Moray ranging from 53.10% to 100% giving an average of 89.94% positive response in Moray, compared with 89.40% in Grampian and 88.28% in Scotland with Scotland quoting a weighted percentage of 85%. In the question, "Overall how would you rate the arrangements for getting to see a doctor in your GP surgery?" this showed a big variance in the practices in Moray ranging from 48.32% to 99.25% giving an average of 78.75% positive response in Moray, compared with 78.21% in Grampian and 80.04% in Scotland with Scotland quoting a weighted percentage of 75%.<sup>4</sup>

<sup>3</sup> [2009/10 Scottish GP Patient Experience Survey](#)

<sup>4</sup> [2011/12 Scottish Patient Experience Survey of GP and Local NHS Services](#)

### 1.2.2.1. What was the difference between the two surveys 2009-10 and 2011-12

The biggest positive and negative changes are listed below<sup>5</sup>:

- "Over arrangements for getting to see a doctor" fell from 76% to 72%.
- "The doctor listens to the patient" rose from 93% to 96%.
- "Patients feel that the doctor has all the information they need to treat them" rose from 87% to 90%.
- "Patients have enough time with the doctor" rose from 86% to 91%.
- "Patients feel that the nurse has all the information they need to treat them" rose from 89% to 93%
- "Patients have confidence in the nurse's ability to treat them" rose from 91% to 94%.
- "Patients have enough time with the nurse" rose from 94% to 97%.
- "Patients are treated with dignity and respect" fell from 93% to 90%.

### 1.2.2.2. In this second survey there were additional questions added namely:

"In the reception area, can other patients overhear what you say to the staff?"

In this question the combined Moray response was: 57% said "Yes, but don't mind"; 20% said "Yes, and were not happy about it"; 23% said "No, other patients can't overhear".

"The last time you saw a health professional about something that affected your ability to work; did they discuss your ability to work with you?" Of the 6 practices that did have a response to this (only the larger practices) the combined response for 'Yes we discussed my ability to work' was 65%; 'Yes, we discussed my ability to work but it was not useful' was 10%; 'No we did not discuss it but I would have found it useful' was 8% and 'No we did not discuss my ability to work but I did not want to' was 17%. The range of response to 'Yes, we discussed my ability to work but it was not useful' ranged from 0 to 12.5% and the range of response from 'No, we did not discuss my ability to work, but I would have found it useful' was 4.2% to 20.8%.

What do you think about the opening hours of your GP surgery? In this question the combined Moray response was that 83% said "I am happy with the opening hours of my GP surgery"; 7% said "It is too difficult for me to get time away from work during my surgery opening hours"; 2% said "The opening hours are not convenient for me for another reason"; and 10% said 'I am not sure when the opening hours of my GP surgery are'. The range of response to 'It is too difficult for me to get time away from work during my surgery opening hours' ranged from 0.7% to 10.5%. The range of response from 'The opening hours are not convenient for me for another reason' was 0% to 6.1%. The range of response from 'I am not sure when the opening hours of my GP surgery are' was 0% to 15.9%.<sup>6</sup>

### 1.2.2.3. Of the more detailed Moray (and Grampian) breakdown:

Of those having used the Moray local services in the past 12 months: 87% (88% in Grampian) had used GP surgery; 13% had used NHS 24 (15% in Grampian); 28% had been Hospital outpatients (29% in Grampian); 10% had seen the Community Nurse (same in Grampian); 13% had been to A&E/Casualty (10% in Grampian); and 9% (10% in Grampian) had used an NHS physiotherapist/podiatrist/other therapist.

Of those patients contacting their surgery in the last 12 months: 16% had made contact once; 45% had made contact 2-4 times; 27% had made contact 5-10 times; 10% had made contact more than 10 times.

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<sup>5</sup> [2011/12 Scottish Patient Experience Survey of GP and Local NHS Services](#)

<sup>6</sup> [2011/12 Scottish Patient Experience Survey of GP and Local NHS Services](#)

Of those patients contacting the surgery in the last 12 months, 47% in Moray and 48% in Grampian have been referred to see other health professionals.<sup>7</sup>

#### 1.2.2.4. Out of Hours Healthcare:

In this part of the survey of those asked 24% in Moray (25% in Grampian) had tried to get medical help, treatment or advice when the GP surgery was closed (out of hours). Of these 67% went to NHS24, 17% went to A&E; 4% went to the pharmacist/chemist; 3% went to the Out of Hours Service; 3% went to the 999 emergency service; 2% went to the Surgery and the remaining 3% went to other services. However when asked which service they ended up being seen/treated by: 10% got phone advice only; 2% Pharmacist/Chemist; 15% Out of Hours Service (26% in Grampian); 4% at GP Surgery; 12% Home visit from another doctor/nurse; 2% Emergency Dental Service; 7% Ambulance Paramedics (10% in Grampian); 43% A&E Casualty (only 26% in Grampian); and 5% other services. In relation to this 69% in Moray and 75% in Grampian thought that the time they waited was reasonable. When asked if they felt that the person treating them had all the information needed to treat them those responding positively were 74% (compared to 90% for GPs at their own surgery) in Moray and 77% in Grampian. 82% felt they were listed to in Moray compared to 83% in Grampian.<sup>8</sup>

#### 1.2.2.5. In the Outcomes from NHS treatment part of the survey:

Of those surveyed 31% said they had received NHS treatment or advice because of something that was affecting their ability to do their usual activities. The effect of the treatment on these people was as follows: 48% were able to go back to most of their usual activities; 23% showed no change in their ability to do their usual activities; 14% were less able to do their usual activities; and 15% said it was too soon to say.

Of those surveyed 56% said they had received NHS treatment or advice because of something that was causing them pain or discomfort. The effect of the treatment on these people was as follows: 54% were better than before; 36% were about the same as before; 3% were worse than before; and 8% said it was too soon to say.

Of those surveyed 15% said they had received NHS treatment or advice because of something that was making them feel depressed or anxious. The effect of the treatment on these people was as follows: 61% felt less depressed or anxious; 28% felt about the same as before; 5% were more depressed or anxious than before; and 6% said it was too soon to say<sup>9</sup>.

### 1.3 Demand

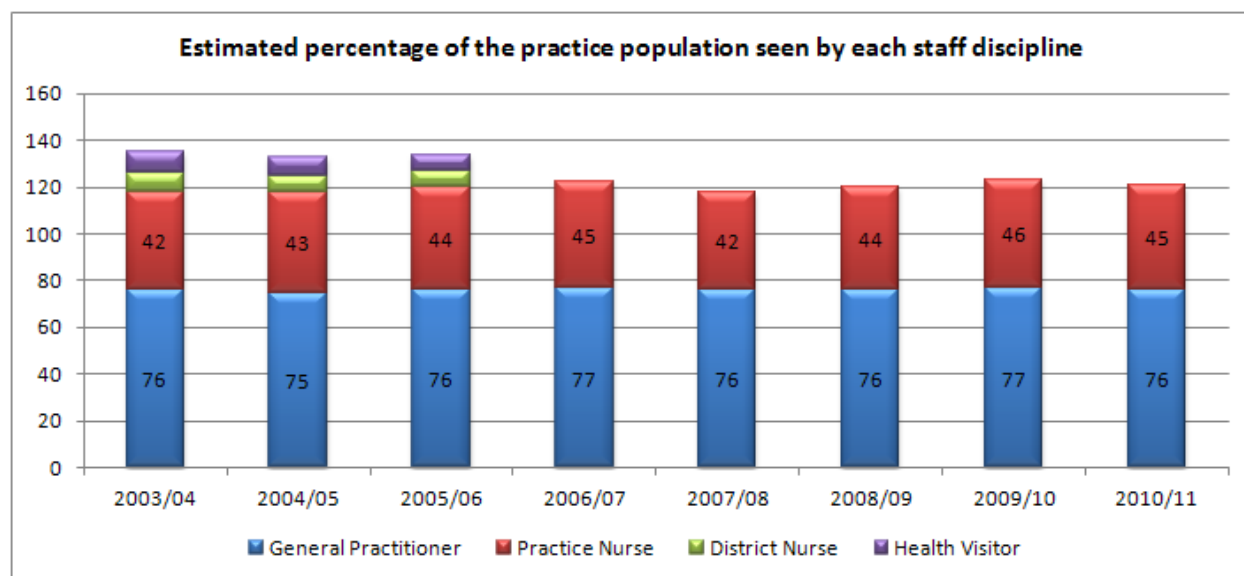
According to ISD released national statistics in 2010/11 and in the years before, in number terms approximately 76% of the total practice population is seen by the GP in the year and approximately 45% of the total practice population is seen by a practice nurse.

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<sup>7</sup> [2011/12 Scottish Patient Experience Survey of GP and Local NHS Services](#)

<sup>8</sup> [2011/12 Scottish Patient Experience Survey of GP and Local NHS Services](#)

<sup>9</sup> [2011/12 Scottish Patient Experience Survey of GP and Local NHS Services](#)



ISD Scotland National Statistics release – Practice Team Information (PTI) - estimated percentage of the practice population seen by each staff discipline- 2011 (not 65+ specific and covers Scotland)

Nationally, in relation to the Practice Nurse consultations in 2003/04, the 65-74 year age and 75+ age brackets accounted for 20.29% and 13.70% of the total consultations. In 2010/11 the 65-74 years and 75+ age brackets they accounted for 21.69% and 18.83% - a rise in the 75+ group of over 5%.

Nationally, in relation to the General Practitioners consultations in 2003/04, the 65-74 year age and 75+ age brackets accounted for 12.20% and 11.17% of the total consultations. In 2010/11 the 65-74 years and 75+ age brackets they accounted for 12.02% and 12.88% - a rise in the 75+ group of over 1.71%.

With approx 1090 registrations per GP, demand for their time is at a premium and in many practices getting appointments can be difficult. Some run a triage service and others hold on to emergency appointment slots.

In the QOF data (deemed to be 95% accurate) the highest prevalence was for 'Smoking' related conditions. Then Hypertension (above the national average) and Obesity (this is not 65+ specific).

Practices with reportable QOF data (Includes all Moray practices at March 2011 and an overall practice population of 89,395)					National QOF data 2010/11
QOF register 2	Patients on this	Raw prevalence rate	Raw prevalence rate – lowest	Raw prevalence rate – highest	National Raw prevalence rate
	QOF register	(per 100 patients)	(per 100 patients)	(per 100 patients)	(per 100 patients)
"Smoking" (conditions assessed for smoking)	22367	25.02	21.05	31.78	
Hypertension	13142	14.70	10.66	20.76	13.5
Obesity	9730	10.88	5.25	19.25	7.7
Depression 1 (of 2): conditions assessed for depression	7378	8.25	6.37	10.04	
Depression 2 (of 2): new diagnosis of depression	7054	7.89	0.98	15.10	9.0
Asthma	5198	5.81	3.08	7.27	5.9
Hypothyroidism	4642	5.19	4.28	9.11	3.6
Diabetes	4339	4.85	3.99	5.84	4.3
CHD (Coronary Heart Disease)	3952	4.42	2.63	5.80	4.4
CKD (Chronic Kidney Disease)	3582	4.01	1.45	6.13	3.3

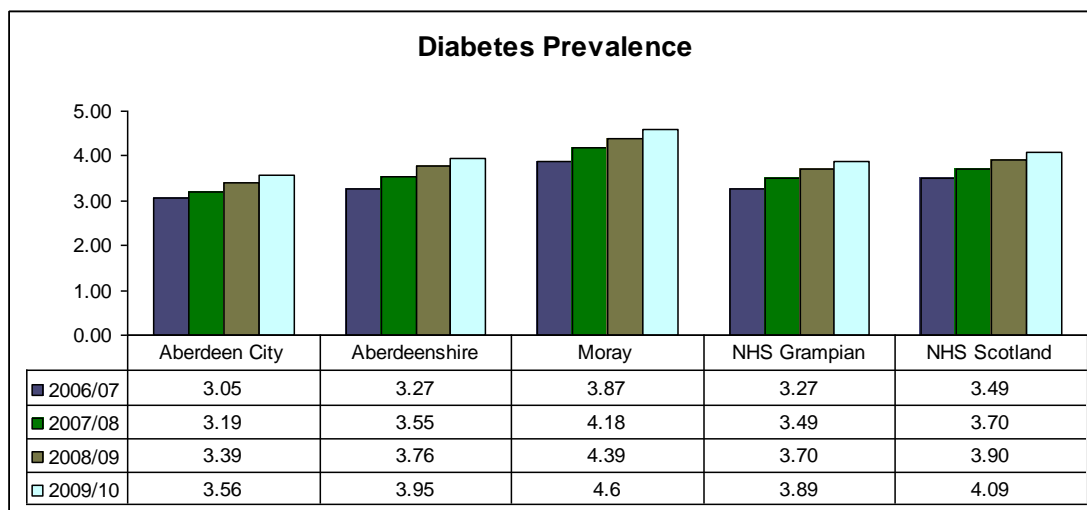
Stroke & Transient Ischaemic Attack (TIA)	1914	2.14	0.83	2.64	2.1
Atrial Fibrillation	1479	1.65	0.97	2.68	1.4
Cancer	1403	1.57	0.62	2.46	1.7
COPD (Chronic Obstructive Pulmonary Disease)	1364	1.53	0.68	2.73	2.0
CVD (Primary Prevention of Cardiovascular Disease)	961	1.08	0.43	2.15	
Heart Failure	773	0.86	0.36	1.5	0.8
Mental Health	724	0.81	0.43	1.12	0.8
Dementia	608	0.68	0.40	1.30	0.7
Epilepsy	584	0.65	0.43	0.87	0.7
LVD (Left Ventricular Dysfunction)	499	0.56	0.22	1.45	0.6
Learning Disabilities	395	0.44	0.19	0.78	
Palliative Care	181	0.20	Numbers low omitted from data set to protect privacy	Numbers low omitted from data set to protect privacy	

[www.isdscotland.org/qof](http://www.isdscotland.org/qof)

The prevalence rates in the graphs below are per 100 population (not 65+ specific) quoted by QOF over 2006/07 to 2009/10 and show the prevalence rates of many conditions rising – this may be though improved public awareness and improved diagnosis or as a result of focus through NHS targets. Added in are the prevalence rates from tables published by QOF for 2010/11 and also the National Statistics Release December 2010 which quoted 2005/06 to 2009/10 episode and bed day information. The episode count adds up the total number of episodes of care i.e. a patient may have been in hospital for a week but had several episodes of care during the one stay.<sup>10</sup> Incidence count looks for the first occurrence of a diagnosis within a given time period. The incidence table is based on a 10 year incidence look back period.

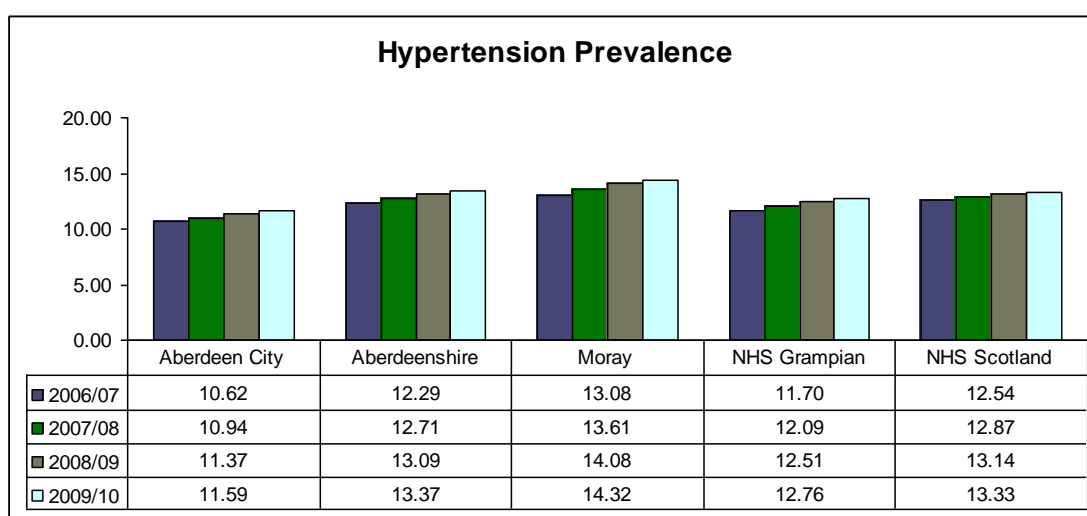
Prevalence of Diabetes rose in all areas over the four years and in figures published on a practice basis the Moray figure for 2010/11 was 4.85 per 100, up again on previous years and up by almost one whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 3.99 to 5.84 (Tomintoul and Cullen). According to the National Statistics Release (2009/10 figures), in Moray there were 101 'episodes of care' related to diabetes of which 14 (13.86%) were attributed to those aged 65+ (the proportion of 65+ was over 10% less than the national percentage) with 10 new patient incidents. In Moray (in 2009/10) there were 475 bed days attributed to Diabetes with 128 (26.95%) attributed to those aged 65+ (the proportion of 65+ was over 20% less than the national percentage).

<sup>10</sup> Long Term Condition diagnoses - Community Health (& Care) Partnership; QOF Scotland 2010/11 Practices Prevalence; CHP Diagnosis Tables



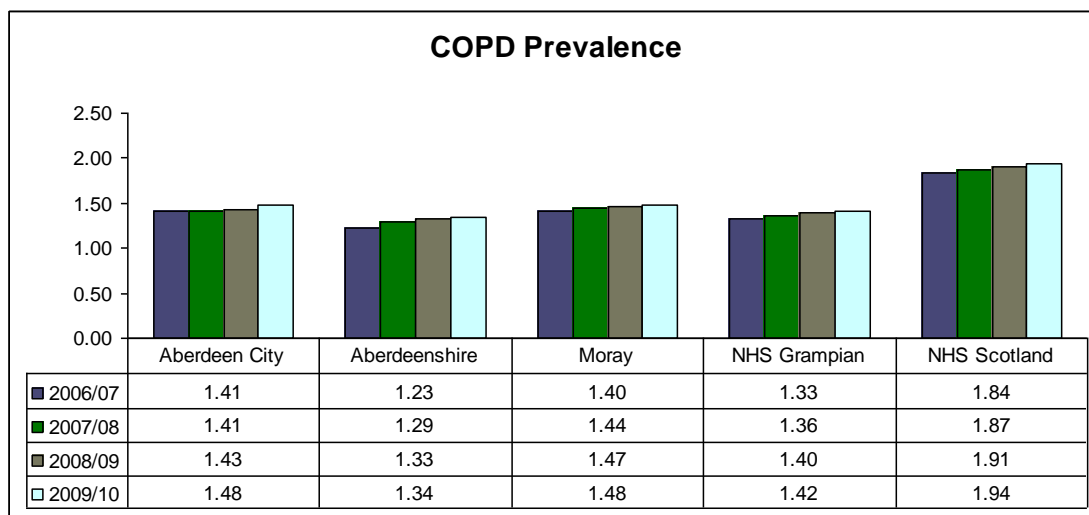
Prevalence of Hypertension rose in all areas over the four years and in figures published on a practice basis the Moray figure for 2010/11 was 14.70 per 100, up again on previous years and up by 0.9 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 10.66 to 20.76 (Glenlivet and Fochabers).

According to the National Statistics Release (2009/10 figures), in Moray there were 23 'episodes of care' related to hypertension of which 10 (43.48%) were attributed to those aged 65+ (the proportion of 65+ was over 2% more than the national percentage) with 4 new patient incidents. In Moray (in 2009/10) there were 189 bed days attributed to hypertension with 158 (83.60%) attributed to those aged 65+ (the proportion of 65+ was almost 18% more than the national percentage).



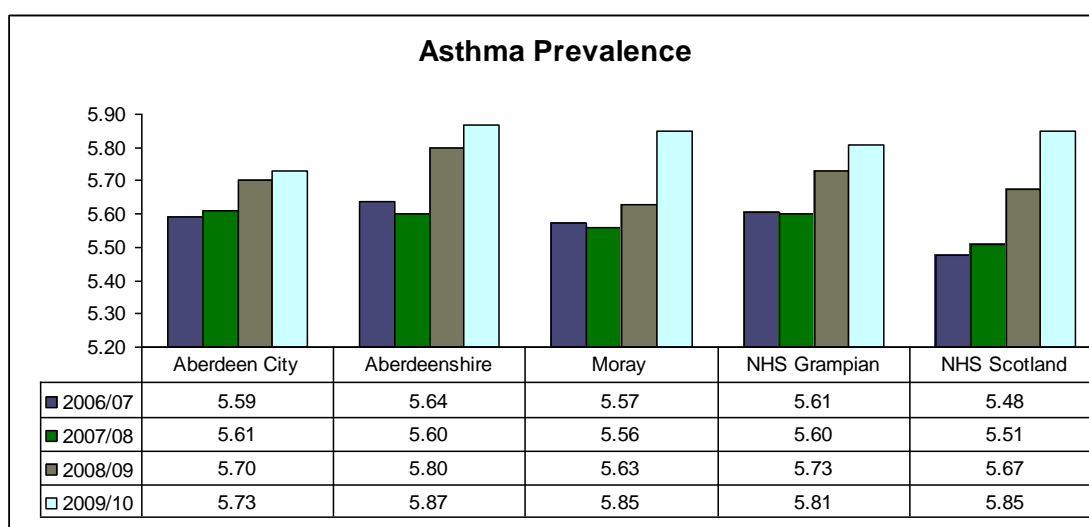
Prevalence of Chronic Obstructive Pulmonary Disease (COPD) rose in all areas over the four years and in figures published on a practice basis the Moray figure for 2010/11 was 1.53 per 100, up again on previous years and up by 0.13 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 0.68 to 2.73 (Rothes and Fochabers).

According to the National Statistics Release (2009/10 figures), in Moray there were 347 'episodes of care' related to COPD of which 260 (74.93%) were attributed to those aged 65+ (the proportion of 65+ was 2.7% more than the national percentage) with 52 new patient incidents. In Moray (in 2009/10) there were 1753 bed days attributed to COPD with 1486 (84.77%) attributed to those aged 65+ (the proportion of 65+ was 4.59% more than the national percentage).



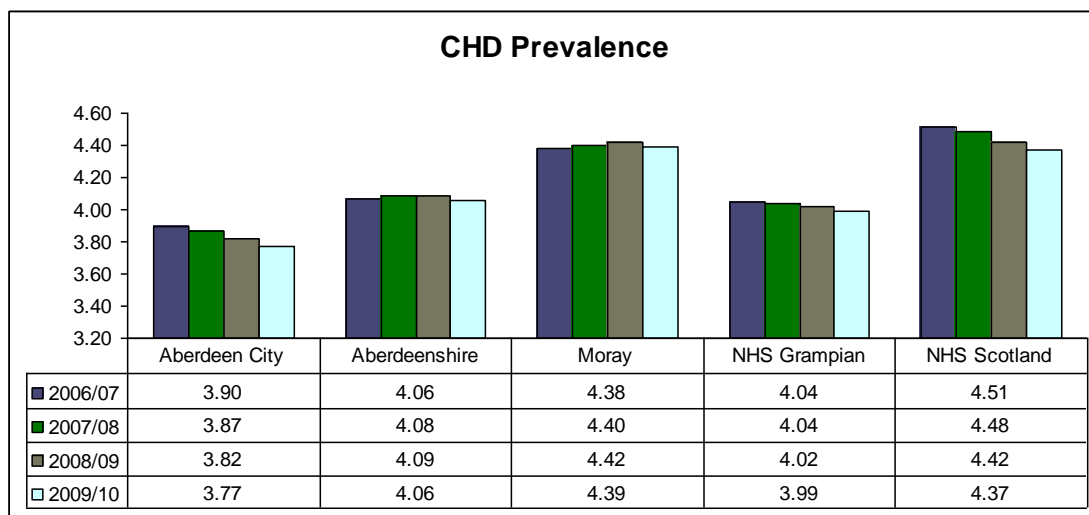
Prevalence of Asthma in 2008/09 and 2009/10 rose in all areas and in figures published on a practice basis the Moray figure for 2010/11 was 5.81 per 100, down slightly on the previous year and up by 0.24 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 3.08 to 7.27 (Tomintoul and Fochabers).

According to the National Statistics Release (2009/10 figures), in Moray there were 132 'episodes of care' related to Asthma of which 21 (15.91%) were attributed to those aged 65+ (the proportion of 65+ was 3.5% more than the national percentage) with 6 new patient incidents. In Moray (in 2009/10) there were 309 bed days attributed to Asthma with 102 (33.01%) attributed to those aged 65+ (the proportion of 65+ was 6.93% more than the national percentage).



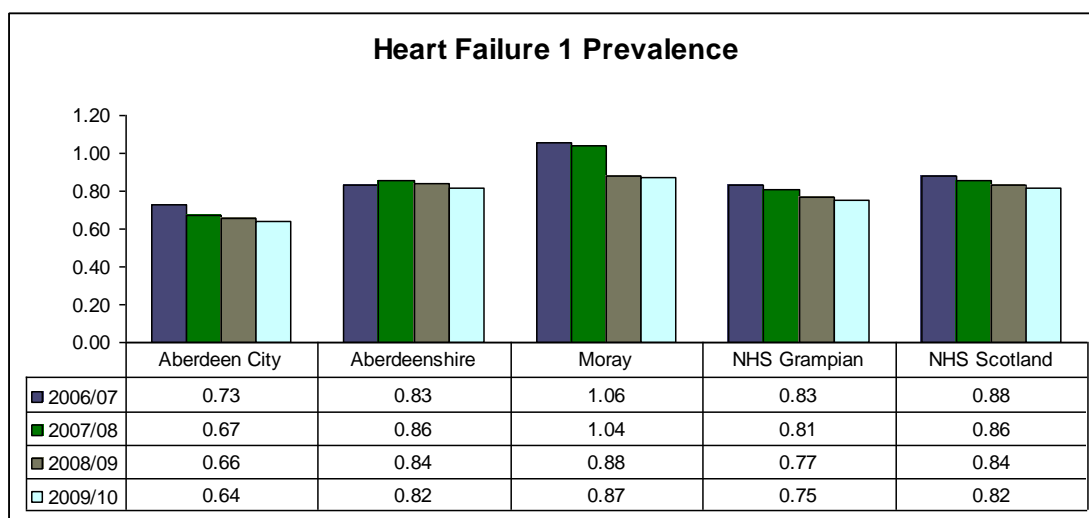
Prevalence of Coronary Heart Disease (CHD) fell in all areas in 2008/09 and in figures published on a practice basis the Moray figure for 2010/11 was 4.42 per 100, up on previous years and up by 0.04 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 2.63 to 5.80 (Glenlivet and Tomintoul).



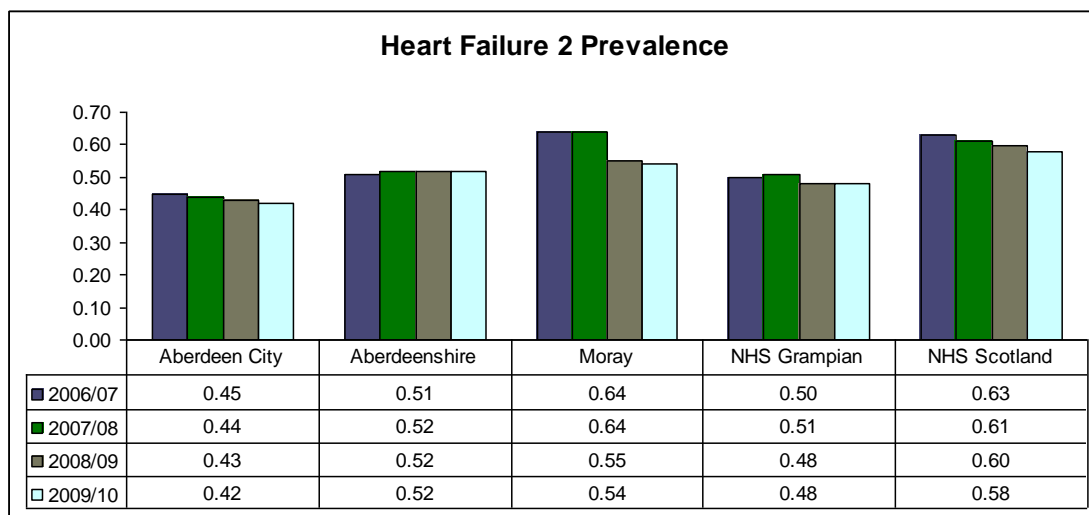


Prevalence of Heart Failure fell in all areas over the four years and in figures published on a practice basis the Moray figure for 2010/11 was 0.86 per 100, down again on previous years and down by 0.2 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 0.36 to 1.5 (Ardach and Seafeld).

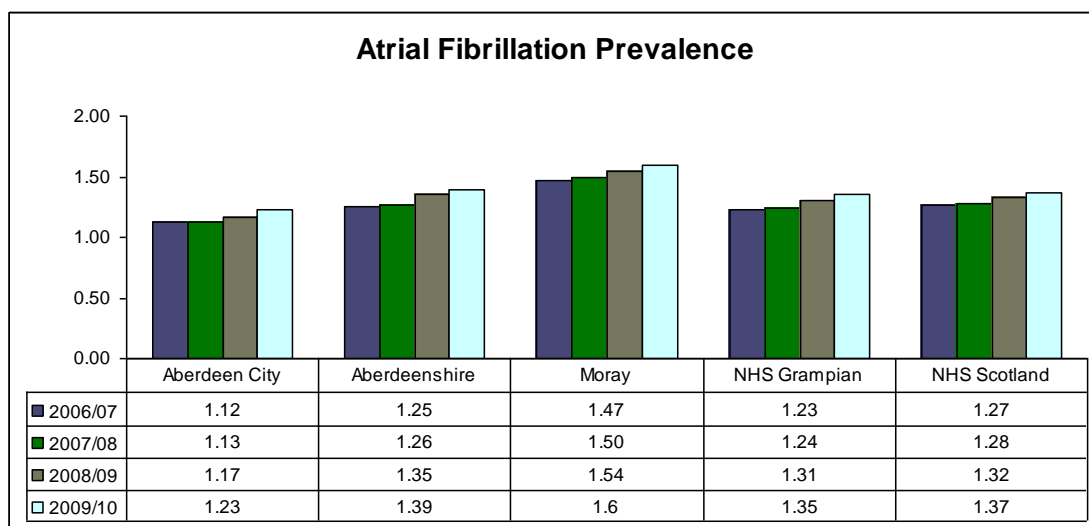
According to the National Statistics Release (2009/10 figures), in Moray there were 156 'episodes of care' related to Heart Failure of which 129 (82.69%) were attributed to those aged 65+ (the proportion of 65+ was 3.46% lower than the national percentage) with 71 new patient incidents. In Moray (in 2009/10) there were 1433 bed days attributed to Heart Failure with 1276 (89.04%) attributed to those aged 65+ (the proportion of 65+ was 1.86% lower than the national percentage).



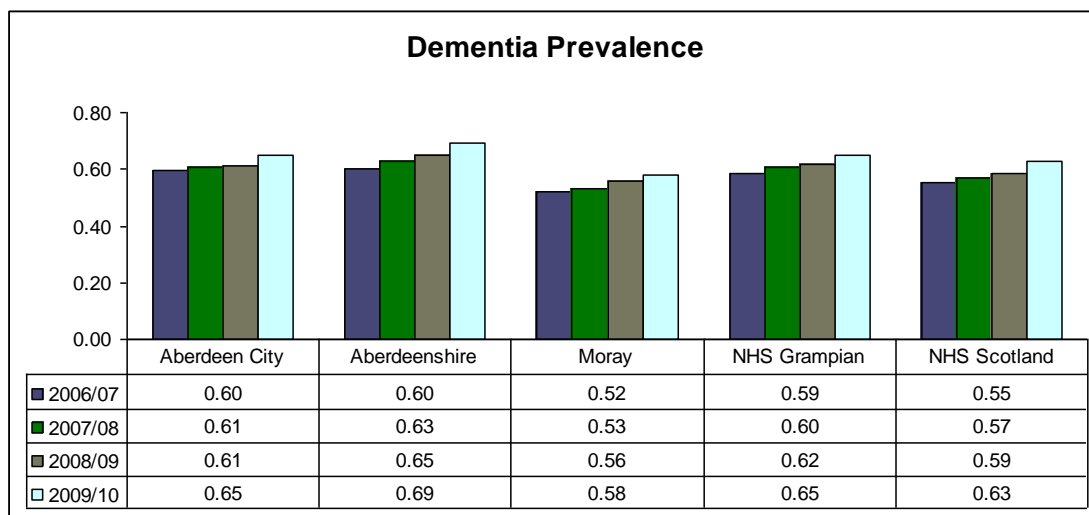




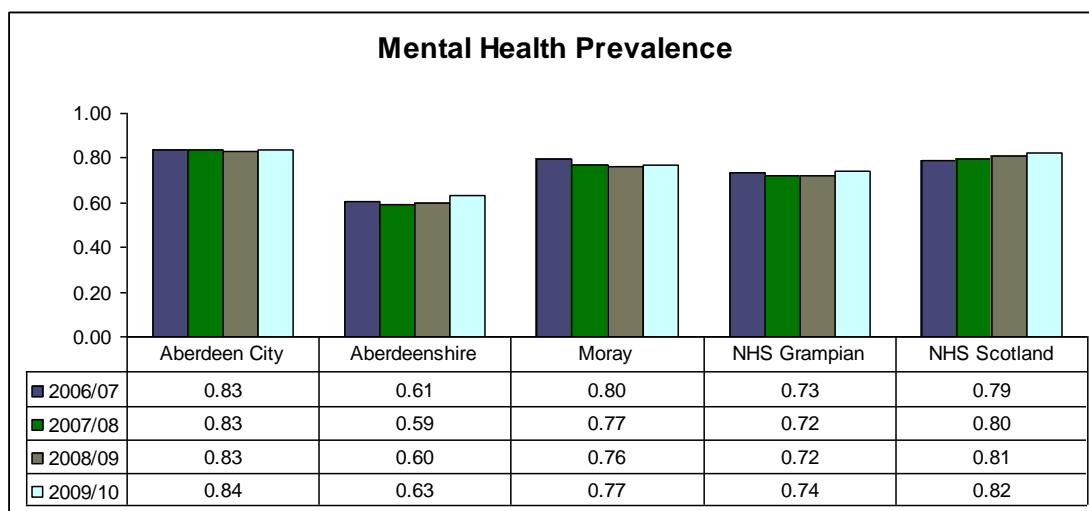
Prevalence of Atrial Fibrillation rose in all areas over the four years and in figures published on a practice basis the Moray figure for 2010/11 was 1.65 per 100, up again on previous years and up by 0.18 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 0.97 to 2.68 (Glenlivet and Cullen).



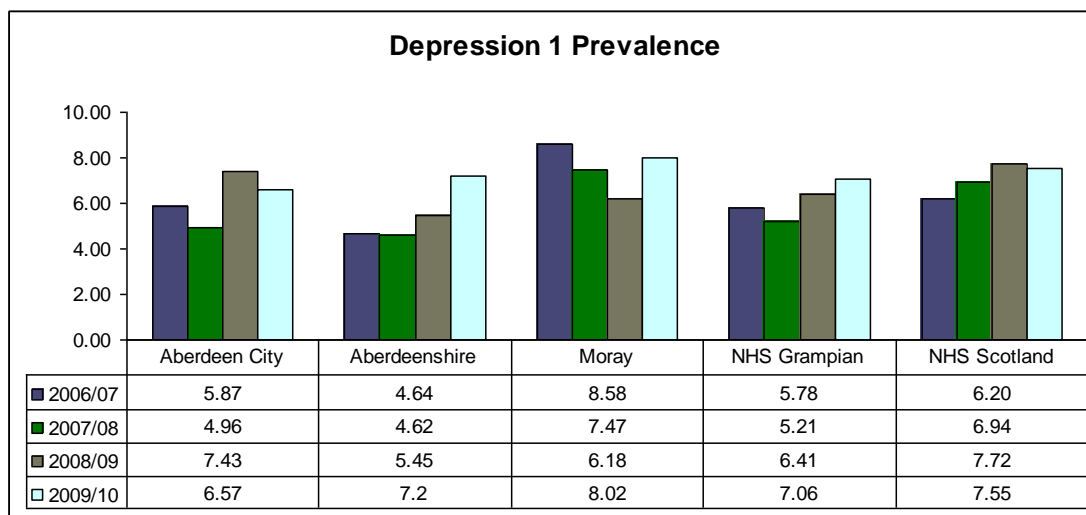
Prevalence of Dementia rose in all areas over the four years and in figures published on a practice basis the Moray figure for 2010/11 was 0.68 per 100, up again on previous years and up by 0.16 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 0.40 to 1.30 (Glenlivet and Fochabers).



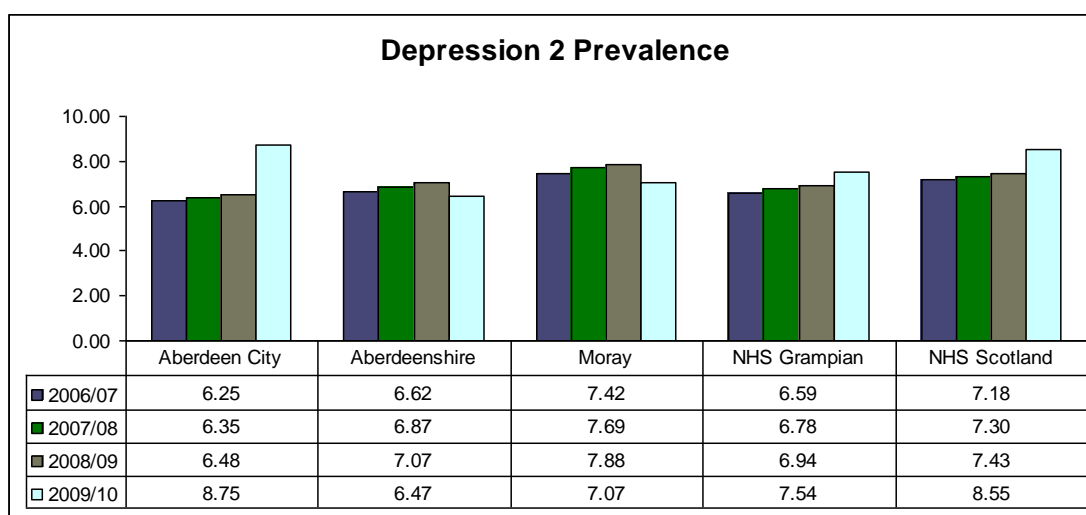
Prevalence of Mental Health rose in all areas over 2008/09 and 2009/10 and in figures published on a practice basis the Moray figure for 2010/11 was 0.81 per 100, up again on previous 2 years and up by 0.01 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 0.43 to 1.12 (Roths and Elgin Community).



Prevalence of Depression 1 varied in all areas over the four years with Moray and Aberdeenshire rising over 2009/10 and Aberdeen City falling. In figures published on a practice basis the Moray figure for 2010/11 was 8.25 per 100, up again on previous years but down by 0.33 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 6.37 to 10.04 (Glenlivet and Cullen).



Prevalence of Dementia 2 fell in Aberdeenshire and Moray in 2009 and in figures published on a practice basis the Moray figure for 2010/11 was 7.89 per 100, up on the previous year and up by 0.47 of a whole person per hundred in 5 years. By practice, the raw prevalence rates ranged from 0.98 to 15.10 (Dufftown and Forres).



## 1.4 Summary

The breakdown of prevalence information was done on a number of conditions and diabetes has shown the greatest increase of almost 1 whole person per hundred in 5 yrs (2006/7 – 2010/11). Hypertension rose by 0.9 of a whole person and COPD 0.13 of a whole person. The one condition that we thought we would see this kind of change on was Dementia but that has only risen by 0.01 of a whole person a change in this will probably be seen in more up to date figures which should see a rise in dementia diagnosis following increased focus through incentives. With the population of practices and in particular those over 65 rising and prevalence also rising, despite the percentage of the practice seen by doctors remaining the same it does mean that there is still a rising number of patients seeking appointments. All in all the GP surveys showed Moray as not that different on average from Grampian or Scotland, however the responses to some of the questions e.g. ability to get through to the surgery; book appointments in advance; get to see the doctor; and get a referral, did vary greatly reflecting the differing policies of the various GP practices.

## 2 District/Community Health Nursing

### 2.1 Overview

Seven Core elements of nursing in the community have been identified to help nurses to deliver consistently provide high quality, safe, appropriate and effective service<sup>11</sup>:

- Meeting health needs of communities
- Supporting anticipatory care
- Multi-disciplinary team working
- Supporting self care
- Co-ordinating services
- Adopting public health approaches to protecting the public
- Working directly with people

IT is planned that the Moray nursing teams will be established within 2 groups of community nurses

- Children, younger people and families (from pre-conception to transfer to adult services). The core elements of which would be:

- Public health and nursing
- Working with the whole family
- Early intervention and prevention
- The value of knowing the community
- Pro-active in promoting health and preventing ill-health
- Progressive universalism
- Safeguarding children
- The value of working across organisational boundaries
- Team work and partnership
- Readiness to provide health protection service
- Home visiting

This would also include

- re-designing the School Nursing Service as part of a National programme to develop the Health Care Capacity in schools
- My world triangle – the framework for all assessment processes across agencies for children and young people
- The public Health Nurse – health visitor – who will specialise in working with the 0-5 age group with a priority on: child protection; Hall 4; identification of care/additional/intensive services; domestic abuse; first visits to new families; drug and alcohol; and parenting programmes.

- Adults, older people and those with Long Term conditions. The core elements of which would be:

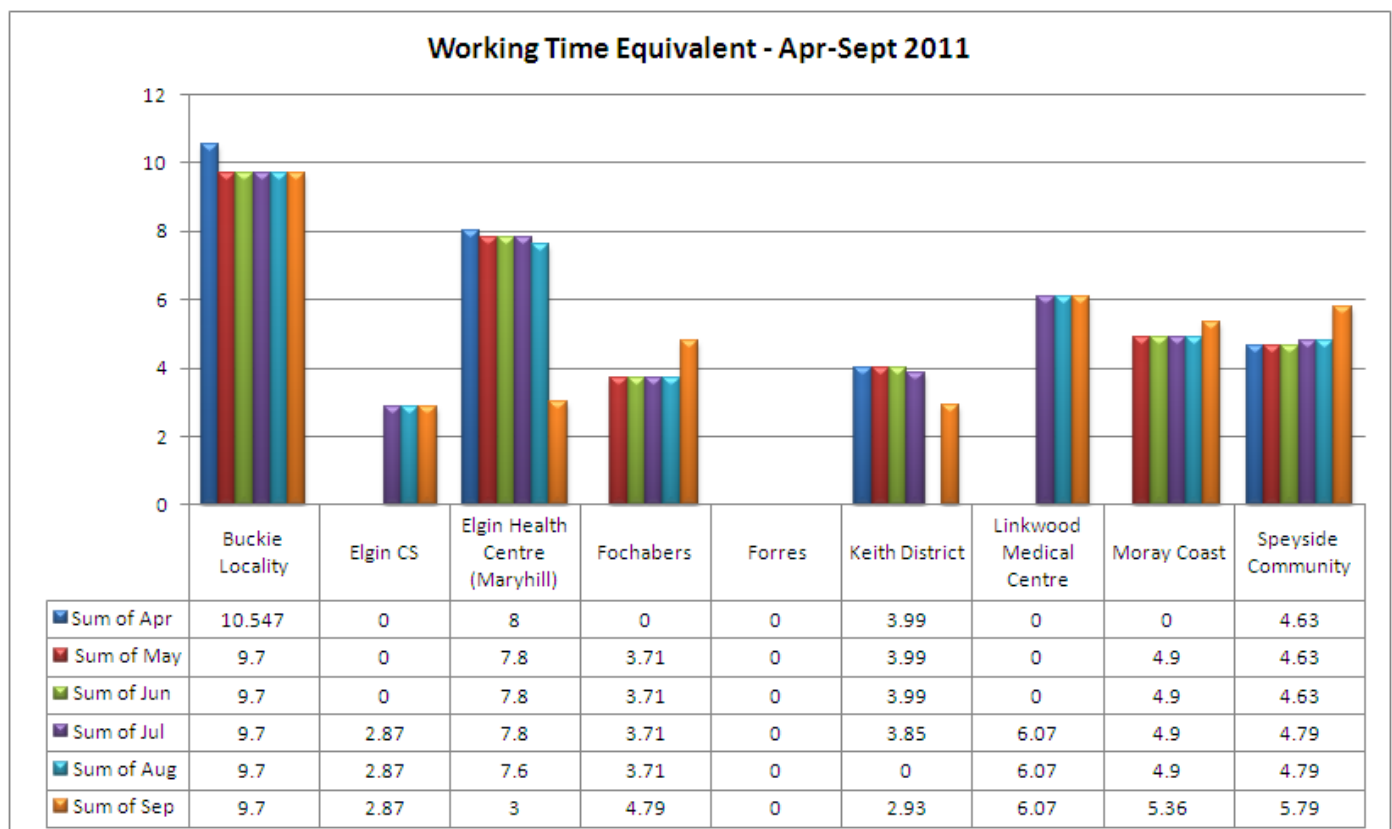
- working with all vulnerable patients with complex or palliative care needs in the community including those for frail older people.
- Housebound patients – who as a patient unable to leave their home via regular or adapted transport to attend established health care providers within their community.
- Long term conditions – the promotion of self care – maintaining people at home and promoting timely discharge from hospital using a holistic approach to the delivery of care
- Public Health
  - Equity and social inclusion
  - Participation, collaboration and community empowerment
  - Social justice/health as human right

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<sup>11</sup> Moray Community Nursing Strategy

- Accountability of agencies for identifying and quality assuring public health improvement measures
- Well North – Dufftown Self Caring Community Project
- Palliative Care
- Out of Hours – potentially delivering in 3 areas
  - Forres, Lossiemouth, Elgin
  - Dufftown, Speyside, Keith
  - Buckie, Cullen, Portsoy, Fochabers
- Screening/case management - this would include developing and anticipatory care plan and package of care as required

There are 9 district nurse/community health bases in Moray (sadly we do not have complete data sets for these).



Nurses dashboards April – Sept 2011

Buckie has the most consistently high working time equivalents.

#### Grades in April 2011

Speyside had 1 grade 7, 0.64 grade 6, 2.99 grade 5

Maryhill had 1 grade 7, 6.33 grade 5 and 0.67 grade 3.

Keith had 1 grade 7, 1.2 grade 6, 1.39 grade 5 and 0.4 grade 2

Forres – Blank

Linkwood (July)- 0.6 grade 7, 0.8 grade 6, 4.27 grade 5, 0.4 grade 3

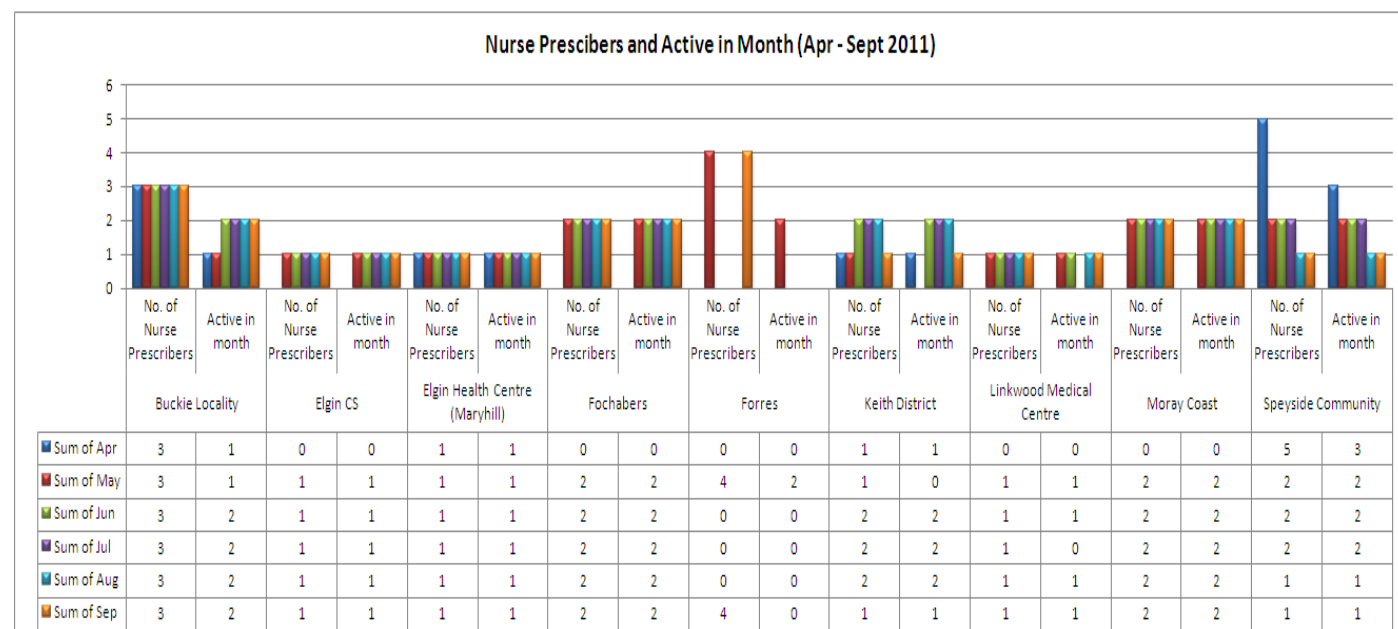
Moray Coast (June) – 1 grade 7, 0.48 grade 6, 2.09 grade 5, 1.33 grade 2

Fochabers – (May) – 1 grade 7, 1 grade 6, 1.18 grade 5, 0.53 grade 2

Buckie – 1.4 grade 7, 0.49 grade 6, 6.65 grade 5, 2.01 grade 3

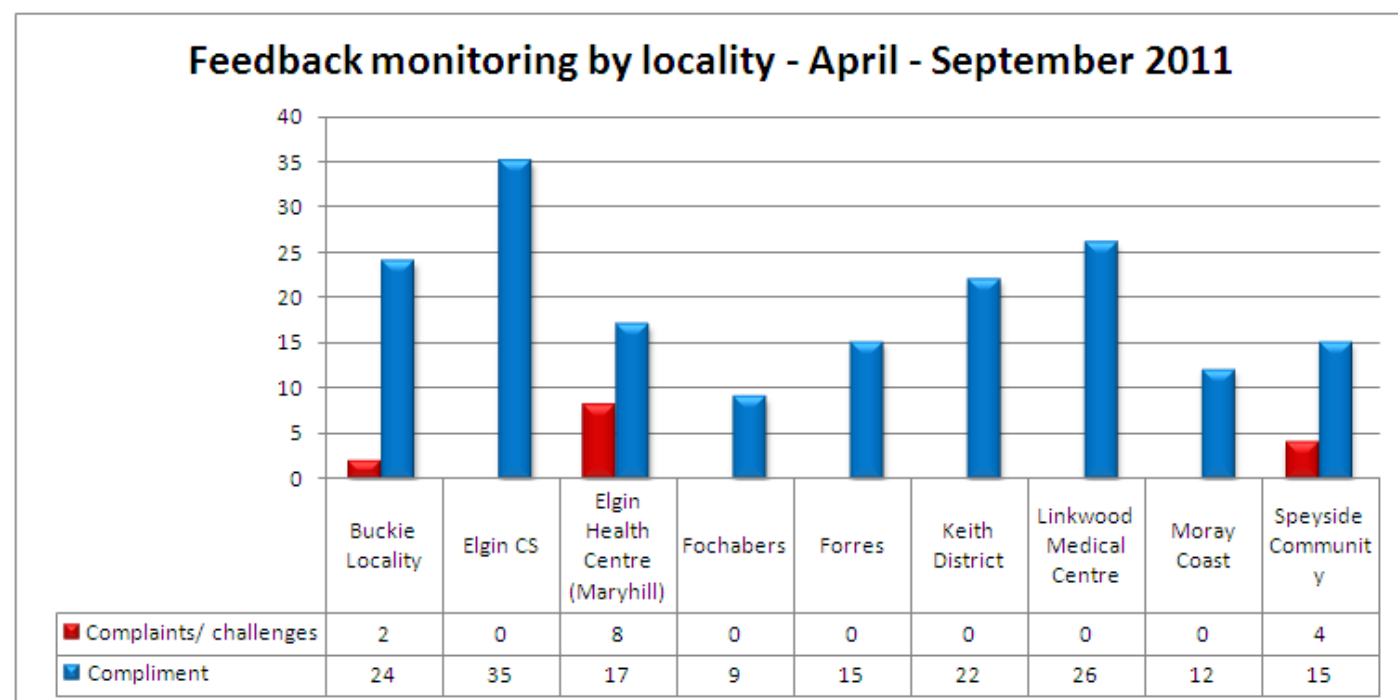
Elgin CS (Jul) 0.4 grade 7, 0.8 grade 6, 1.27 grade 5, 0.4 grade 3

Buckie had the most consistently high level of nurse prescribers though not all were active in the month (suggesting spare capacity) whereas most other locations were using the available nurse prescribers.



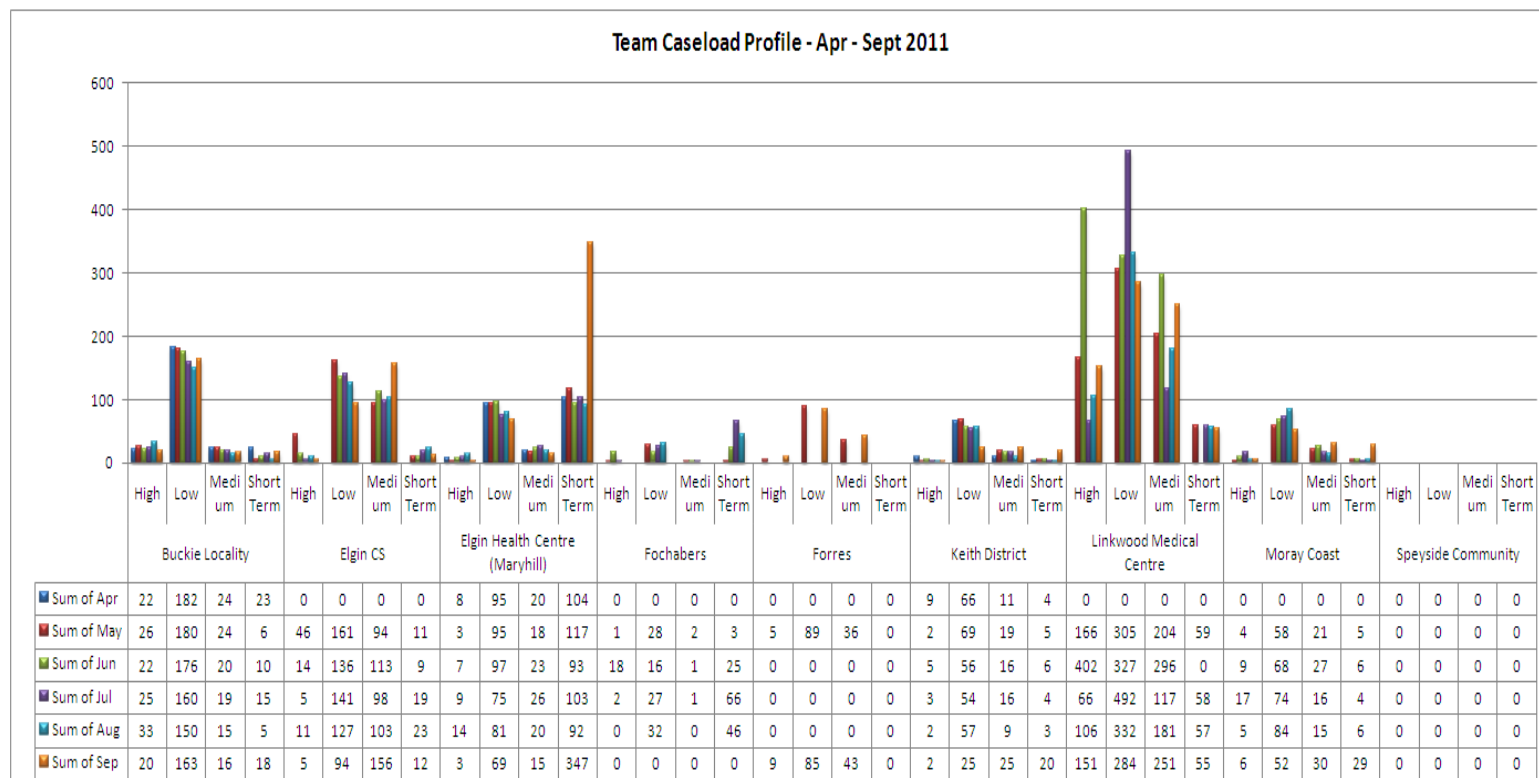
Nurses dashboards April – Sept 2011

## 2.2 Quality



Nurses dashboards April – Sept 2011

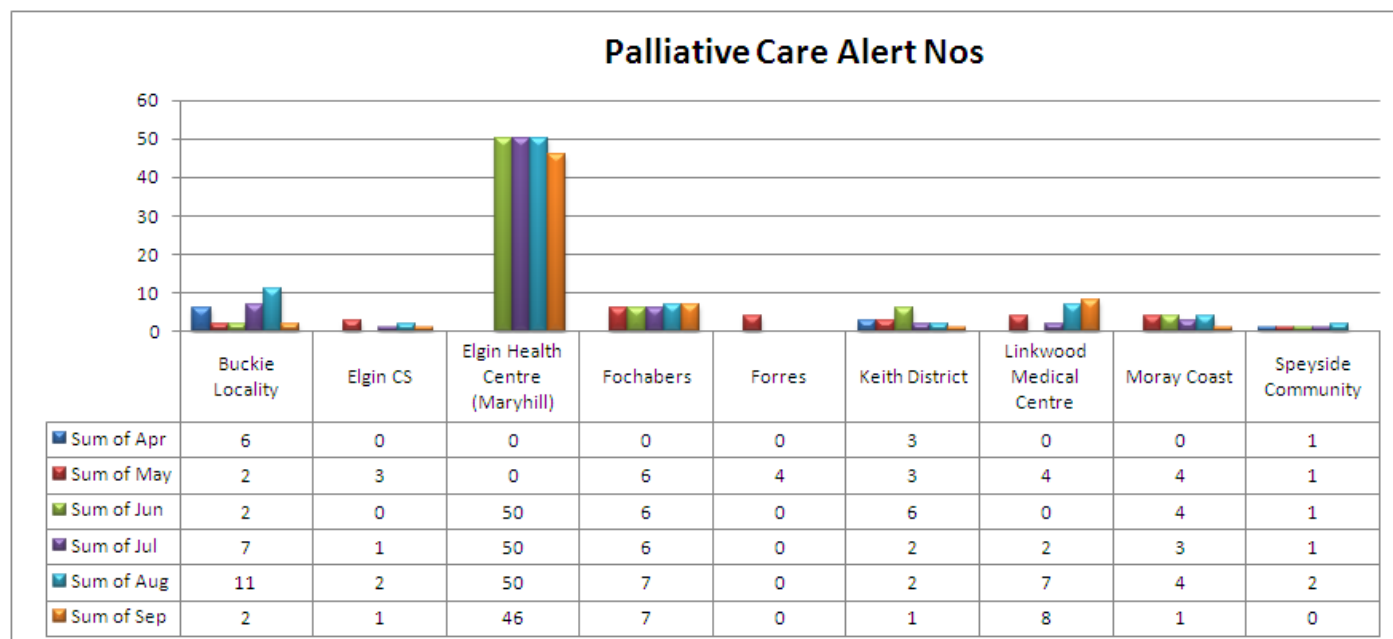
There was a total of 175 compliments and 14 complaints (93% compliments to 7% complaints) recorded in the District Nursing Dashboards for April to September 2011. All localities had positive feedback in the form of compliments with only Speyside Community, Maryhill and Buckie registering any complaints. In the case of Maryhill the percentage of compliments to complaints was 68% compliments to 32% complaints. In Speyside the percentages were 79% compliments to 21% complaints and in Buckie the percentages were 92% compliments and 8% complaints. Maryhill had a rather worrying trend in the ratio of compliments to complaints in April – Sept 2011 which according to the practice was down to a couple of individuals.

**2.3 Demand**

Nurses dashboards April – Sept 2011

On average (not including Speyside which is registering 0 and much of the caseload for Forres) there were 1622 cases over Moray per month (consisting of an average of 810 low, 357 medium, 210 high and 245 short term cases) with the highest caseload area being Linkwood and Elgin generally. These figures are not specific to 65+.

Looking at the WTE and then the case loads, Buckie has a larger number of nurses to case load and Linkwood have a large case load for the number of nurses.



Nurses dashboards April – Sept 2011

Maryhill had the highest number of palliative care alerts (more than five times the average of the other locations)

## 2.4 Summary

In the case of the Community Nurses the balance of workload and getting reliable information seems to be a challenge and the distribution of the nurses on a caseload basis then becomes more difficult to analyse and therefore to draw conclusions, however it seems that Buckie has a higher number and higher grade of nurses to cover the workload than other in other areas.

## 3 Allied Health Professionals

### 3.1 Overview

Moray has 5 community hospitals, all with an allocation of AHP resource, predominantly Physiotherapy and Occupational Therapy, with other services providing a needs-led service. The demands of the community hospitals, and in fact that the wider community have changed significantly over the past few years, with far more acute care required. This has had a significant impact upon AHP activity, with a predominantly more complex caseload, and greater skill set required. AHPs are currently engaged with community planning, local communities and voluntary sectors to identify means of promoting independence which is acceptable to and led by the local population.

Access to services comes in many different guises, from paper to electronic, self to professional. Early work on telecare models is providing opportunities to extend access and share resources.

#### Acute Establishment / Activity

AHP profession	Qualified Establishment	Support Worker Establishment	New referrals	Return appointments	Total Activity	Activity per qualified establishment wte
Physiotherapy	3.83 wte	1.8 wte	2240	10081	12321	3217
Occupational Therapy	3.05 wte	1.37 wte	1362	3398	4760	1561
Speech and Language Therapy	In reach – needs led	In reach – needs led				
Podiatry	In reach – needs led	In-reach – needs led				
Dietetics						

Source: From the APH Manager

#### Community Establishment / Activity (Health)

AHP Profession	Qualified Establishment	Support Worker Establishment	New Referrals	Return Appointments	Total Activity	Activity per qualified establishment wte
Physiotherapy	4.3 wte	1.28 wte	790	3128	3918	911
Occupational Therapy	2.5 wte	1 wte	808	2154	2962	1185
Generic (OT/PT)		3.56 wte				
Speech and Language Therapy	2.6 wte		334			128
Podiatry	10.8 wte	1.2 wte	1250	16500	17750	1644
Dietetics	7.2wte	3 wte	TBC	TBC	TBC	

Source: From the APH Manager



## Intermediate Care Team

AHP Profession	Qualified Establishment	Support Worker Establishment	New Referrals	Return Appointments	Total Activity
Physiotherapy	0.5 wte				
Occupational Therapy	1 wte				

Source: From the APH Manager

### 3.2 Quality

Gaps identified by the AHP services have been:

1. A common understanding across patients and referrers regarding the benefits of accessing AHP services in a timely fashion.
2. An establishment which is based upon the predicted demands of the local population figures and disease profile.
3. A mechanism for understanding the collective impact of AHP interventions upon our older population, and a reporting mechanism for the same.
4. An integrated workforce plan for community services which includes AHP professions.
5. An infrastructure which allows easy access to service e.g. transport.
6. A projection of future need. Both acute and community activity is increasing and the opportunity to shift resources to meet current and future demands is reducing significantly.

### 3.3 Demand

As can be seen in the tables of working time equivalents for each section within the AHP (see AHP overview above) the community based podiatry section are in demand with large activity numbers per working time equivalent. Of the acute establishment the physiotherapists had the largest activity numbers per working time equivalent with a total 12,321 new referrals and return appointments being dealt with by 3.83 working time equivalents and 1.8 support workers which is more than twice the number per person than the acute occupational therapy unit. Not all data sets are complete – with the Intermediate Care team just up and running. With the rising prevalence of diabetes and population in relation to falls it looks like demand for podiatry and physios/occupational therapists will continue to increase.

#### 3.3.1 Falls

Following the Moray Change Fund Application in 2011 a Falls lead for Moray with responsibilities for implementing the local integrated Falls and Bone Health Strategy was appointed on the basis that evidence has shown that providing the right intervention at the right time can reduce the consequences of falls and fragility fractures. Reduction in admissions can be achieved through a systematic approach to identifying those at risk and providing the necessary intervention. A single point of access to suitably skilled staff to screen referrals and identify the best course of action will also provide a means to create a local database.

##### 3.3.1.1. Physical Activity Training Course

While this is still in the planning stage and has been for some time, it is still hoped to begin in the late spring of 2012. This will give the opportunity for staff within sheltered housing and

tenants to get some basic training in gentle exercise which they can carry out in their complexes. If spaces allow, then it will also be offered to day service staff.<sup>12</sup>

### 3.3.1.2. A&E Falls data<sup>13</sup>

916 people presented to A&E at Dr Gray's in 2011 with a fall. All patients were aged over 60 (age range 60 – 111). 365 arrived at A&E by ambulance.

Discharge destinations included admission to hospital – A&E beds, AMAU, surgical, orthopaedics, medical; psychiatry; out-patient clinics – including fracture clinic, Physiotherapy, dentistry; discharge – either to GP or to self manage; discharge with telecare.

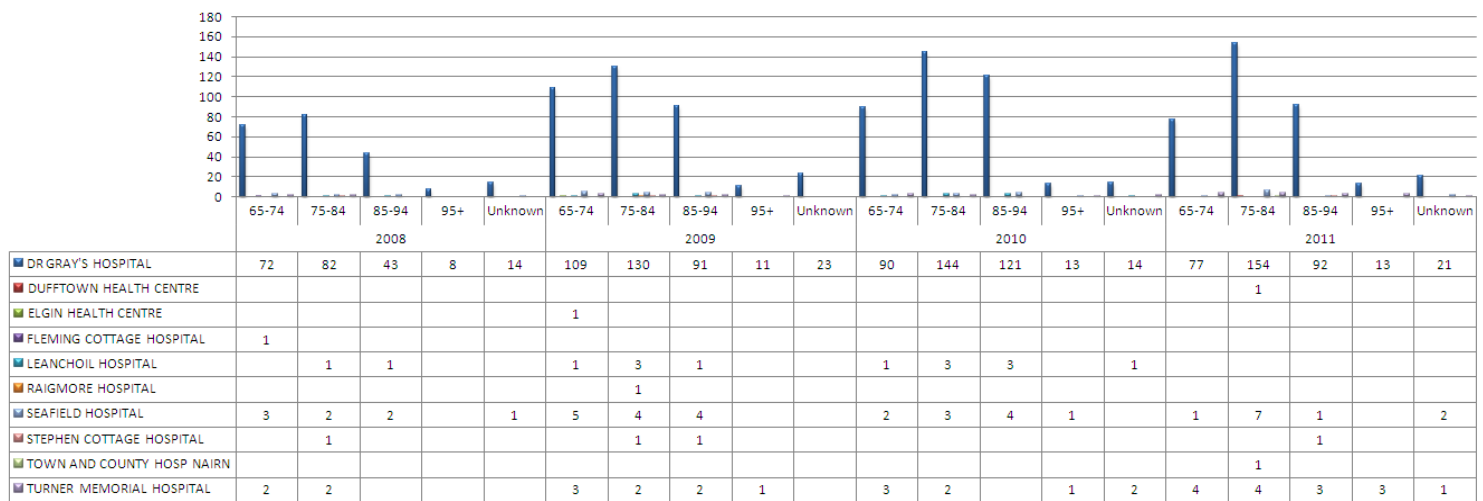
The predominant discharge destinations included discharge to own home without any identified follow up – 499, admission to orthopaedics – 120, other hospital admission – 84 and discharge to GP – 55.

Discharge with telecare was significantly lower in Moray that contrasting information available for Aberdeenshire and City.

There was evidence of 20+ incidences of recurrent falls.

### 3.3.1.3. Falls related emergency transportations to hospital

Emergency Transportations to Hospital for Falls Related Injury for Patients Aged 65+  
(From May 2008 to October 2011)



Based on JCS Workbook figures

In 2008- 2011 Dr Gray's was the destination for over 93% of all emergency transportations for Falls Related Injury for Patients Aged 65+. The numbers have risen steadily over the four year period (2011 number shown here is not a complete year). In 2010 there were 632 falls related emergency admissions of people aged 65+, so of the total of emergency admissions for this group to Dr Grays, over 12% were falls related.

Emergency Transportation to Hospital for Falls Related Injury for Patients Ages 65+ (from May 2008 to October 2011)						
Hospital Attended by Resource	2008	2009	2010	2011	Grand Total	% of Grand total
ABERDEEN ROYAL				1	1	0.04%
ABERLOUR HEALTH CENTRE			1		1	0.04%

<sup>12</sup> Update from Irene Weeden

<sup>13</sup> Unofficial data from A&E systems management at ARI

DR GRAY'S HOSPITAL	386	605	632	569	2192	93.6%
DUFFTOWN HEALTH CENTRE				1	1	0.04%
ELGIN HEALTH CENTRE		1			1	0.04%
FLEMING COTTAGE HOSPITAL	1				1	0.04%
FORRES HEALTH CENTRE		1			1	0.04%
FRASERBURGH HOSPITAL				1	1	0.04%
JUBILEE HOSPITAL		1		1	2	0.09%
LEANCHOIL HOSPITAL	4	6	12		22	0.94%
RAIGMORE HOSPITAL	1	3		1	5	0.15%
SEAFIELD HOSPITAL	10	20	14	18	62	2.65%
STEPHEN COTTAGE HOSPITAL	1	2		1	4	0.17%
TOWN AND COUNTY HOSP NAIRN				1	1	0.04%
TURNER MEMORIAL HOSPITAL	8	8	11	18	45	1.92%
UNKNOWN HOSPITAL	1		1		2	0.09%
Grand Total	412	647	671	612	2342	

Based on JCS Workbook figures

Other destinations in Moray accounted for just under 6% (5.5% of which went to Seafield, Turner and Leancoil but very few went to Stephen). Only a small percentage (0.43%) were admitted out-with Moray (e.g. Town and County Nairn, Raigmore, Jubilee and Aberdeen Royal) Infirmary).

### 3.3.2 Continence Advisory Service

The Continence Advisory Service consists of: a Lead Continence Nurse (part-time); a Continence Nurse (part-time) and Continence Support Nurse (part-time) and two full time Urology Nurses.<sup>14</sup>

Patients with complex elimination problems are referred to this service where they will determine the priority and acceptance of referrals. All patients in NHS Grampian with continence problems are assessed and treated on an individual basis according to the Charter for Incontinence. The aims of this service are to promote continence; reduce the incidence of incontinence; and to reduce the severity of symptoms. The purpose of the assessment is to identify the many different causes and contributing factors resulting in urinary and faecal symptoms.<sup>15</sup> Problems identified from the assessment may include: poor oral intake; constipation; side-effect of medication; poor mobility; poor eyesight; unaware of being wet; provisional diagnosis.<sup>16</sup> A management plan can then be drawn up that may include: a commode; urinal; washable pants; pads; stretch fit pants; washable bed sheets; intermittent self catheterisation; indwelling urinary catheter; etc. There are many simple instructions that can aid a continence sufferer and this is also provided e.g. fluid intake; decreasing caffeine; stop drinking after 7pm; go to the toilet regularly – every 2-3 hrs; double void; elevate legs; and how to avoid constipation; the effects of medications; diet; exercise etc.

In the time period of October 2010 to October 2011 there were 344 new patients referred for pads with an average age of 76 years. 100 patient assessments were reviewed; there were 48 patients with symptoms of stress incontinence; there were 22 patients with symptoms of faecal incontinence; with remaining patients having mixed symptoms of urinary incontinence. The risk factors for developing urinary incontinence are age, menopause, trampolining,

<sup>14</sup> Continence Resource Pack 2011 - Introduction

<sup>15</sup> Continence Resource Pack 2011 - Guidelines to completion of continence assessment form

<sup>16</sup> Continence Resource Pack 2011 - Guidelines to completion of continence assessment form – section 13

pregnancy and childbirth, smoking, asthma, COPD, High BMI, continence problems in childhood, diabetes, MS and Parkinson's.

Quarter		Product Spend (Ex VAT) for pads	% of the total for the quarter	Cost per patient per day average
Q1 (April – June 2011)	Community	£769.03	1.47%	0.85p
Q1 (April – June 2011)	Nursing	£24,712.91	47.33%	0.77p
Q1 (April – June 2011)	Own Home	£23,803.18	45.59%	0.57p
Q1 (April – June 2011)	Residential	£2,924.04	5.60%	0.64p
Q1 (April – June 2011)	<b>Total Cost</b>	<b>£52,209.17</b>	<b>100.00%</b>	<b>0.65p</b>
Q2 (July – Sept 2011)	Community	£1,521.19	3.21%	0.82p
Q2 (July – Sept 2011)	Nursing	£17,526.76	37.02%	0.63p
Q2 (July – Sept 2011)	Own Home	£25,715.46	54.31%	0.54p
Q2 (July – Sept 2011)	Residential	£2,586.70	5.46%	0.60p
Q2 (July – Sept 2011)	<b>Total Cost</b>	<b>£47,350.12</b>	<b>100.00%</b>	<b>0.58p</b>

Source: An integrated approach to prevention and treatment (presentation)

This service would very much like to be an outcomes service rather than just a 'pads service' meaning that they see that quality of life is affected and incontinence can stop people getting out and about and lose confidence. Among the quality of life comments from the continence assessments – when asked "what was the worst thing about incontinence" – the replies included: wetting yourself; being wet; humiliation and embarrassment; restriction on going to the day centre. The team would like to be more proactive, with a eye on prevention and anticipatory care; with information being made readily available not just to referrals but at an earlier stage; with a joint clinic with pelvic floor muscle treatment being a first choice of treatment offered to patients, in particular those suffering from stress and mixed incontinence. Ideally they would like to see a joint working continence clinic with the combined inputs of: Urology; Continence Nurses; Physiotherapy; Occupational Therapy; Gynaecology; MS Nurse; Dietician; other nursing colleagues; and the right health promotion, would also support the re-ablement and anticipatory/proactive approaches being encouraged nationally. The outcomes expected from such a group/approach would be a cutting of costs and a reduction in the rate of population of those being referred and in the numbers of those experiencing long term incontinence and Urinary Tract Infections.<sup>17</sup>

### 3.4 Summary

At time of writing a National AHP delivery plan was out for consultation and should provide a framework for local AHP service delivery.

Recommendations include:

- Leadership in integrated service development. AHPs with their expert knowledge in Rehabilitation and Enablement will work as equal partners with medical, nursing and local authority colleagues to provide solutions to the challenges of demographic change
- Working jointly with colleagues in the planning and delivery of services for Older People and people with Long Term conditions – shifting rehabilitation activity away from the acute sector into the community, reducing length of stay in hospitals, supporting people with complex needs to live independently in the community, implementing Falls care bundles
- Improving Health and well being – supporting QOF and reducing the need for unscheduled admissions, supporting the dementia pathway, supporting community capacity building through leisure and voluntary sectors, support the employability agenda
- Workforce planning and maximisation of efficiency and productivity
- Delivering sustainable care through a preventative model of care
- Driving quality and service improvement

<sup>17</sup> An integrated approach to prevention and treatment (presentation)

Falls accounting for 12% of the total of emergency admissions for over 65s to Dr Grays indicates it is a significant issue and focus has moved in 2012 to addressing this. The Continence Team would like to be more of a pro-active and joint working team (with similar facilities to the Aberdeen based team) rather than just a 'pads service'. The distribution and workload of certain groups in the Allied Health Professionals section is further complicated perhaps by the part-time nature of many of the workers which, although it does add in a certain flexibility it does complicate the communications side.

## **4 Telehealth**

### **4.1 Overview**

There are a number of Telehealth projects that are underway in the Moray<sup>18</sup> many in the early stages and some struggling against the limitations of the technology in this area (the lack of optical broadband etc).

#### **4.1.1 Remote Video Conference Consultations:**

There are 4 current projects in relation to Video conference consultations which have recently commenced:

- The rheumatology outpatient clinic are piloting a monthly video conference clinic (the clinician is in Aberdeen and the patient is at Dr Grays) the clinic has been redesigned for the patient to have additional face to face time with the clinic nurse as well as seeing the doctor on video conference.
- Consultation is underway with managers in Dr Grays to look at other specialties who may wish to try out video conference consultations.
- A video conference clinic for MS patients. Neurology Consultants in Aberdeen have commenced video conference consultations at Seafield Hospital Buckie. The clinician is in Aberdeen and video conferences to the patient and MS specialist nurse in Buckie, greatly reducing patient travel. Outpatient reviews. Evaluation planned after 3 clinics have taken place. May look to expand to other community hospitals in future.
- Currently mapping availability of video conference equipment in the area (including in community hospitals) and current usage to look at opportunities for further use by other services.

#### **4.1.2 Allied Health Professionals**

Speech and Language Therapy (SALT) Parkinson's eHab project – The Local Speech Therapy dept are to be involved in a national pilot arranged through SCTT/NHS 24 (Scottish Centre for Telehealth and Telecare is part of NHS24). It is an intensive therapy programme which records patients' physical measurements via laptop, video camera /microphone. This may have future use by other AHP groups.

Remote Pulmonary Rehab – The Lead Physiotherapist locally is in discussion with SCTT around potential local development.

#### **4.1.3 General Practice**

Maryhill practice are about to commence remote telehealth monitoring for a small number of COPD & Cardiac Failure patients. The possibility of Maryhill being involved in an evaluation of a wireless patch for respiratory monitoring of COPD patients at home is also being explored.

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<sup>18</sup> Source information for Telehealth section: Telehealthcare Co-ordinator

#### **4.1.4 Healthy Outlook Service**

This was formally adopted by NHS in Moray as core business on 1 Oct 2011. This allows patients with COPD to register with a service co-ordinated locally whereby the patient receive weather warnings from the Met Office and can take preventative/self care steps to alleviate exacerbations of their COPD during weather conditions which may trigger attacks.

### **4.2 Quality**

At time of writing both Telehealth COPD projects (Video Conference and Outlook service) had stalled due to technical issues involving the transfer of information through networks).

### **4.3 Demand**

Although the need to work smarter is identified, it is too early to define what the demand will be but as the generations that have been brought up with the technology and the changes it has brought start coming through the system then the level of usage and demand is likely to rise.

### **4.4 Summary**

Due to the technical issues and the fact that these are new projects for Moray then the only thing that can be said is that this is a work in progress and will take time to put in place and to be able to ascertain and analyse the pros and cons of such systems in Moray.

## **5 G-med**

### **5.1 Overview**

The GMED out-of-hours service deals with the non-emergency, urgent health needs of patients. It operates from 6pm to 8am, Monday to Friday; and 24 hours a day, Saturday, Sunday and public holidays. The service is open to all residents and temporary residents in Grampian.

GMED is not an extension of the service provided by GP practices during the day. It is only for patients with an urgent medical condition who cannot wait until the next day when their GP practice is open<sup>19</sup>.

GMED is a Grampian wide urgent medical service covering all locations in the Grampian area (except Braemar where there are separate arrangements).

The service has a control base in Aberdeen and seven centres and twelve cars operating throughout Grampian. On average there are 9000 contacts made to the service per month month (includes all ages)<sup>20</sup>.

The service is delivered by a range of health professionals and support staff including GPs, nurse practitioners, pharmacists, drivers and call handlers. GMED also works with ambulance paramedics, community hospital based minor injuries nurses, community psychiatric nurses (CPNs) and others who provide out of hours urgent health care<sup>21</sup>.

Depending on the health needs and circumstances of the individual, GMED has a system in place that directs patients to the most appropriate professional to provide advice and /or assessment within a reasonable timescale in the most appropriate setting. This could mean

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<sup>19</sup> GMED Out of Hours Service, Information for Patients, Carers, Public and Interested Parties - January 2011

<sup>20</sup> GMED Out of Hours Service, Information for Patients, Carers, Public and Interested Parties - January 2011

<sup>21</sup> GMED Out of Hours Service, Information for Patients, Carers, Public and Interested Parties - January 2011

patients will be offered telephone advice/consultation, asked to come to their nearest centre or receive a home visit<sup>22</sup>.

## 5.2 Quality

As part of the commitment to listen to the experiences of patients to improve services, GMED carry out regular patient surveys. Results show that patients are very satisfied with the service provided<sup>23</sup>.

## 5.3 Demand

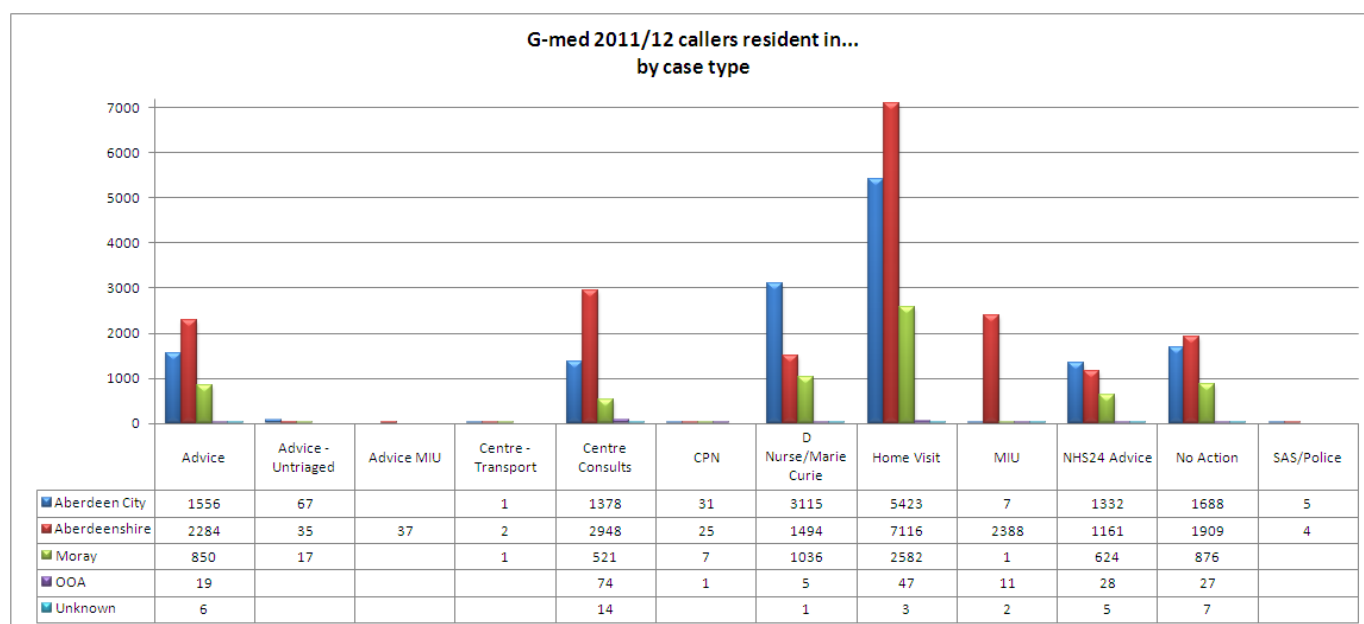
At time of writing a new data set came in with 2011-12 data from G-med – this consisted of information from eight centres rather than seven and excluding cancelled and test calls there were 3,398 calls relating to people aged 65 or over per month in Grampian<sup>24</sup> i.e. approximately 37.75% of the monthly calls quoted by G-med in their information to Patients, Carers, Public and interested Parties January 2011.

In 2011-2012 there were a total of 40,771 calls logged in Grampian. Of these calls 99.54% were registered (with a practice) in the Grampian area, 0.61% weren't registered but treatment was immediate and necessary and 0.57% were unregistered but recorded as temporary residents.

Of the 6515 cases which were resident in Moray at the time of the call 6483 (99.51% were registered (with a practice) in the Grampian area, 0.03% weren't registered but treatment was immediate and necessary and 0.46% were unregistered but recorded as temporary residents.

Of the 5625 cases treated in or from Moray (Elgin Cars or Elgin Centre) (99.15% were registered (with a practice) in the Grampian area, 0.34% weren't registered but treatment was immediate and necessary and 0.52% were unregistered but recorded as temporary residents.

This basically means that the majority of cases are already registered with a GP surgery with a few exceptions and out of area cases (generally visiting other relatives).



2011-12 data from G-med

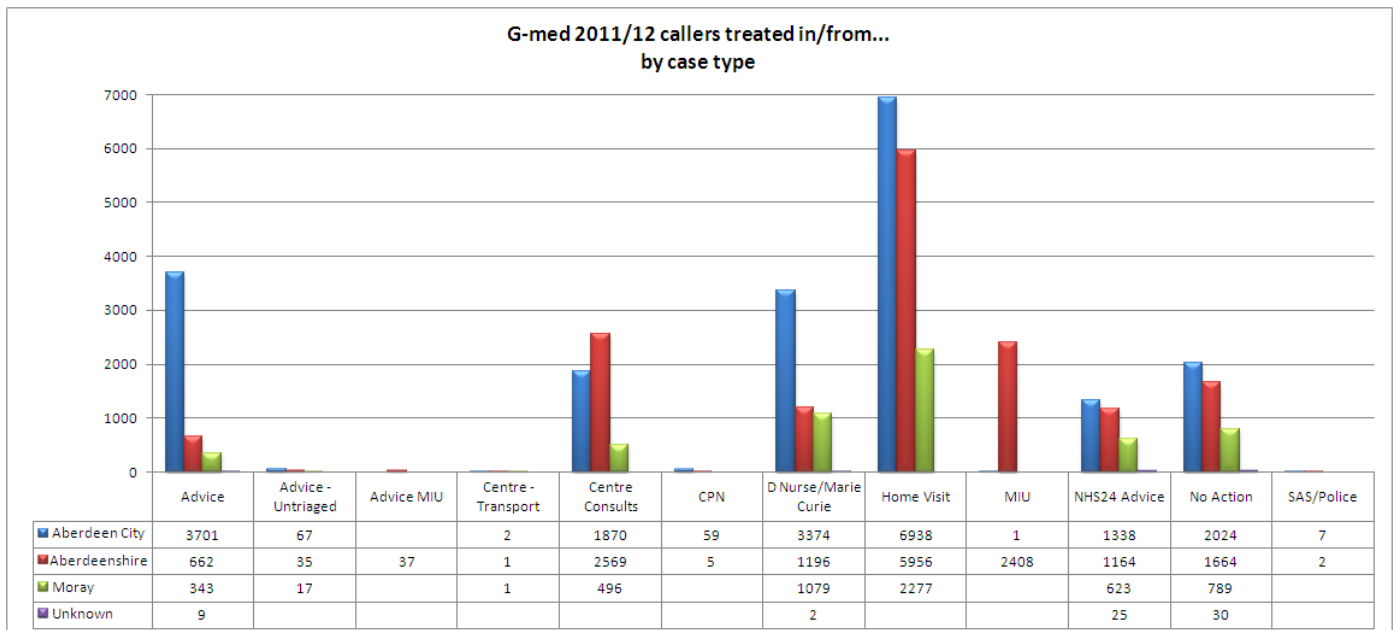
<sup>22</sup> GMED Out of Hours Service, Information for Patients, Carers, Public and Interested Parties - January 2011

<sup>23</sup> GMED Out of Hours Service, Information for Patients, Carers, Public and Interested Parties - January 2011

<sup>24</sup> G-med spreadsheet 2011-12

In looking at the case types (i.e. who or how the case was handled), of those callers resident in the area there are more 'home visits' (in each area) than any other category (37.21% of the total number in Grampian and 39.63% in Moray). The next largest case type category in Grampian and Moray was D Nurse/Marie Curie with 13.86% of the total cases in Grampian and 15.90% in Moray. However in Aberdeenshire the second highest category was Centre Consults followed by MIU, Advice and No Action. In Aberdeen City the second highest was DNurse/Marie Curie followed by No action, Advice then Centre Consults.

In looking at the case types from where the callers were treated from/in, again there were more 'home visits' than any other category (37.21% of the total number in Grampian and 40.48% in Moray).



2011-12 data from G-med

Count of Case No	Area Resident in					
Area Treated In/From	Aberdeen City	Aberdeenshire	Moray	OOA	Unknown	Grand Total
Aberdeen City	14339	4317	629	86	10	19381
Aberdeenshire	257	15009	362	61	10	15699
Moray	7	77	5524	12	5	5625
Unknown				53	13	66
Grand Total	14603	19403	6515	212	38	40771

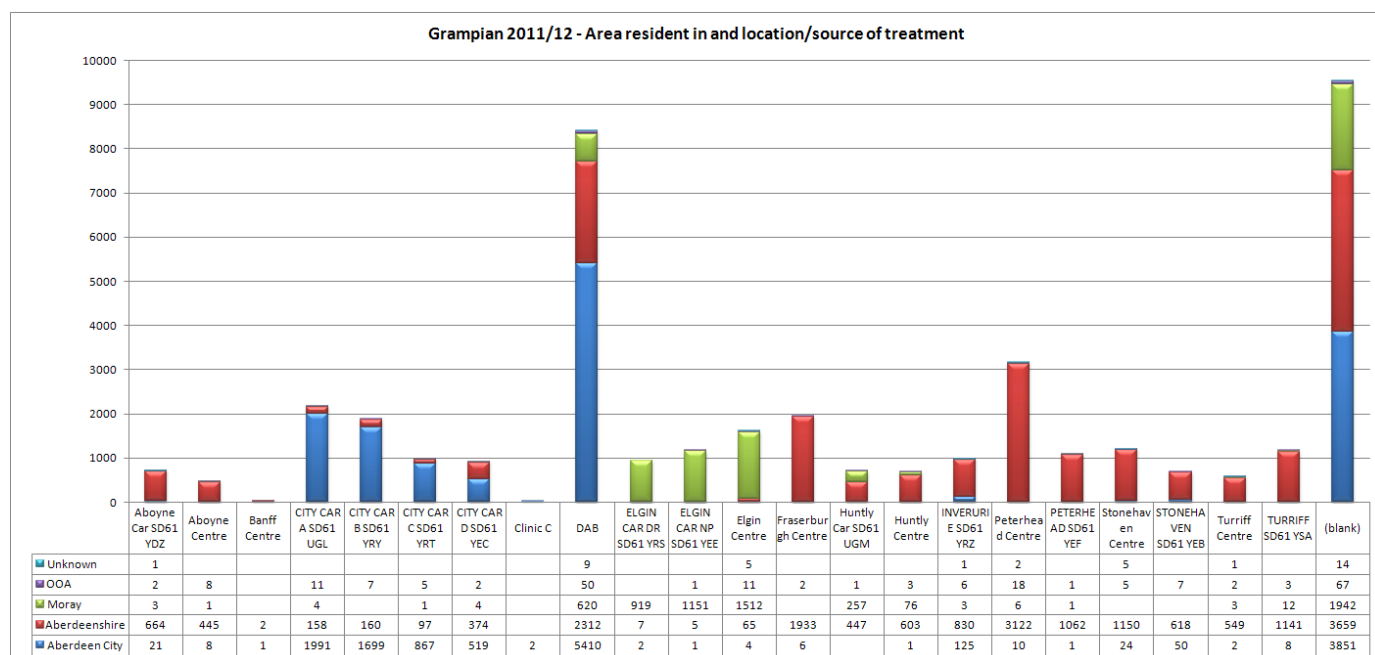
2011-12 data from G-med

In looking at both aspects – Resident in and Treated in - the above table gives the volume of cases and the table below gives the percentages. In Aberdeen City over 98% of those resident in Aberdeen City were treated in or from Aberdeen City. In Moray that figure is less than 85% and in Aberdeenshire the figure is just over 77%. There seems to be the usual border crossing between areas and a few getting ill while in other areas but much of the calls attributed to Aberdeen City are advice calls for the David Anderson Building (registered as DAB on the system).

Count of Case No	Area Resident in					
Area Treated In/From	Aberdeen City	Aberdeenshire	Moray	OOA	Unknown	Grand Total
Aberdeen City	98.19%	22.25%	9.65%	40.57%	26.32%	47.54%
Aberdeenshire	1.76%	77.35%	5.56%	28.77%	26.32%	38.51%
Moray	0.05%	0.40%	84.79%	5.66%	13.16%	13.80%
Unknown	0.00%	0.00%	0.00%	25.00%	34.21%	0.16%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

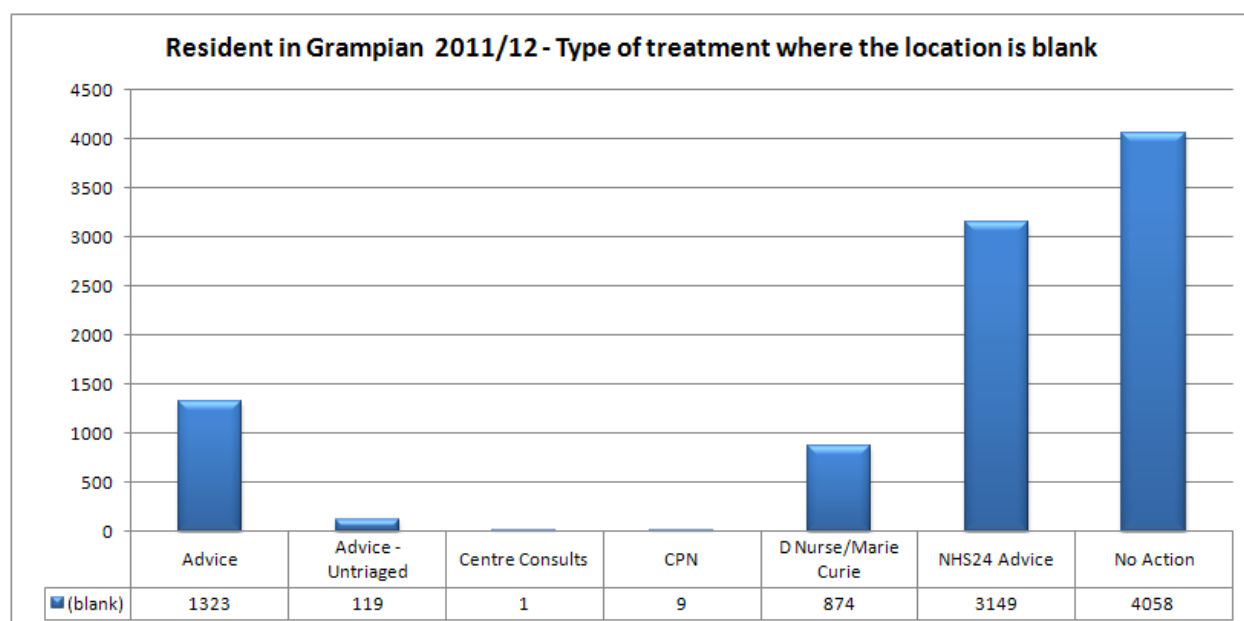


2011-12 data from G-med

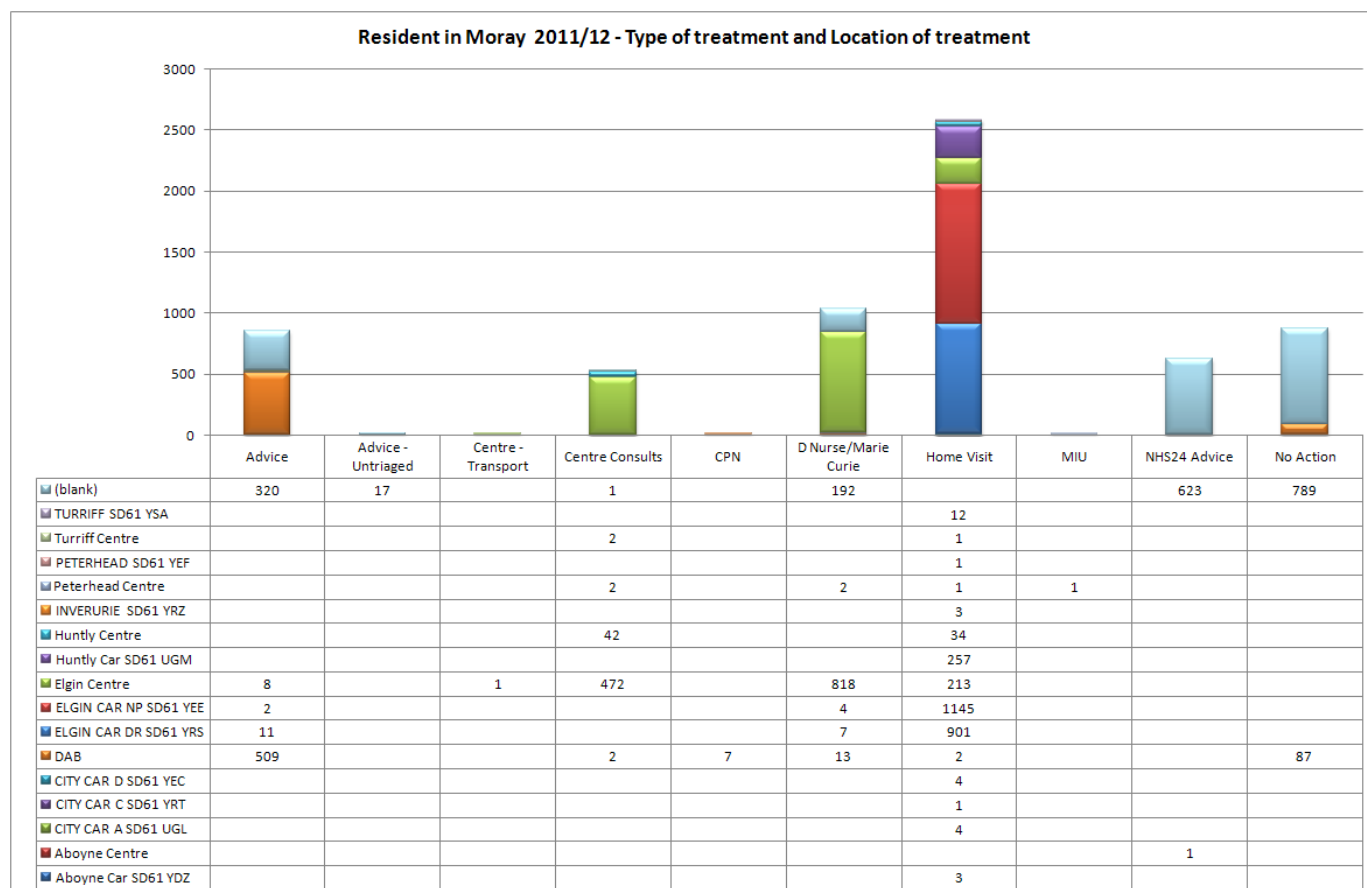


2011-12 data from G-med

As there are a large number with no treatment location it seemed sensible to look into this separately so taking Grampian as a whole the vast majority were no-action or advice type treatments hence no location.



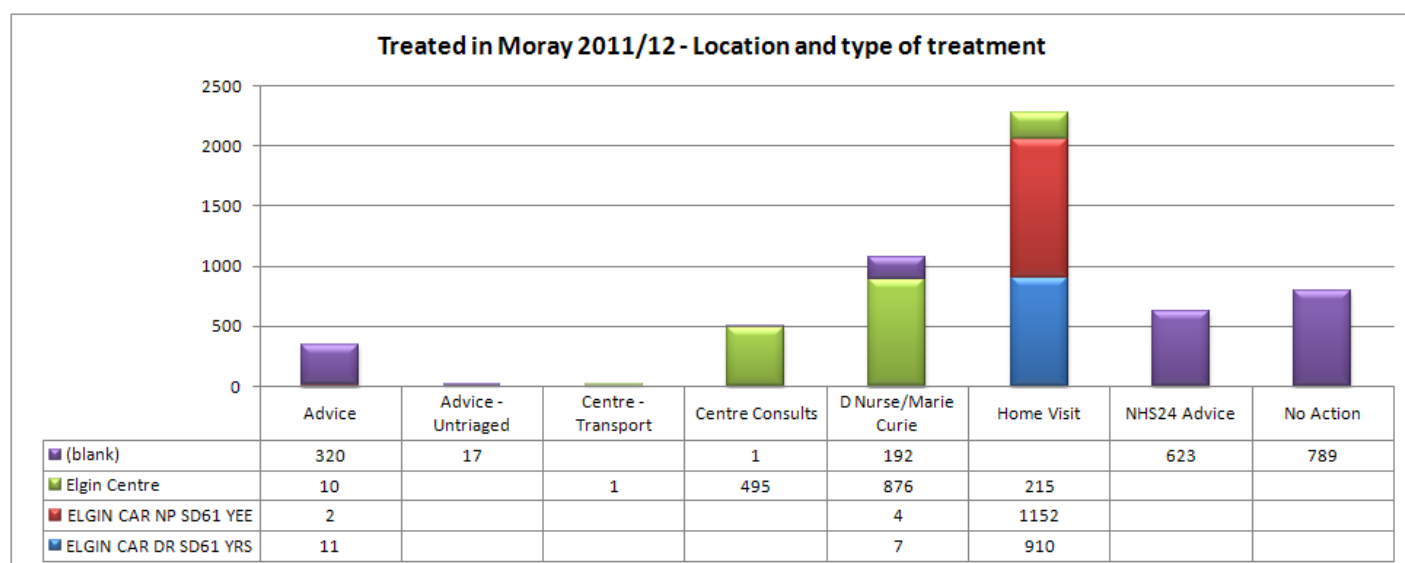
2011-12 data from G-med



2011-12 data from G-med

For those resident in Moray the majority of treatments came from the Elgin based cars and the Elgin Centre with advice type and no action calls making up the balance though under the treatment type of D Nurse/Marie Curie there was a total of 1036 calls with locations ranging from DAB, Elgin Centre, Elgin Cars, the Peterhead Centre and Blank.

Of those treated in Moray the largest percentages were home visits with 40.48% and then D Nurse/Marie Curie with 19.18%

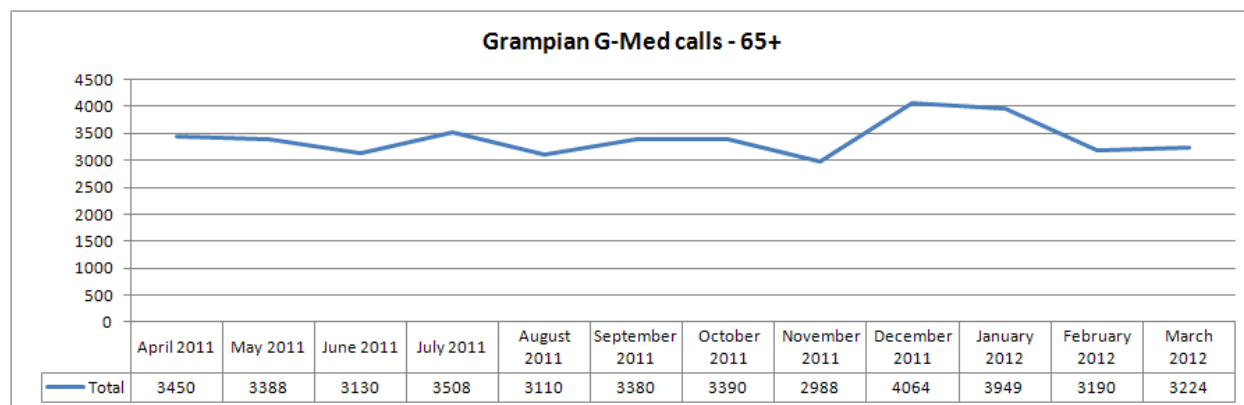


2011-12 data from G-med

In relation to age of callers – in 2011-12 there was on average 3,398 calls relating to people aged 65 or over per month in Grampian<sup>25</sup> equating to approximately 37.75% of the monthly

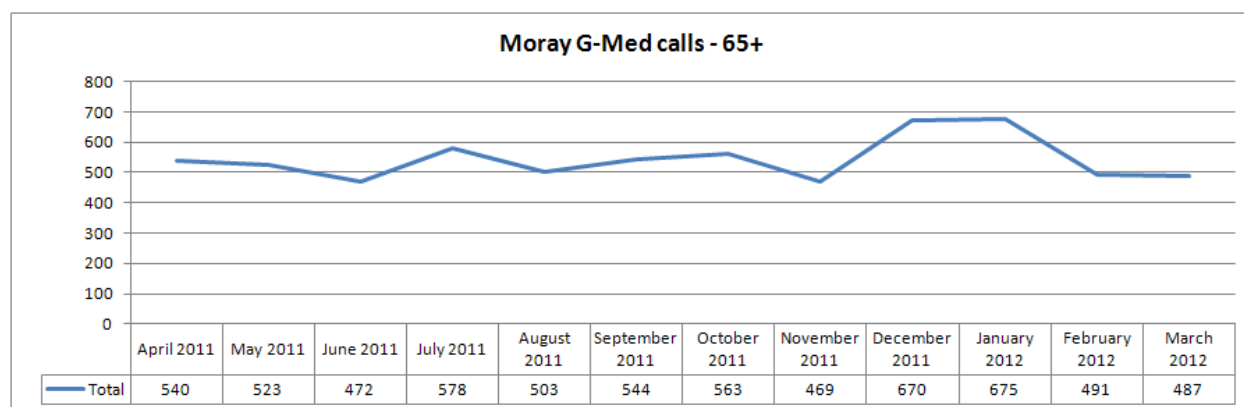
<sup>25</sup> G-med spreadsheet 2011-12

calls quoted by G-med in their information to Patients, Carers, Public and interested Parties January 2011. IN 2011-12 the highest numbers called in December and January which maybe linked to holidays in practices.



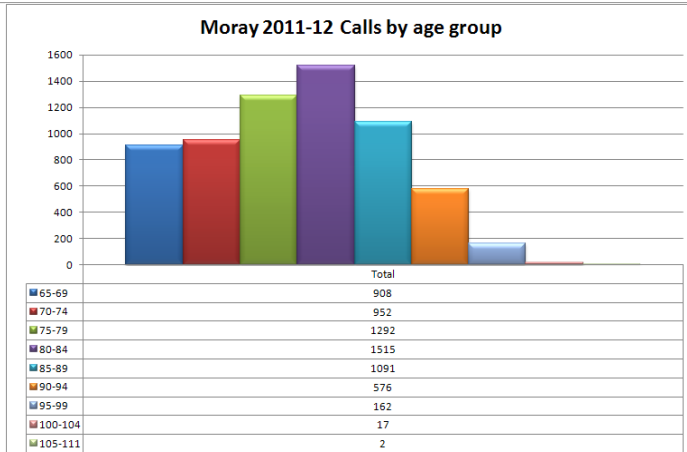
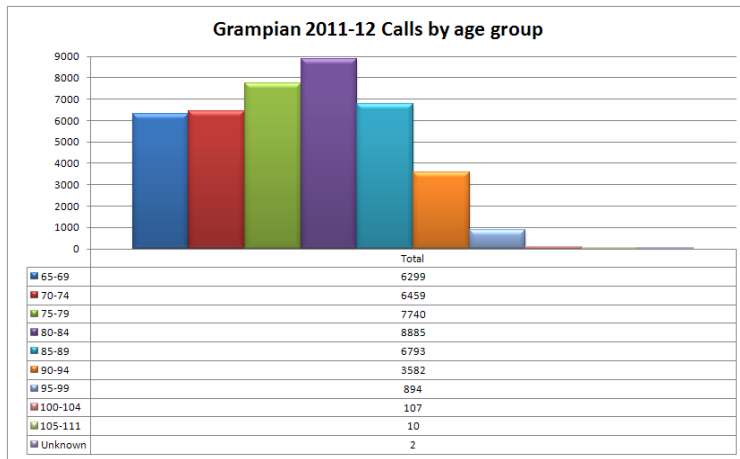
2011-12 data from G-med

Though the numbers are lower in Moray the pattern is practically the same.



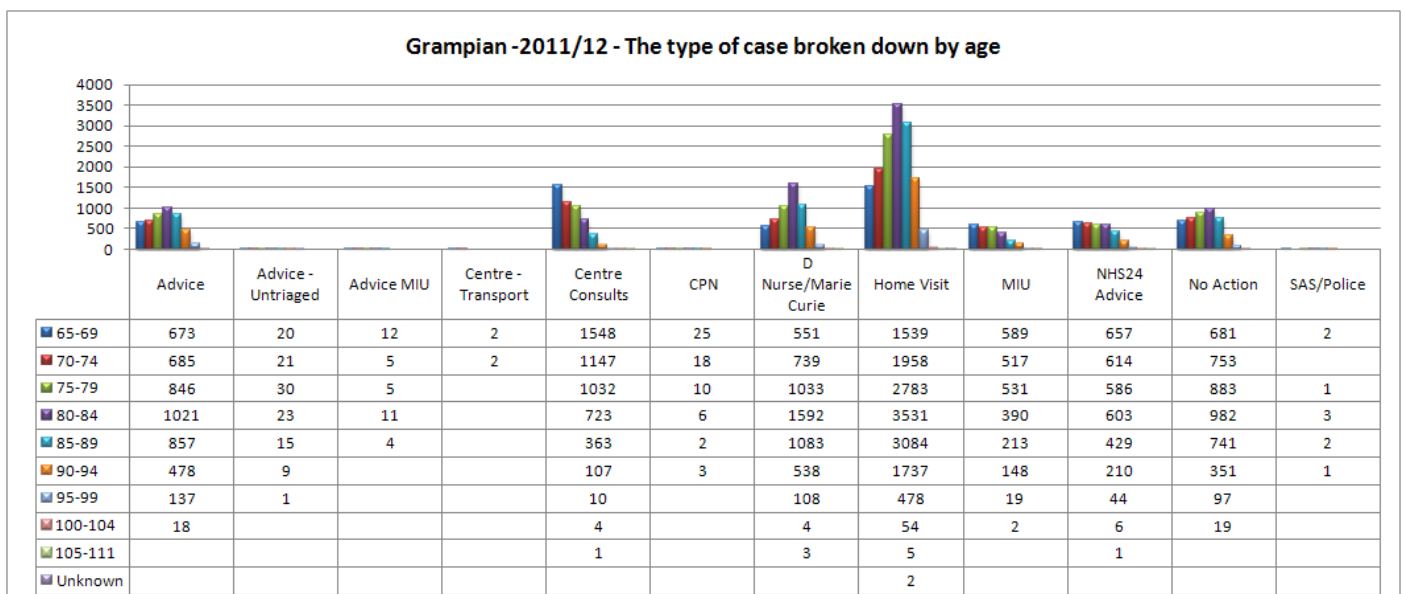
2011-12 data from G-med

The age groups with the highest number of calls in Moray tend to be 80-84 and 75-79 age groups this is the same in Grampian.



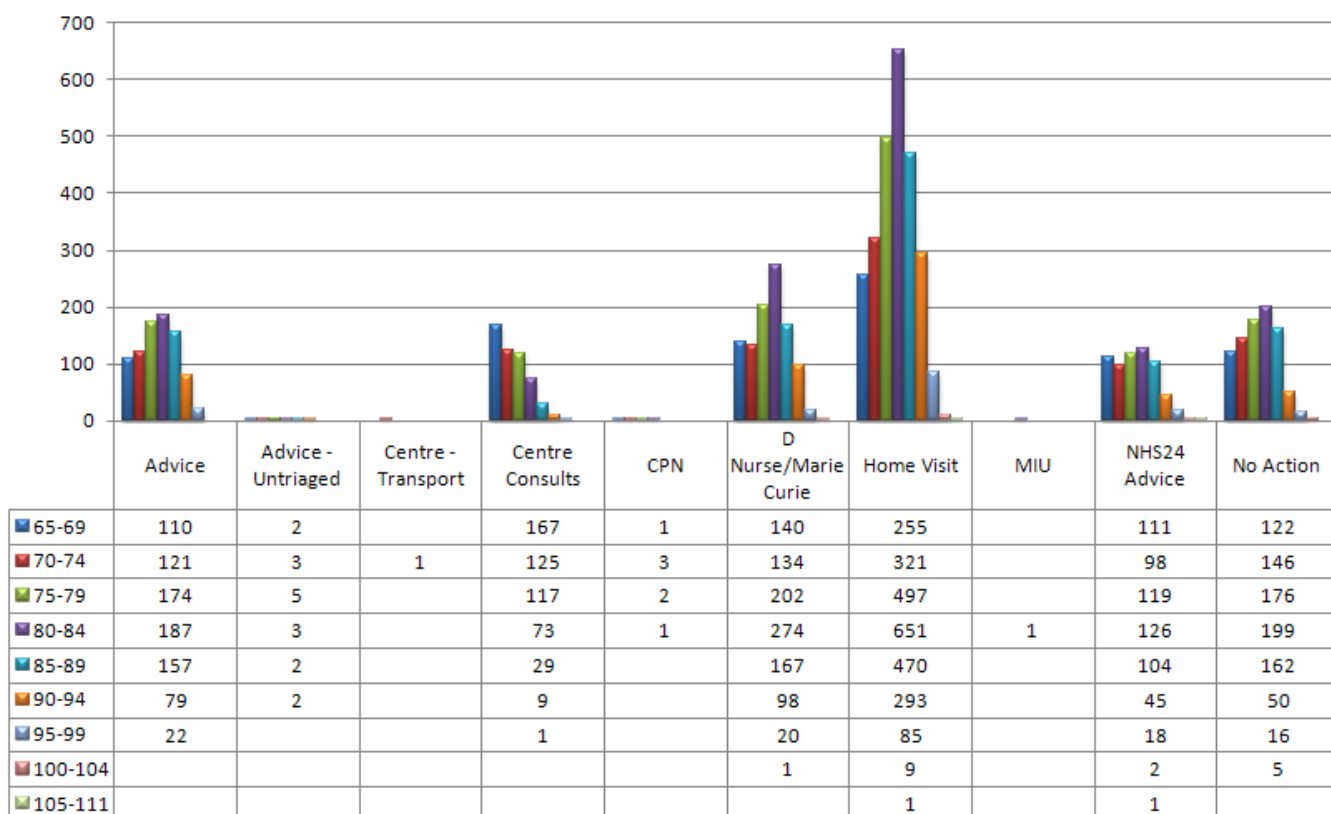
2011-12 data from G-med

In Grampian the type of case broken down by age shows that the age groups with the highest number of home visits are the 80-84 and 85-89 groups while in Moray it is the 75-79 and 80-84. Of those registered as D Nurse/MarieCurie cases the 80-84 age group has the highest numbers in both Grampian and Moray. In both Grampian and Moray the 'Centre Consults' highest numbers come from the 65-69 age group and reduce as the age rises potentially indicating a problem with access/transport (i.e. patients may be less fit to take themselves or to be taken to the centres hence the greater need for home visits and D Nurse/Marie Curie as the age rises)



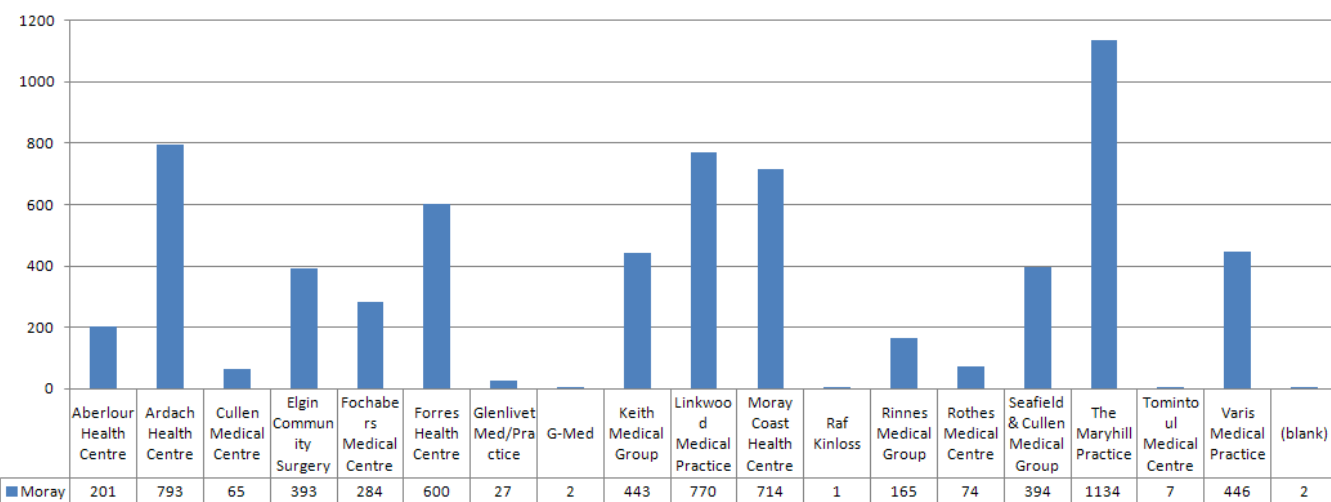
2011-12 data from G-med

**Moray-2011/12 - The type of case broken down by age**



2011-12 data from G-med

**Moray 2011/12 - G-med calls resident in Moray by registered practice**



2011-12 data from G-med

Looking at the rate per 100 for the Moray practices, Seafeld practice has a much higher rate of calls (88.34 per 100) than average and Elgin Community Surgery have a higher than average rate (51.85 per 100).

GP Practice (Locality)	65+ Population (01-Jan-11)	G-med 65+calls	Rate per 100
<b>Speyside</b>	<b>3243</b>	<b>917</b>	<b>28.28</b>
Aberlour Health Centre	702	201	28.63
Glenlivet Medical Practice	122	27	22.13
Keith Medical Group	1495	443	29.63
Rothes Medical Centre	301	74	24.58

Rinnes Medical Group	623	172	27.61
<b>Buckie/Cullen/Fochabers</b>	<b>4065</b>	<b>1536</b>	<b>37.79</b>
Ardach Health Centre	2033	793	39.01
Cullen Medical Centre	667	65	9.75
Fochabers Medical Practice	919	284	30.90
Seafeld Medical Centre	446	394	88.34
<b>Elgin (includes Lossie)</b>	<b>6623</b>	<b>3011</b>	<b>45.46</b>
Elgin Community Surgery	758	393	51.85
Linkwood Medical	1800	770	42.78
Moray Coast Medical Practice	1645	714	43.40
The Maryhill Practice	2420	1134	46.86
<b>Forres</b>	<b>2852</b>	<b>1046</b>	<b>36.68</b>
Forres Health Centre	1399	600	42.89
Varis Medical Practice	1453	446	30.70
<b>Total</b>	<b>16783</b>	<b>6510</b>	<b>38.79</b>

*The remaining 5 were G-med, RAF Kinloss and Blank)*  
2011-12 data from G-med and GP Populations data

## 5.4 Summary

With rising age of population and in the case of G-med the over 65s accounting currently for over 37% of the calls with the highest numbers of calls coming from those in the 80-84 and 75-79 age groups, then working smarter with increased reliance on telehealth is one way to capacity build and foresee and perhaps prevent emergency calls but with network restrictions in this area it makes it more difficult to develop and apply reliably. The other is prevention at the GP consultancy stage. With A&E seeing increases in numbers of out-of-hours' calls and walk in patients and G-med also seeing rises in numbers then is there a problem with catching the problems early. It seemed surprising that the proportion of home visits was over twice that of all the 'advice' and 'no action' categories combined, though the rate of home visits rose with the age range. This may be down to two causes – either the patient is too ill to travel or that transport is not available or not appropriate (e.g. bus is no use if the patient has had a fall). It may be worth looking further at practice/area culture to see why certain GP surgeries have higher rates.

## 6 Primary Healthcare Summary

Across all the sections in Primary Health Care, as the name suggests it is the primary contact for patients both in the initial stages of consultation and for continuing care. Working smarter, working efficiently with prevention and damage limitation as a main goal has to be the focus and as with many services sharing information and communication are key ingredients. There are many information systems that seem to be used in this group many holding the same or similar information and time is spent duplicating work in filling in forms and data entry and also in referencing contact information.

As GP practices are the building blocks for this sector and the main stay for Health Care in Moray, Grampian and Scotland then this should perhaps be the main focus. Looking at individuals not as a single condition but as a whole person – e.g. do we wait for an older person to have a fall then treat them through A&E. If they are diagnosed with more than 3 medicines are they automatically referred to physiotherapy for balance or the falls team for prevention? Are they automatically referred to receive Telecare? As the 2011 GP survey suggests there should perhaps be more emphasis on referrals to other services such as the continence and falls service. Also restricting access to this primary section e.g. by changing operating hours or restricting the ability to get a GP appointment may be putting pressure on other services.

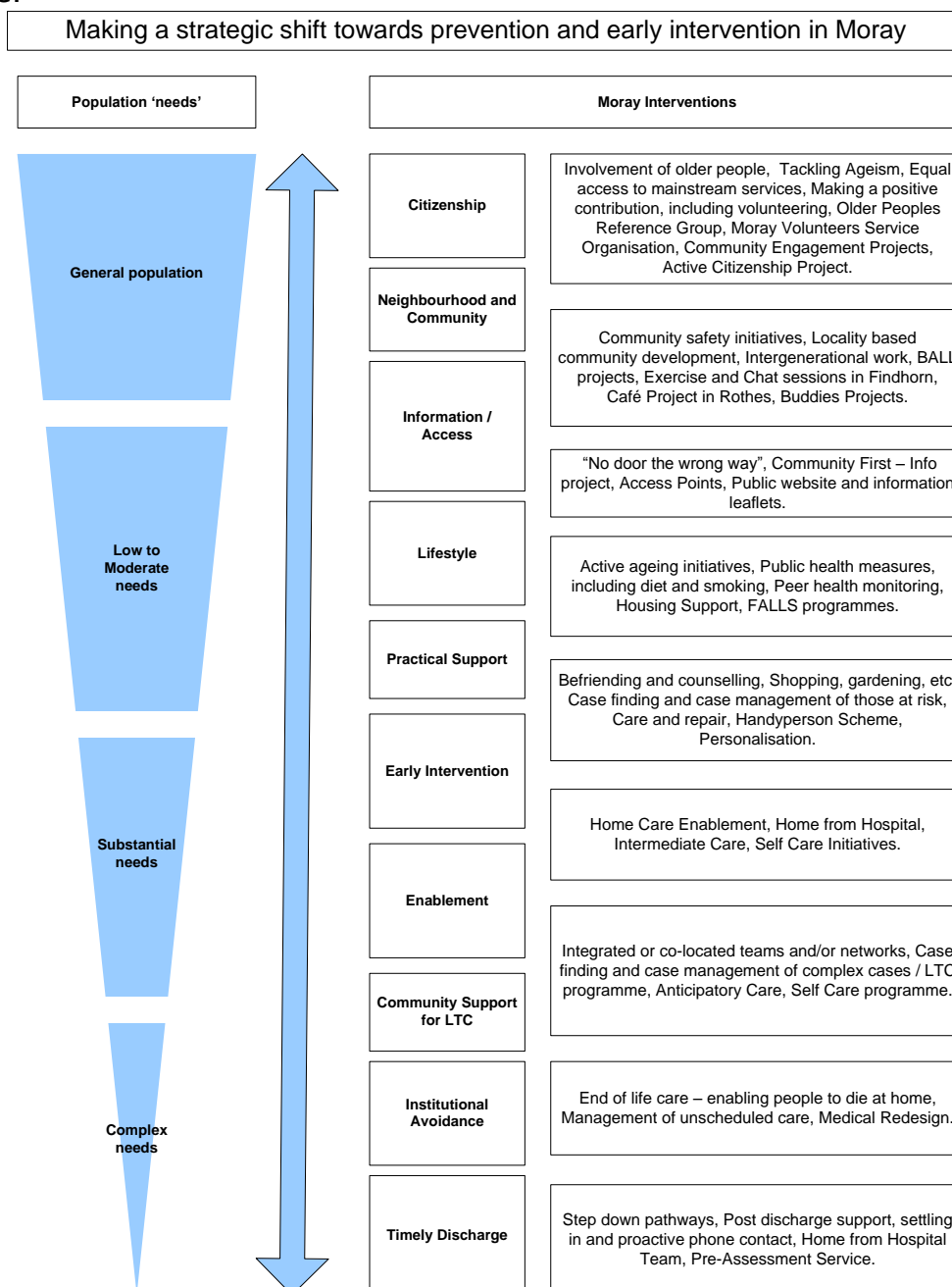
## B: Community/Social Care

Community /Social Care Community Care provides information, support and a wide-range of services to help adults stay as independent as possible so they can get the most out of life. Many adults need help because of a disability, long-term condition or illness, or because their needs change as they get older. The support and services offered are all about helping people to help themselves, enabling them to live independently in their own home for as long as possible. As previously described (in the introduction to this document) as the population aged 65+ rises the demand for care will also rise and balancing choice and quality of life with cost and resources will become increasingly challenging.

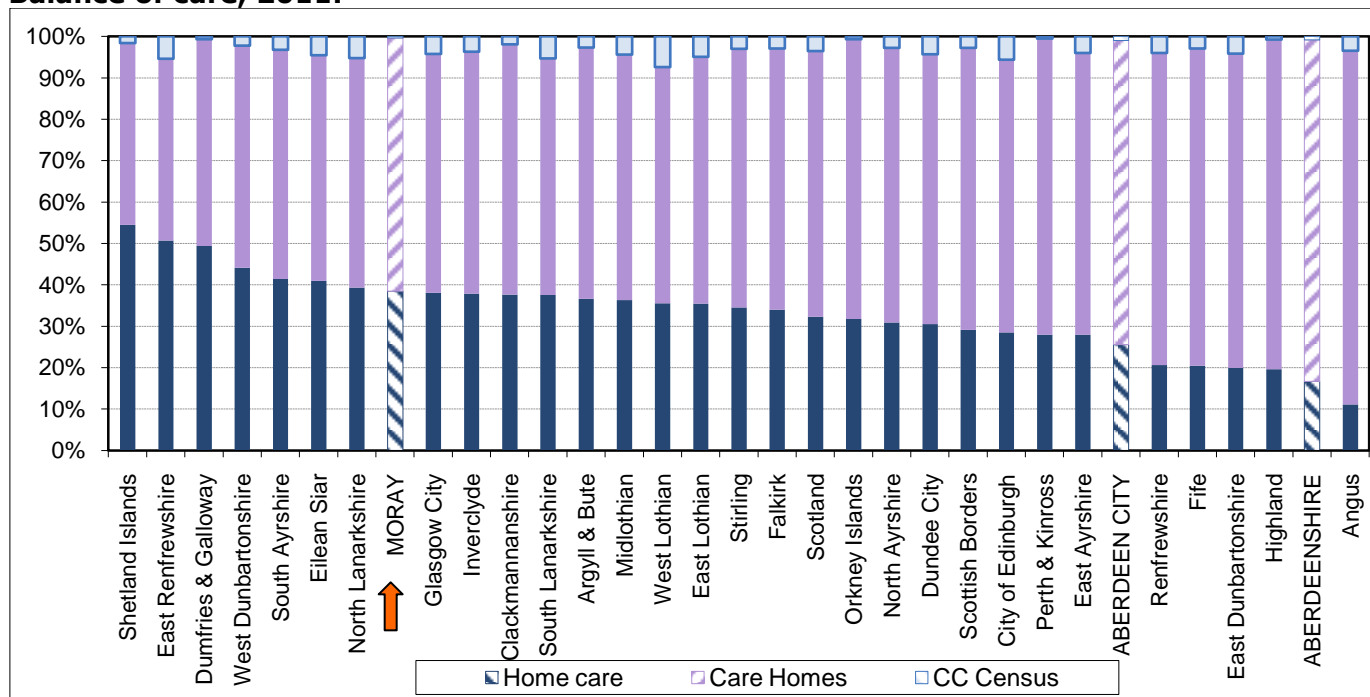
### 1 Over-arching themes of Community/Social Care

#### 1.1 Balance of Care

The diagram below summarises the approach of the Moray Social services in regards to the balance of care.



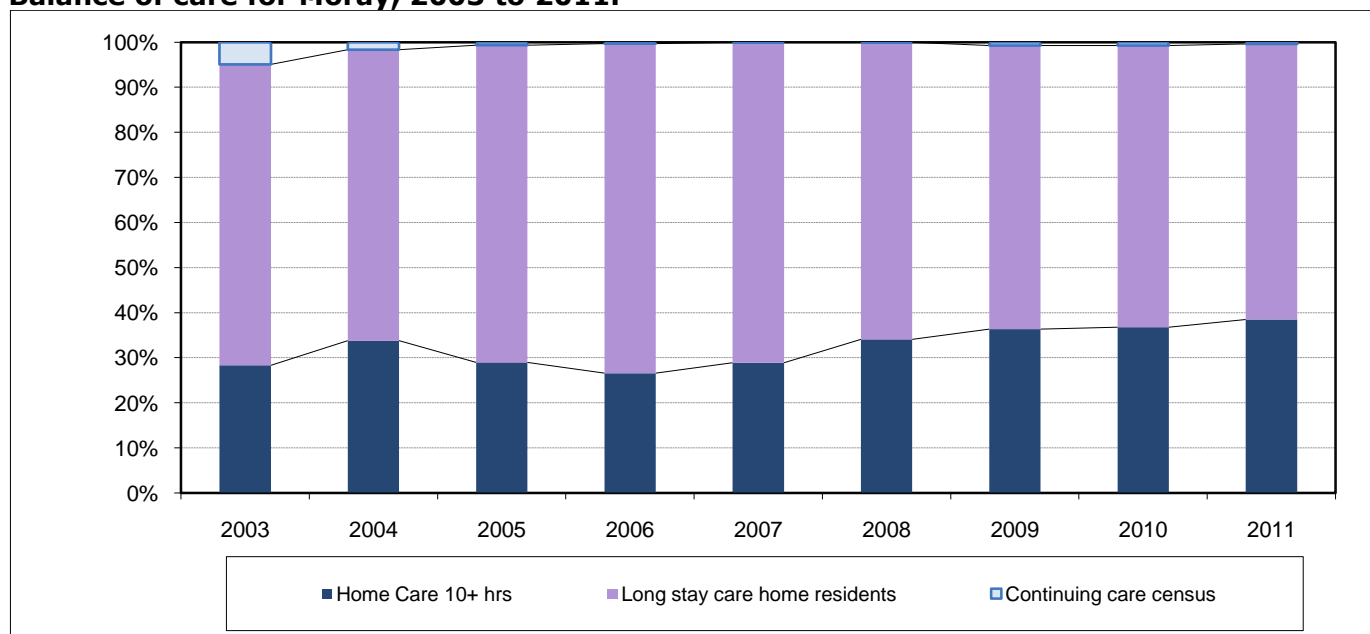
### Balance of care, 2011.



Sources : Scottish Government Quarterly Monitoring, Home Care census & ISD, Continuing Care Census.

The chart above illustrates the variation across Scotland in the relative proportions of older people supported in care homes, people receiving 10 or more hours of home care and people receiving long term care from the NHS. (Moray is marked by arrow). There were 318 people receiving Home Care 10+ hrs, 506 were long stay care home residents and 3 were continuing care out of a total of 827 clients over 65.

### Balance of care for Moray, 2003 to 2011.



Sources : Scottish Government Quarterly Monitoring, Home Care census & ISD, Continuing Care Census.

The percentage of those receiving 10+ hours rose from 28.3% in 2003 to 38.4% in 2011. In Scotland the percentage of those receiving 10+ hours rose from 25.55% in 2003 to 32.32% in 2011.

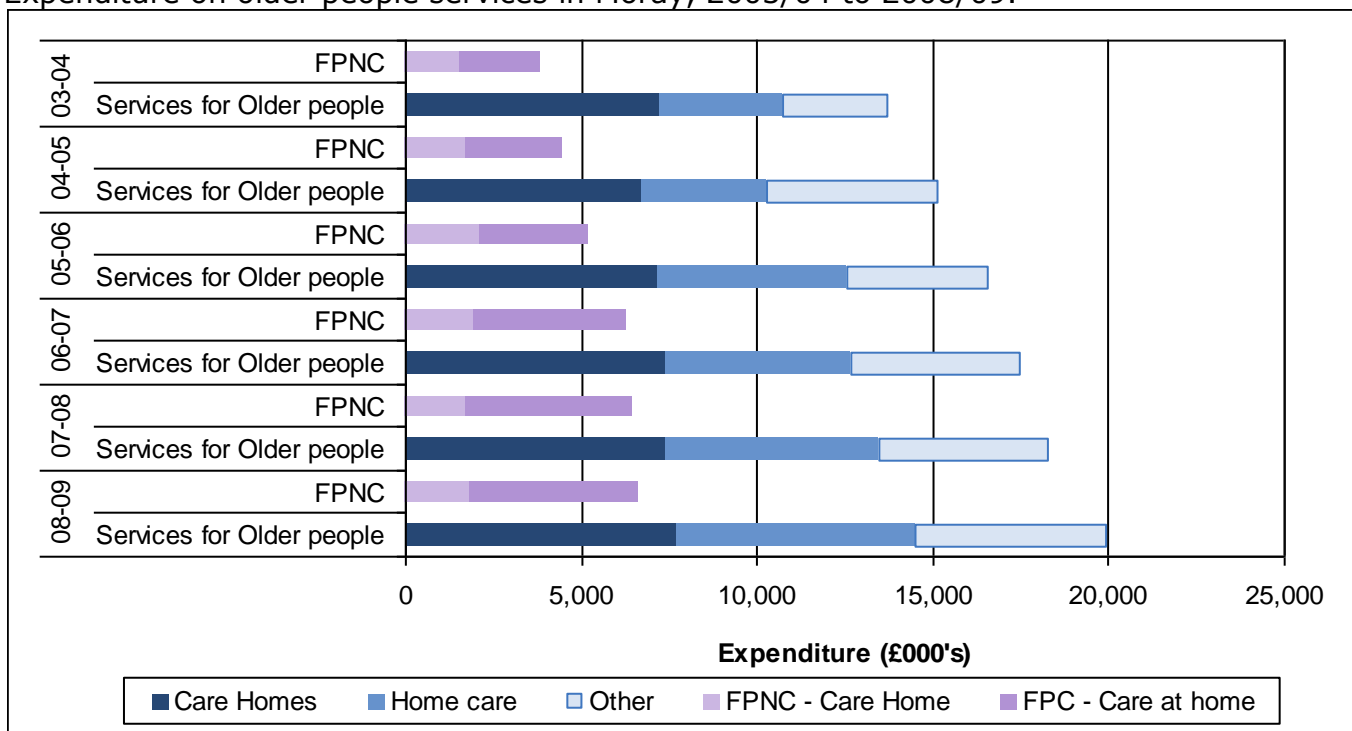
There is also an annual target focused on the budget reinvestment to support the balance of care. This has been achieved over the last 4 years.



Year	Target	Actual reinvestment
2008/09	1%	1%
2009/10	1%	2.18%
2010/11	1%	1.67%
2011/12	1%	1%

As stated in the Community Care Change Programme, "The Field Work and Specialist teams would promote personalisation and would work with other professionals to avoid hospital admissions and admissions to care homes" this is reiterated in all documents relating to the shifting of the balance of care with the emphasis on a shift in resources and culture from intervention at the point of crisis towards prevention and early intervention. Significant service benefits are anticipated including the avoidance of admission to care home, but it has not been possible to verify the original assumptions of £100,000 annual recurring savings arising from reductions in permanent care placements. The original assumption has therefore been carried forward into the Business Case as a target.<sup>26</sup>

Expenditure on older people services in Moray, 2003/04 to 2008/09.



Source : Scottish Government, FPNC publication and Local Finance Return (Update from <http://www.scotland.gov.uk/Publications/2011/08/30153211/0>)

## 1.2 Workforce

The workforce framework now supporting Community /Social Care in the community is the framework defining the East and West Teams. These consist of 6.6 Occupational Therapists, 2 Occupational Therapy Assistants, 5 Access Community Care Officers (115 hrs) and 5 admin staff (160.75hrs). There are also 21.8 Social Workers. Looking at the distribution of the population in relation to work load for these people:-

<sup>26</sup> Moray's Community Care Change Programme - Detailed Business Case & Implementation Plan (May 2010)

Area	Popul ation (All ages)	Pop. over 15	Pop. over 65	OT	OTA	AC CO	ACC O hrs	Ad min	Admin hrs	SW	15+ pop. per SW	Compared to average for Moray	65+ pop per SW	Compared to average for Moray
Buckie, Keith & Speyside Locality	34488	29222	7331	2.5	1	2	40	2	52	9	3246.89	below average	814.56	above average
Elgin & Lossie Locality	39797	32746	6642	3.1	0.5	1	20	2	72.5	9.8	3341.43	below average	677.76	below average
Forres Locality	15193	12,712	2868	1	0.5	1	30	1	36.25	3	4237.33	above average	956.00	above average
Access						1	25							
Totals	89478	74680	16841	6.6	2	5	115	5	160.75	21.8	3425.69	average	772.52	average

Information from Des Johnstone (Project Co-ordinator)

Comparing the East team (Buckie, Keith and Speyside) with the West team (Elgin, Lossiemouth and Forres) the average for the population of social workers to 15+ population is 3,425.69 per Social Worker with the East team below average with 3246.89 and the West team above the average at 3,551.41. The Forres area specifically has a higher over 15 population with 4,237.33 per social worker. Elgin and Lossiemouth have the lowest number of 65+ population per social worker than any other area.

### 1.3 Workload

According to the October to November 2010-11 statistics the workload varies and despite Elgin and Lossiemouth having the lowest number of 65+ population per social worker than any other area they have the largest numbers in relation to reviews per week and per staff member and their related clients however Keith has the largest number of referrals per week but a lower number of referral clients (suggesting repeat clients perhaps with complex needs). The HFHT information looks incomplete.

TEAM	STAFF WTEs	TOTAL REVIEWS	REVIEWS PER WEEK (50)	REVIEWS PER WK PER STAFF MEMBER	TOTAL CLIENTS	CLIENTS PER WEEK	CLIENTS PER WK PER PERSON
Buckie	4.5	383	7.66	1.70	288	5.76	1.28
Elgin	6	1081	21.62	3.60	633	12.66	2.11
Forres	4.5	342	6.84	1.52	244	4.88	1.08
HFHT	2.5	50	1	0.40	46	0.92	0.37
Keith	4	364	7.28	1.82	221	4.42	1.11
Lossie	2	206	4.12	2.06	146	2.92	1.46
<i>Combined Buckie, Keith</i>	<i>8.5</i>	<i>747</i>	<i>14.94</i>	<i>1.76</i>	<i>509</i>	<i>10.18</i>	<i>1.20</i>
<i>Combined Elgin /Lossie</i>	<i>8</i>	<i>1287</i>	<i>25.74</i>	<i>3.22</i>	<i>779</i>	<i>15.58</i>	<i>1.95</i>
<b>Total</b>	<b>23.5</b>	<b>2426</b>	<b>48.52</b>	<b>2.06</b>	<b>1578</b>	<b>31.56</b>	<b>1.34</b>

Total community care officers - reviews carried out Oct 10 - Nov 11

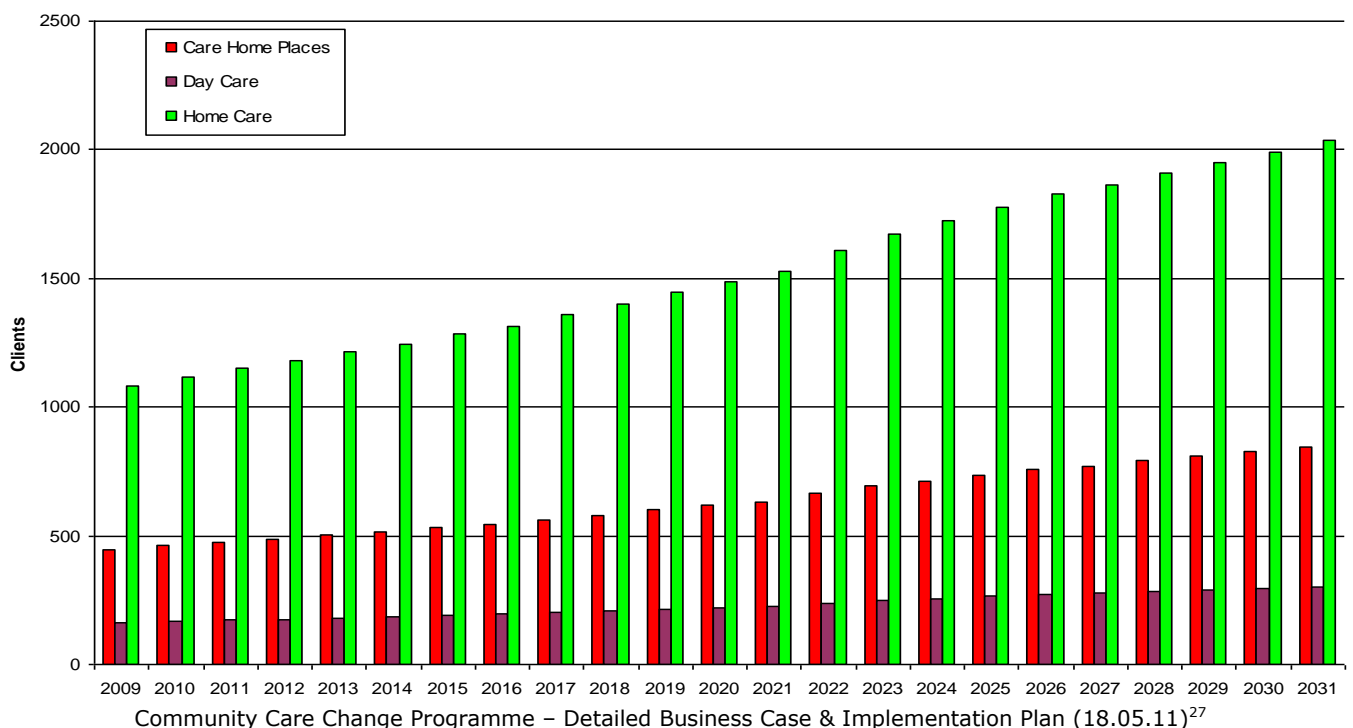
TEAM	STAFF WTEs	TOTAL REFERRALS	REFERRALS PER WEEK (50)	REFERRALS PER WK PER STAFF MEMBER	TOTAL CLIENTS	CLIENTS PER WEEK	CLIENTS PER WK PER PERSON
Buckie	4.5	260	5.2	1.16	242	4.84	1.08
Elgin	6	650	13	2.17	562	11.24	1.87
Forres	4.5	221	4.42	0.98	187	3.74	0.83
HFHT	2.5	1	0.02	0.01	1	0.02	0.01
Keith	4	454	9.08	2.27	383	7.66	1.92
Lossie	2	199	3.98	1.99	163	3.26	1.63
<i>Combined Buckie, Keith</i>	<i>8.5</i>	<i>714</i>	<i>14.28</i>	<i>1.68</i>	<i>625</i>	<i>12.5</i>	<i>1.47</i>
<i>Combined Elgin /Lossie</i>	<i>8</i>	<i>849</i>	<i>16.98</i>	<i>2.12</i>	<i>725</i>	<i>14.5</i>	<i>1.81</i>
<b>Total</b>	<b>23.5</b>	<b>1785</b>	<b>35.7</b>	<b>1.52</b>	<b>1538</b>	<b>30.76</b>	<b>1.31</b>

Total community care officers – referrals - Oct 10 - Nov 11

## 1.4 Moray Client and Fiscal Projections (from August 2009 – 2031)

### 1.4.1 Client Projections

75 and over Moray Client Projections from August 2009 base data.

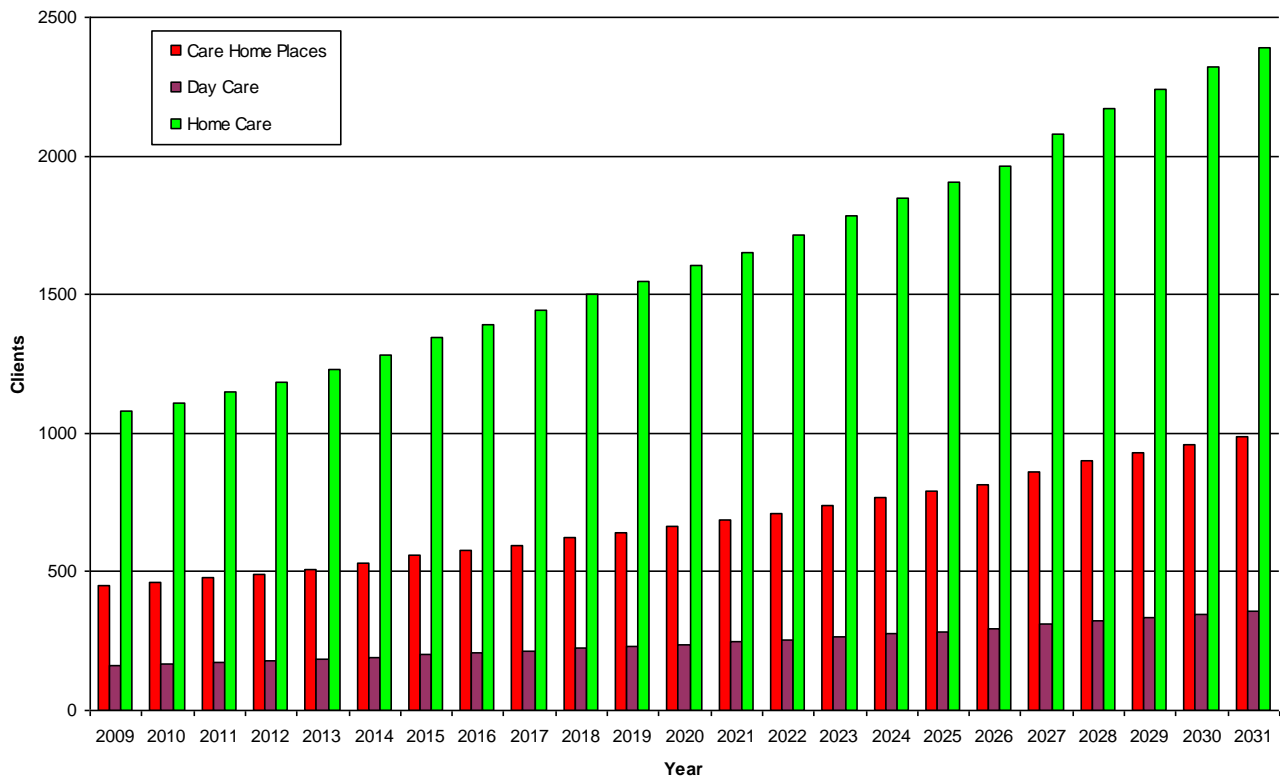


The projection for Care Homes residents was a steady rise in Moray, this has not been the case and numbers 65+ have remained around the 500 mark for the last three years with the

<sup>27</sup> Community Care Change Programme – Detailed Business Case & Implementation Plan

majority of the clients (80% or so - is a guess) being over 75. However the number of available places has risen (see section on Care Homes (B 2.1.1))

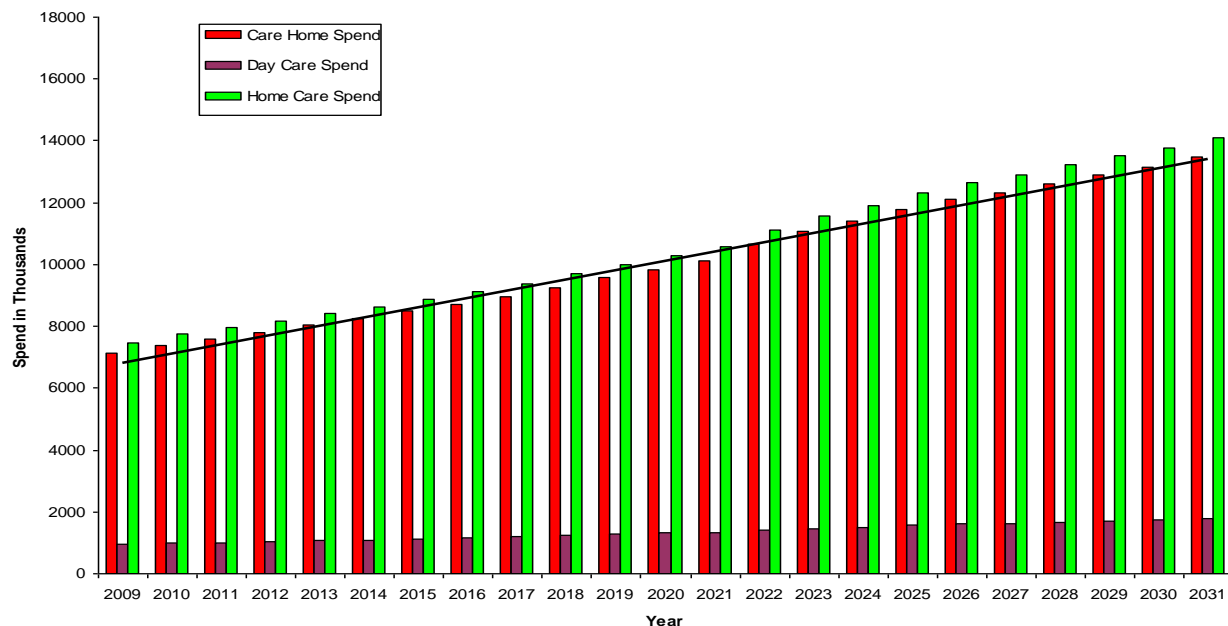
**80 and over Moray Client Projections from August 2009 base data.**



Community Care Change Programme – Detailed Business Case & Implementation Plan (18.05.11)<sup>28</sup>

## 1.4.2 Fiscal Projections

**75 and over Moray Fiscal Projections from August 2009 base data.**



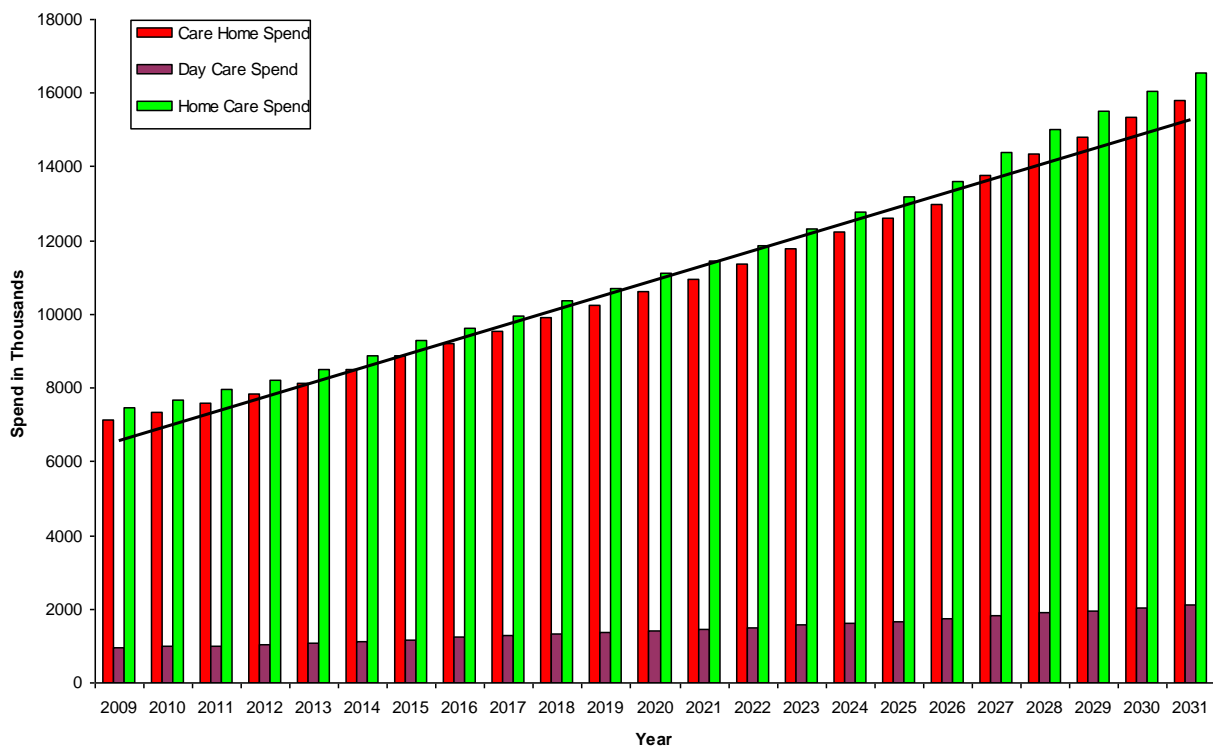
Community Care Change Programme – Detailed Business Case & Implementation Plan (18.05.11)<sup>29</sup>

<sup>28</sup> Community Care Change Programme – Detailed Business Case & Implementation Plan

<sup>29</sup> Community Care Change Programme – Detailed Business Case & Implementation Plan

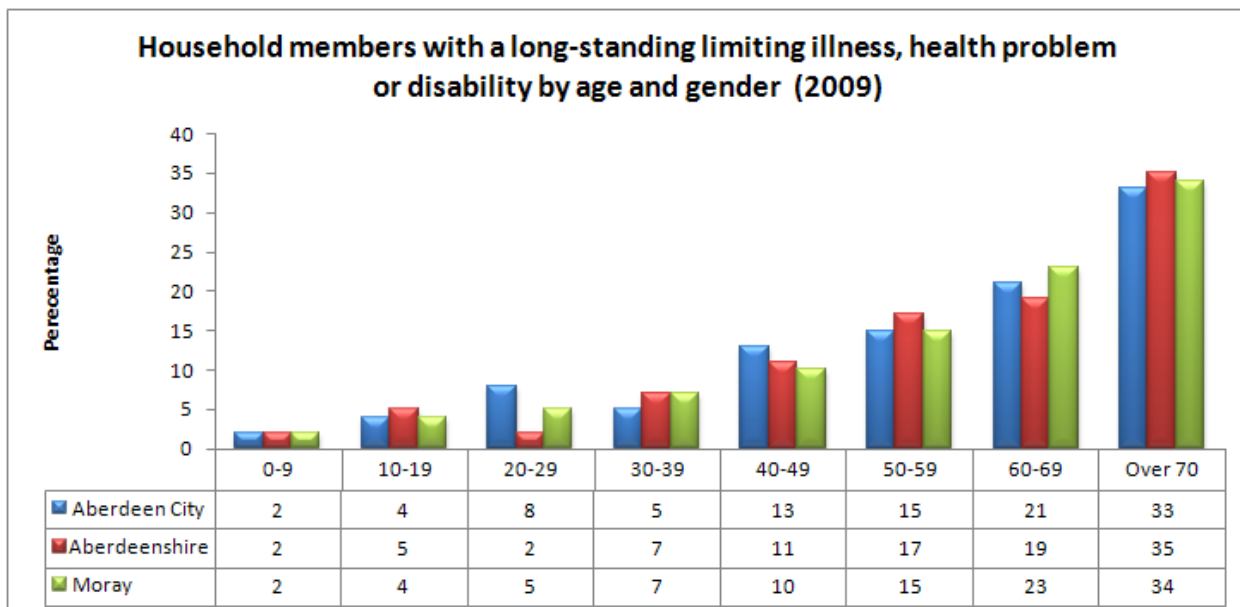
The care home spend was also predicted to rise...this has risen and perhaps more steeply than predicted due to the recession and increasing everyday costs such as food, heating etc.

80 and over Moray Fiscal Projections using August 2009 base data.



Community Care Change Programme – Detailed Business Case & Implementation Plan (18.05.11)<sup>30</sup>

### 1.4.3 Long standing illness by age

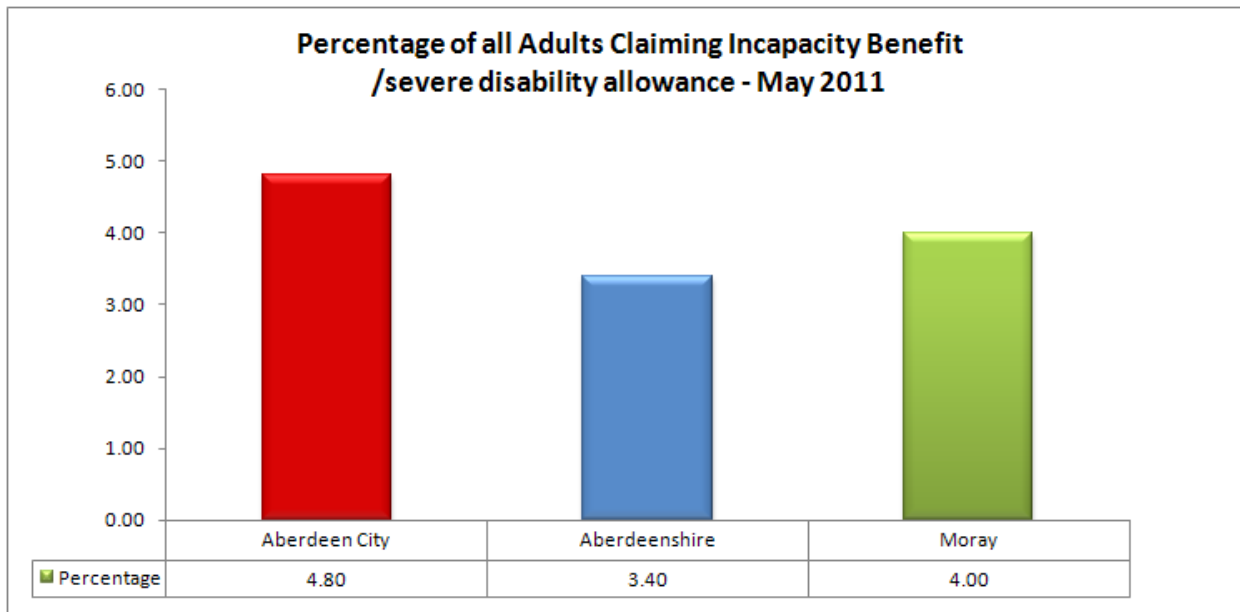


Source: Scottish Household Survey 2009 (JCS Workbook)

As can be seen from the 2009 figures above the long standing illness etc is more prevalent in the over 70s but the prevalence already existing in the 40-49 is already a third of the over 70s number so again with rising populations this will push the over 70s figure up further.

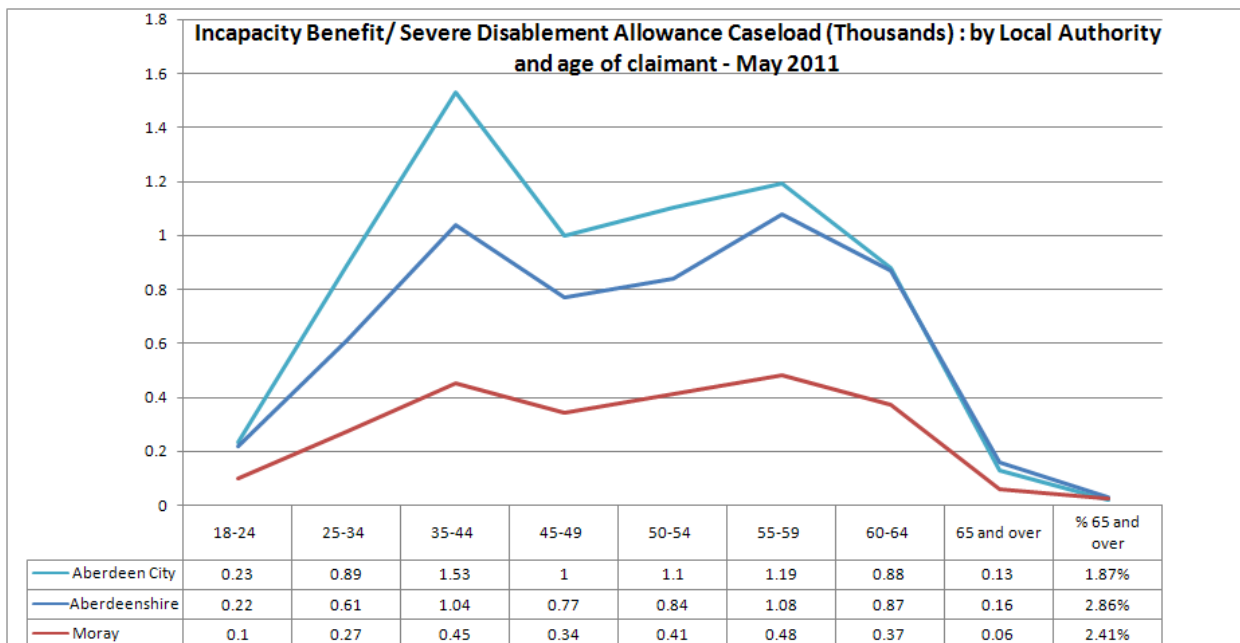
<sup>30</sup> Community Care Change Programme – Detailed Business Case & Implementation Plan

#### 1.4.4 Adults claiming incapacity benefit



Source: ScotPHO 2010 (JCS Workbook)

4% of adults (over 17) in Moray were receiving incapacity benefit/severe disablement allowance equating to almost 2,500 people in May 2011. If populations rise as predicted then the proportion of the 65+ population claiming (although it was a small percentage in May '11) will probably rise when the 55-59 and 35-44 age groups reach 65+.



Source: [http://83.244.183.180/100pc/ibsdac/ccla/cnage/ccgor/a\\_carate\\_r\\_ccla\\_c\\_cnage\\_p\\_ccgor\\_scotland\\_may11.html](http://83.244.183.180/100pc/ibsdac/ccla/cnage/ccgor/a_carate_r_ccla_c_cnage_p_ccgor_scotland_may11.html) (JCS Workbook)

Although the numbers may be higher, the pattern is the same for the City and Shire.

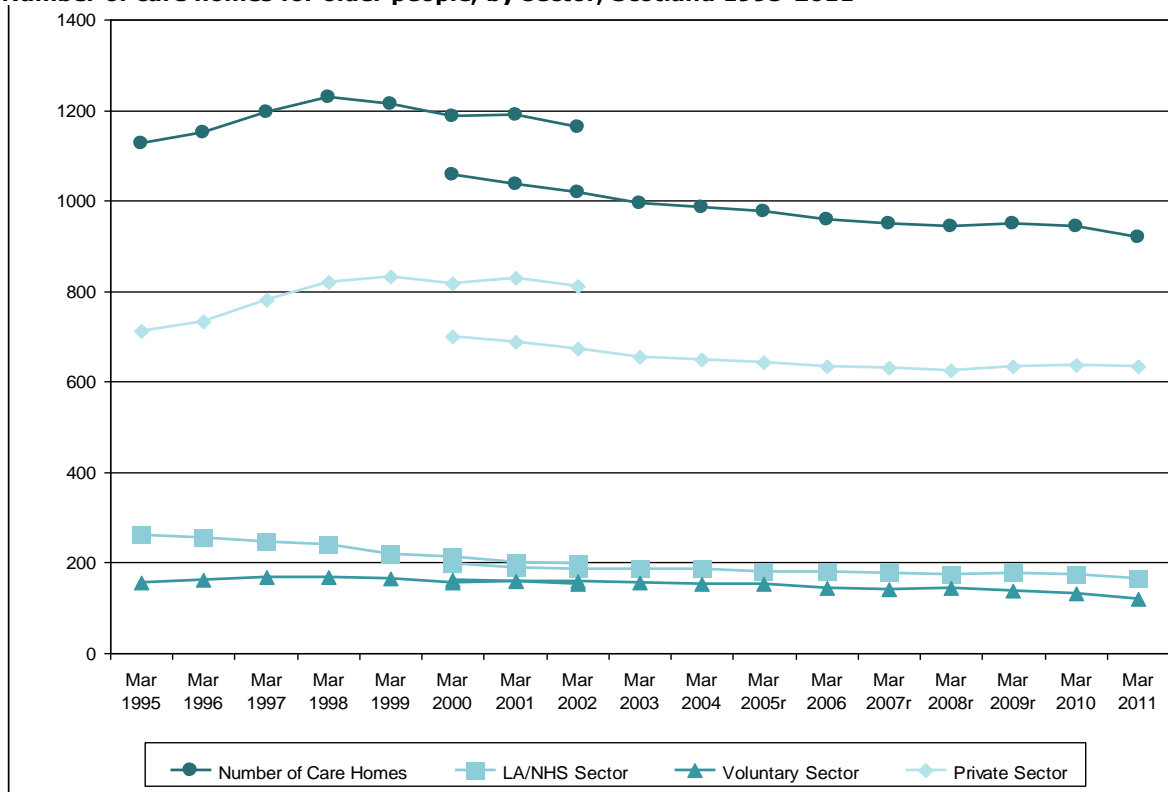
## 2 Care Homes

### 2.1 Overview

#### 2.1.1 Care Homes Nationally

As at March 1995 there were 1,128 care homes for older people in Scotland, as at March 2011 there were 920.

**Number of care homes for older people, by sector, Scotland 1995-2011**

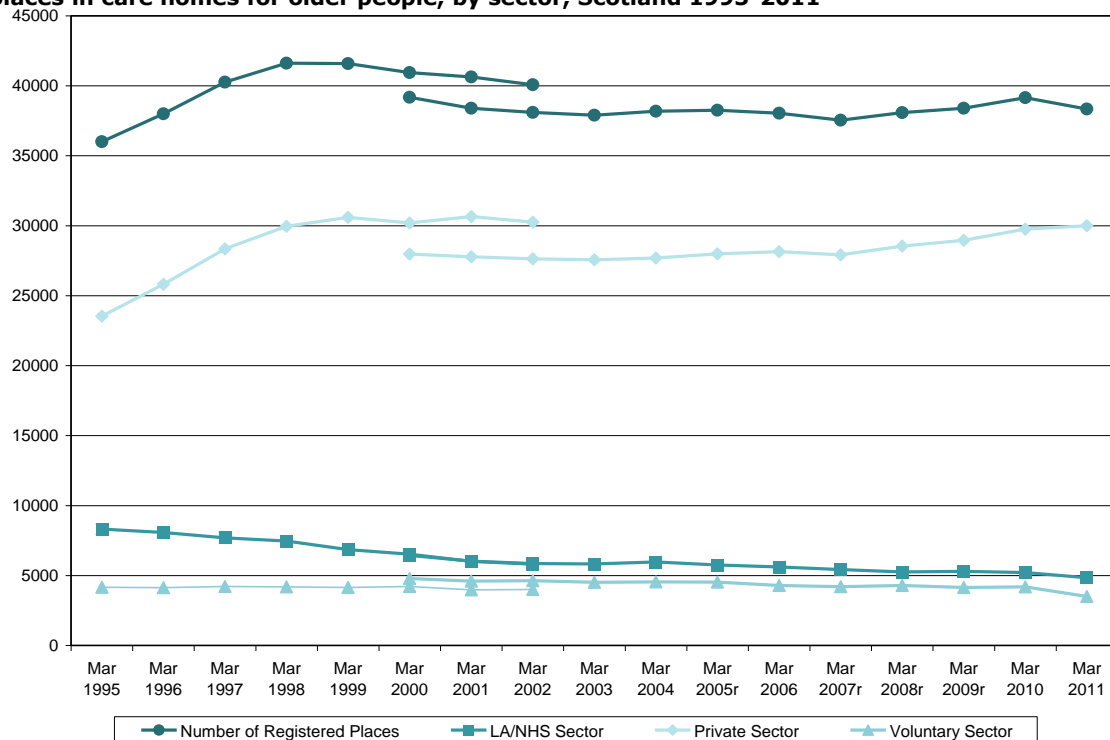


Source: National Commissioning Framework for Care Homes 2012-15 - Nursing Home Census (ISD) and the Residential Care Homes Census (Scottish Government).

Between 2000 and 2002, figures have been presented on two methodologies ((1) existing Residential Care Home Census and Nursing Home Census methodology and (2) Scottish care Home Census methodology - which removes care homes which have been de-registered to become housing support services).

In 1995 there were around 36,000 places in all care homes for older people. As at March 2011 there were around 38,300 places in care homes for older people.

### Number of places in care homes for older people, by sector, Scotland 1995-2011

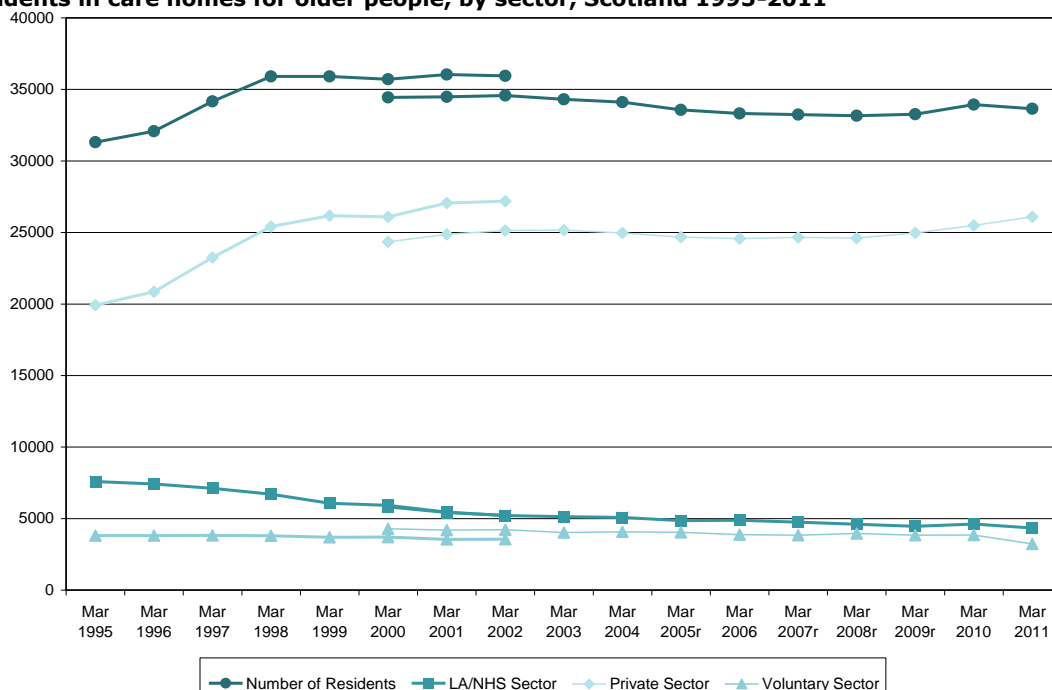


Source: National Commissioning Framework for Care Homes 2012-15 - Nursing Home Census (ISD) and the Residential Care Homes Census (Scottish Government).

Nationally the number of homes dropping but the number of places rising, therefore the average size of the homes must be rising. In March 1995, the average number of places per care home for older people was 32. This gradually rose to 42 places in 2010 and 2011. The average number of places varied across sectors. The care homes run by the private sector are on average larger than those run by the local authority/NHS and voluntary sectors.

As at March 1995 there were around 31,300 residents in care homes for older people. As at March 2011 there were around 33,600 residents in care homes for older people.

### Number of residents in care homes for older people, by sector, Scotland 1995-2011

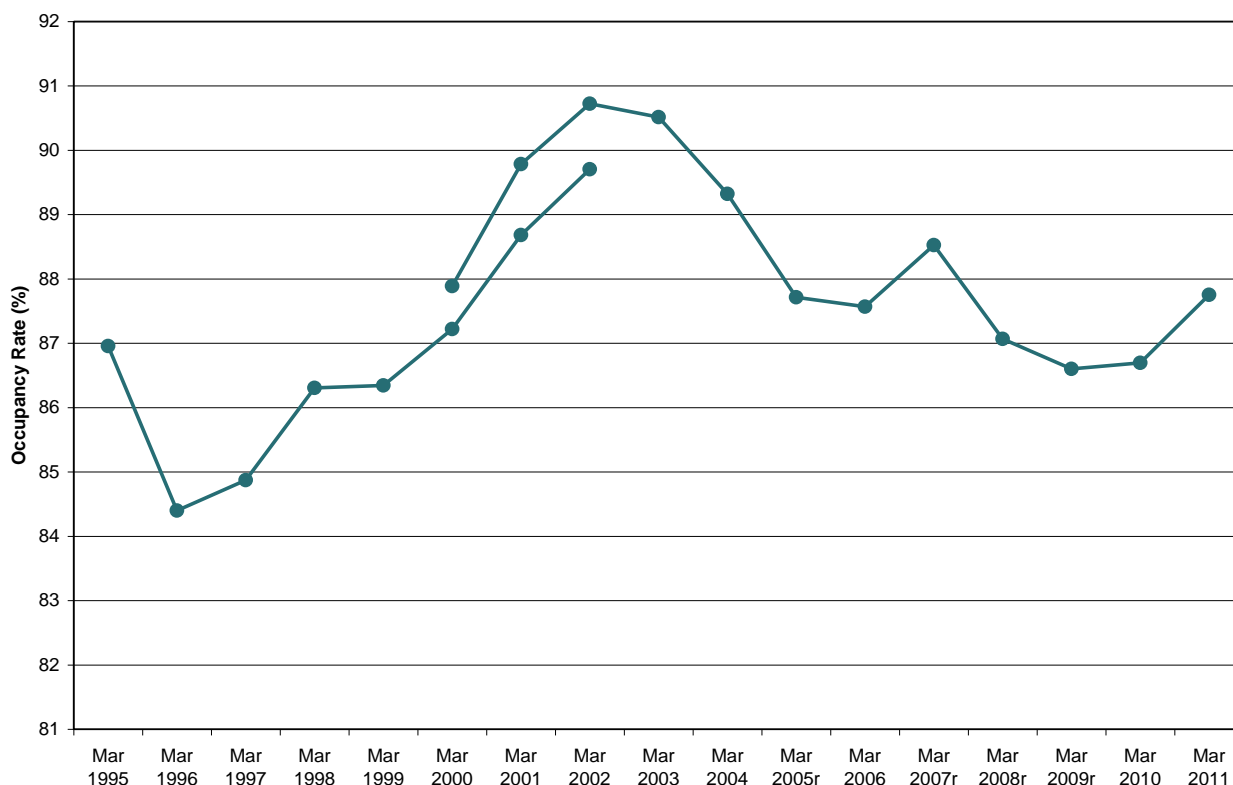


Source: National Commissioning Framework for Care Homes 2012-15 - Nursing Home Census (ISD) and the Residential Care Homes Census (Scottish Government).



In care homes for older people the occupancy rate was 87% as at March 1995. This varied across the three sectors from 92% occupancy in voluntary sector run care homes, 91% in local authority/NHS care homes and 85% in privately run care homes. As at March 2011, the voluntary sector had an occupancy rate of 92%, followed by 90% in the local authority/NHS sector and 87% in the private sector run care homes. The variance nationally in the occupancy rate is from just over 84% to just less than 91%.

#### Occupancy rate of care homes for older people, Scotland 1995-2011



Source: National Commissioning Framework for Care Homes 2012-15 - Nursing Home Census (ISD) and the Residential Care Homes Census (Scottish Government).

The Scottish Social Services Council (SSSC) currently estimates that the total care homes workforce stands at 53,970, which is 27.4% of the total social care workforce and the highest percentage of staff work within the private sector. Research by Future-skills Scotland suggests the staff turnover ratio in the social services sector (in 2007) was about 19%. This ratio was slightly lower than that experienced by the rest of the economy which was 22%. The Scottish Care Workforce Survey of 2007 referred to turnover in private and voluntary care homes and found the same turnover rates at around 19% overall. 96% of leavers remained in social services.<sup>31</sup>

<sup>31</sup> National Commissioning Framework for Care Homes 2012-15

## 2.1.2 Supply of Care homes in Moray

The provision of the majority of care homes in Moray is by the independent sector. At the end of March 2010 there were 570<sup>32</sup> registered care home beds for older people (582 in a count done in July 2011)<sup>33</sup>. However due to the geographical locations of some of the homes, places are limited in some locality areas.



[http://www.carehome.co.uk/care\\_map\\_search.cfm?category=1000](http://www.carehome.co.uk/care_map_search.cfm?category=1000) – Not specific to 65+

The map shows Moray care homes and those on the boundaries (facilities outside Moray are an open choice for clients)

Area	Home	Private /Volunteer /Council	Type of Service	Care home beds	Registered Categories	Specialist Care Categories:	Single rooms	Shared rooms	En-suite
Speyside (Keith)	Glenisla Home	Privately Owned	Care Home	42	Old Age		42	0	14
Speyside (Keith)	Weston House Care Home	Privately Owned	Care Home	36	Old Age		34	1	17
Speyside (Aberlour)	Parkside Speyside Care Home	Privately Owned	Care Home	41	Old Age		41	0	25

<sup>32</sup> [ISD and NHS Carehome Census 2010, Scotland](http://www.carehome.co.uk/care_map_search.cfm?category=1000) Source: National Commissioning Framework for Care Homes 2012-15 - Nursing Home Census (ISD) and the Residential Care Homes Census (Scottish Government).

[http://www.carehome.co.uk/care\\_map\\_search.cfm?category=1000](http://www.carehome.co.uk/care_map_search.cfm?category=1000) – Not specific to 65+

Ignore the 'A' in the map – it represents the middle of Moray relative to its border

<sup>33</sup> <http://www.bettercaring.com/elderly/aberdeen/moray/moray-care-homes.aspx>

Area	Home	Private /Volunteer /Council	Type of Service	Care home beds	Registered Categories	Specialist Care Categories:	Single rooms	Shared rooms	En-suite
Buckie /Cullen /Fochabers (Buckie)	Wakefield House Care Home	Privately Owned	Care Home	22	Old Age		14	4	15
Buckie /Cullen /Fochabers (Buckie)	Doocot View Cornerstone Respite Service	Voluntary owned	Care Home	5	Learning Disability	Autism/ASD • Cerebral Palsy • Epilepsy • Head/Brain Injury	5	0	5
Buckie /Cullen /Fochabers (Buckie)	Netherha House	Privately Owned	Care Home	31	Old Age		31	0	NA
Buckie /Cullen /Fochabers (Buckie)	Parklands Nursing Home	Privately Owned	Care Home	50	Old Age		42	4	7
Buckie /Cullen /Fochabers (Fochabers)	Castlehill House	Voluntary owned	Care Home	7	Learning Disability	Autism/ASD • Cerebral Palsy • Epilepsy	7	0	NA
Buckie /Cullen /Fochabers (Buckie)	Struan	Privately Owned	Care Home	8	Old Age		8	0	NA
Elgin (Lossie)	Parkholme	Voluntary owned	Care Home	6	Learning Disability • Physical Disability	Autism/ASD • Cerebral Palsy • Epilepsy • Head/Brain Injury • Visual Impairment	6	0	6
Elgin (Lossie)	Whinnybank	Privately Owned	Residential Care	14	Old Age		4	5	1
Elgin	23 Murray Street	Local Authority Owned	Care Home	2	Learning Disability		2	0	2
Elgin	Abbeyside Nursing Home	Privately Owned	Care Home	26	Old Age		18	4	16
Elgin	Birchview Respite Unit	Voluntary owned	Care Home	4	Learning Disability	Autism/ASD • Cerebral Palsy • Epilepsy • Head/Brain Injury	4	0	2
Elgin	The Grove	Privately Owned	Care Home	60	Old Age	Alzheimer's	56	2	30
Elgin	Abbeyvale Nursing Home	Privately Owned	Care Home	53	Old Age		43	5	48
Elgin	Spynie Care Home	Privately Owned	Care Home	56	Mental Health, excl. Learning Disability or Dementia	Alzheimer's	56	0	56

Area	Home	Private /Volunteer /Council	Type of Service	Care home beds	Registered Categories	Specialist Care Categories:	Single rooms	Shared rooms	En-suite
Elgin	35/37 North College Street	Voluntary owned	Care Home	5	Mental Health, excl. Learning Disability or Dementia		5	0	0
Elgin	Alba Place	Voluntary owned	Care Home	12	Learning Disability		12	0	NA
Elgin	Anderson's	Voluntary owned	Residential Care	56	Dementia • Mental Health, excl. Learning Disability or Dementia • Old Age • Physical Disability • Sensory Impairment	Alcohol Dependence (past or present)	46	5	51
Forres	Cathay	Privately Owned	Care Home	40	Old Age		34	3	37
Forres	Maybank	Voluntary owned	Care Home	7	Learning Disability		7	0	NA
Forres	Meadowlark Care Centre	Privately Owned	Care Home	60	Dementia • Learning Disability • Old Age	Alzheimer's • Cancer Care • Challenging Behaviour/Psychosis • Colitis & Crohn's Disease • Down Syndrome • Epilepsy • Head/Brain Injury • Hearing Impairment • Huntingdon's Disease • Motor Neurone Disease • Multiple Sclerosis • Neuropathic • Orthopaedic • Parkinson's Disease • Speech Impairment • Spina Bifida & Hydrocephalus • Stroke • Visual Impairment	54	3	28
Forres	Taigh Farrais	Local Authority Owned	Care Home	4	Physical Disability • Sensory Impairment	Specialist Care - Cerebral Palsy • Epilepsy • Head/Brain Injury • Hearing Impairment • Huntingdon's Disease • Motor Neurone Disease • Multiple Sclerosis • Parkinson's Disease • Speech Impairment • Stroke • Visual Impairment	4	0	2
<b>Moray Totals for Carehomes</b>				<b>647</b>			<b>575</b>	<b>36</b>	<b>362+</b>

Area	Home	Private /Volunteer /Council	Type of Service	Care home beds	Registered Categories	Specialist Care Categories:	Single rooms	Shared rooms	En-suite	
Moray Totals for 'Older people'	14 homes	Various	In actuality there are 12 Care Homes with nursing care and 2 are Care Home only (residential care)	539	Various	Various	467	36	289+	<b>32.12 per 1000 65+ population</b>

Taken from Carehomes.co.uk information (on-line) in January 2012

[ISD and NHS Carehome Census 2010, Scotland](#) - Source: National Commissioning Framework for Care Homes 2012-15 - Nursing Home Census (ISD) and the Residential Care Homes Census (Scottish Government).

The average size of homes in Moray is 38.5 residents compared to 42 nationally<sup>34</sup>.

Homes with Older People			
Area	Area Carehome beds	Population of 65+ in area (March 2011)	Beds per 1000 population
Speyside	119	3243	36.69
Buckie/Cullen/Fochabers	111	4065	27.31
Elgin	209	6623	31.56
Forres	100	2852	35.06
Total	539	16783	32.12

Moray	March 2000	March 2001	March 2002	March 2003	March 2004	March 2005r	March 2006	March 2007r	March 2008r	March 2009r	March 2010	March 2011
<b>NHS or Local Authority</b>	1	1	1	0	0	0	0	0	0	0	0	1
<b>Private</b>	16	15	15	15	15	16	15	15	15	15	14	14
<b>Voluntary</b>	1	1	1	1	1	1	2	2	2	1	1	1
<b>All</b>	18	17	17	16	16	17	17	17	17	16	15	16
<b>No of Registered Places</b>	574	553	549	537	555	582	583	580	585	581	570	609
<b>No of Residents</b>	502	531	527	511	506	531	550	539	533	530	514	503
<b>Occupancy Rate</b>	87	96	96	95	91	91	94	93	91	91	90	83

Source: - ISD Care Home Census 2011 Interim Analysis. (revised for Scotland and some local authority areas)

According to the stats above at March 2011 there was 1 Local Authority /NHS Sector home with 4 registered older people places and 4 people resident at time of recording so capacity was 100% - Taigh Farrairs Respite Unit. Also there was 1 voluntary sector home with 56 registered places and 49 residents at time of recording (March 2011) so 88% occupancy. Of the private homes in 2011 there are 14 with a total of 549 registered places and 450 residents at time of recording so 82% occupancy. Though this is perceived as over supply there is potential here to use more dynamically e.g. more step up/down usage, respite space (perhaps for those who care for themselves most of the time)/more staff free to care for clients in the client's own homes locally but under the management of the care home.

<sup>34</sup> [ISD and NHS Carehome Census 2010, Scotland](#) - Source: National Commissioning Framework for Care Homes 2012-15 - Nursing Home Census (ISD) and the Residential Care Homes Census (Scottish Government).

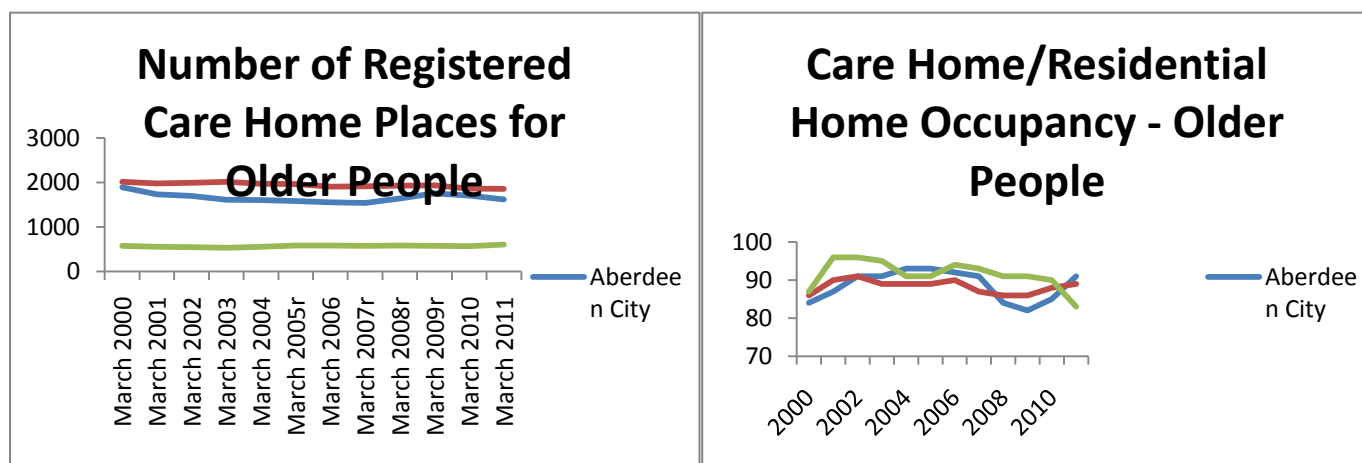
At time of writing Struan house in Buckie was in the process of closing with staff being offered relocation or redundancy. Also the Meadowlark Care Centre in Forres which was run by Southern Cross which ran into difficulties in 2011 and was taken over by Renaissance Care.

Care home provision in Moray has increased by 6.09% between 2000 and 2011. This change differs from that of neighbouring local authorities, comparator authorities and the Scottish average. However, care home provision for older people still lags behind neighbouring local authorities and behind the Scottish average.

#### Percentage change in care home places March 2000 to March 2011.

Local Authority	No of Care Home Places for Older People		% Change in place Mar 2000-Mar 2011	Occupancy Rate		% change in occupancy Rate	Places per 1,000 population aged 65+ (Mar 2011)
	Mar 2000	Mar 2011		Mar 2000	Mar 2011		
Aberdeen City	1,896	1,622	-14.45%	84%	91%	+7%	50.13
Aberdeenshire	2,017	1,860	-7.78%	86%	89%	+3%	45.26
Highland	2,088	1,868	-10.54%	83%	92%	+9%	43.89
<b>Moray</b>	<b>574</b>	<b>609</b>	<b>+6.09%</b>	<b>87%</b>	<b>83%</b>	<b>-4%</b>	<b>36.12</b>
Scotland	39,178	38,341	-2.14%	88%	88%	No change	42.96

Source - Scottish Care Homes Census, 2000-2011 (rates using GRO mid 2011 populations)



Source - Scottish Care Homes Census, 2000-2011 (Number and Percentage Occupancy)

The occupancy rate for Moray has fallen in comparison with other Authorities and nationally. It fell from 87% to 83% between March 2000 and March 2011 while nationally in March 2011 it was 88% with no change since 2000<sup>35</sup>.

Local Authority	No of Care Home Places for Older People		% Change in place Mar 2000-Mar 2011	Occupancy Rate		% change in occupancy Rate	Places per 1,000 population aged 65+
	Mar 2000	Mar 2011		Mar 2000	Mar 2011		
Angus	1,022	1,062	+3.91%	89%	93%	+4%	46.70
Aberdeenshire	2,017	1,860	-7.78%	86%	89%	+3%	45.26
Mid Lothian	627	597	-4.78%	91%	91%	No change	42.69
<b>Moray</b>	<b>574</b>	<b>609</b>	<b>+6.09%</b>	<b>87%</b>	<b>83%</b>	<b>-4%</b>	<b>36.12</b>
Renfrewshire	1,198	1,455	+21.45%	90%	90%	No change	50.45
Scotland	39,178	38,341	-2.14%	88%	88%	No change	42.96

<sup>35</sup> ISD and NHS Carehome Census 2010, Scotland - Source: National Commissioning Framework for Care Homes 2012-15 - Nursing Home Census (ISD) and the Residential Care Homes Census (Scottish Government).

Source - Scottish Care Homes Census, 2000-2011 (rates using GRO mid 2011 populations)

The following table shows the number of care homes in Moray staying fairly static over time and shows the pattern of change over time of occupancy, beds, etc.

	March 2000	March 2001	March 2002	March 2003	March 2004	March 2005 <sup>†</sup>	March 2006	March 2007 <sup>†</sup>	March 2008 <sup>†</sup>	March 2009 <sup>†</sup>	March 2010	March 2011
Number of Care Homes	18	17	17	16	16	17	17	17	17	16	15	16
Number of Registered Places	574	553	549	537	555	582	583	580	585	581	570	609
Number of Residents	502	531	527	511	506	531	550	539	533	530	514	503
Occupancy Rate	87	96	96	95	91	91	94	93	91	91	90	83
Number of LA/NHS Care Homes	1	1	1	0	0	0	0	0	0	0	0	1
Number of LA/NHS Registered Beds	40	40	40	0	0	0	0	0	0	0	0	4
Number of LA/NHS Residents	34	36	38	0	0	0	0	0	0	0	0	4
NHS/LA Occupancy Rate	85	90	95	0	0	0	0	0	0	0	0	100
Number of Private Care Homes	16	15	15	15	15	16	15	15	15	15	14	14
Number of Private Registered Beds	479	459	455	481	499	526	523	520	524	525	514	549
Number of Private Residents	420	443	439	461	459	490	495	483	481	479	463	450
Private Occupancy Rate	88	97	96	96	92	93	95	93	92	91	90	82
Number of Voluntary Care Homes	1	1	1	1	1	1	2	2	2	1	1	1
Number of Voluntary Registered Beds	55	54	54	56	56	56	60	60	61	56	56	56
Number of Voluntary Residents	48	52	50	50	47	41	55	56	52	51	51	49
Voluntary Occupancy Rate	87	96	93	89	84	73	92	93	85	91	91	88

Source - Scottish Care Homes Census, 2000-2011 (not specific to 65+)

### 2.1.3 The Cost of Care homes

R&N database - grossed up to approx costs for OP and OAP					
Care Home	Area	Count of clients as at 31.03.11	Gross Actual £ 2010/11 Cost. (The Rate paid by the Council is as per audit)	Private Residential Rate (per wk)	Private Nursing Rate (per wk)
Abbeyside	Elgin	17	£389,162		£739.00
Abbeyvale	Elgin	36	£644,014		£739.00
Andersons	Elgin	43	£785,524	£620.00	£600.00
Burnbank House	Buckie	15	£329,097	£665.00	£769.00
Cathay	Forres	30	£605,078		
Glenisla - Glenmorgan Unit	Keith	1	£28,856		
Glenisla Care Home	Keith	28	£631,126	£700.00	£769.00
Grove Res. Home	Elgin	52	£1,062,693	£665.00	£739.00
Meadowlark	Forres	41	£996,763	£691.38	£680.58
Netherha Home	Buckie	27	£609,287	£700.00	£769.00
Parklands N. Home	Buckie	20	£499,573	£700.00	£769.00
Speyside Home	Aberlour	24	£425,500	£700.00	£769.00
Speyside Home- Ben Aigen	Aberlour	1	£28,856		£650.00
Spynie Nursing Home	Elgin	39	£1,001,582		£769.00
Struan House	Buckie	5	£108,742	£715.00	£769.00
Weston House N. Home	Keith	22	£602,320	£620.00	£620.00
Whinnybank Residential	Lossiemouth	11	£252,832	£665.00	£665.00
	<b>All Moray</b>	<b>412</b>	<b>£9,001,005</b>		

Source - Moray accountancy figs - Carehomes - March 2011

## Carehomes – March 2011

Carehomes	Clients	Gross Actual £ 2010/11	Av. Cost per Client	Av Cost per Client per week
In Moray	412	£9,001,005	£21,847	£420.13
Out-with Moray	78	£1,677,232	£21,503	£413.52
All	490	£10,678,237	£21,792	£419.08

Source – Moray accountancy figs - Carehomes – March 2011

The following table shows the picture of the funding of Care Home beds in July 2011. Of the registered beds in Moray 74.24% were funded by The Moray Council and 17.65% were not and 8.11% were vacant. The percentage of the total registered beds in use (funded or unfunded) that were funded by Moray Council was 80.7%.

Care Home	Registered Beds	Beds Funded by TMC	% of Registered Beds in use funded by TMC	Beds Funded NOT by TMC	Vacancies
Abbeyside	26	15	65.2%	8	3
Abbeyvale	52	42	85.7%	7	3
The Grove	61	54	88.5%	7	0
Whinnybank	14(153)	12(123)	85.7%	2 (24)	0 (6)
Andersons	56	50	89.2%	6	0
Cathay	40	30	75%	10	0
Spynie	56	37	72.5%	14	5
Parklands	27	20	90.9%	2	5
Burnbank	22	16	76.1%	5	1
Speyside	41	26	70.2%	11	4
Glenisla	42	33	82.5%	7	2
Netherha	34	26	96.2%	1	7
Struan	8 (174)	5 (126)	62.5%	3 (29)	0 (19)
Meadowlark	57	41	77.3%	12	4
Wakefield	22	17	89.4%	2	3
Weston	35 (57)	21(38)	80.7%	5 (7)	9 (12)
The Lythe	36	22	70.9%	9	5
<b>TOTAL</b>	<b>629</b>	<b>467</b>	<b>80.7%</b>	<b>111</b>	<b>51</b>

Permanent Care Stats 19<sup>th</sup> July 2011 (Figures in brackets are subtotals for providers)

### 2.1.4 Step up/step down beds

#### 2.1.4.1. Step up/step down bed facility:-

These are designed to be used for 2 wk placements on request from district nurses. These are used mainly for a period of up to 2 week placements but with a flexibility to be used for longer e.g. palliative care.

There are 2 change fund beds in Meadowlark (was Southern Cross now Renaissance) introduced at the temporary closure of Leanoil Hospital. There are also 4 beds in Spynie (usually covering Elgin and the Moray Coast), 2 of which are funded through the change fund. All other step up/step down beds are funded by the NHS.

The option exists to spot purchase additional beds from these 2 locations and spot purchase step-down/up beds are only available if there is a vacant bed in a care home therefore not available in all areas.

The 4 block purchased beds in Spynie are usually full.



Delayed discharges should be lower as a result of having this in place as they support the return to home.

The use of nursing home beds for providing this type of care, however, has its critics. A survey of nursing home owners, managers and matrons of 570 homes found that there were major shortfalls in the provision of NHS services to nursing homes which hinders the rehabilitation potential of intermediate care placements in nursing homes. The study concludes that unless these kinds of problems are sorted out, 'these placements will serve only to shunt the problem of bed-blocking into the independent sector and will not restore the functional independence of older people as intended' (Jacobs and Rummery, 2002). In Moray as district nurse support is available to all care homes in Moray and it is they who request beds, the care of the patient stays in the same service so care level should not fall.

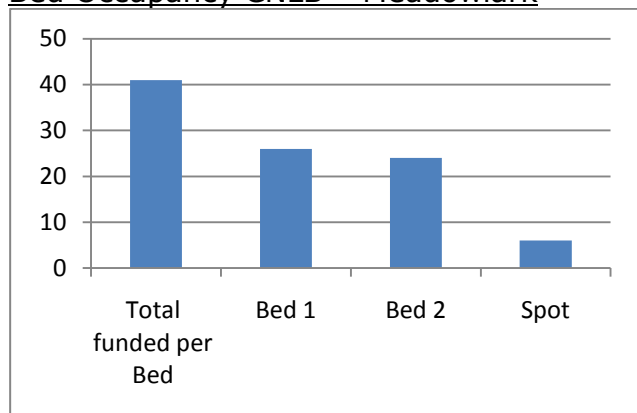
#### 2.1.4.2. Forres Community Nurse Led Beds – March to Dec 2012 Update

2 beds were block purchased in Meadowlark Care Home from April 2011 to support the GPs and District Nurses in keeping patients in the Forres locality during the refurbishment of Leancoil.

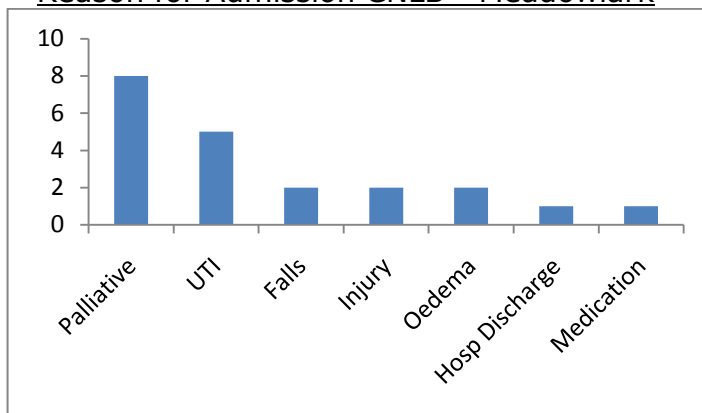
The cost per bed is £598 and the total cost of the beds is funded at present from the change fund.

The usage from March to December shows 61% occupancy with the main reason for admission being Palliative Care. There were also a number of spot purchased beds. Other reasons for admission are UTI Falls, Injury, Oedema, Hospital discharge and Medication.

Bed Occupancy CNLB – Meadowlark



Reason for Admission CNLB - Meadowlark



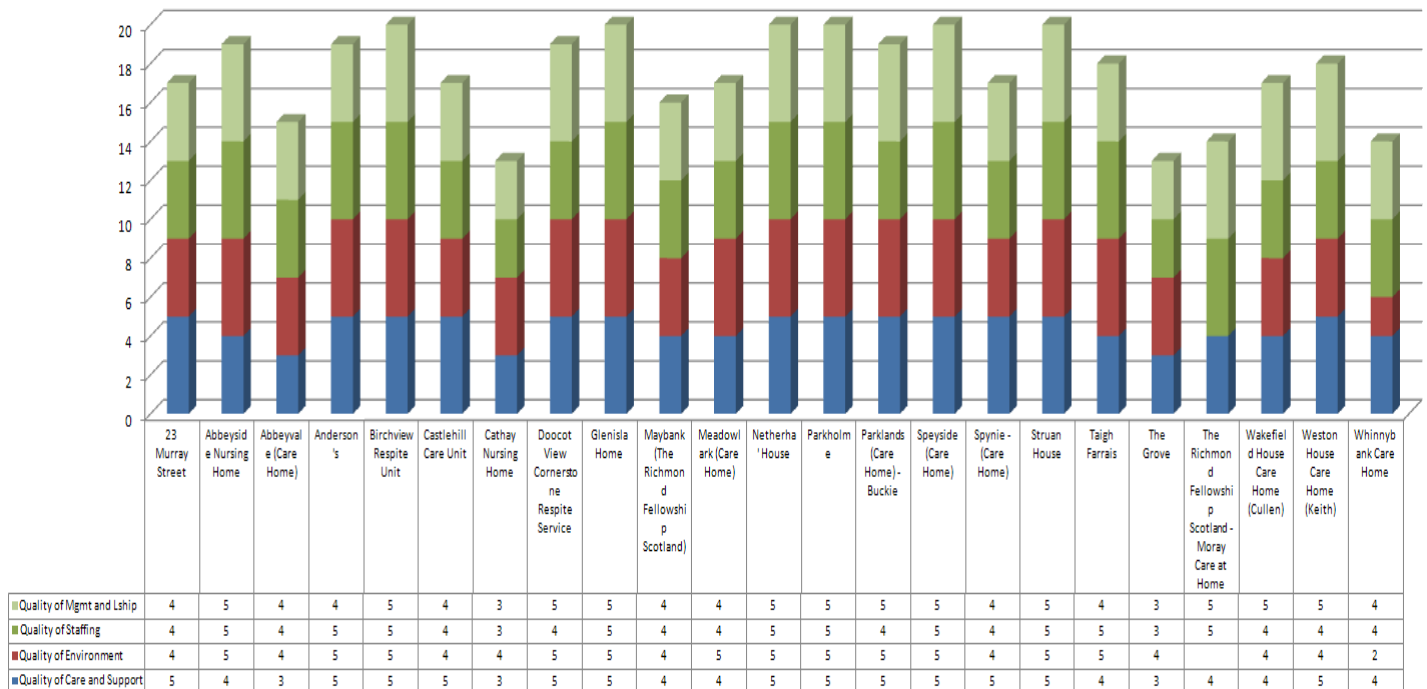
## 2.2 Quality of service

The Care Commission has raised concerns that the contribution of doctors, other professionals and specialist services for older people can be limited in some care homes. Alzheimer Scotland has concluded that a significant number of older people in care homes with dementia may not have received a diagnosis and may not, therefore, be receiving access to appropriate treatments. Access to effective primary care and specialist health care services for older people in care homes, including the frail elderly is vital. It can assist in reducing inappropriate hospital admissions and help maintain people in the community<sup>36</sup>.

<sup>36</sup> Living Longer Living Better - An Older Peoples Strategy for Moray

## 2.2.1 SCSWIS Grades and NCHC Awards

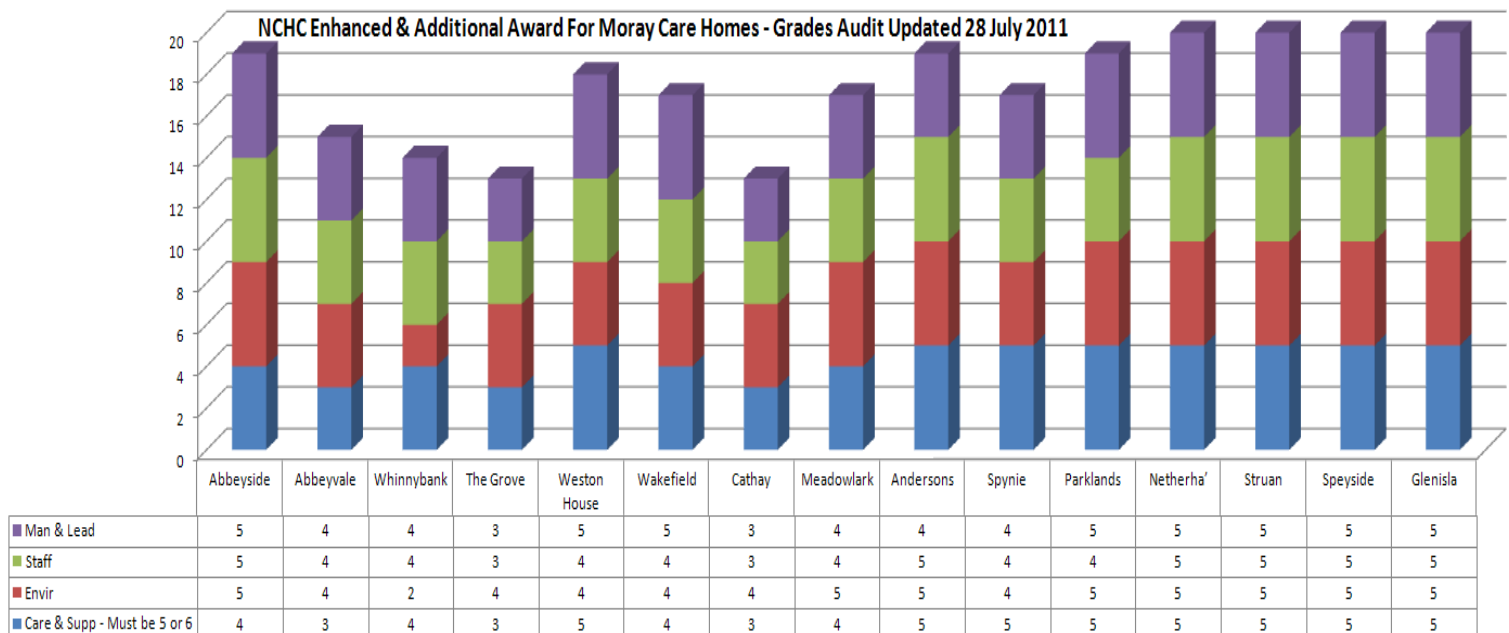
SCSWIS Grades/Enforcements  
Website Checked 04 July 2011



SCSWIS Grade/Enforcements Website

There have been no enforcements to date. There was only one score lower than a 3 namely Whinnybank who scored 2 for environment (where a care home is given a QAF grade of 1 or 2, in any themed area, this should lead to a discussion with the local authority about how that grade could be improved) and the Grove and Cathay have the lowest overall grades while there were 6 homes that scored 20 overall. Whinnybank grading has since increased but the Grove have seen their grades reduced further.

NCHC Enhanced & Additional Award For Moray Care Homes - Grades Audit Updated 28 July 2011



NCHC Enhanced & Additional Award For Moray Care Homes - Grades Audit Updated 28 July 2011

8 of the 15 homes received an enhanced award and 7 out of 15 received an additional award through the National Care Home Contract

Care Home	Care & Supp - Must be 5 or 6	Envir	Staff	Man & Lead	Enhanced Award - 5 or 6 in care and support and 3> all other themes	Additional Award - 5 or 6 in care and support + 5> in one other theme and 3> all other themes	Date of Eligible last Inspection
Abbeyside	4	5	5	5	No	No	13-Jan-11
Abbeyvale	3	4	4	4	No	No	22-Dec-10
Whinnybank	4	2	4	4	No	No	08-Nov-10
The Grove	3	4	3	3	No	No	03-Jun-11
Weston House	5	4	4	5	Yes	Yes	17-Jan-11
Wakefield	4	4	4	5	No	No	25-Nov-10
Cathay	3	4	3	3	No	No	24-Feb-11
Meadowlark	4	5	4	4	No	No	17-Nov-10
Andersons	5	5	5	4	Yes	Yes	11-Feb-11
Spynie	5	4	4	4	Yes	No	24-Nov-10
Parklands	5	5	4	5	Yes	Yes	15-Nov-10
Netherha'	5	5	5	5	Yes	Yes	28-Sep-10
Struan	5	5	5	5	Yes	Yes	24-Nov-10
Speyside	5	5	5	5	Yes	Yes	15-Dec-10
Glenisla	5	5	5	5	Yes	Yes	17-Jan-11

NCHC Enhanced & Additional Award For Moray Care Homes - Grades Audit Updated 28 July 2011

## 2.2.2 Complaints and Incidents/Accidents

### Care Commission Complaints 2010/11.

Site	Complaint Type	Outcome
Parklands, Buckie	Environment	Upheld
Parklands, Buckie	Policies and Procedures – Complaint procedure	Upheld
The Grove	General health and welfare	Partially upheld
The Grove	Staffing levels	Upheld
Abbeyvale Care Home	No details	No details

Report to Practice Governance Board July 2011

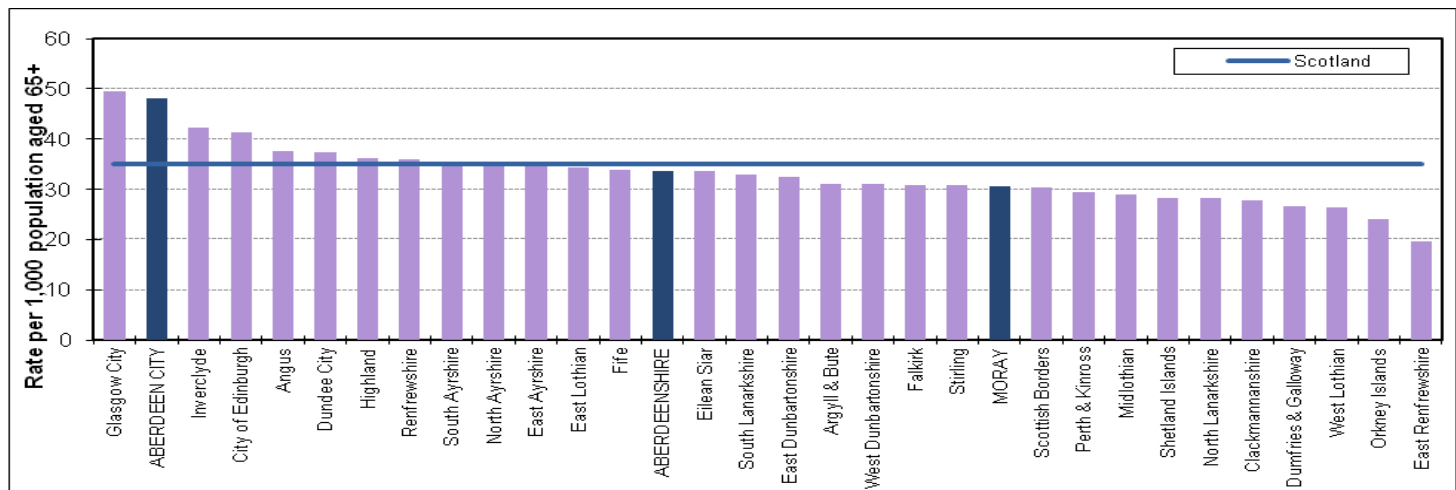
There were only 3 care home case numbers in 2010/11 and 8 in 2009/10, though as shown above, the cases generally have more than one complaint type.

For the period to be covered (2010/11) the reporting of incidents and or accidents from care homes was not standardised nor consistent. At time of writing most were reporting though the quality of the reporting was being standardised through the governance board.

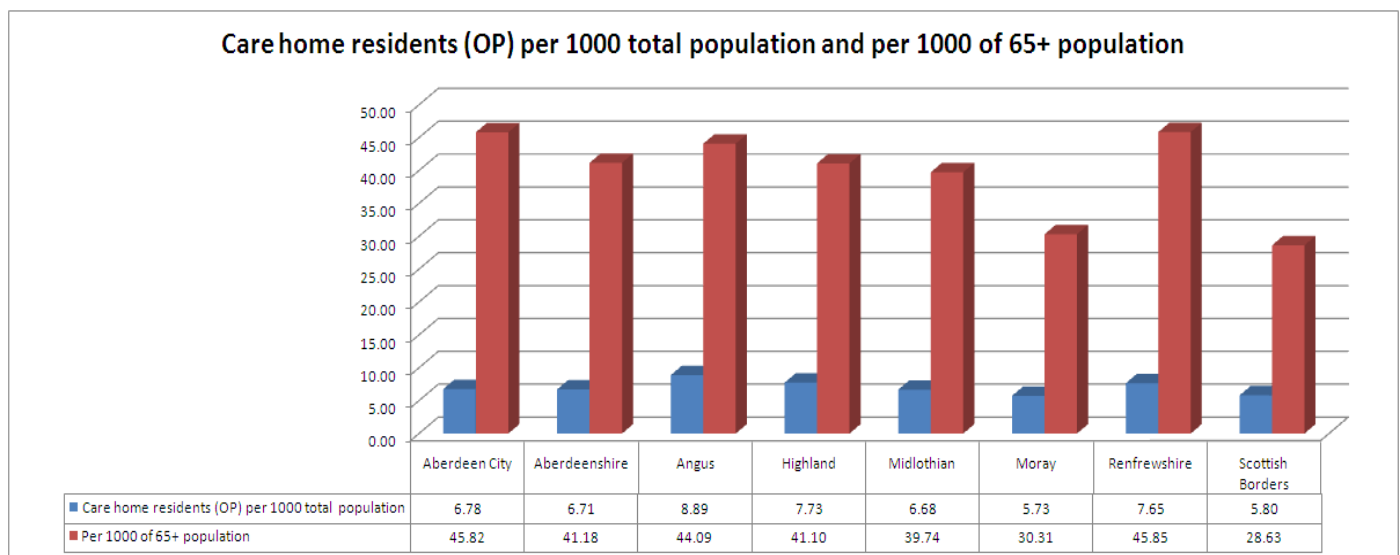
## 2.3 Demand

### 2.3.1 Demand/need for Residential Places

Although there is an increase in the registered places there is a decrease in occupancy rate hence an oversupply which can help in having resource available for step up step down and in avoiding delayed discharge if or when a place is required by someone being discharged from hospital. It also allows more options for those choosing a care home that they are not all full and having to settle for second or third options.

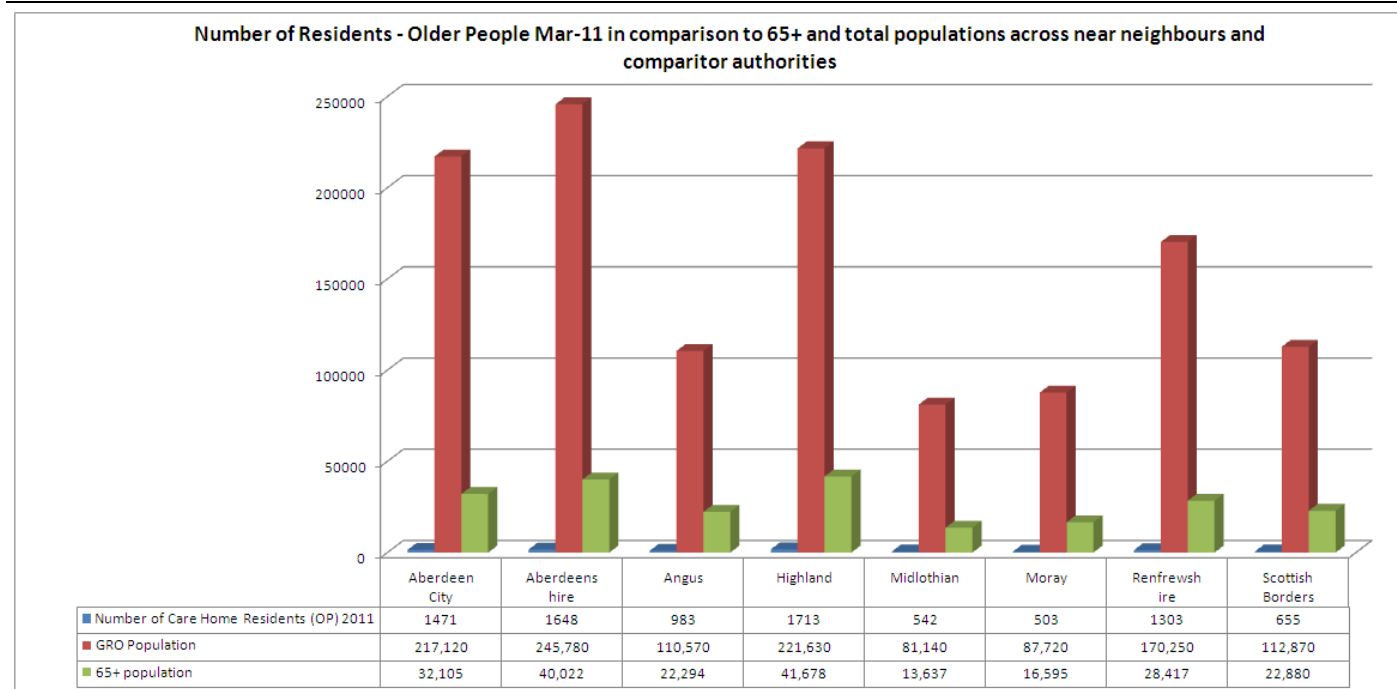


Looking at the rate per 1,000 population of people aged 65+ in a care home Moray is below the Scottish average and 11<sup>th</sup> lowest in the rate per population.



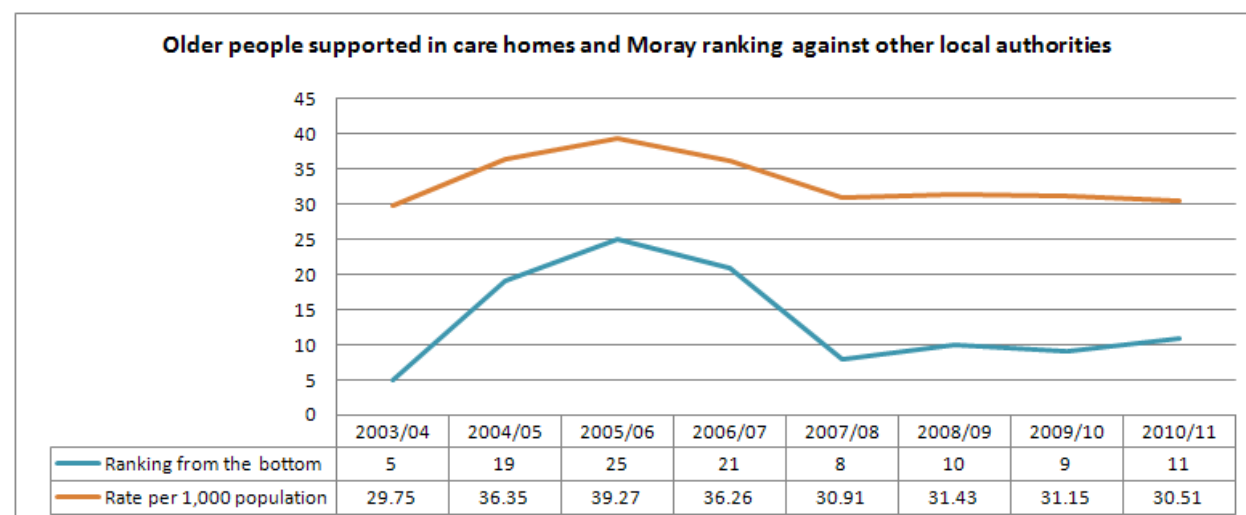
SCCBN Data 2010-11

In Moray the percentage of older people in care homes in 2010-11 was 0.57% of the total population and 3.03% of the 65+ population compared to 0.59% of the total population 3.46 of the 65+ population of Scotland.



SCCBN Data 2010-11

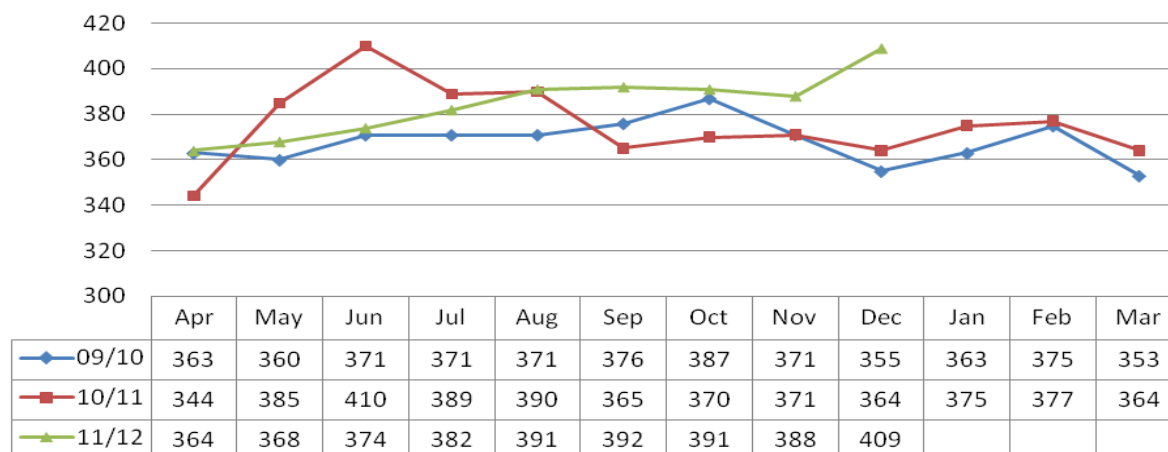
## Older people supported in care homes 2010/11



Figures from the Scottish Government quarterly monitoring return. (rate per 1000 65+)

Having recovered from a particularly high rate per 1000 population in 2005/06, the rate is sitting at the lowest since 2003/04 though Moray have not achieved the same ranking as before for this performance as other authorities have also reduced their rates.

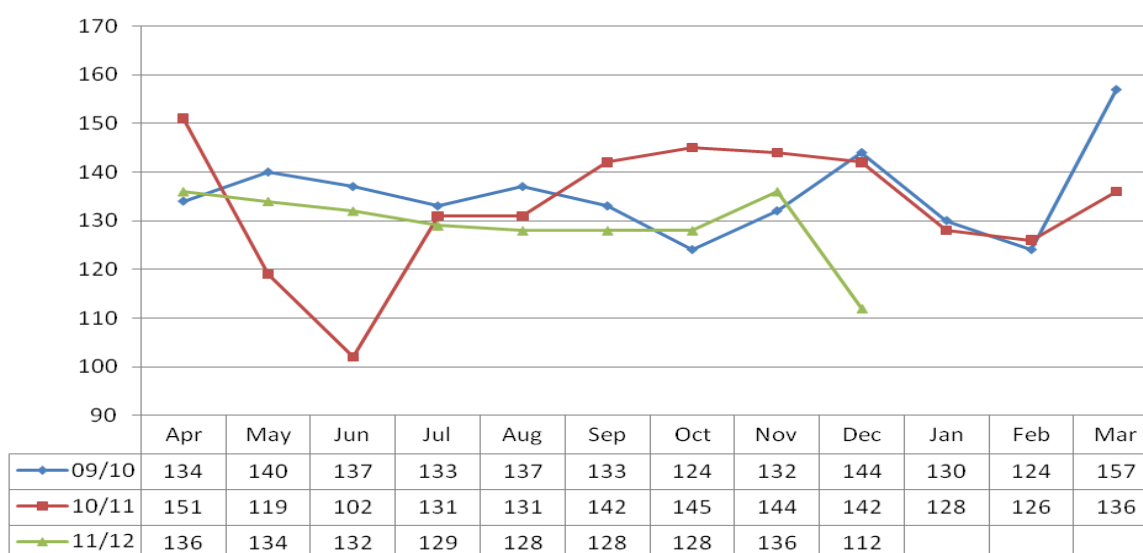
### Older People



Clients in Residential/Nursing Care – Older People<sup>37</sup>

Older People's client numbers in 2009-10 remained fairly constant while in 2010-11 they rose in the first quarter of the financial year before returning to previous levels.

### Mental Health Clients

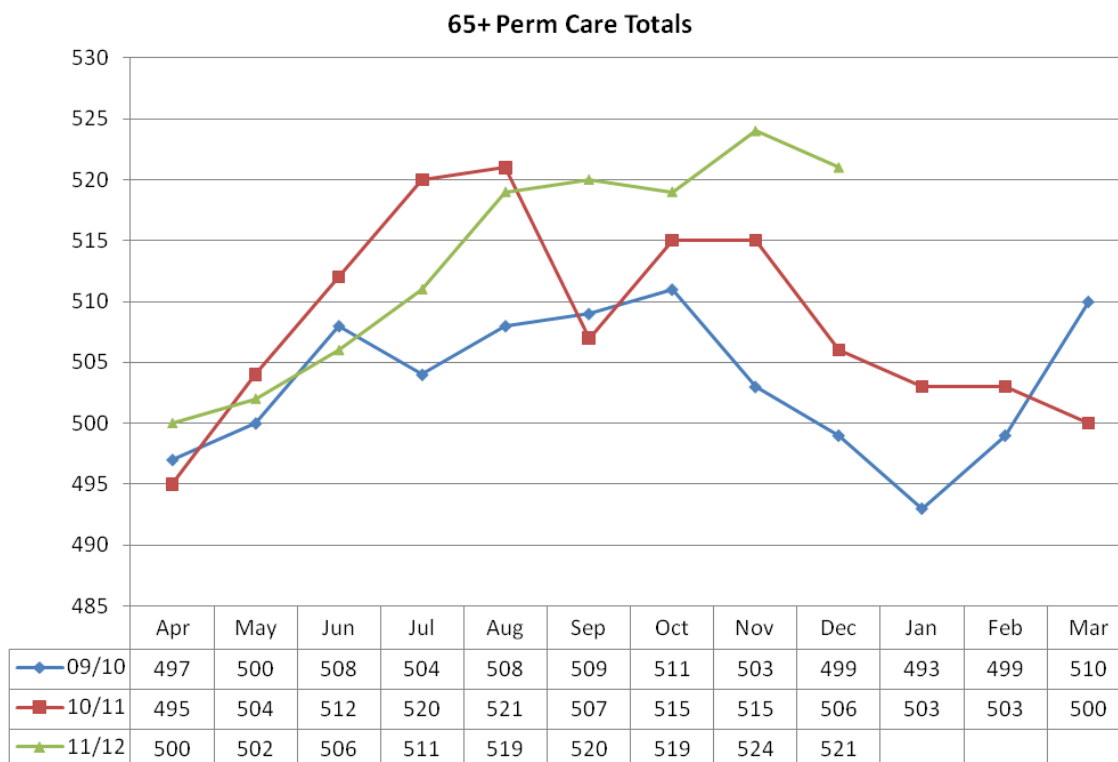


Clients in Residential/Nursing Care – Mental Health<sup>38</sup>

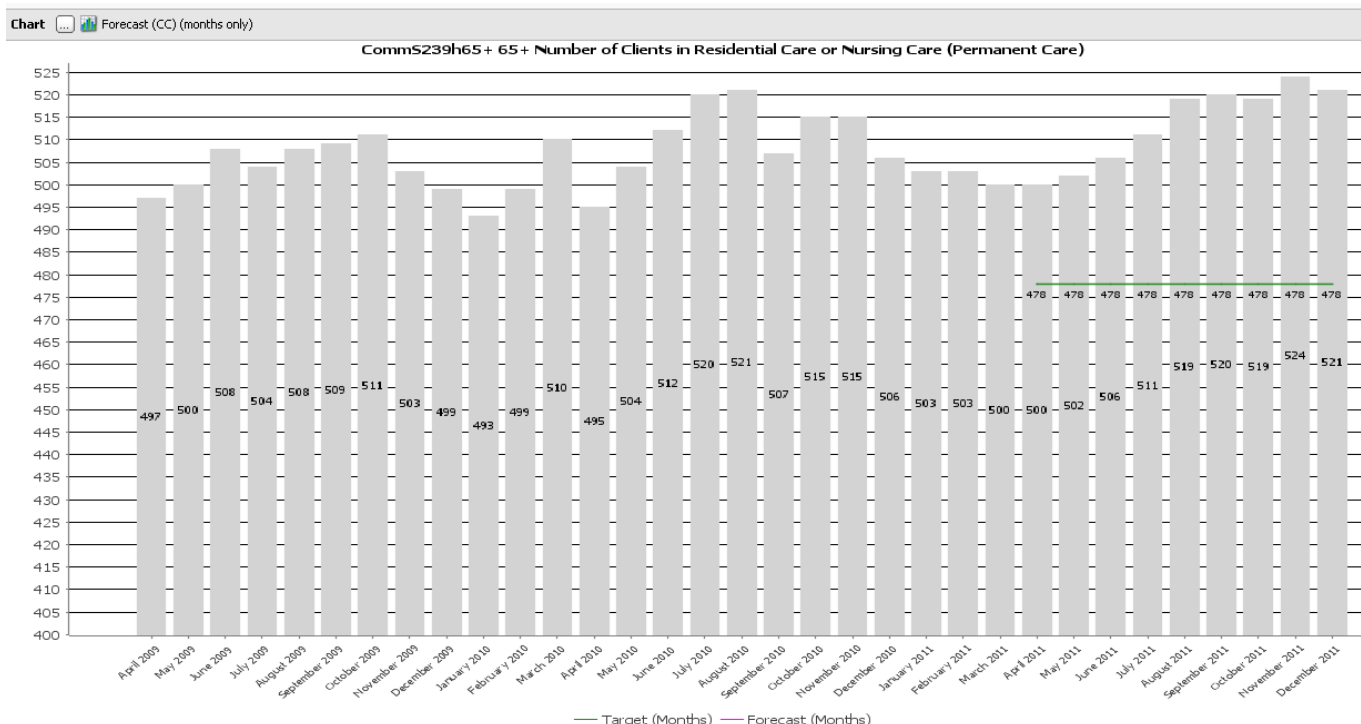
Older Mental Health client numbers in 2009-10 remained fairly constant until the end of the year while in 2010-11 they dropped in the first quarter of the financial year before returning to previous levels.

<sup>37</sup> Community Care monthly report – December 2011

<sup>38</sup> Community Care monthly report – December 2011



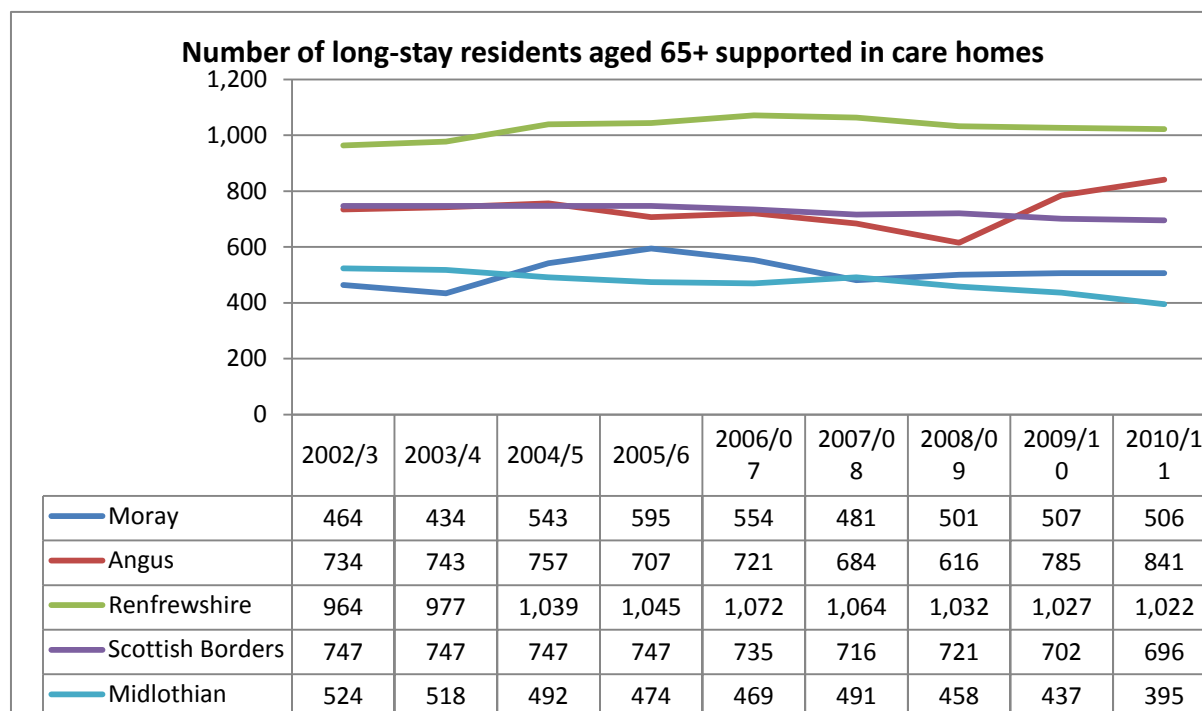
Above and below added – Trend is a steadily rising wave created by a rising population of 65+ and deaths over the winter and early spring months. Like many other authorities despite the shift to more people staying in their homes for longer the demand is either staying the same or rising. Generally and nationally it is not falling.



In striving to achieve the desired balance of care there are a number of Performance Indicators that are measured and reviewed with the aim to adjust performance accordingly. These are reported to various groups.

What is not reflected in this particular measure is the proportion of short and long stay residents. As seen below the proportion of long stay residents has flattened out over the last three years and is 89 residents lower than in 2005/06. This may be due to more provision of

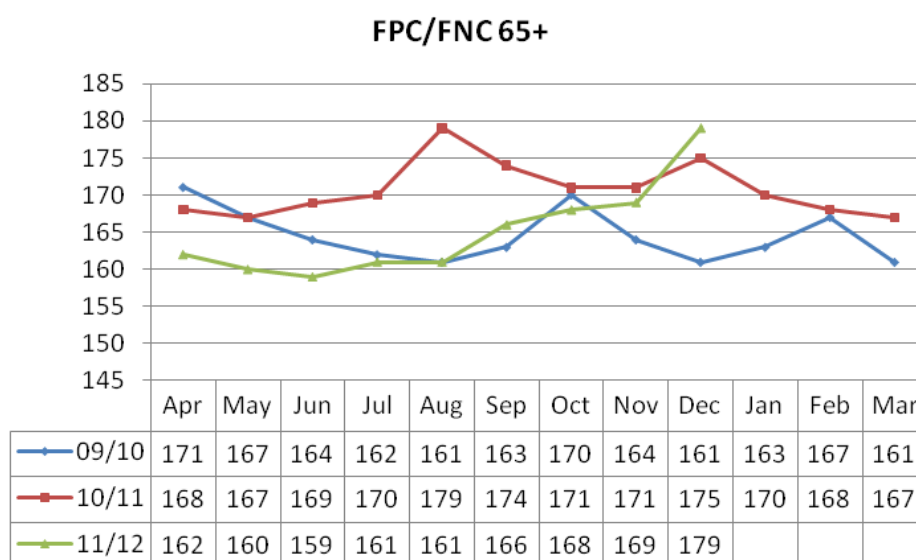
homecare but it is still higher than it was 10 years ago which may be due to the rising population of 65+. This means that the numbers of short stay residents is rising which would indicate respite, re-ablement, and perhaps having spent more time at home entering the care home in a more frail condition are less likely to be a long stay client either by moving on to a more intensive nursing care location, hospital or dying.



Source of statistics was The Scottish Government CC Outcomes update for Nov11

### 2.3.2 Demand for Free Person/Nursing Care (FPC/FNC) in a Care Home

The provision of payments towards nursing and personal care will apply to those who pay their own care costs (self-funders) and on entering a care home an assessment of need will be required before they become eligible for personal or nursing care payments.



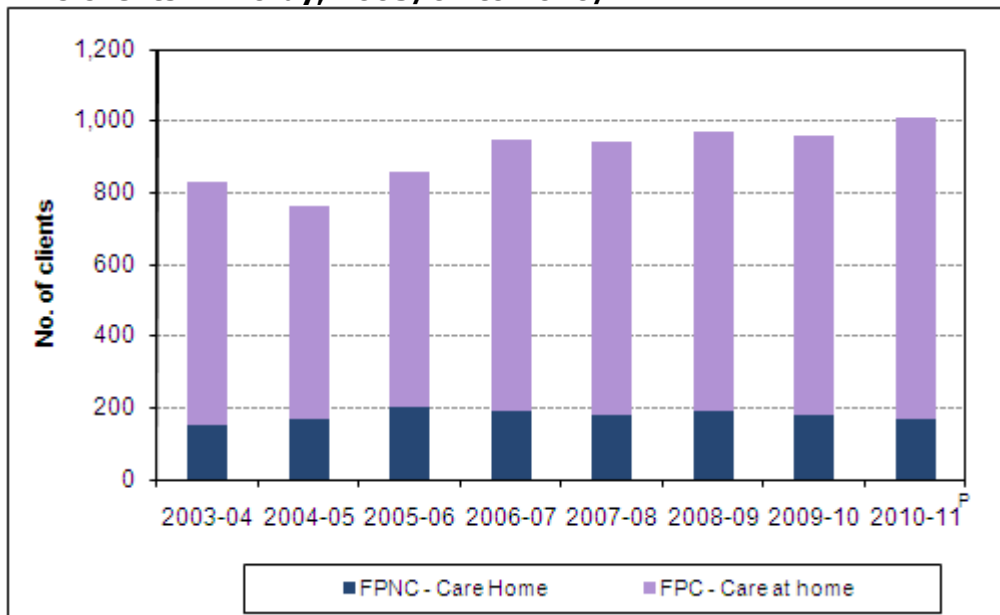
Clients Receiving FPC/FNC in a Care Home Setting<sup>39</sup>

<sup>39</sup> Community Care Monthly Reports December '11



The graph above shows the number of clients receiving Free Personal Care and/or Free Nursing Care in a Care Home Setting in Moray. With a rough average of 164 in 2009-10 and over 170 in 2010-11 there is a slight rise over the two years. In 2009-10 there was variation on the starting figure of between -1.8% and + 4.3% while in 2010-11 this variation had widened slightly to between -1.8% and + 5.3%. The variation of higher numbers over summer and lower over winter/spring seen in the number of residents is shown again here though in some cases there is a delay of a month in those appearing in the rise in FPC and FNC.

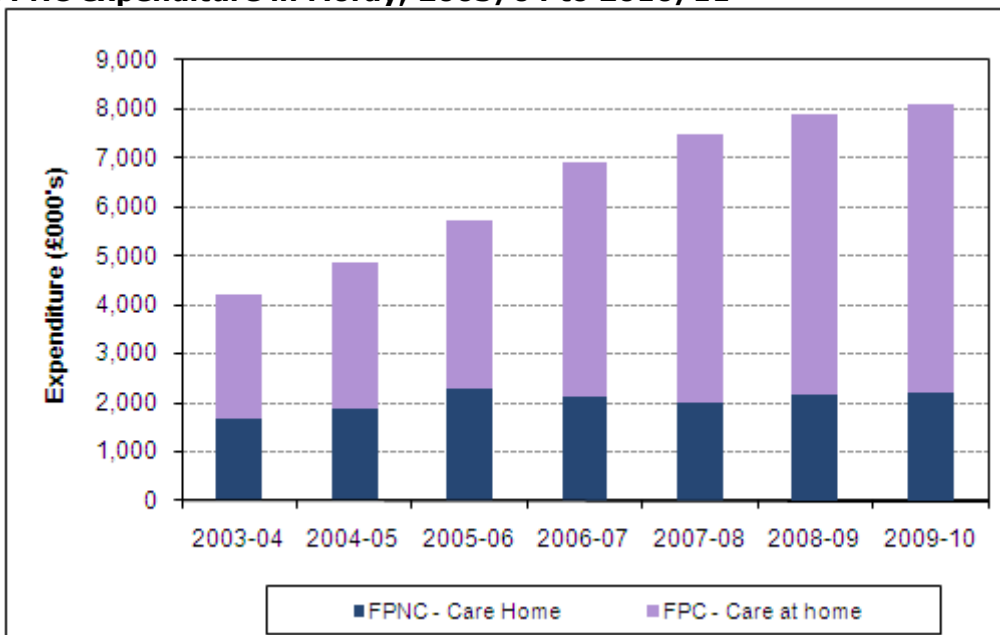
**FPNC clients in Moray, 2003/04 to 2010/11**



Health and Social Care data from multiple national data collections - Dec 2011

As was seen with the number of long stay residents, the number of FPC/FNC clients hasn't moved significantly in the Care Home sector over the last few years. The number of long stay residents seems to have kept this fairly steady. Until 2008/09 the expenditure seemed to follow the number of clients in Care Homes but in 2009/10 it rose despite the fall in number of clients receiving FPNC in a Care Home setting.

**FPNC expenditure in Moray, 2003/04 to 2010/11**

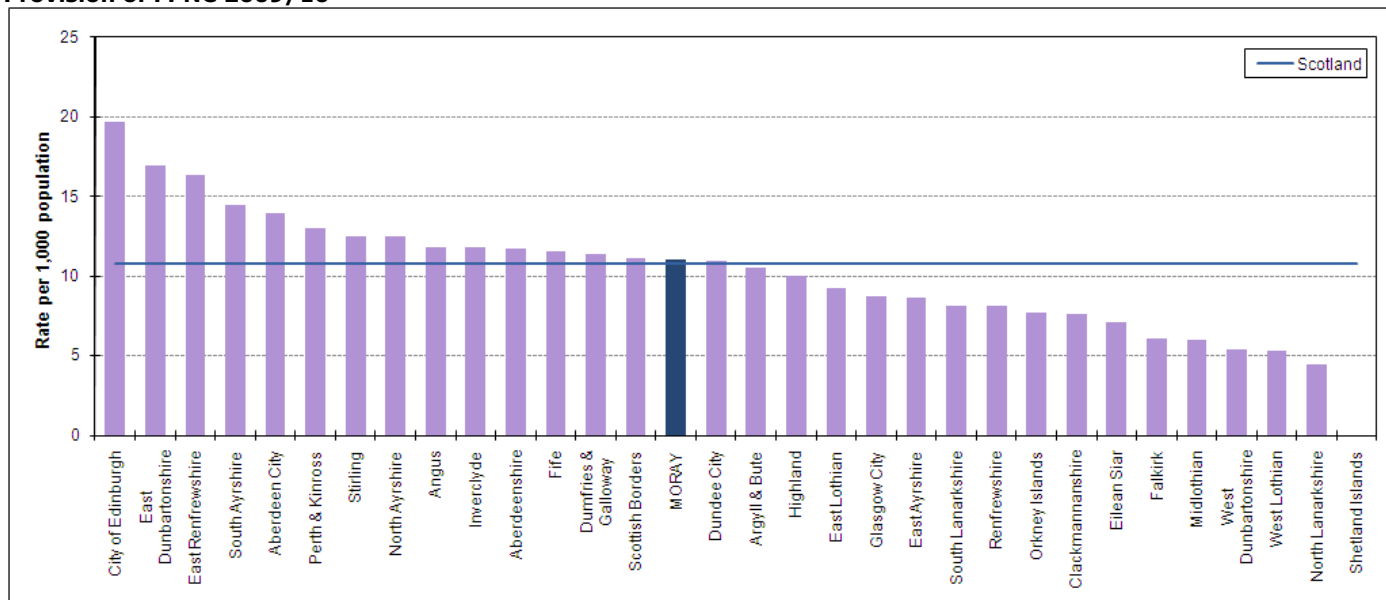


Health and Social Care data from multiple national data collections - Dec 2011

FPNC expenditure in Moray, 2003/04 to 2009/10							£000's
	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
FPNC - Care Home	1,675	1,866	2,303	2,125	1,992	2,170	2,195
FPC - Care at home	2,545	3,016	3,417	4,788	5,500	5,732	5,897
<b>Total</b>	<b>4,220</b>	<b>4,882</b>	<b>5,720</b>	<b>6,913</b>	<b>7,492</b>	<b>7,902</b>	<b>8,092</b>

Health and Social Care data from multiple national data collections - Dec 2011

#### Provision of FPNC 2009/10



Health and Social Care data from multiple national data collections - Dec 2011

Nationally the rate of provision is just about the same as the Scottish average.

## 2.4 Summary

Although it would be tempting to assume that Care Homes could be a thing of the past it would be a dangerous assumption. As population rises and people live longer there may be a time when there will be a lull (a drop or halt in the rise) in the numbers but after a certain stage and perhaps at an older average age (this is already being noticed as over 75s rather than over 65s) there will still be a number of people who either wish to go to a care home rather than live at home (feel safer) and with dementia being diagnosed in more cases in the over 65s then there will still be a need for the services that nursing homes currently provide but perhaps also for services which care homes could develop in their neighbourhood and in their ability to offer step-up/step-down beds. There are at least five instances of care villages/close care housing being set up in Scotland which has more of a feel for being 'at home' but has the additional level of care required for different stages of becoming frailer<sup>40</sup>. Future analysis would have to include looking into the turnover of patients and more on length of stay, age of patients and the nursing rate/suitability of the care home as client cases tend to be more complex (e.g. sexually disinhibited).

<sup>40</sup> <http://www.highlandparkvillage.co.uk/>

## **3 Home Care**

### **3.1 Overview of service**

Moray council operate an eligibility criterion for all community care services in line with Scottish Government policy, in order to ensure equity throughout Scotland.

The council has a duty to carry out an assessment of an individual where it appears that person may be in need of community care services that the Moray Council provide or arrange. They are however not required to meet all identified need because the demand for services outweighs the money available and therefore criteria are adopted to ensure the most significant needs are met in a fair and systematic way.

The eligibility Criteria are graded into four bands -

- critical
- substantial
- moderate
- low

These describe the seriousness of the risk to independence or other consequences if the need is not addressed. The council will fund needs within the critical and substantial band but are only required to provide information and advice for moderate and low risk.

In order to identify which band a client's needs fall within, they will be engaged in a community care assessment along with their carers if appropriate. The level of priority will only be identified once their needs have been assessed.

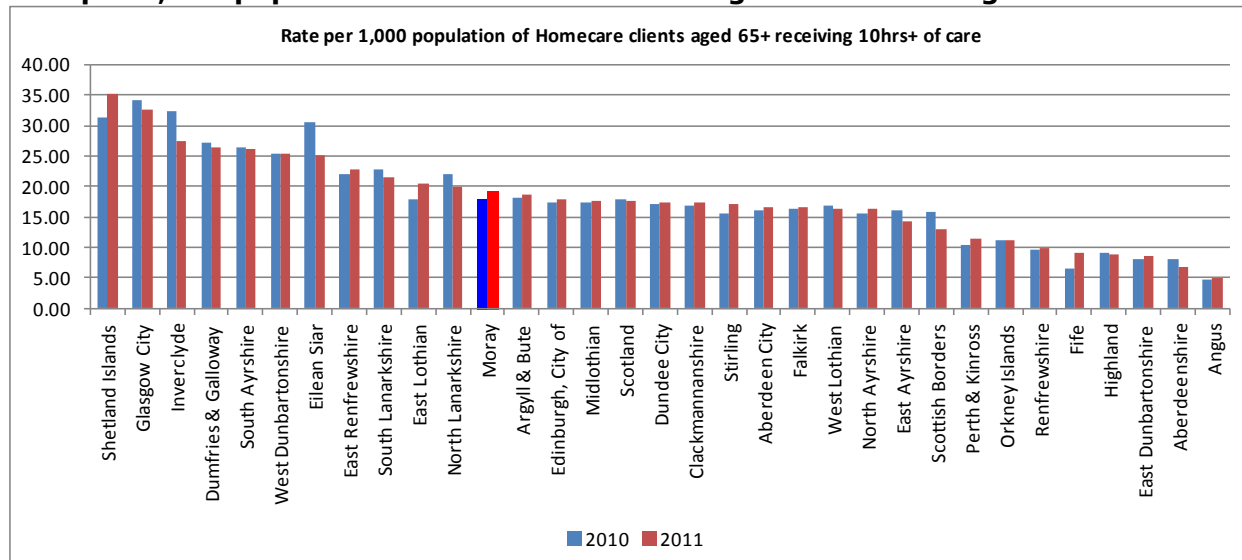
These criteria will apply to all services provided or purchased through community care including, home care, Occupational Therapy, meals on wheels, day care and respite care. Eligibility is mentioned here as Home care is the largest of these services.

The majority of home care is provided internally and there are two main external providers, namely Momentum and Allied.

#### **3.1.1 Home Care Nationally**

Compared with the rest of Scotland, in 2010 and 2011 Moray ranked 12<sup>th</sup> in terms of the rate per 1000 population aged 65+ receiving 10+ hours of home care. Compared to many of our comparators we are doing well (above the Scottish average) but much of this depends on population v's resources.

## Rate per 1,000 population of Homecare clients aged 65+ receiving 10hrs+ of care<sup>41</sup>

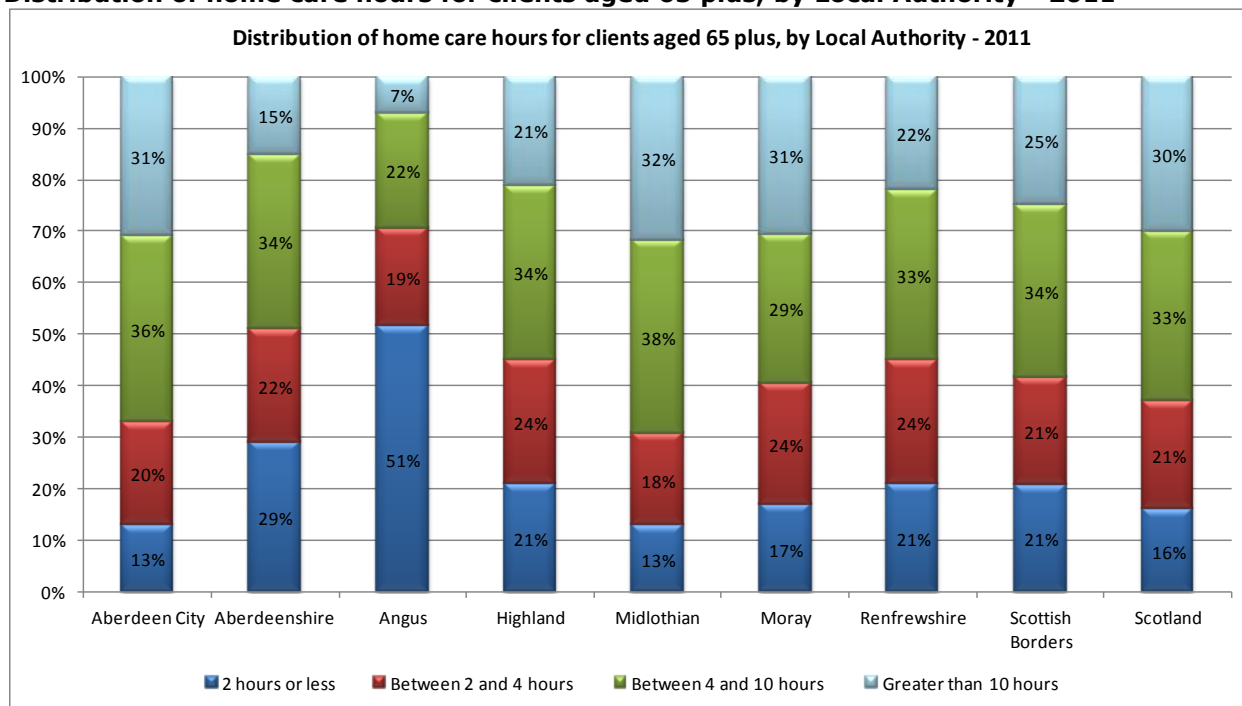


Home care information 1998 to 2011

Compared to its nearest neighbours and comparitors, Moray has the highest proportion of No of people receiving FPC at home out of the total No of people receiving FPC at home; long stay people aged 65+ in care homes and in geriatric longstay beds with 62.2% in 2011. Hence the shift in the balance of care in Moray can be seen from 2005 though it seemed to lose momentum in 2009 and 2010 before recovering in 2011.

As can be seen below, in comparison to the rest of Scotland in 2011 Moray was very close to the average Scottish distribution of homecare hours provided. Angus had a large proportion of 2hrs or less and a very small proportion of 10+hours care.

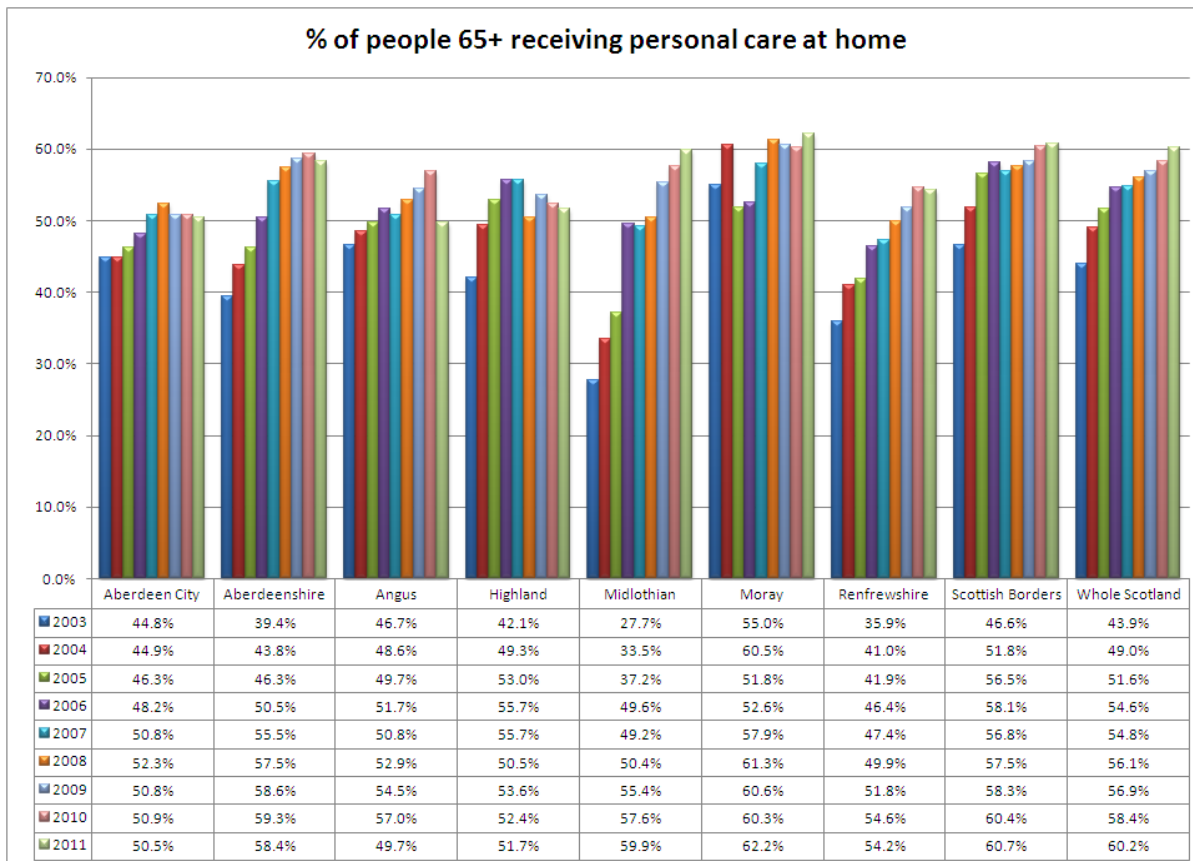
## Distribution of home care hours for clients aged 65 plus, by Local Authority - 2011<sup>42</sup>



Home care information 1998 to 2011

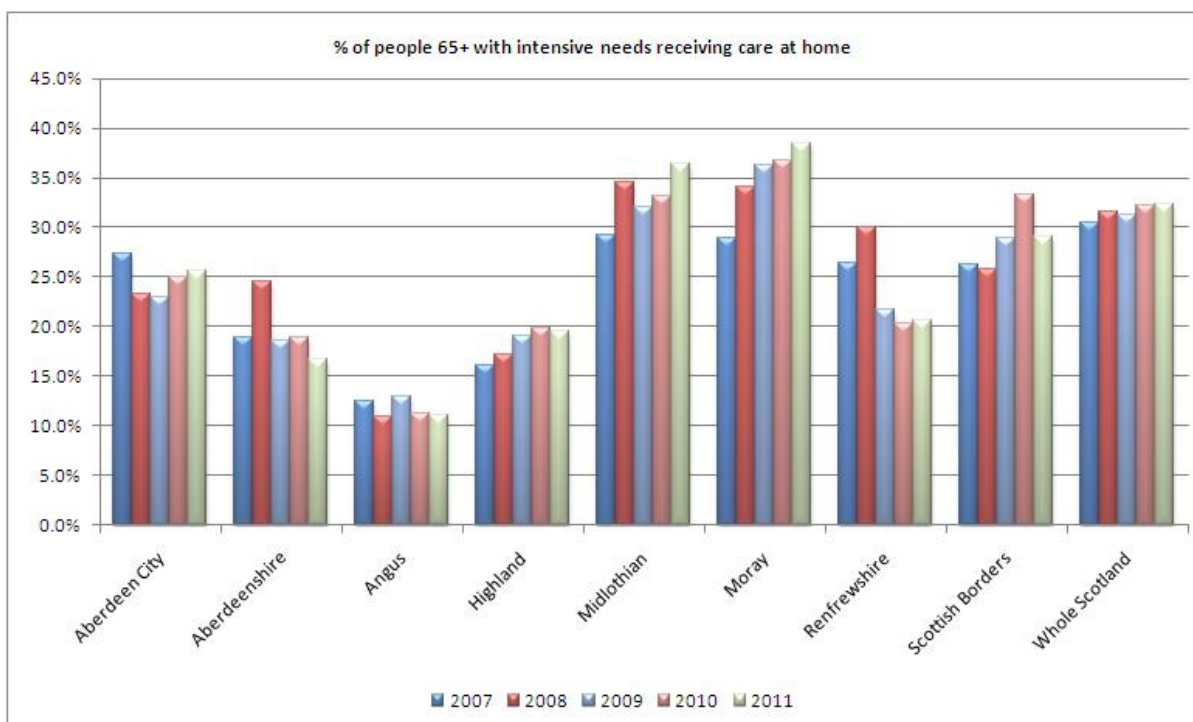
<sup>41</sup> Scottish Government - Home Care Information 1998 to latest

<sup>42</sup> Scottish Government - Home Care Information 1998 to latest

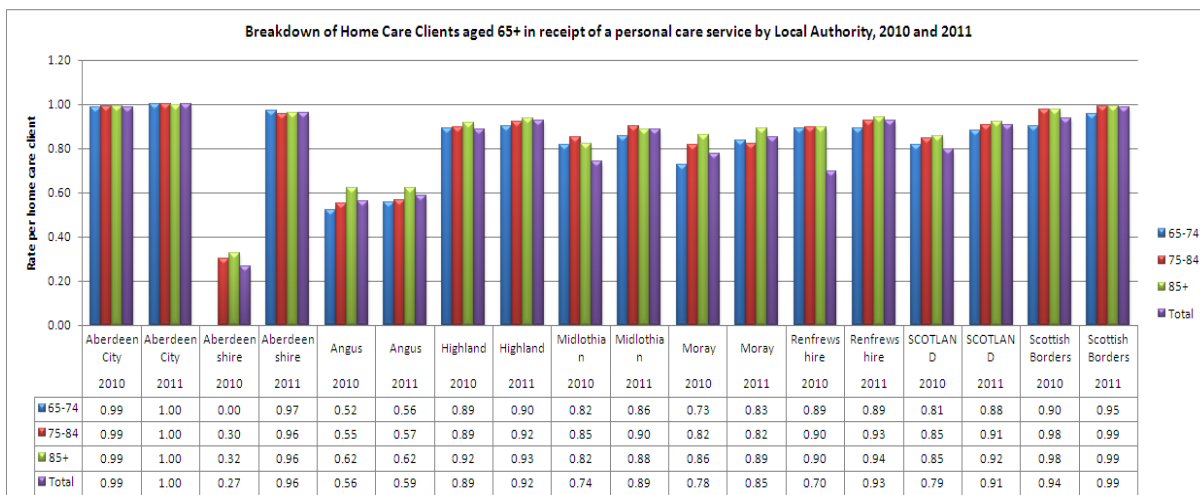


Source: National Outcomes Framework For Community Care (No of people receiving FPC at home / (No of people receiving FPC at home + No of long stay people aged 65+ in care homes + Nos of people in geriatric longstay beds))

Compared to its nearest neighbours and comparitors, Moray has the highest proportion of 'No of people receiving intensive needs care at home' out of the total 'No of people receiving intensive needs care at home; long stay people aged 65+ in care homes and in geriatric longstay beds' with 62.2% in 2011. This has shown a strong trend upwards and reflects the focus of resources on intensive needs over the last few years.



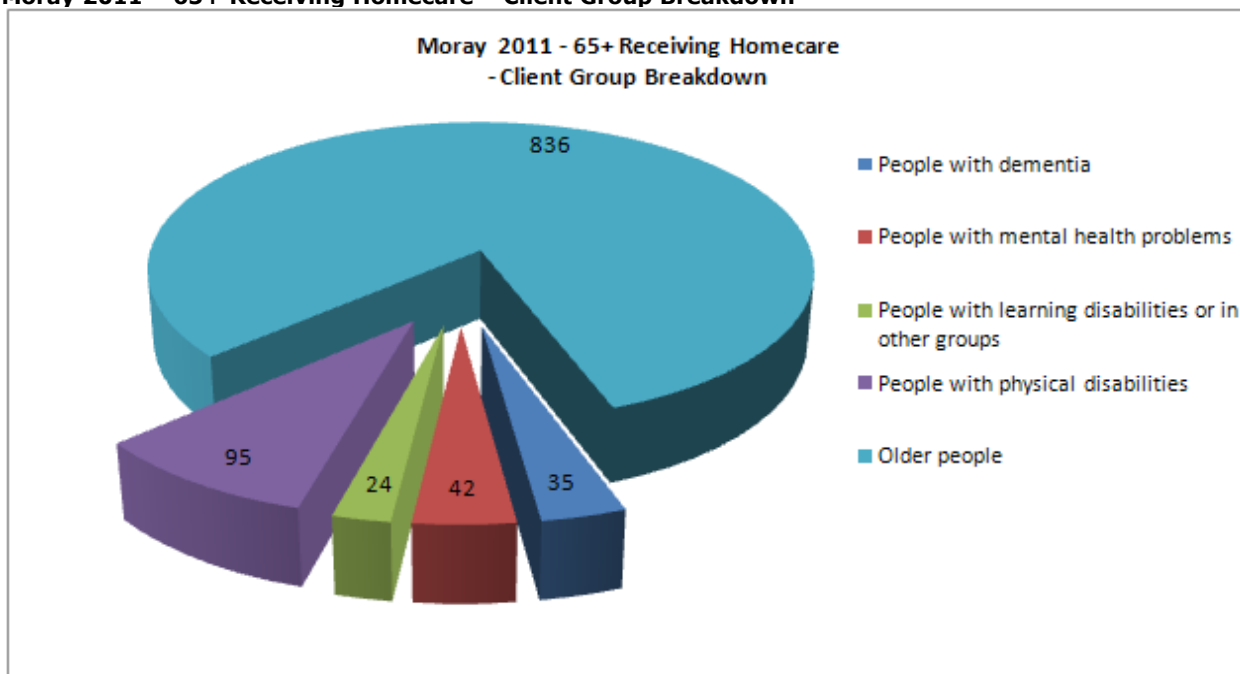
Source: National Outcomes Framework For Community Care (No of people receiving 10+ hrs of home care / (No of people receiving 10+ hrs of home care + No of long stay people aged 65+ in care homes + Nos of people in geriatric longstay beds))



Home care statistical release 2011

In looking at the proportion of clients receiving a personal care service and comparing Moray to the nearest neighbours and the comparator authorities, Aberdeen city has the highest rate per home care client with each of the age groups recording 1 per home care client suggesting that the basic package they give each client includes at least personal care. Aberdeenshire was the lowest in 2010 but has since trebled their provision rate and now Angus is the lowest of the comparators. Moray, with a total rate of 8.5, is below the average for Scotland suggesting that Moray does not supply personal care to all home care clients but provides other services such as Telecare, Meals on Wheels etc.

#### Moray 2011 – 65+ Receiving Homecare – Client Group Breakdown<sup>43</sup>

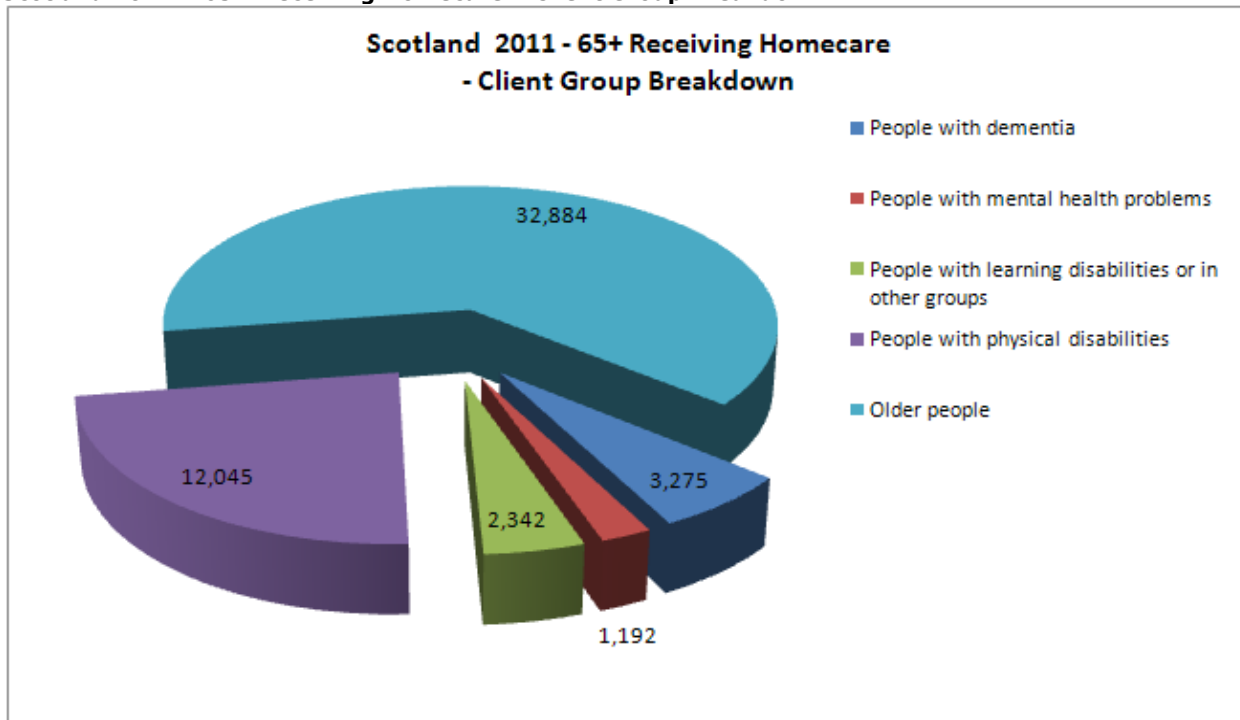


Home care information 1998 to 2011

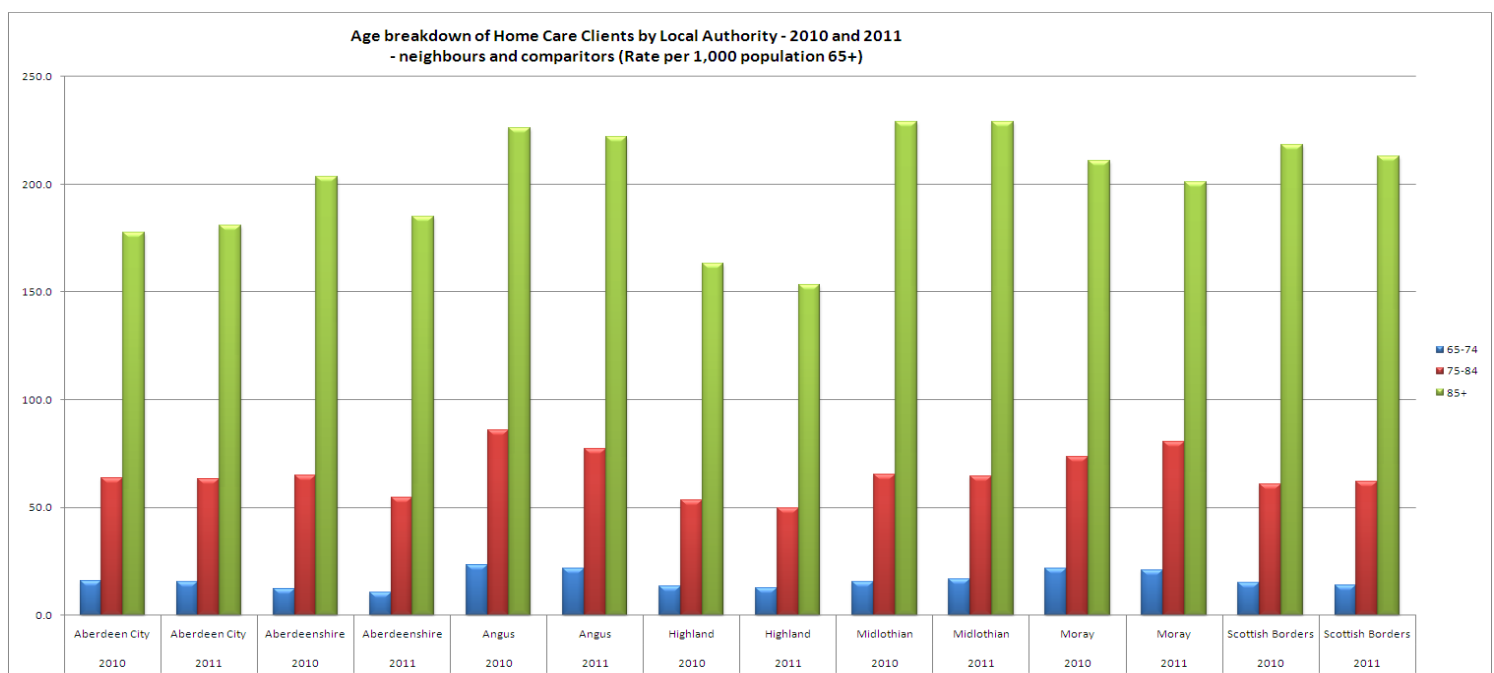
Of the 1032 clients receiving home care who were 65 or over 'older people' made up the majority with 81% and 'physical disability' was 9%. In Scotland this proportion was very different with only 64% being 'older people' and 'physical disability' being 23%. This may be due to the categorisation of physical disabilities.

<sup>43</sup> Scottish Government - Home Care Information 1998 to latest

**Scotland 2011 – 65+ Receiving Homecare – Client Group Breakdown<sup>44</sup>**



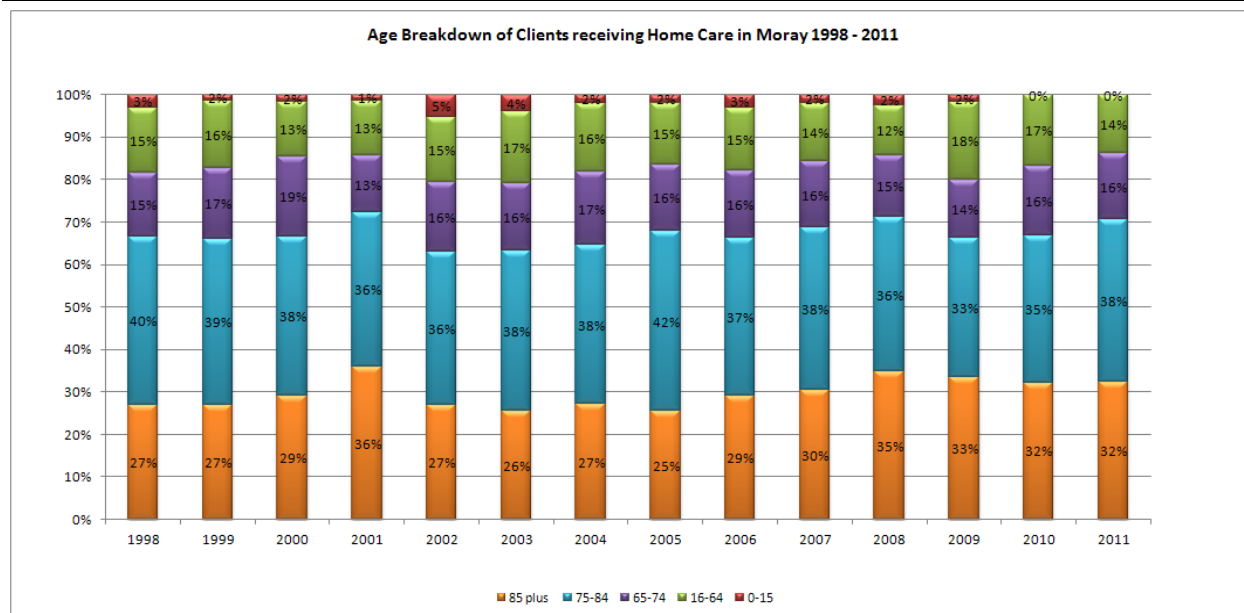
Home care information 1998 to 2011



Home care statistical release 2011

Moray, like many others authorities areas, is concentrating their resources on the 85+ age group and those in greatest need.

<sup>44</sup> Scottish Government - Home Care Information 1998 to latest



Home care information 1998 to 2011.xls

The graph above gives an idea of the proportion of the total home care clients that are 65+ in 2011 basically 1032 of 1197 clients were over 65 (86.22%). In Scotland 81.53% of all home care clients are 65+. In our nearest comparator authority, Angus, the proportion is 87.82% and in Aberdeenshire it was 86.44%

### 3.1.2 Cost of Home Care

#### Cost of Home Care – External Purchasing

Home Care – External Purchasing	Details	Additional Details	Gross Actual £ 2010/11	Percentage for each area
Speyside	Keith OP External Dom Care	Excludes Direct Payments	£ 3,028	0.33%
Elgin & Lossie	Elgin OP External Dom Care	Excludes Direct Payments	£ 349,350	
	Lossie OP External Dom Care	Excludes Direct Payments	£ 99,073	
		Elgin & Lossie Total	£ 448,423	49.21%
Buckie, Cullen & Fochabers	Buckie OP External Dom Care	Excludes Direct Payments	£ 360,862	39.60%
Forres	Forres OP External Dom Care	Excludes Direct Payments	£ 98,961	10.86%
All Areas		Total	£ 911,274	

Source – Moray accountancy figs - March 2011

In 2010/11 over seven million was spent on Home care and the majority (87.58%) of that was provided by internal homecare.

#### Cost of Home Care - Internal Homecare

Home Care – Internal	Details	Gross Actual £ 2010/11	Percentage for each area
Speyside	Internal Homecare - Keith	£882,244	13.72%
Elgin & Lossie	Internal Homecare Elgin	£1,591,413	
	Internal Homecare - Lossiemouth	£853,540	
	Elgin & Lossie Total	£2,444,953	38.03%
Buckie, Cullen & Fochabers	Internal Homecare - Buckie	£1,204,132	18.73%
Forres	Internal Homecare - Forres	£759,453	11.81%
	All Areas Total	£5,290,782	82.30%
Central	Internal Homecare – Central -	£870,778	13.55%



	Care Organiser/Coordinators/Uniforms etc		
Home from Hospital	Internal Homecare - Home from Hospital NB will include generic homecare - unable to split dedicated HFH costs	£267,182	4.16%
All Areas	Total	£6,428,742	

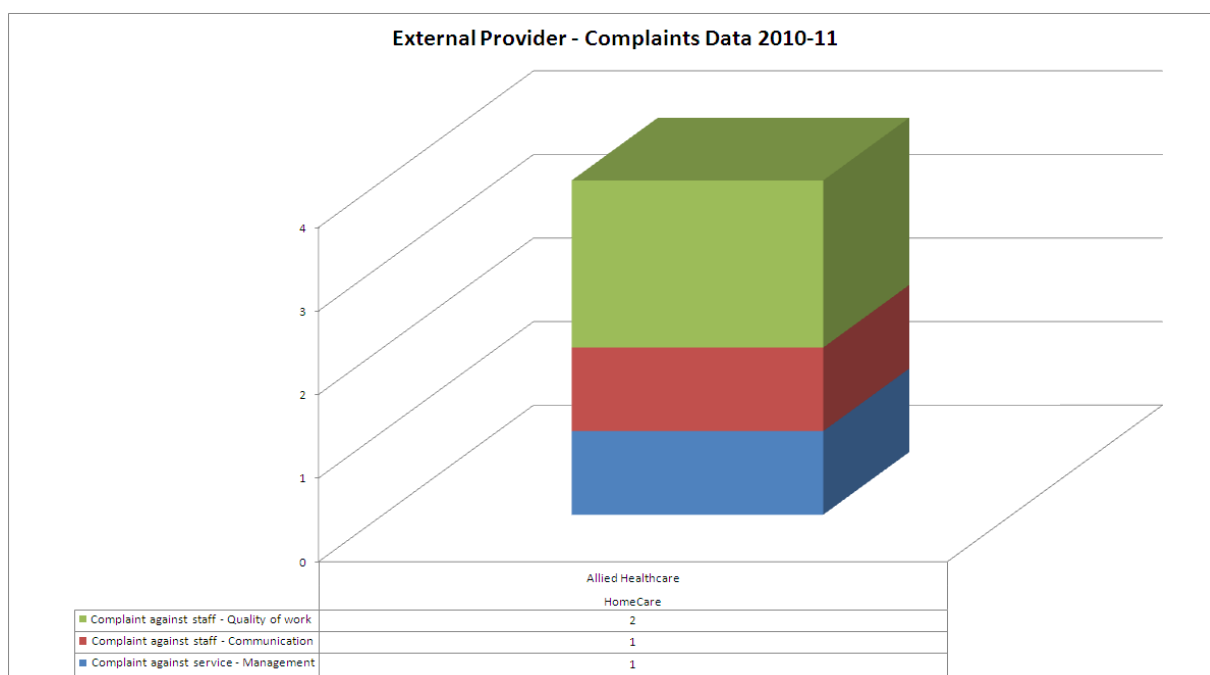
Source – Moray accountancy figs - March 2011

## 3.2 Quality of service

### 3.2.1 External Provision

#### 3.2.1.1. Allied Healthcare

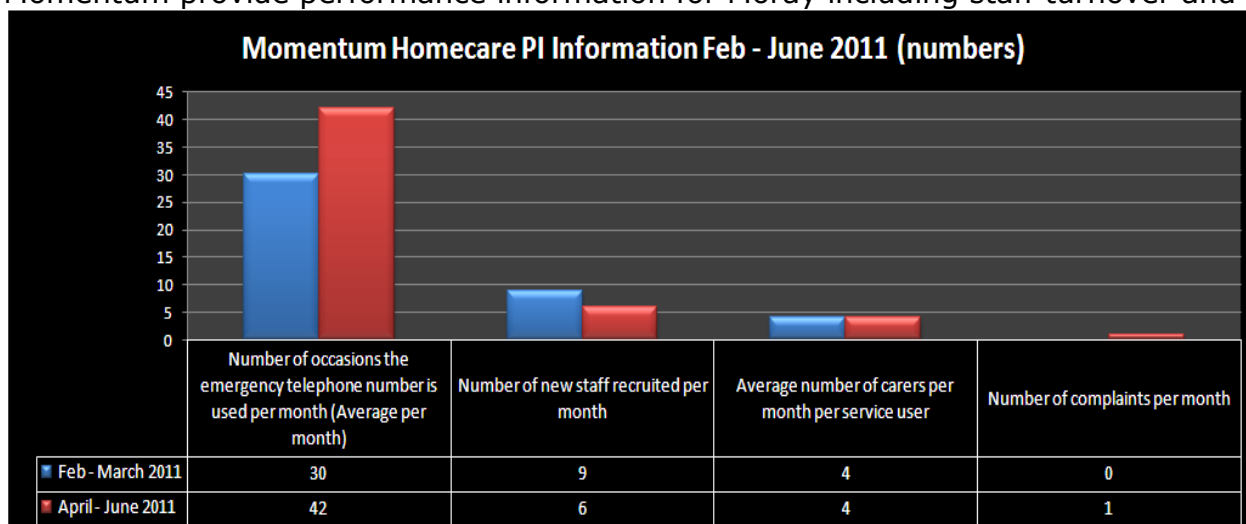
Quarterly meetings based on their textual based report are held with the service manager and a representative from finance. Allied also provide complaints data though in 2010/11 there were very few complaints registered. Although contextual information is provided in a similar template to Momentum few figures are available.



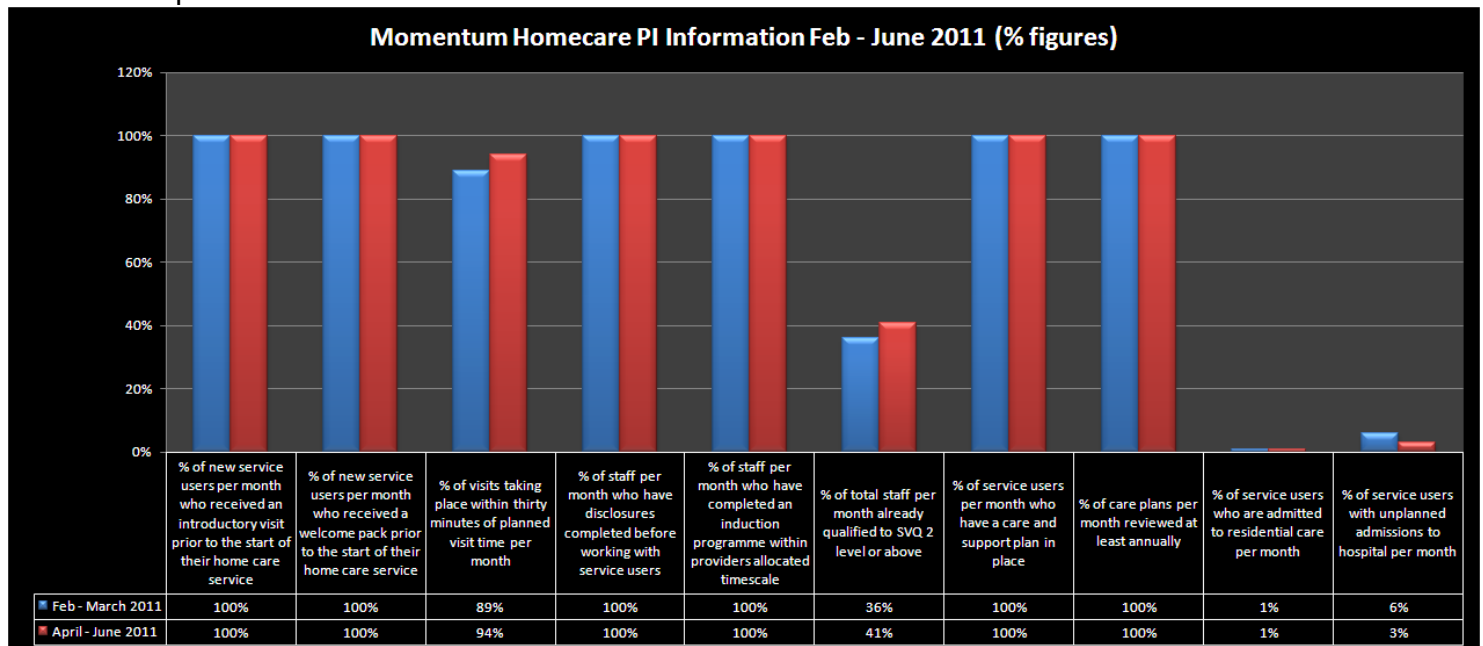
Community Care External Service Provider data 2010-11

#### 3.2.1.2. Momentum

Momentum provide performance information for Moray including staff turnover and complaints.



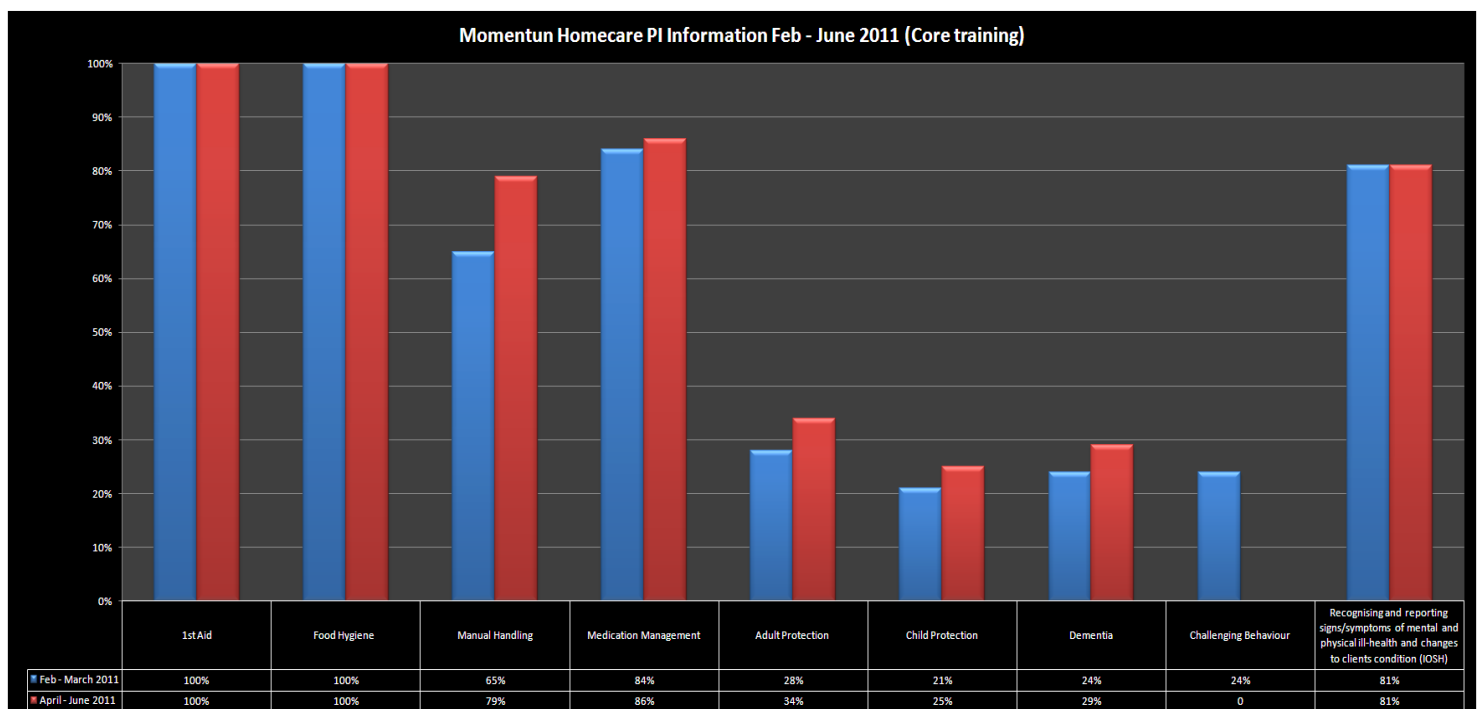
The average number of occasions per month that the emergency telephone number has been used rose in April - June. The number of new staff recruited per month has fallen (is may be reflecting lower turnaround due to better induction practices). There was only one complaint in the time period.



Momentum quarterly report

Performance on the percentage of staff qualified to SVQ 2 and the visits taking place within 30mins of planned visit time have both improved in the latter quarter. The % of service users with unplanned admissions to hospital has fallen.

Training of First Aid and Food Hygiene are mandatory (legal requirement)



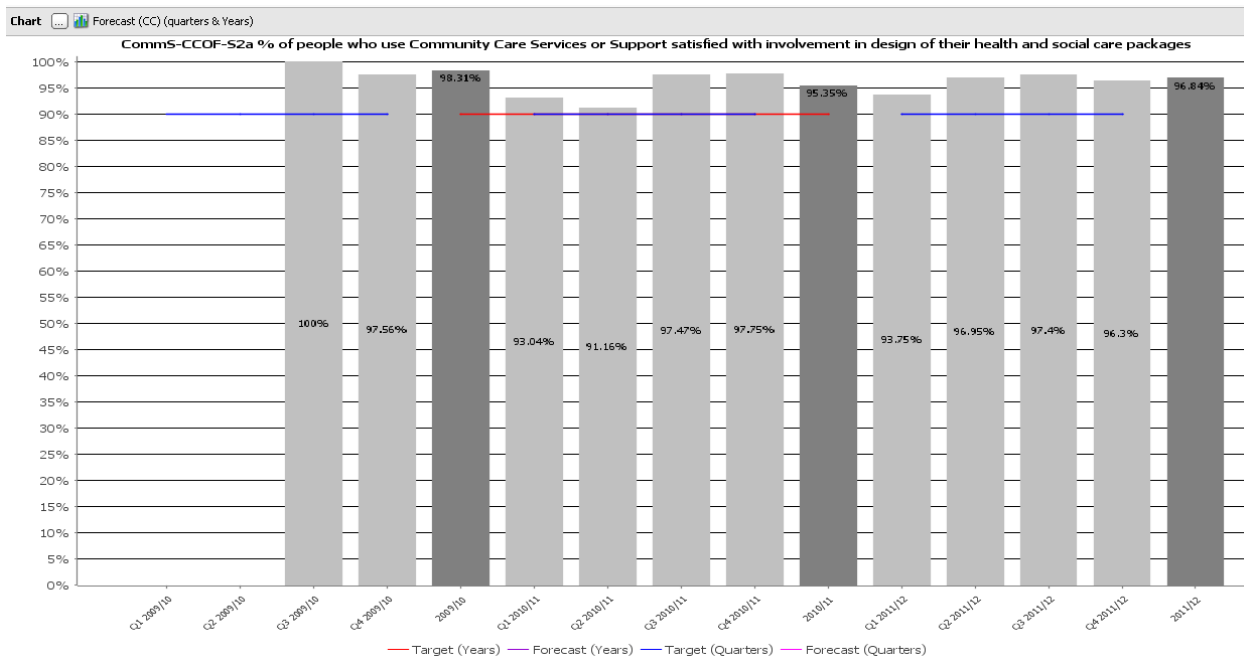
Momentum quarterly report

## 3.2.2 Internal Provision

### 3.2.2.1. Homecare Client Surveys

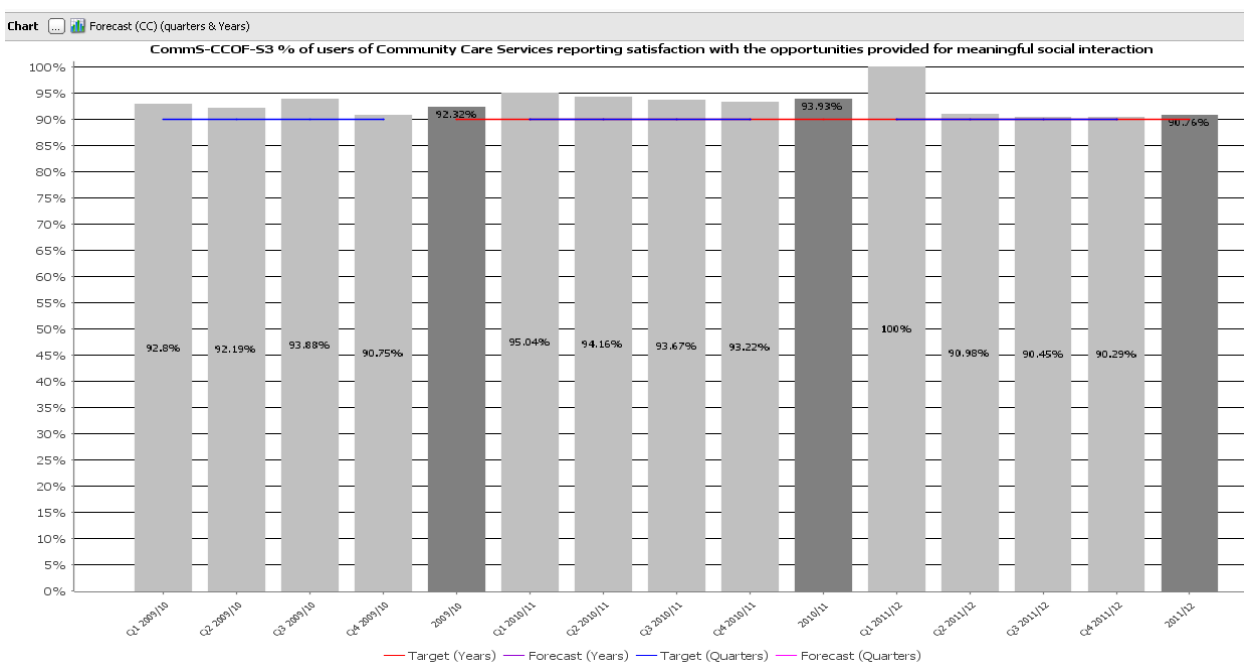
Regular surveys are completed by service users as part of the assessment and review process, these include certain Community Care Outcomes Questions: "do you have things to do"; "live life the way you want to"; and the following questions...

In answering this between 2009/10 and 2011/12 the percentage who felt satisfied with involvement in the design of their health and social care package was over the target 90% in each year.



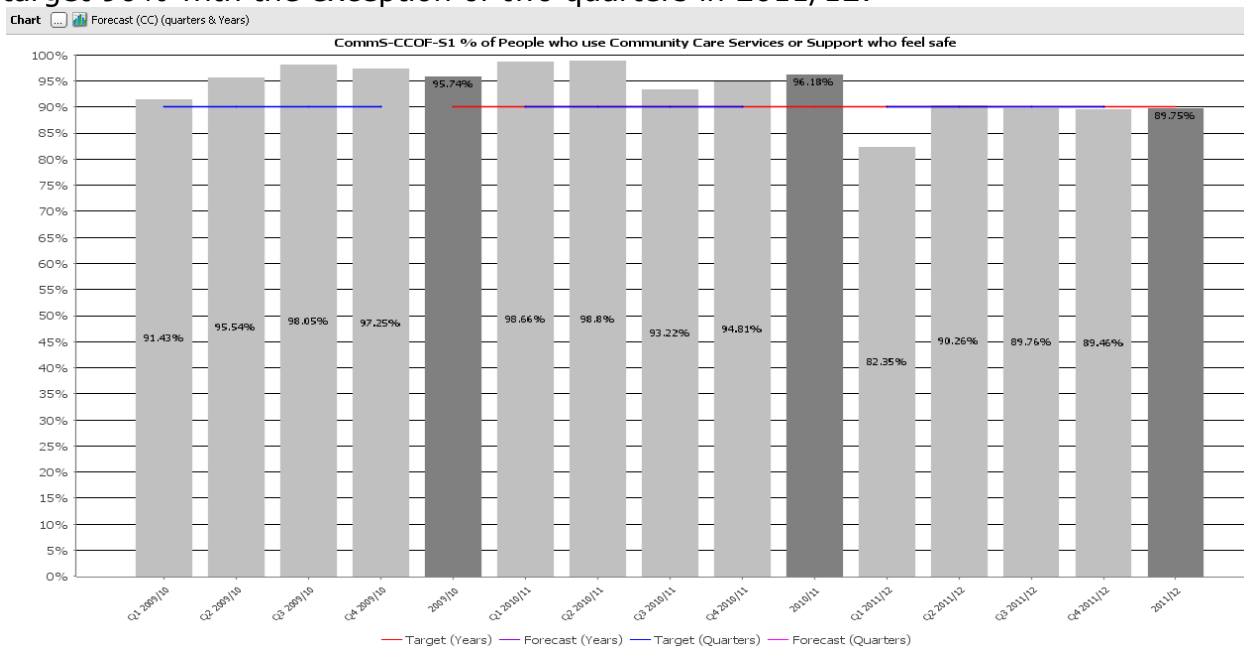
Moray Council - Covalent Performance Database 2012 and Community Care's Quality and Performance data

In answering this between 2009/10 and 2011/12 the percentage who felt satisfied with opportunities for social interaction was over the target 90% in each year.



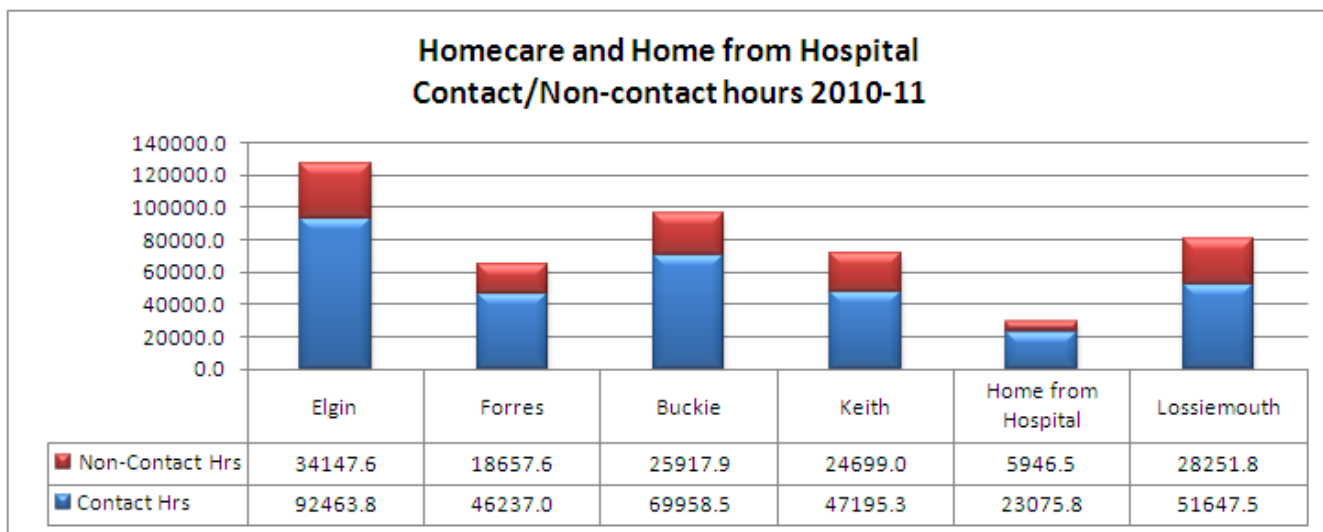
Moray Council - Covalent Performance Database 2012 and Community Care's Quality and Performance data

In answering this between 2009/10 and 2011/12 the percentage who felt safe was over the target 90% with the exception of two quarters in 2011/12.



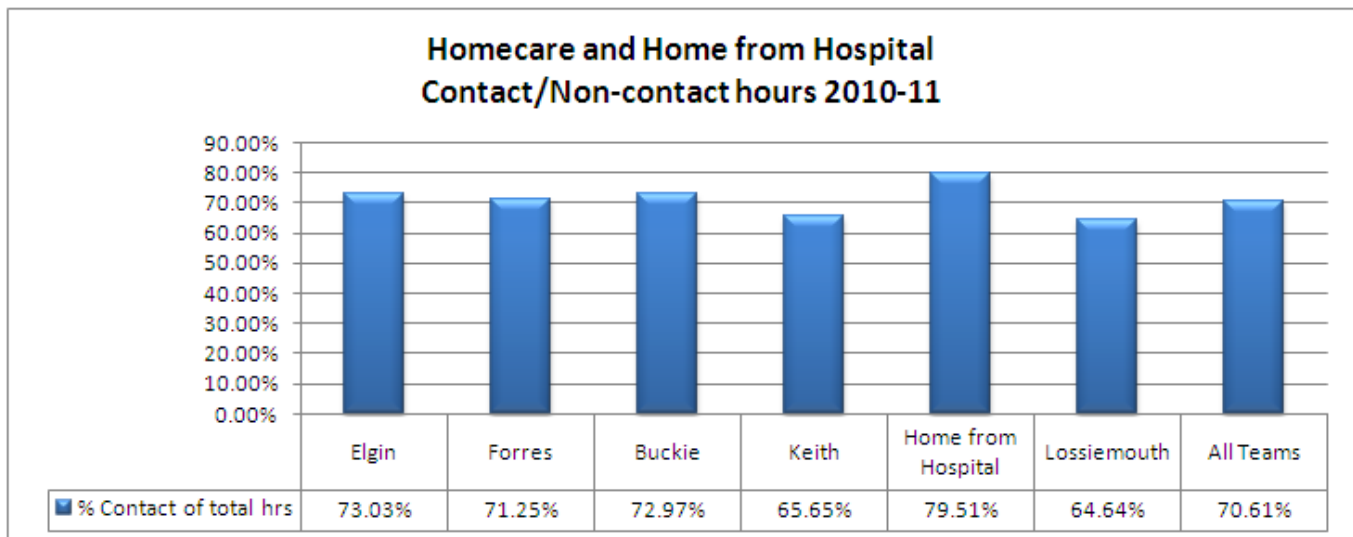
Moray Council - Covalent Performance Database 2012 and Community Care's Quality and Performance data

### 3.2.2.2. Contact/Non contact hours



Homecare system report – 2010-11

There was a total of 468,198.2 hours of contact/noncontact time in total in Moray in 2010-11. Of this total 70.61% was contact time with the clients. Home from hospital achieved almost 80% contact time and Lossiemouth achieved less than 65%. The non-contact time includes holidays, travel, sickness etc. In Elgin there was an increase in non-contact hours in Periods 9 and 10 (beginning of August through till beginning of October). In the Lossiemouth area there was an increase in noncontact hours in Periods 6, 8 and 10 which seem to correspond to Holiday times. Other areas showed similar patterns but were less pronounced.

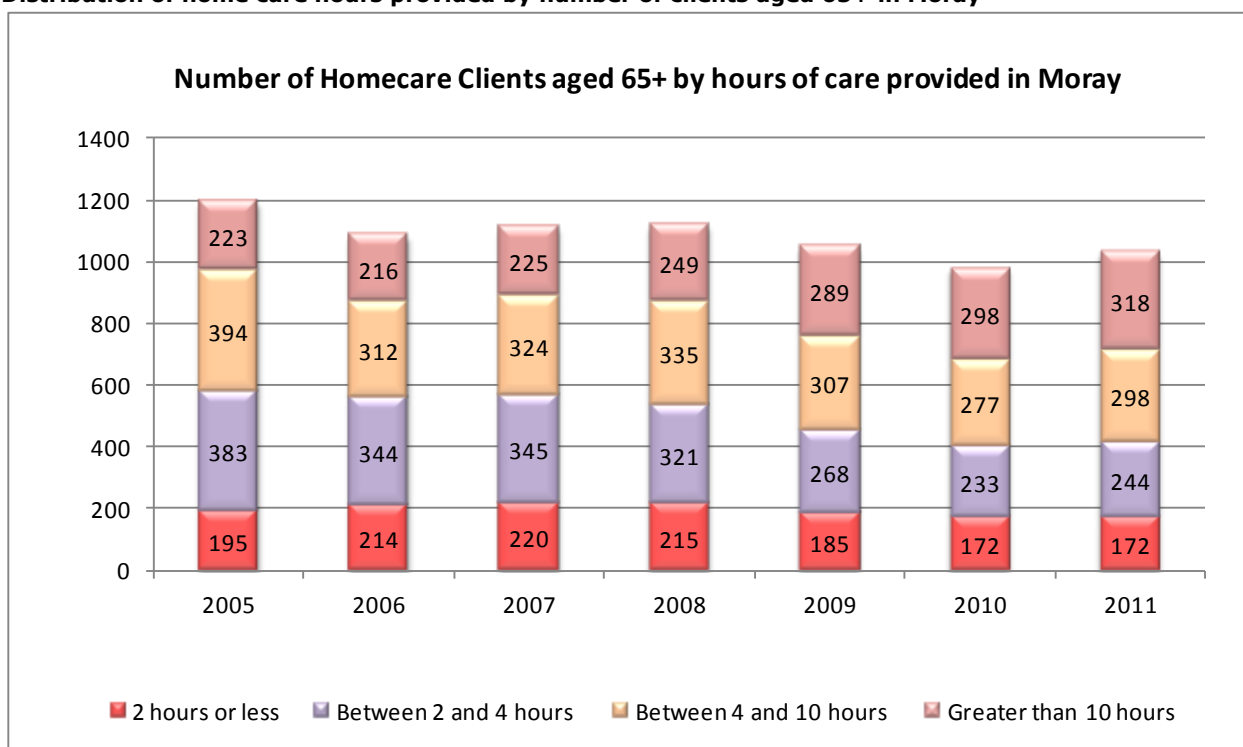


Homecare system report – 2010-11

### 3.3 Demand

#### 3.3.1 Homecare - General

**Distribution of home care hours provided by number of clients aged 65+ in Moray<sup>45</sup>**

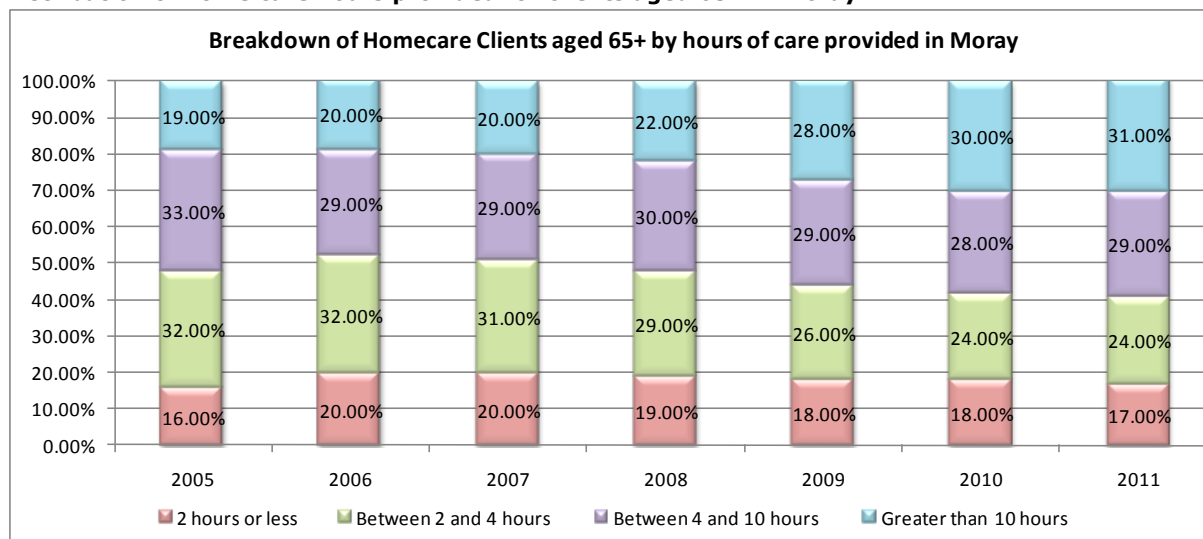


Home care information 1998 to 2011

These charts show that the overall number of people aged 65+ receiving home care was decreasing but rose again in 2011 and that those with greater need (10+) continued to represent a larger number and percentage of the whole. In moving toward providing for those with the greatest need, the allocation of hours has changed with a larger percentage in the 10+ intensive needs bracket. At the start of 2009/10 over 81% of clients with 10+ hours were over 75. At the end of 2010/11 this had risen to over 83% and in Dec 2011 this had remained over 83%.

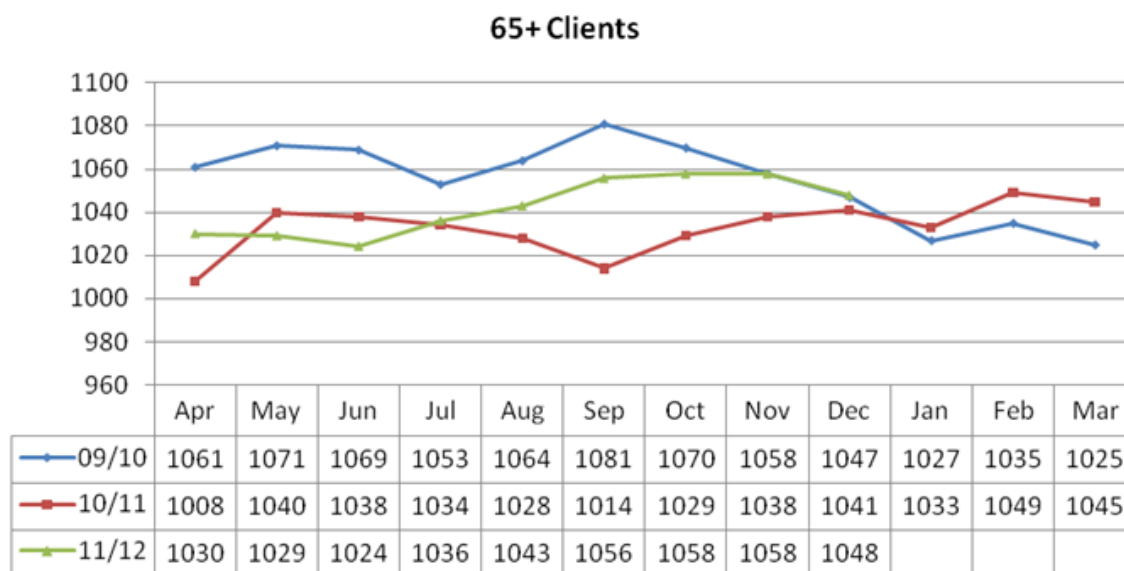
<sup>45</sup> Scottish Government - Home Care Information 1998 to latest

**Distribution of home care hours provided for clients aged 65+ in Moray<sup>46</sup>**



Home care information 1998 to 2011

**Clients over 65 Receiving Home Care**

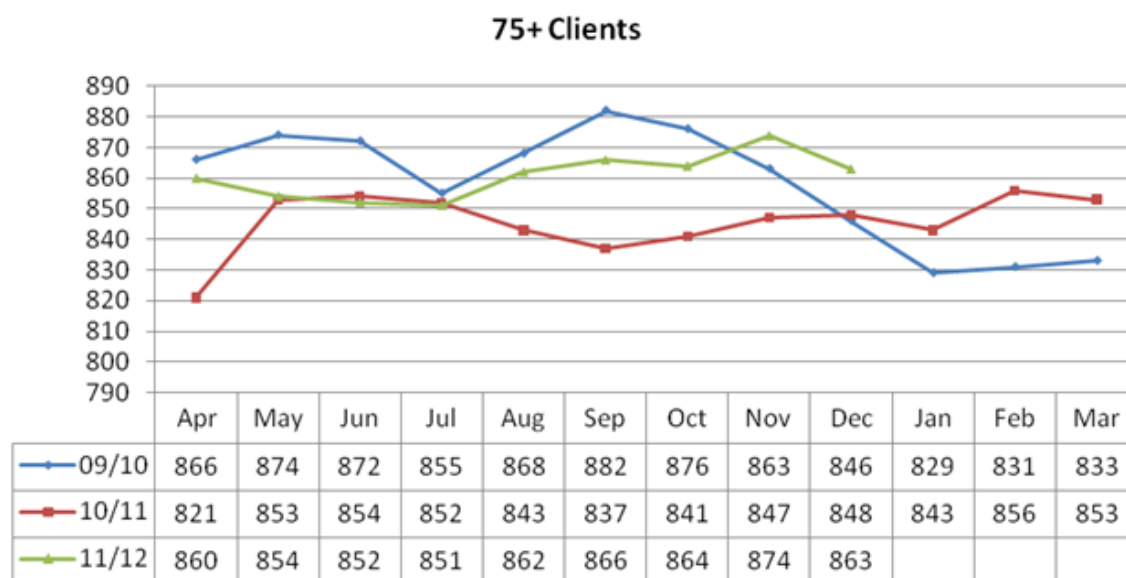


Community Care Monthly Report Dec 2011

Over 81% of clients over 65 receiving home care were actually over 75. The average number of clients 65+ receiving home care in 2009/10 through to 2011/12 (year to date) were 1055, 1033 and 1042 respectively, whereas the number of 75+ clients showed averages of 858, 846 and 860 respectively. The majority (the over 75s) are dictating the trend.

<sup>46</sup> Scottish Government - Home Care Information 1998 to latest

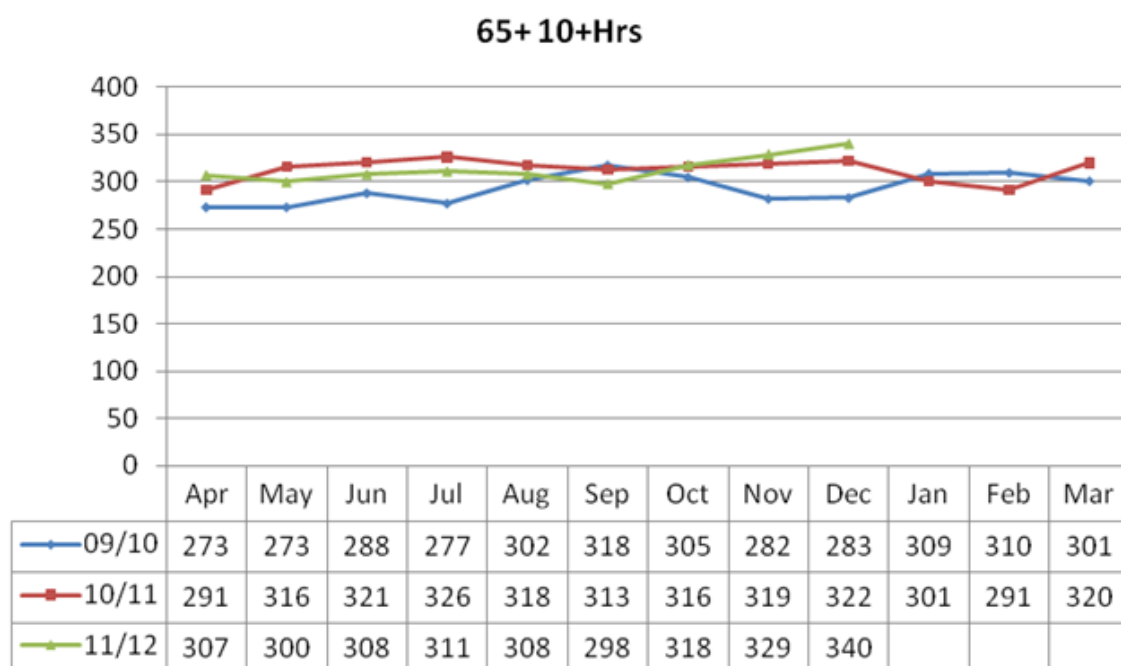
### Clients over 75 Receiving Home Care



Community Care Monthly Report Dec 2011

### 3.3.2 Intensive needs care

#### Clients Receiving over 10 Hours of Home Care (65+)

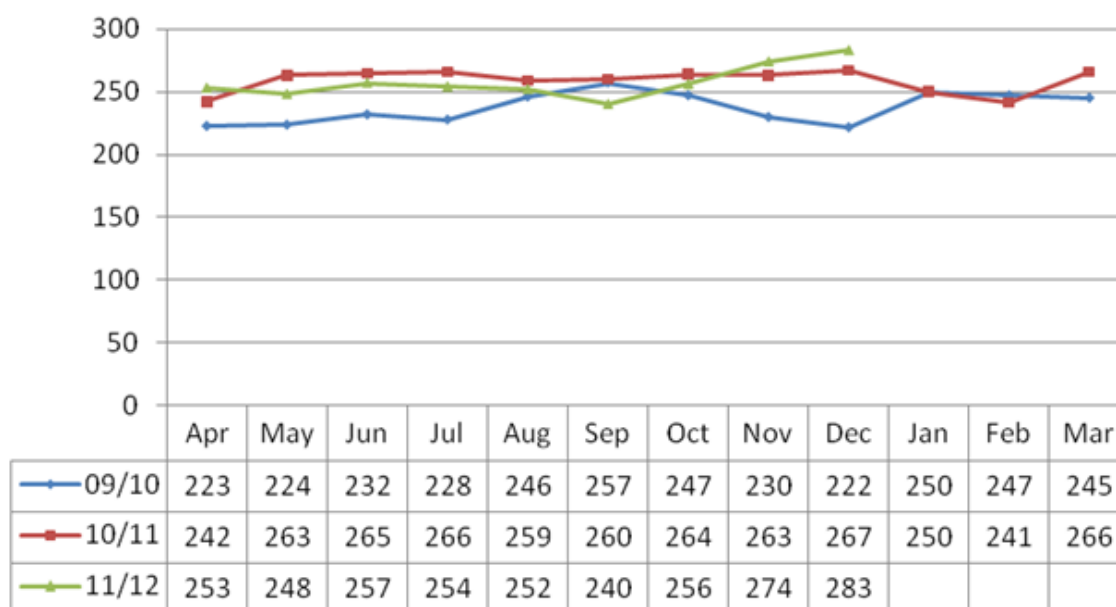


Community Care Monthly Report Dec 2011

At the start of 2009/10 over 81% of clients with 10+ hours were over 75. At the end of 2010/11 this has risen to over 83% and in Dec 2011 this has remained over 83%.

**Clients Receiving over 10 Hours of Home Care (75+)**

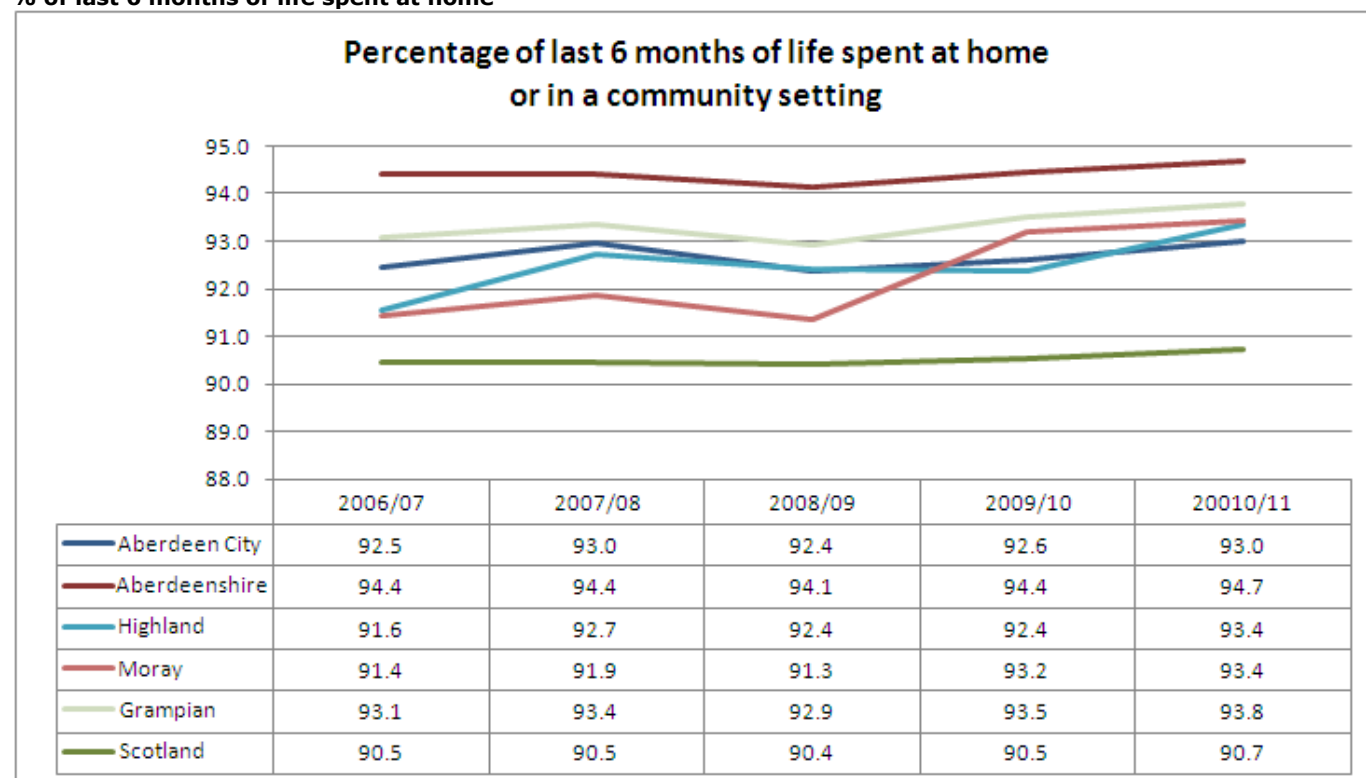
**75+ 10+Hrs**



Community Care Monthly Report Dec 2011

In regards to the percentage of the last 6 months of life spent at home or in a community setting, in Grampian this remained at around 93% compared to 90% for the whole of Scotland. Moray rose to 93% only in the last year (2009/10).

**% of last 6 months of life spent at home**



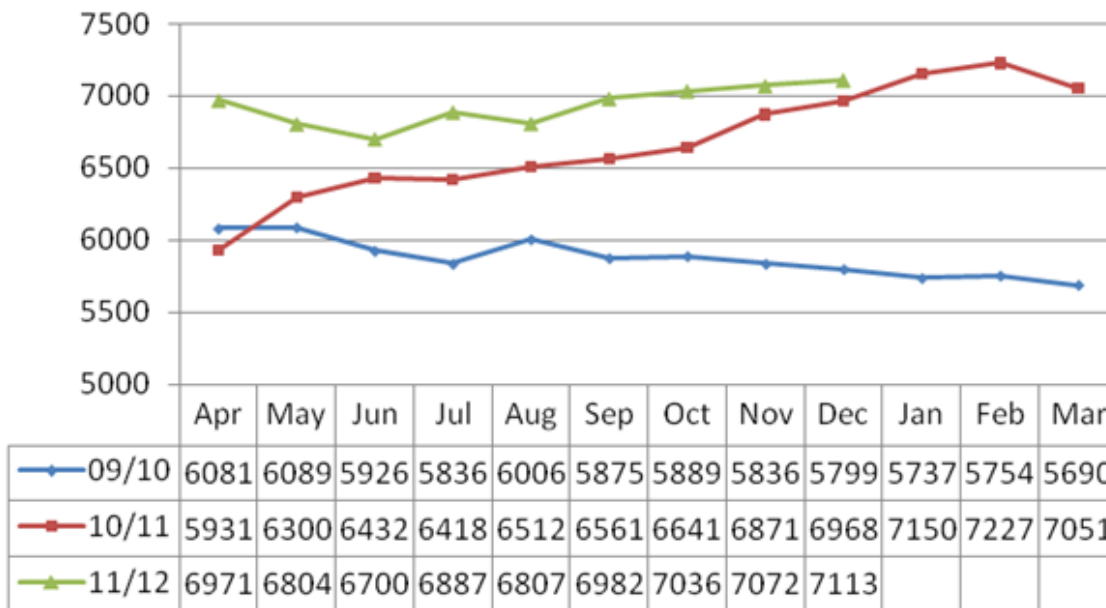
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/CareData>  
(Collated May 2012 by the Health ASD)



### 3.3.3 Free Personal Care

#### Clients over 65 receiving FPC at Home total Hours

**FPC at Home Hours**

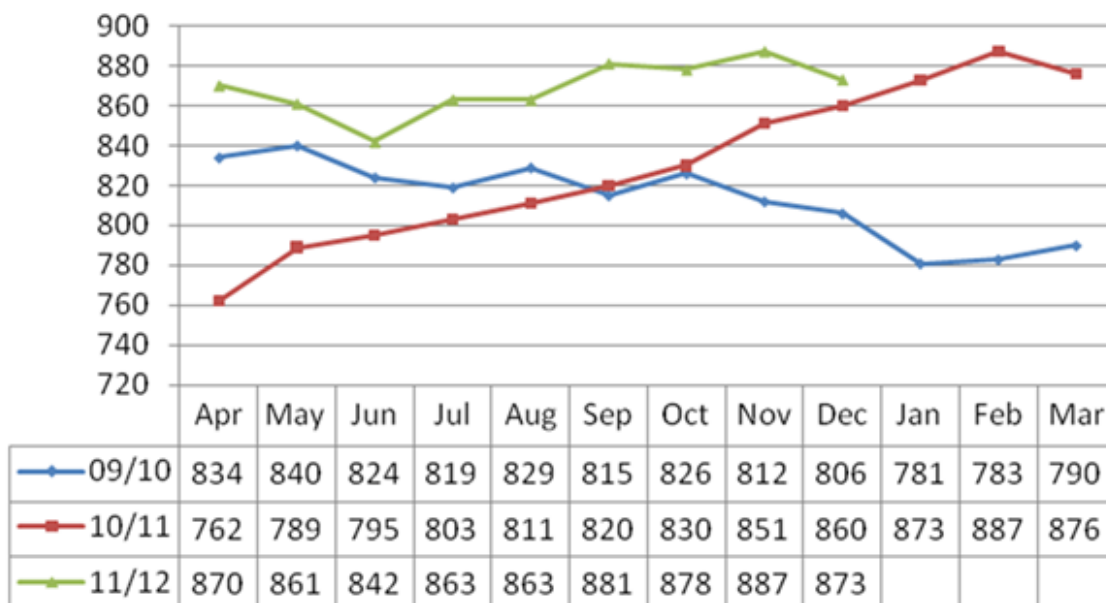


Community Care Monthly Report Dec 2011

The number of hours of FPC at home increased by almost 19% across 2010-11 while the number of clients increased by almost 15%. This reflects the concentration on intensive care needs clients.

#### Clients over 65 receiving FPC at Home

**FPC at Home Clients**

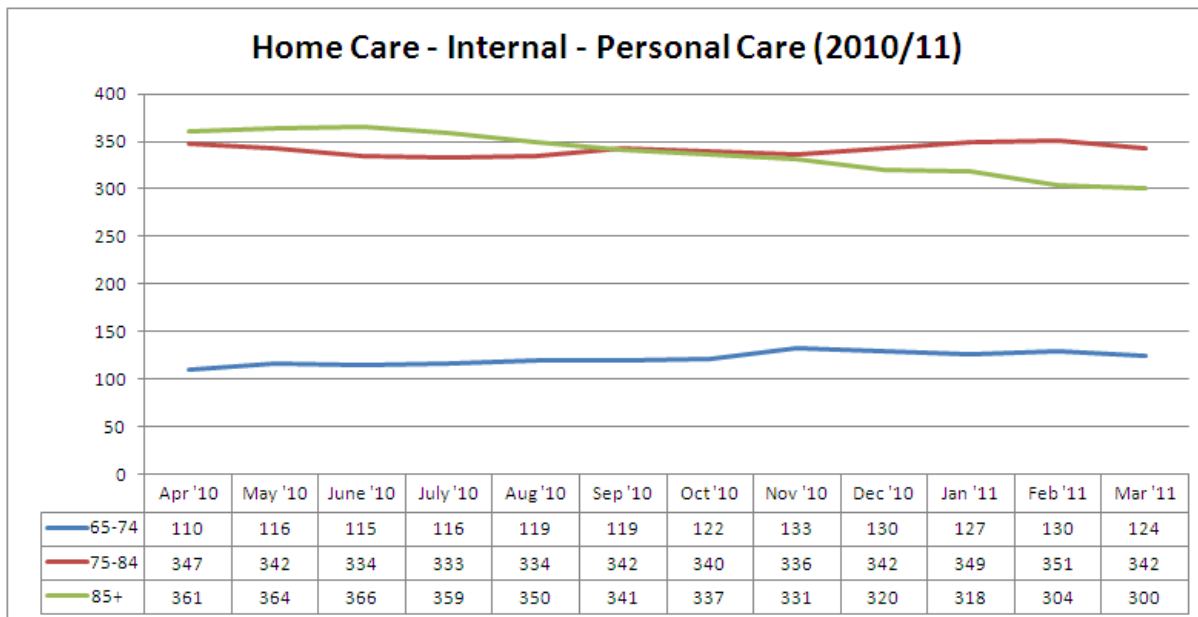


Community Care Monthly Report Dec 2011

### 3.3.4 Internal Homecare

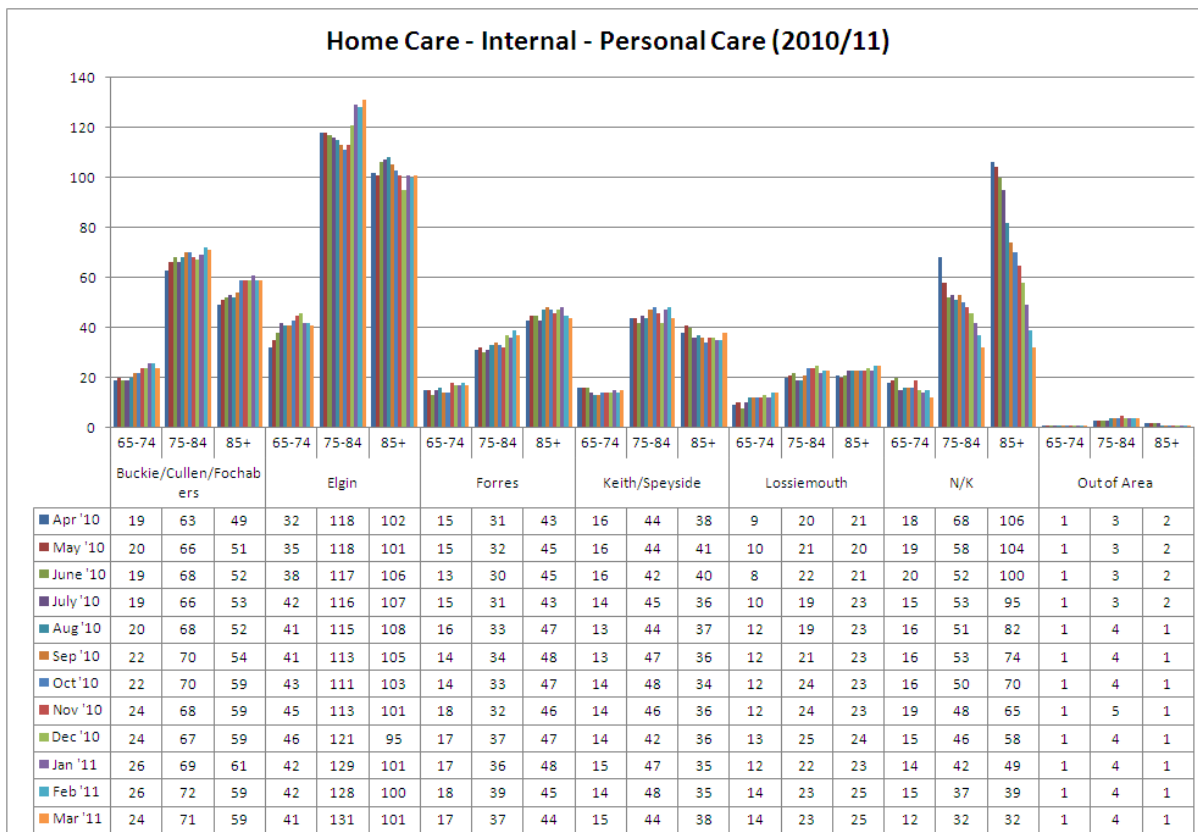
#### 3.3.4.1. Personal Care

In March 2011, of the 766 Internal Homecare clients 65+ receiving personal care, 39.16% were in the 85+ age group, 44.65% were 75-84, and 16.18% were 65-74.



Business Objects report – 2010-11 – Personal Care - Internal Care (Homecare)

In 2010/11 there was a fall of over 6% (from 818 to 766) in total number of users receiving internally provided personal care.



Business Objects report – 2010-11 – Personal Care - Internal Care (Homecare)

In Moray throughout the year the largest groups of internal Personal Care clients were 75-84 and 85+ both in Elgin, N/K are those clients who are deceased and are no longer allocated to

an area. Elgin/Lossie holds the largest proportion of the internal personal care (homecare) in Moray (with 43.73% of the total internal personal care (homecare) clients).

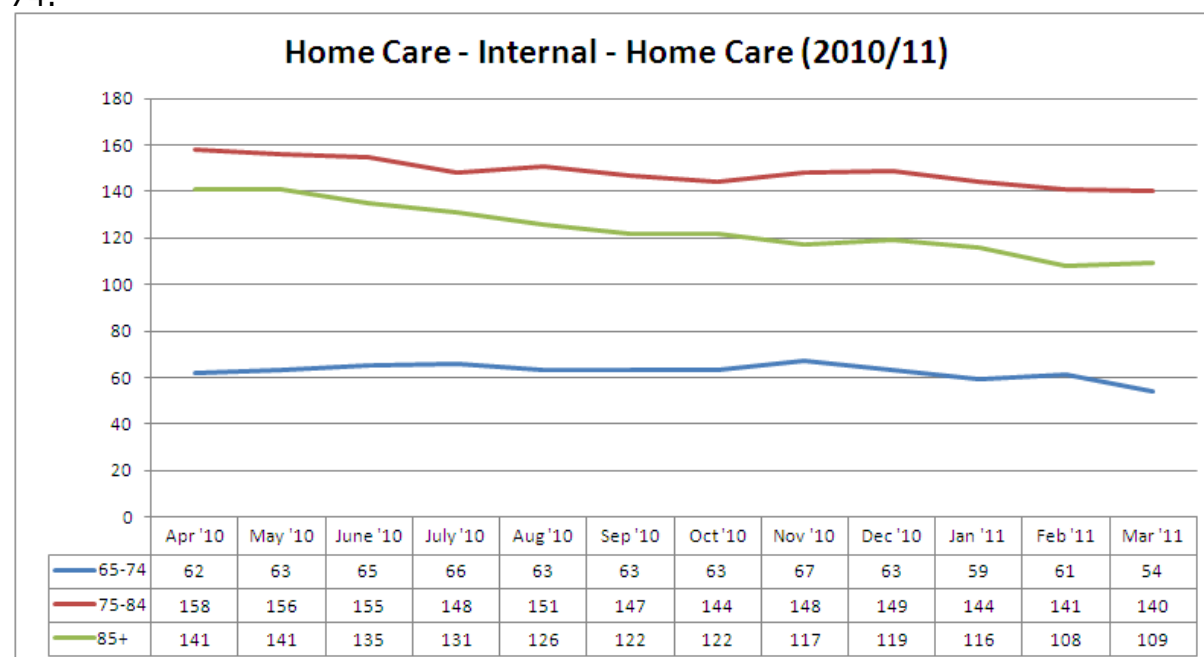
Area	No of Internal Personal Care Clients	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	154	4043	38.09
Elgin/Lossie	335	6469	51.79
Forres	98	2799	35.01
Keith/Speyside	97	3212	30.20
Unknown	76		
OOA	6		
All areas	766	16523	46.36

Business Objects report – 2010-11 – Personal Care - Internal Care (Homecare)

The rate of internal personal care per 1000 population (65+) in Elgin /Lossie is 51.79 compared to an average of 34.43 in the other areas.

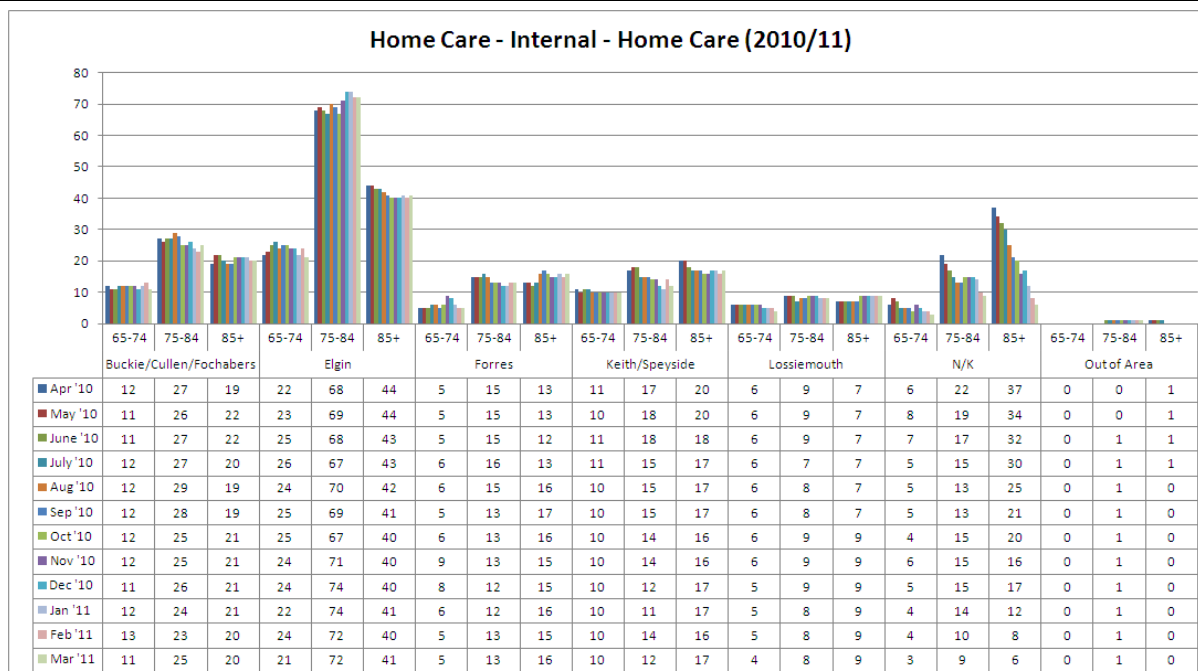
### 3.3.4.2. Home Care

In March 2011, of the 303 internal homecare clients 65+ receiving home care (excluding personal care) 35.97% were in the 85+ age group, 46.20% were 75-84, and 17.82% were 65-74.



Business Objects report – 2010-11 – Home care - Internal Care (Homecare)

In 2010/11 there was a fall of over 16% (from 361 to 303) in total number of users receiving internally provided home care (excluding personal care).



Business Objects report – 2010-11 – Home care - Internal Care (Homecare)

In Moray throughout the year the largest groups of internal Home Care clients (excluding personal care) were 75-84 and 85+ both in Elgin, N/K are those clients who are deceased and are no longer allocated to an area. Elgin/Lossie holds the largest proportion of the Internal Home Care (excluding personal care) in Moray (with 51.16% of the total internal home care (homecare) clients).

Area	No of Internal Home Care Clients	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	56	4043	13.85
Elgin/Lossie	155	6469	23.96
Forres	34	2799	12.15
Keith/Speyside	39	3212	12.14
Unknown	18		
OOA	1		
All areas	303	16523	18.34

Business Objects report – 2010-11 – Homecare Internal Care (Homecare)

The rate of internal homecare (excluding personal care) per 1000 population (65+) in Elgin /Lossie is 23.96 compared to an average of 12.71 in the other areas (almost double).

### 3.3.4.3. Housing Support

In March 2011, of the 16 Internal Housing Support clients 65+ receiving support, 12.5% were in the 85+ age group, 43.75% were 75-84, and 43.75% were 65-74. There were few changes to numbers over 2010/11 with only 2 people in the 65-74 age group being added to the original total.

In Moray throughout the year the largest groups of internal Housing support clients were 75-84 in Elgin and 56-74 in Keith Speyside. Elgin/Lossie holds the largest proportion of the Internal Housing Support in Moray (with 50% of the total Internal Housing Support clients).

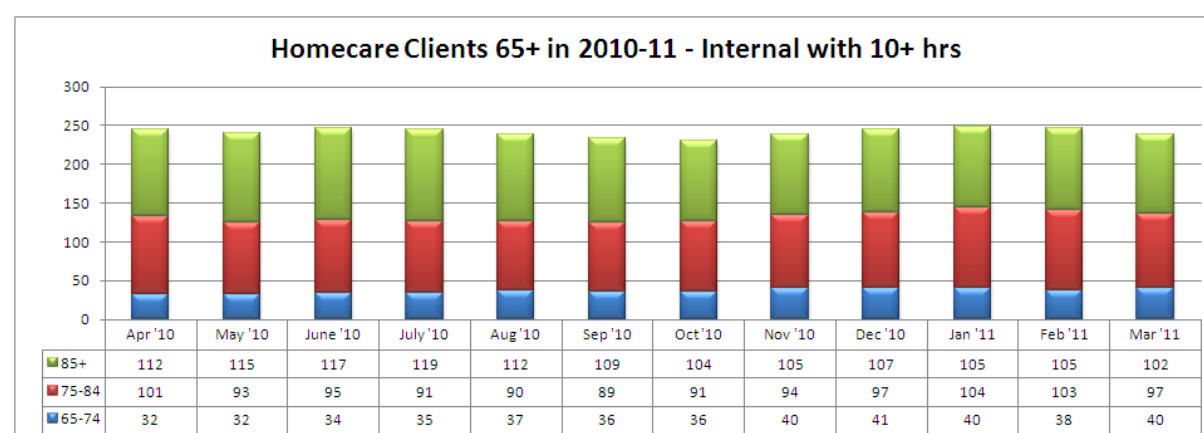
Area	No of Internal Housing Support	Population (Jan 2010)	rate per 1000
------	--------------------------------	-----------------------	---------------

	Clients		
Buckie/Cullen/Fochabers	1	4043	0.25
Elgin/Lossie	8	6469	1.24
Forres	1	2799	0.36
Keith/Speyside	5	3212	1.56
Unknown	1		
OOA	0		
All areas	16	16523	0.97

Business Objects report – 2010-11 – Homecare Internal Care (Homecare)

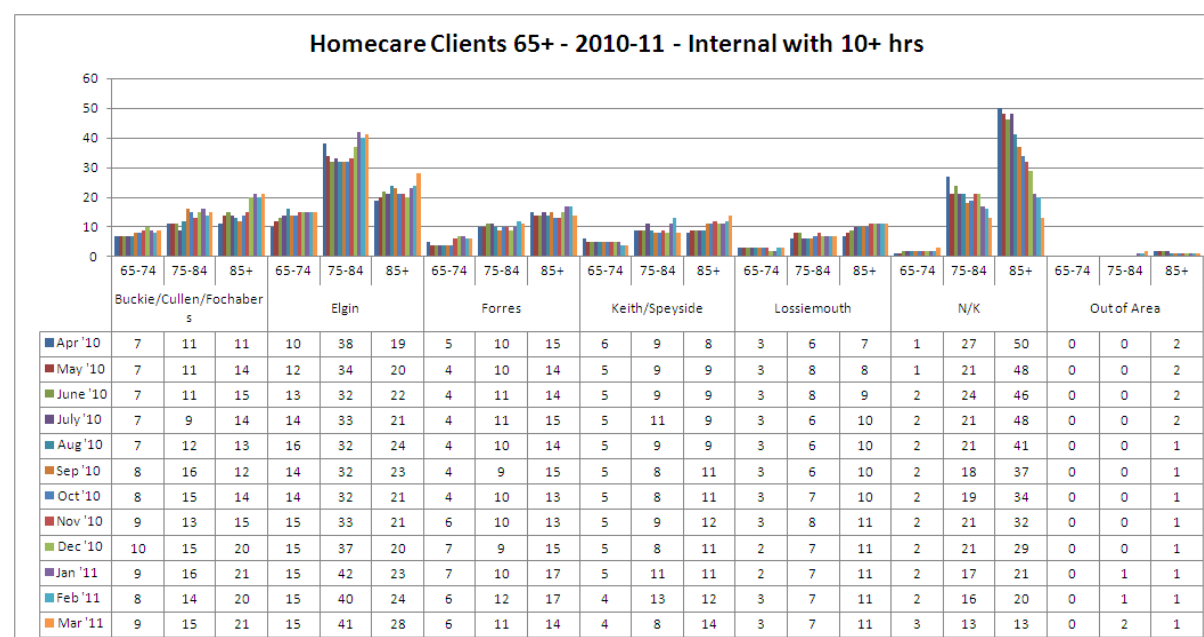
The rate of internal housing support per 1000 population (65+) in Elgin /Lossie is 1.24 but the rate is higher in Keith/Speyside (1.56).

### 3.3.4.4. Intensive needs care



Business Objects report – 2010-11 – Internal 10+hrs

In March 2011, 42.68% of Homecare clients 65+ with 10+ hours of homecare were in the 85+ age group, 40.59% were 75-84 and 16.74% were 65-74.



Business Objects report – 2010-11 – Internal 10+hrs

In Moray at the beginning of the year the largest group of internal homecare clients was 85+ of unknown area, these are clients who are deceased and are no longer allocated to an area.

However at the end of the year the largest group was the 75-84 in Elgin. Elgin/Lossie holds the largest proportion of the Internal Homecare in Moray (with 43.93% of the total internal homecare clients).

Area	No of Internal 10+ Homecare Clients	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	45	4043	11.13
Elgin/Lossie	105	6469	16.23
Forres	31	2799	11.08
Keith/Speyside	26	3212	8.09
Unknown	29		
OOA	3		
All areas	239	16523	14.46

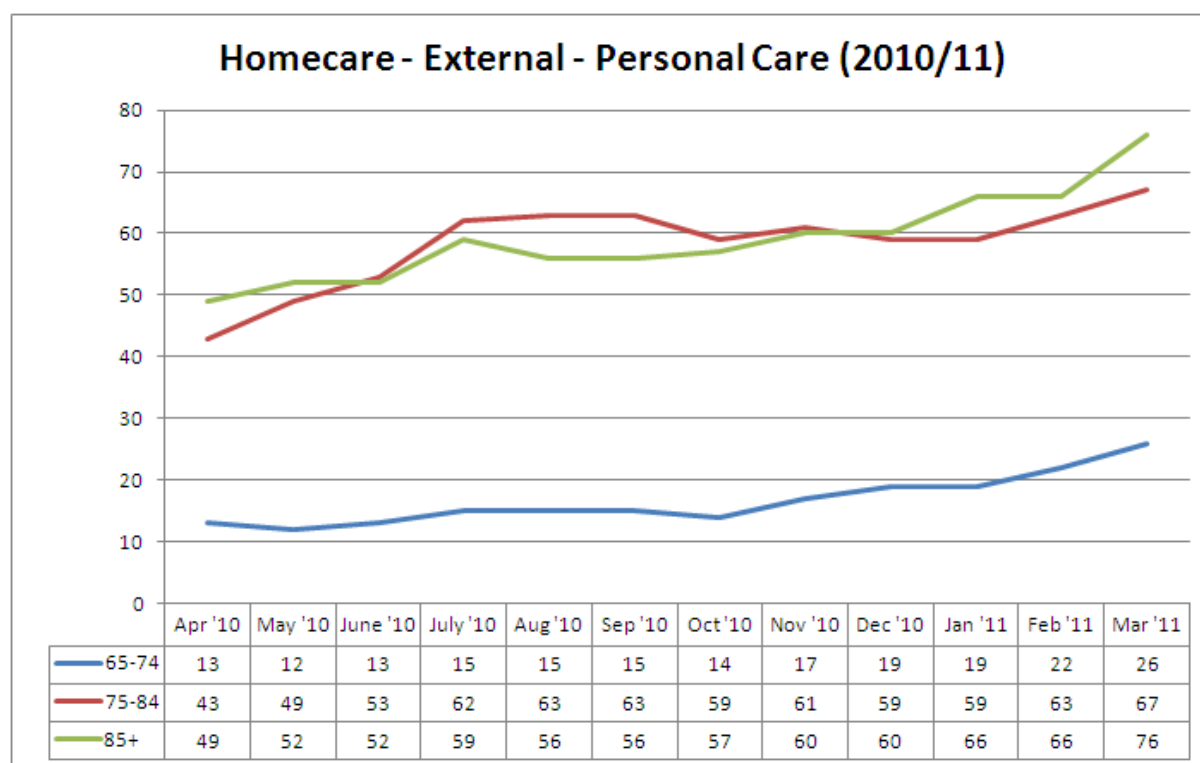
Business Objects report – 2010-11 – Internal 10+hrs

The rate of delivery of internal Homecare 10+ hrs per 1000 population (65+) in Elgin/Lossie is twice that of Keith/Speyside.

### 3.3.5 External Homecare

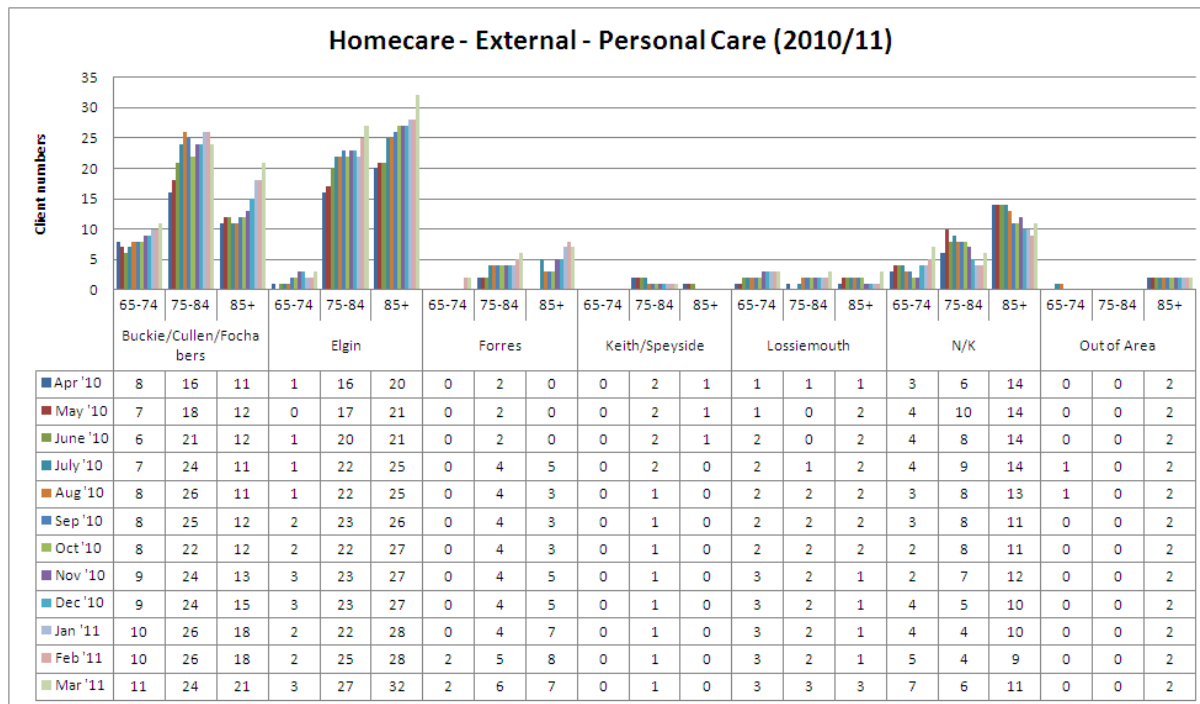
#### 3.3.5.1. Personal Care

In March 2011, of the 169 External Homecare clients 65+ receiving personal care, 44.97% were in the 85+ age group, 39.64% were 75-84, and 15.38% were 65-74.



Business Objects report – 2010-11 – Personal Care - External Care (Homecare)

In 2010/11 there was a rise of almost 61% (from 105 to 169) in total number of users receiving externally provided personal care.



Business Objects report – 2010-11 – Personal Care - External Care (Homecare)

In Moray throughout the year the largest groups of external Personal Care clients were 75-84 and 85+ both in Elgin, N/K are those clients who are deceased and are no longer allocated to an area. Elgin/Lossie holds the largest proportion of the external Personal Care (homecare) in Moray with 42.01% of the total external personal care clients) with Buckie/Cullen/Fochabers having just under a third (33.14%).

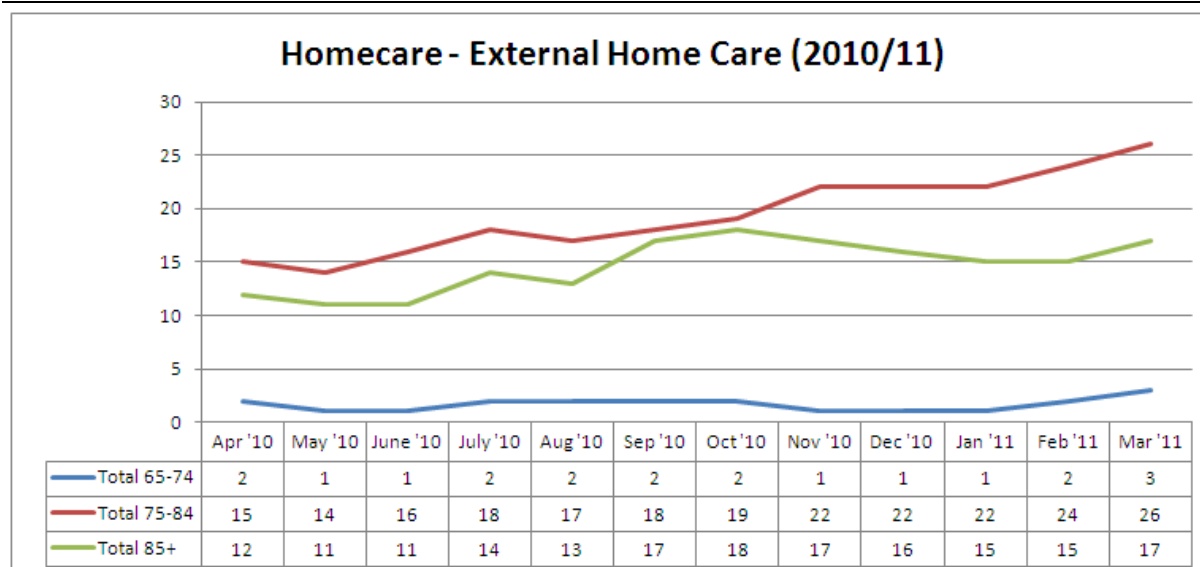
Area	No of External Personal Care Clients	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	56	4043	13.85
Elgin/Lossie	71	6469	10.98
Forres	15	2799	5.36
Keith/Speyside	1	3212	0.31
Unknown	24		
OOA	2		
All areas	169	16523	10.23

Business Objects report – 2010-11 – Personal Care - External Care (Homecare)

The rate of external personal care per 1000 population (65+) in Buckie /Cullen /Fochabers is 13.85 compared to Keith/Speyside where the rate is 0.31.

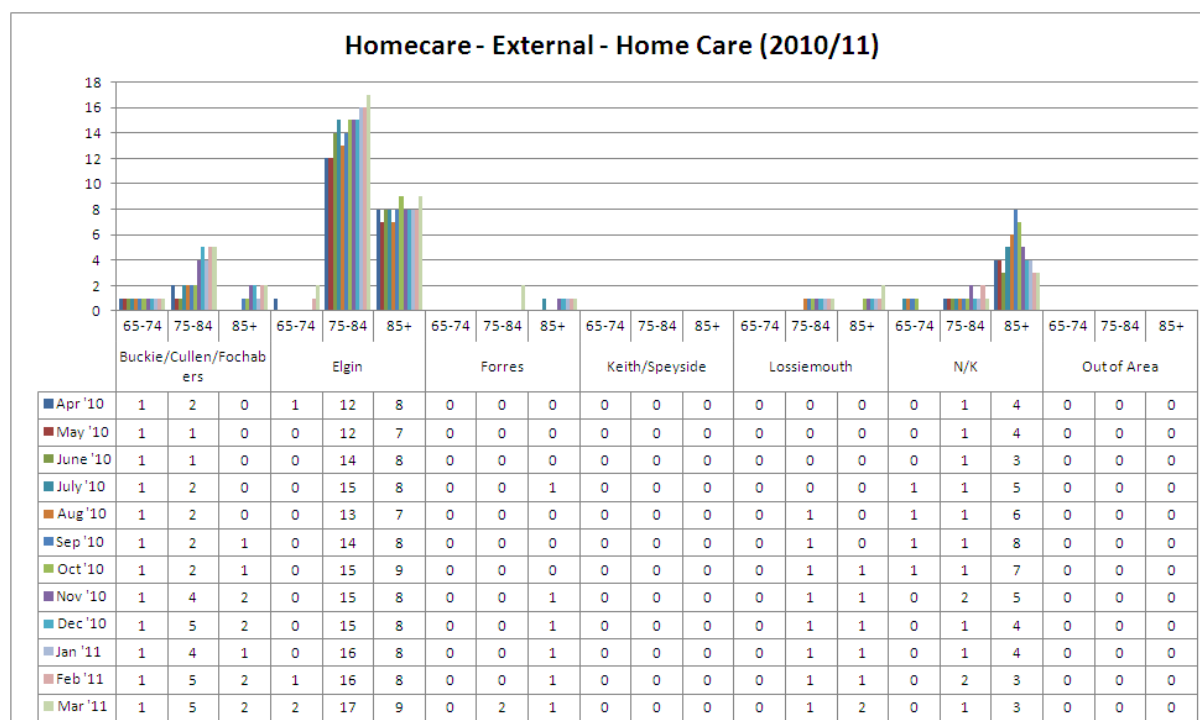
### 3.3.5.2. Home Care

In March 2011, of the 46 External Homecare clients 65+ receiving home care (excluding personal care) 36.96% were in the 85+ age group, 56.52% were 75-84, and 6.52% were 65-74.



Business Objects report – 2010-11 – Home care - External Care (Homecare)

In 2010/11 there was an increase of almost 59% (from 29 to 46) in total number of users receiving externally provided home care (excluding personal care).



Business Objects report – 2010-11 – Home care - External Care (Homecare)

In Moray throughout the year the largest groups of external Home Care clients (excluding personal care) were 75-84 and 85+ both in Elgin, N/K are those clients who are deceased and are no longer allocated to an area. Elgin/Lossie holds the largest proportion of the External Home Care (excluding personal care) in Moray (with 67.39% of the total external home care (homecare) clients).

Area	No of External Home Care Clients	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	8	4043	1.98
Elgin/Lossie	31	6469	4.79
Forres	3	2799	1.07



Keith/Speyside	0	3212	0.00
Unknown	4		
OOA	0		
All areas	46	16523	2.78

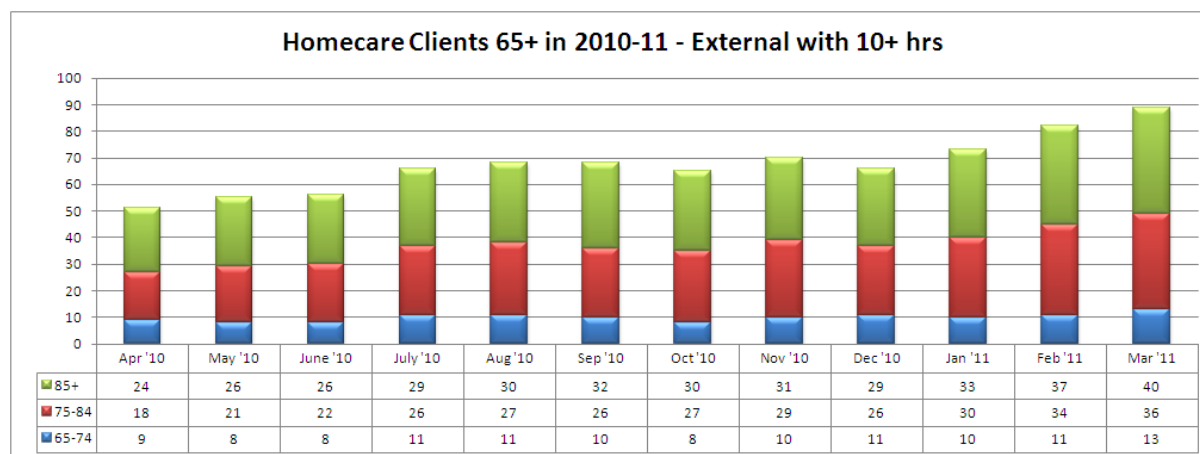
Business Objects report – 2010-11 – Home care - External Care (Homecare)

The rate of external homecare (excluding personal care) per 1000 population (65+) in Elgin /Lossie is 4.79 compared to Keith which was 0.

### 3.3.5.3. Housing Support

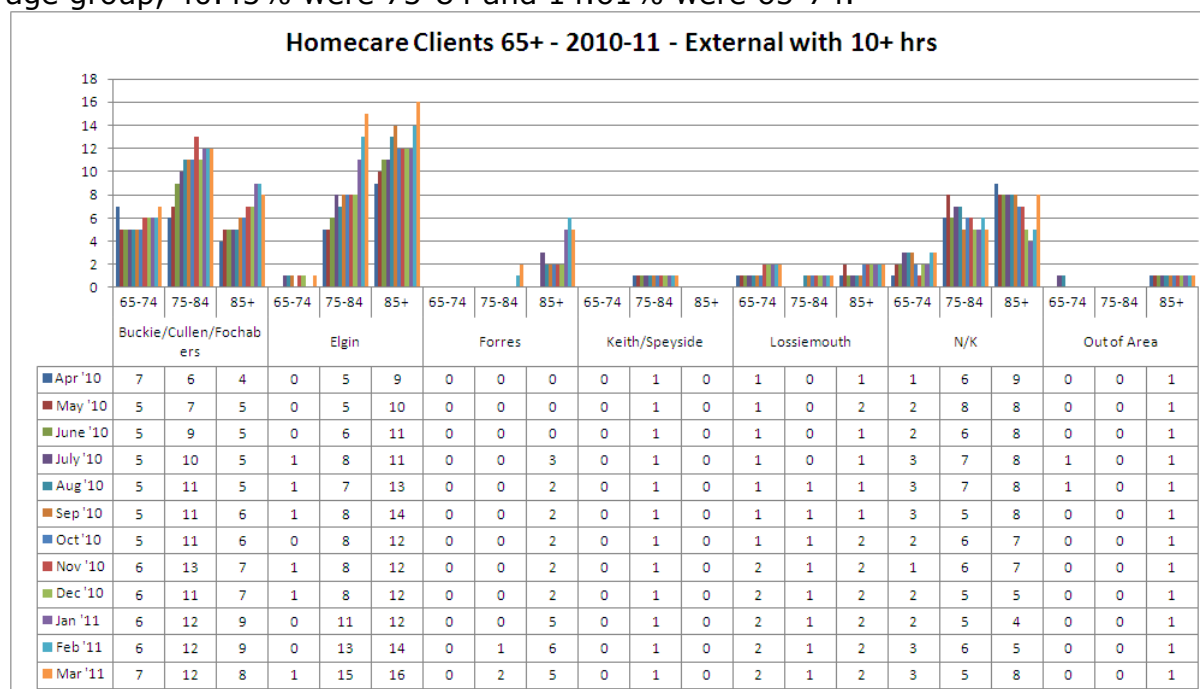
There is no external housing support.

### 3.3.5.4. Intensive needs care



Business Objects report – 2010-11 – External 10+hrs

In March 2011 44.94% of Homecare clients 65+ with 10+ hours of homecare were in the 85+ age group, 40.45% were 75-84 and 14.61% were 65-74.



Business Objects report – 2010-11 – External 10+hrs

In Moray at the beginning of the year the largest group of internal homecare clients was 85+ of unknown area – that is clients who are deceased and are no longer allocated to an area. However at the end of the year the largest group was the 85+ in Elgin. Elgin/Lossie holds the largest proportion of the External Homecare in Moray (with 41.57% of the total internal homecare clients).

Area	No of External Homecare Clients	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	27	4043	6.68
Elgin/Lossie	37	6469	5.72
Forres	7	2799	2.50
Keith/Speyside	1	3212	0.31
Unknown	16		
OOA	1		
All areas	89	16523	5.39

Business Objects report – 2010-11 – External 10+hrs

The rate of delivery of external Homecare 10+ hrs per 1000 population (65+) in Moray is distorted by lower numbers but the rate is highest in the Buckie and Elgin/Lossie areas with - 27 clients (6.68) and 37 clients (5.72) and lowest in Forres and Keith with 7 clients (2.5) and 1 client (0.31).

#### Internal and External together (March 2011)

Area	No of Homecare Clients	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	72	4043	17.81
Elgin/Lossie	142	6469	21.95
Forres	38	2799	13.58
Keith/Speyside	27	3212	8.406
Unknown	45		
OOA	4		
All areas	328	16523	19.85

Business Objects report – 2010-11 – 10+ hrs

There are over 13% if clients on the system where the area is unknown (no longer allocated), this may be distorting the figures if these were originally Keith or Forres.

### 3.3.6 Moray Intermediate Care Services

#### 3.3.6.1. The Plan

As part of the Moray Change Fund application the foremost item was the establishment of a multidisciplinary Intermediate Care Team to provide safe, effective community based assessment/rehabilitation/intermediate care to older people across Moray focusing on the identification of frail elderly who have the greatest risk of admission or re-admission to Hospital or long term care.

The intent was to work closely with extended Community Care Teams and Primary Care, assessing those identified as having complex care needs and requiring a Comprehensive Geriatric Assessment using a generic pathway for the frail older person with multiple long term conditions. Evidence shows that older people who have had a CGA stay longer at home.

The team would be supported by a home care re-enablement team and Telecare adviser and include support to care homes to review nursing needs of people in care homes, provide care for people with residential funding and provide guidance and support to staff. This will allow remodelling of the number of hospital beds.

It was the intent to jointly commission additional Intermediate Care Beds across Moray. These beds would expand the existing step up/ step down/ palliative beds in Moray enhancing work with care homes in the area, providing rehabilitation and enablement to older people on a short term basis before returning home from hospital or during a crisis. They will be vital to the team giving access to alternative intermediate care options to hospital admission. The numbers would depend on what beds were provided by a remodelled community hospital.<sup>47</sup>

### 3.3.6.2. The Implemented Service

Intermediate care now provides a range of community care, support and rehabilitation to any person over the age of 65 who is resident in Moray and has a Moray GP.

It normally lasts up to a maximum period of 6 weeks but frequently as little as one or two weeks. It is provided following a full assessment from which a care and treatment plan is drawn up. It normally involves the input of more than one discipline. It has the main aim of providing rehabilitation to support independence.

The main objectives for the Intermediate Care Services are to:

- Prevent admissions into hospital
- To reduce the amount of time that someone has to stay in hospital
- To provide support to maintain or regain lost independence

The tasks provided by the service include:

- Provide complex needs assessment to older people
- Assist people to regain former agility or improving their quality of life after an acute illness
- Preventing deterioration in a long standing condition
- Working in partnership with users and informal carers
- Ensuring the care provided is skilled and appropriate
- Provide opportunities for people to maintain, develop, or reinstate social networks and reduce isolation
- Involve service users and carers in planning and developing the care and the ongoing care they receive

The intermediate care services available in Moray are:

Home from Hospital – This is a designated team of carers who support the person in their own home after a spell in hospital. Helping them regain their confidence and have a period of convalescence. This service is available for up to 4 weeks.

Intermediate Care Team – This is a team of Nurses, Care Officers, an Occupational Therapist and a Physiotherapist supported by a team of carers to prevent a hospital admission and supporting the person through an acute period of illness. This service is available for up to 6 weeks.

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<sup>47</sup> Moray Change Fund Application 28.02.2011

Community Nurse Led Beds – Beds in Care Homes where the care is managed by the client's own District Nurse and GP for up to 2 weeks (see the Care Homes section 2.1.4).

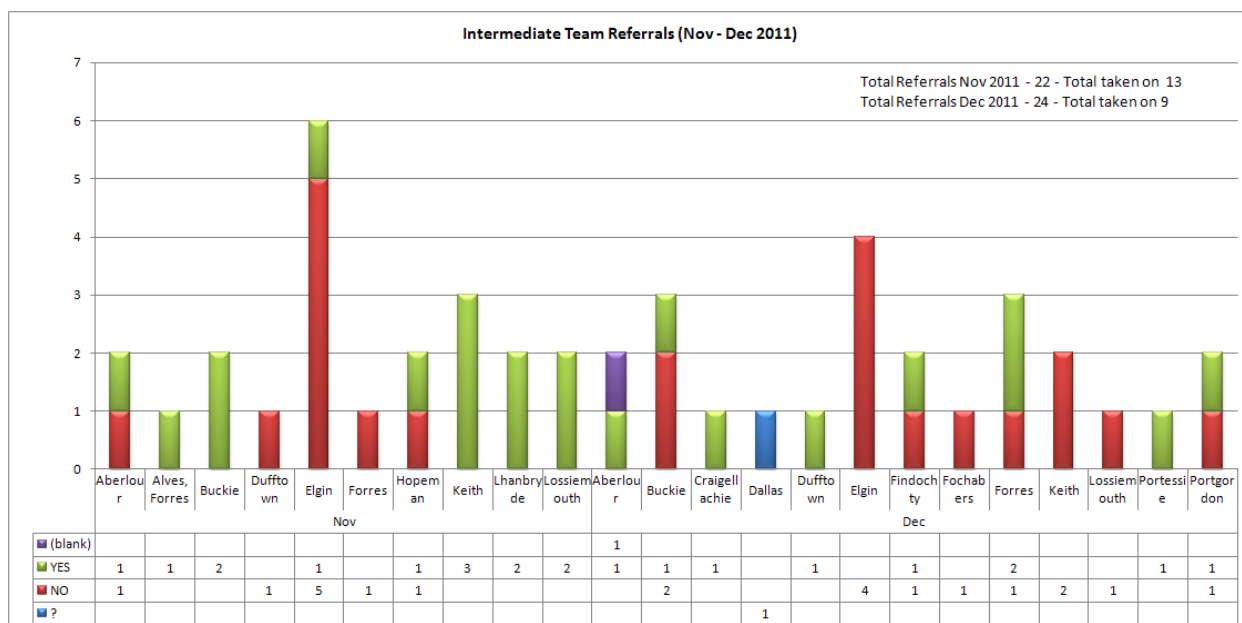
### 3.3.6.3. Home from Hospital

The Home from Hospital Team is a small designated team of home carers who help someone recovering from a stay in hospital once they have returned home for a period of up to 28 days. The team assesses the needs of the person and will adjust this to meet their needs. This will mean that the support received may be reduced or increased over the period of time that the team visit.

A Community Care Officer from The Moray Council will also visit the person to discuss the team's input and plan any continuing home care needs that they may have. There is no cost for care provided by the Home from Hospital Team. However there may be a charge for any home care required after the team's involvement has come to an end. A dedicated care officer has been allocated to this team to complete assessments and reviews for these individuals within the period of care input allowing ongoing capacity for the next hospital discharge. Those individuals who are assessed as still requiring care after review are passed onto mainstream services or private providers.

### 3.3.6.4. Intermediate Care Team

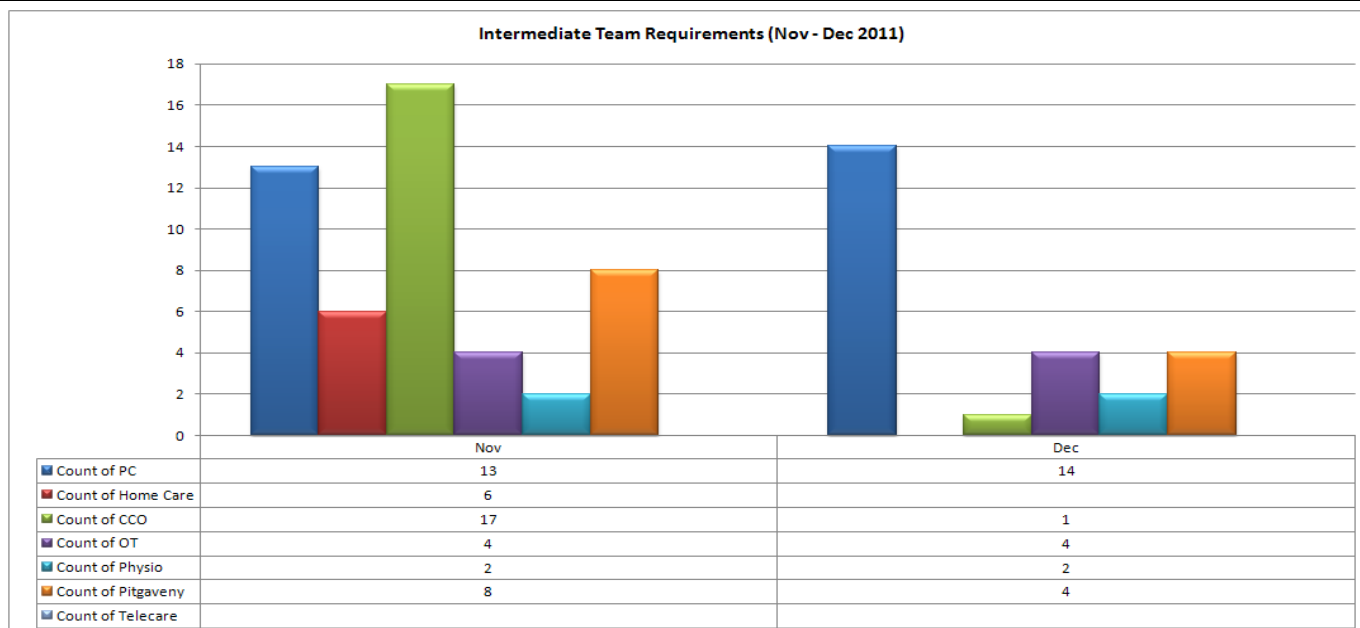
In the last 2 months of 2011 there were a total of 46 referrals to the intermediate team. The graph below shows those taken on by the team in green.



Source: Intermediate care team data

The average age of referrals was over 81

The packages commenced as a result of the intermediate team consultation are shown below.



Source: Intermediate care team data

### 3.4 Summary

Two recurring themes in the home care section have been the shifting the balance of care and the focus on intensive needs clients. At time of writing, to balance this and in line with a more prevention based strategy there was a move to train the home care carers in the reablement of the clients where possible thus underpinning the idea of keeping clients in their own homes for as long as possible. This scheme is currently underway and progress will be measured over the year 2012/13 to see what impact this has made. Also the development of the intermediate care team and other intermediate care services and how they interact would need to be reviewed to see if what impact this has made on outcomes and outputs.

## 4 Day Care

### 4.1 Overview

Under the section on Costs is a full list of internal and external day care services in Moray including the geographic areas.

#### 4.1.1 Provision of Day Ccare

Under the section on Costs is a full list of internal and external day care services in Moray including the geographic areas. The following are a couple of examples of the facilities provided in a couple of locations.

##### 4.1.1.1. Linnburn Day Centre - Rothes

Linnburn Day Centre is predominantly available to people over the age of 65, who are finding it difficult to manage in their own homes because of their frailty, ill health or would like to extend their social life, i.e. meet the eligibility criteria. Many activities are offered to our current service users e.g. digital photography, gardening, wine making, baking, quizzes, entertainment and outings. Our service is currently open Monday - Friday (9am - 4 pm). Most activities (Tai Chi, Traditional Butter Making, Vitalyz - a form of seated exercises using massage and stress balls, Indian Head Massage and Reiki) will cost £2.00. Every Thursday afternoon a speaker will

be attending: and this is Free. The coffee morning will be £1.00. The Cafe project - This project, in Rothes day service, provides resources, information, signposting and an activity programme for older people in the area.

#### 4.1.1.2. Tomnabat Day Centre – Tomintoul

The sheltered housing scheme at Tomnabat Court, Tomintoul was built in 1989 consists of 14 linked cottages accessed from a covered walkway and is grouped around landscaped courtyard areas. Communal facilities are provided in the form of a residents' lounge and attached kitchen and laundry equipped with washing machines and tumble dryers and a guest bedroom where friends or relatives can stay.

Attached to the scheme is a Day Centre operated by Moray Council which provides a range of services and activities used by tenants at Tomnabat Court and other elderly or disabled people in the locality who require such support.

### 4.1.2 Cost of Day Care

#### Cost of Daycare - External Daycare provision

Day Care	Details	Additional Details	Gross Actual £ 2010/11	Percentage for each area
Speyside	Keith External OP Day Care	Parklands	£ 35,928	6.39%
Elgin & Lossie	Hanover - Cameron Court Day Care Elgin	Incl PTU transport	£ 142,385	
	Elgin External OP Day Care	Abbeyvale	£ 113,231	
	Lossiemouth External OP Day Care	Whinnybank/Abbeyvale	£ 64,596	
		<b>Elgin and Lossie Total</b>	<b>£ 320,212</b>	<b>56.94%</b>
Buckie, Cullen & Fochabers	Buckie External OP Day Care	Parklands/Abbeyvale/The Lythe	£ 49,377	8.78%
Forres	Forres External OP Day Care	GLO/Abbeyvale	£ 707	
	Hanover - Chandlers Rise Day Care Forres	Incl PTU transport	£ 156,145	
		<b>Forres Total</b>	<b>£156,852</b>	<b>27.89%</b>
All Areas			<b>£ 562,369</b>	

Source – Moray accountancy figs - March 2011

The total cost of day care in Moray in 2010/11 was £991,714 with 56.71% externally provided. Of the combined total

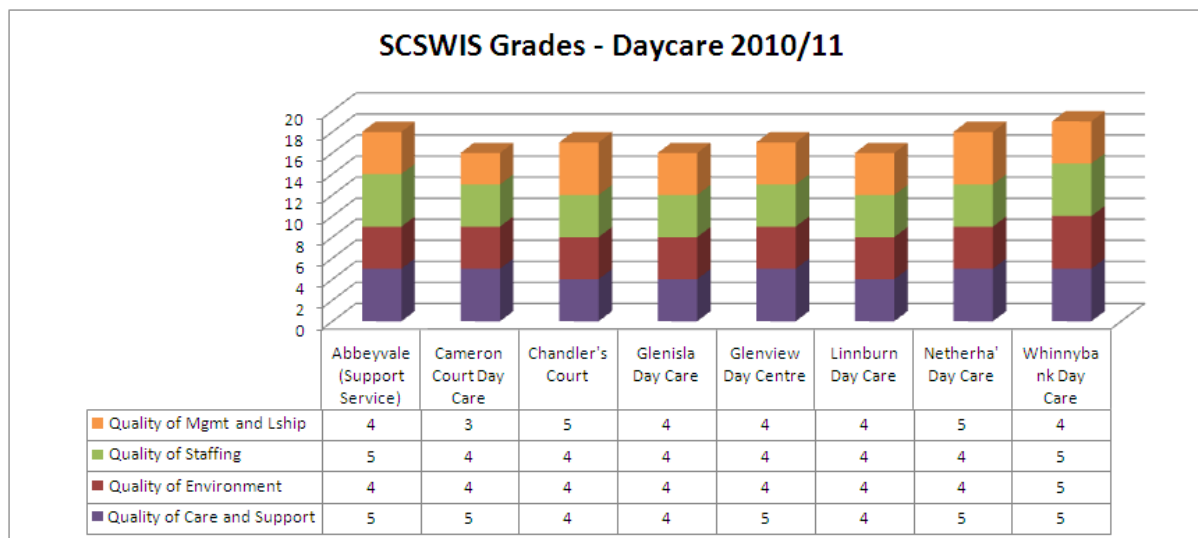
#### Cost of Daycare – Internal Day Care

Day Care	Details	Gross Actual £ 2010/11	Percentage for each area
Speyside	Tomintoul (Tomnabat)	£ 30,074	
	Rothes (Linnburn)	£ 107,124	
	Stephen Hospital, Dufftown (Glenview)	£ 77,840	
	Speyside Total	£ 215,038	50.09%
Buckie, Cullen & Fochabers	The Bungalow, Buckie	£ 91,366	21.28%
	All Areas Total	£ 306,404	71.37%
Central		£ 122,941	28.63%
		£ 429,345	

Source – Moray accountancy figs - March 2011

## 4.2 Quality

### 4.2.1 SCSWIS Grades



SCSWIS Grades – Daycare 2010/11

Again there were no enforcements from the SCSWIS grades for Daycare in 2010/11. Whinneybank scored the best overall.

### 4.2.2 Surveys

#### 4.2.2.1. Survey undertaken during June 2011 of Older People Day Centres<sup>48</sup>

30 customers were in attendance on survey days

Glen View (7 of 7 were surveyed)

Linnburn (6 of 8 were surveyed)

The Bungalow (4 of 6 were surveyed)

Tomnabat (4 of 9 were surveyed)

**Overall delivery** - 100% of customers are very or fairly satisfied with the day centres service doing what it said it would (those very satisfied were – Buckie 100%; Rothes 83.3%; Dufftown 71.4% and Tomintoul 75%)

**Problems with delivery** – 4.7% (1 customer indicated they had had a problem and were fairly satisfied with the way it was dealt with)

**Timeliness** - 100% of customers are very or fairly satisfied with time taken to deal speak with someone about an enquiry; with being able to deal directly with someone who could help; that someone took responsibility for their enquiry; and with the accessibility of the service.

**Information** – 100% of customers are very or fairly satisfied with the quality of information provided; that the information was easy to understand; that they were given the information they needed; that the information as accurate

80% of customers are very or fairly satisfied they were kept up to date on progress 6.7% (1) neither satisfied nor dissatisfied with 13.3% (2) don't know/not applicable.

**Professionalism** - 100% of customers are very or fairly satisfied with the way staff did their jobs; that they were treated fairly; that their privacy was protected.

**Staff Attitude** – 100% of customers are very or fairly satisfied that staff are polite; that staff are friendly; that staff are sensitive to their needs.

<sup>48</sup> Moray Council Survey on Older People's Day Services – facilitated by Corporate Policy Unit

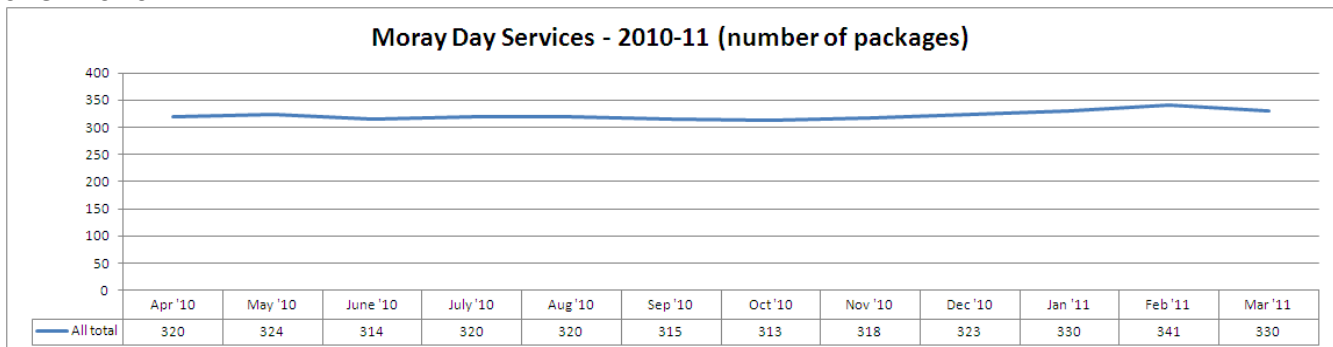
93.3% of customers are very or fairly satisfied they have as much contact as they need 6.7% (1) are fairly dissatisfied.

### Satisfaction with service

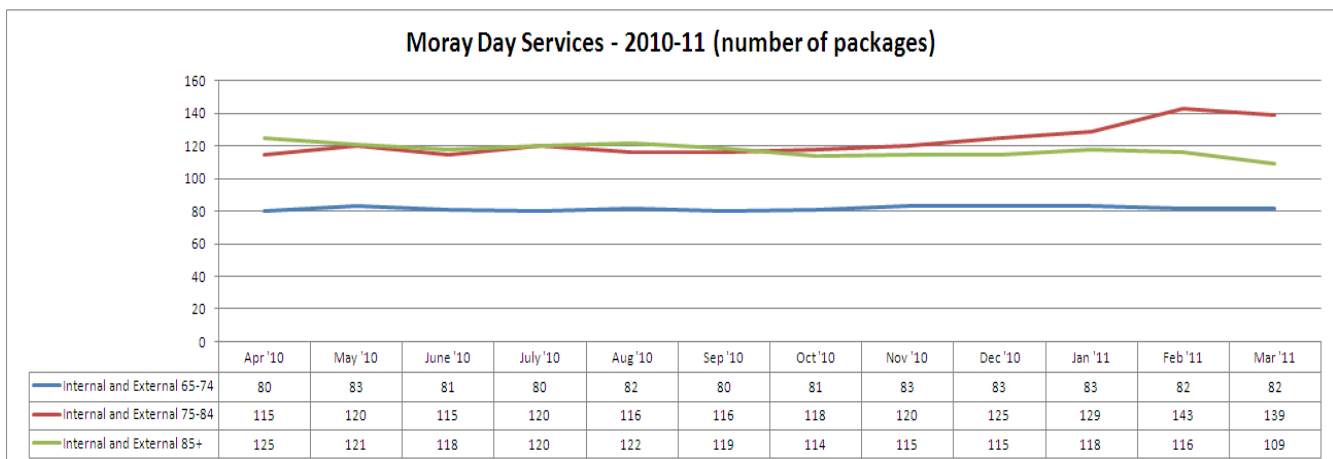
**80%** of customers are very or fairly satisfied with the time taken to deal with an enquiry; with the final outcome with an enquiry; and the overall service received while **20%** were don't know/not applicable.

## 4.3 Demand

Looking at the overall numbers there is little change in the provision of day services as a whole over 2010-11.



Based on Community Care Business Objects Day Service Data 2010-11

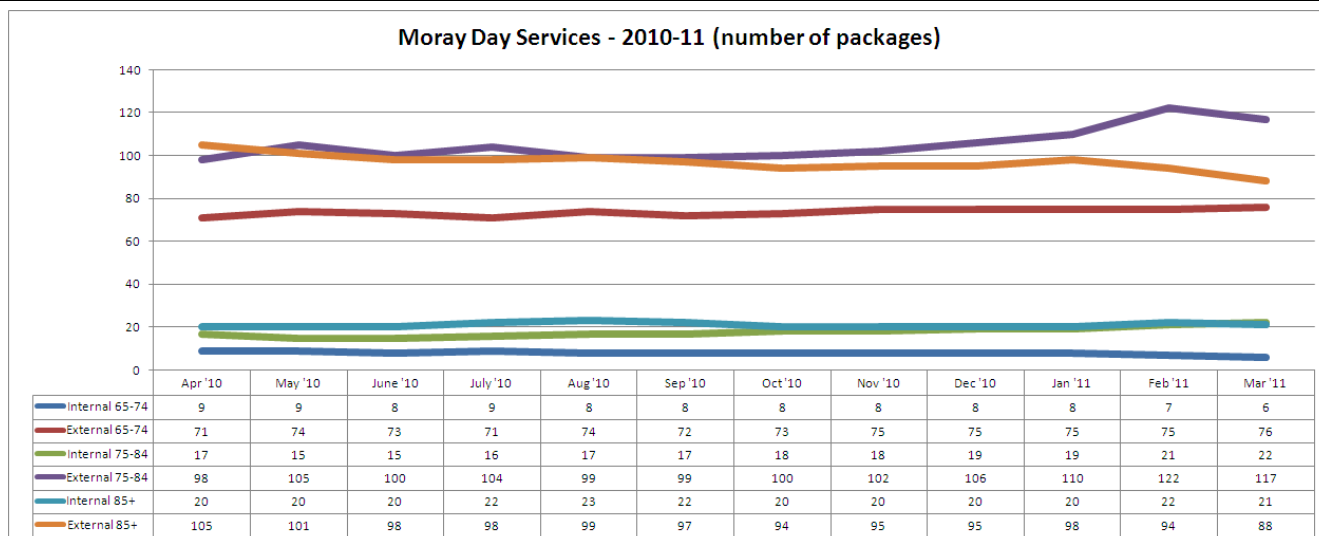


Based on Community Care Business Objects Day Service Data 2010-11

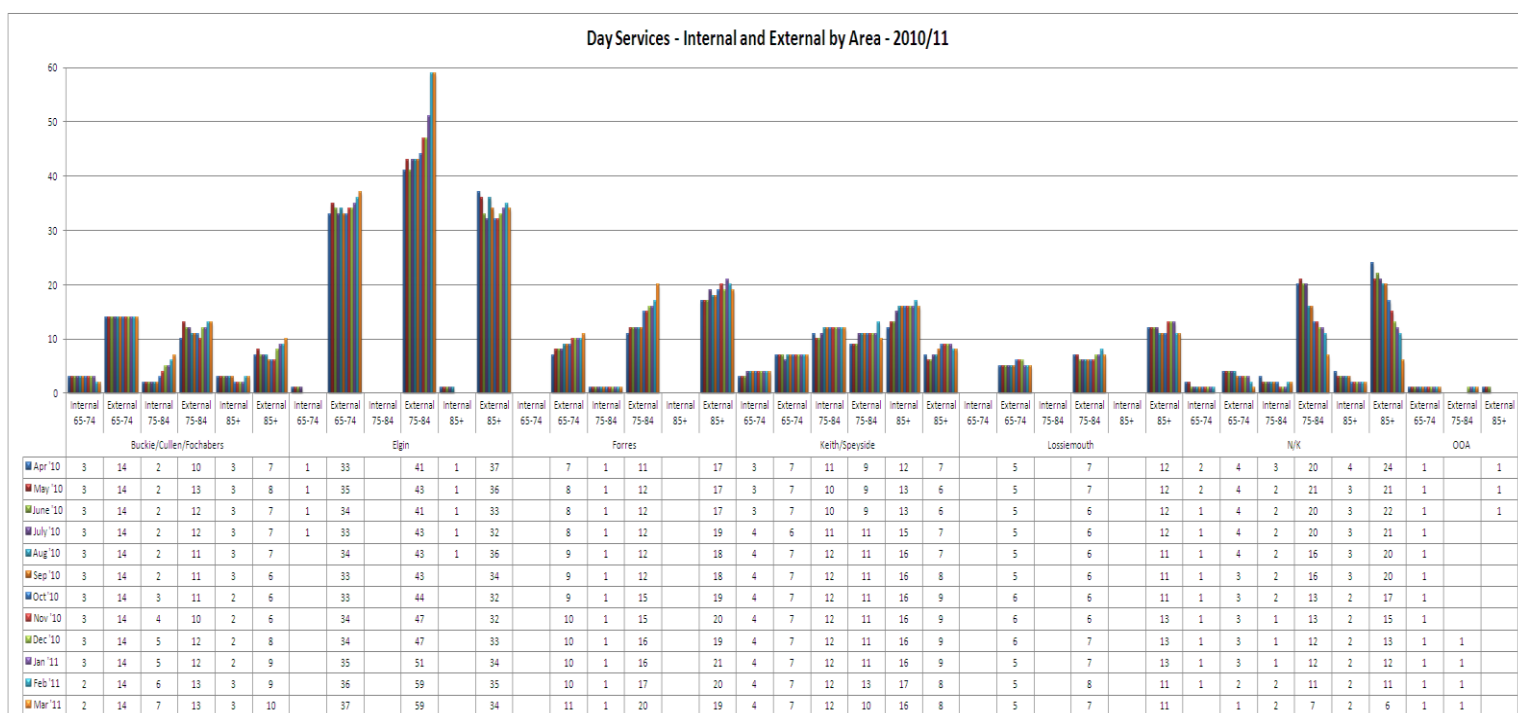
There was a rise in the number of packages in the 75-84 age group over 2010/11

Cameron court and Chandlers make up the main external suppliers of elderly day care – rise at end of year may be seasonal. Decline in numbers in external 85+ could be attributed to increase moves to permanent care or deaths in that age group.





Based on Community Care Business Objects Day Service Data 2010-11



Based on Community Care Business Objects Day Service Data 2010-11

Elgin increased their provision of day services to the 75-84 age group while maintaining the other age groups but were not longer using internal services. Lossiemouth also are not using internal provision and have maintained their provision across the age groups with the largest number being in the 85+ category which would suggest a targeting of this age group. Buckie/Cullen/Fochabers have increased their internal provision for the 75-84 age groups and the external provision of 85+. Forres have increased their external provision for the 75-84 and 85+ age groups. Again this looks like targeting need. The unknowns are clients who are deceased and are no longer allocated to an area.

## 4.4 Summary

The provision of day services has not changed overall but with the majority of provision in Forres, Elgin and Lossiemouth being provided externally and other areas being provided internally it makes it more difficult to ensure the equity of the provision. As population numbers of 65+ increase then this service will see an increase in demand.

## **5 Carers (Formal and Informal) and Respite**

### **5.1 Overview**

#### **5.1.1 Moray's Carer Population**

The 2001 Census in Scotland found that there were 6,835 people in Moray providing unpaid care. A potentially conservative figure when comparing to the national estimate provided by Carers Scotland that approximately 1 in 8 people are providing care of some sort. However, the Scottish Household Survey 2007-08 found that there were 11,628 unpaid carers in Moray. This represents a significant rise and projected national figures given by Carers Scotland indicate a potential increase up to approximately 15,000 unpaid carers in Moray by 2037<sup>49</sup>.

The role of unpaid carers as partners in care provision is critical to the success of shifting the balance of care and the aims and vision within this strategy seeks to ensure that they are well supported and not disadvantaged by their caring roles. Rather they are recognised, valued and feel a sense of reward and satisfaction for the integral part they play in the shaping of our future Health and Social Care Service delivery<sup>50</sup>.

#### **5.1.2 Carers Short Break Bureau**

As part of the Moray Change Fund Application 2011 it was the intention to create a Carers Short Break Bureau which would source and investigate respite and short break opportunities for older people. This would facilitate carers and older people to access a wider range of services/choices regarding respite and short break options. Ensuring older people are supported to get the most out of their self directed budgets and supported in their caring role, complementing the work already being carried out through the carers support network.<sup>51</sup>

#### **5.1.3 Cost of Respite**

##### **5.1.3.1. Cost of Informal/unpaid care**

The cost of Informal/unpaid care (from FMS system) in 2010/11 was:-

Quarriers - £192,047

Crossroads - £25,121

Total Cost - £217,168

Source – Moray accountancy figs - March 2011

##### **5.1.3.2. Cost of OP External Respite**

Elgin/Lossie has the largest proportion of the gross actual spend for external respite but as it has the largest number of older people (39.15% of the 65+ population) this is not surprising. However the Buckie/ Cullen/Fochabers area has a third of the external respite gross actual spend with less than a quarter (24.47%) of the 65+ population while Speyside which has 19.44% of the 65+ population has only 14.22% of the spend.

<sup>49</sup> Caring Together in Moray 2011-2015 strategy for unpaid carers in Moray - Scottish Executive (2007) All our Futures planning for a Scotland with an ageing population. Edinburgh: Scottish Executive Carers Scotland (2009) Ten facts about caring in Scotland <http://www.carersscotland.org/Aboutus/AboutCarersScotland/TenfactsaboutcaringinScotland>

<sup>50</sup> Caring Together in Moray 2011-2015 strategy for unpaid carers in Moray

<sup>51</sup> Moray Change Fund Application 28/02/2011

<b>OP External Respite Area</b>	<b>Details</b>	<b>Additional Details</b>	<b>Gross Actual £ 2010/11</b>	<b>Percentage for each area</b>
Elgin & Lossie	Elgin OP External Respite	OP Respite Care Accommodated	£42,234	
		OP Respite Home Care	£2,197	
		OP Respite Personal Care	£19,703	
		OP Respite Nursing Care	£1,495	
		Elgin Total	£65,629	
	Lossie OP External Respite	OP Respite Care Accommodated	£17,538	
		OP Respite Home Care	£14	
		OP Respite Personal Care	£17,821	
		OP Respite Nursing Care	£1,406	
		Lossie Total	£36,779	
		Elgin & Lossie Total	£102,408	36.77%
Buckie, Cullen & Fochabers	Buckie OP External Respite	OP Respite Care Accommodated	£39,205	
		OP Respite Home Care	£8,525	
		OP Respite Personal Care	£34,901	
		OP Respite Nursing Care	£10,797	
		Buckie Total	£93,428	33.55%
Speyside	Keith OP External Respite	OP Respite Care Accommodated	£34,818	
		OP Respite Home Care	£19	
		OP Respite Personal Care	£4,761	
		Keith Total	£39,598	14.22%
Forres	Forres OP External Respite	OP Respite Care Accommodated	£30,617	
		OP Respite Personal Care	£10,890	
		OP Respite Nursing Care	£1,543	
		Forres Total	£43,050	15.46%
		All Areas Total	£278,484	

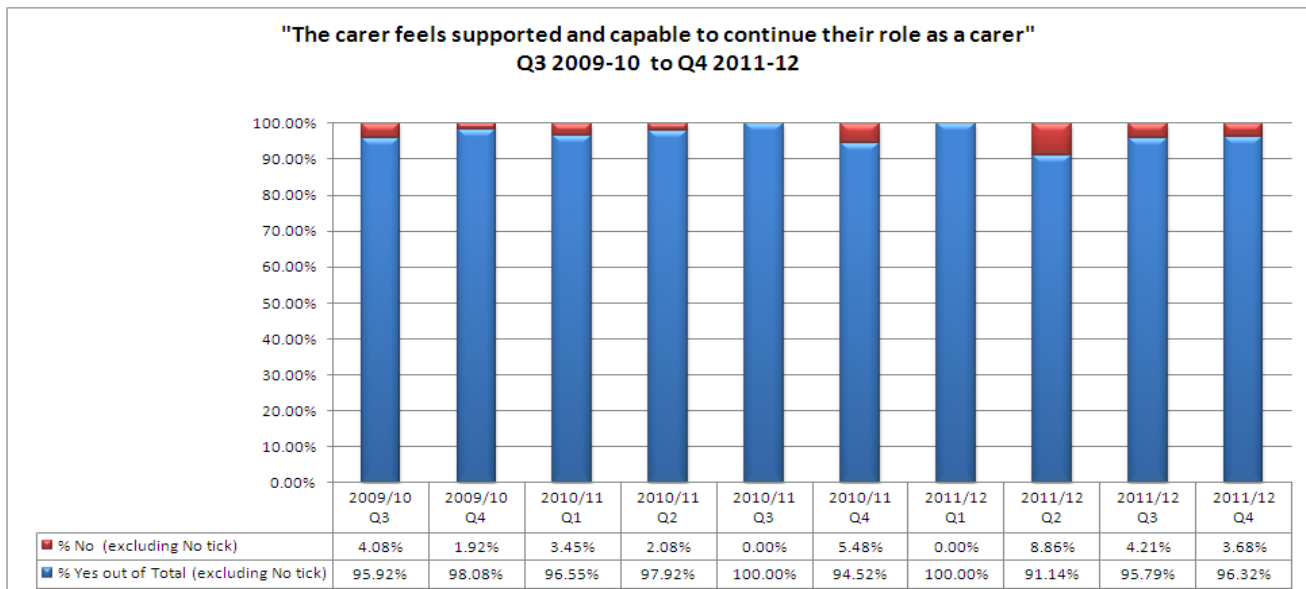
Source – Moray accountancy figs - March 2011

## 5.2 Quality

### 5.2.1 Carers Surveys

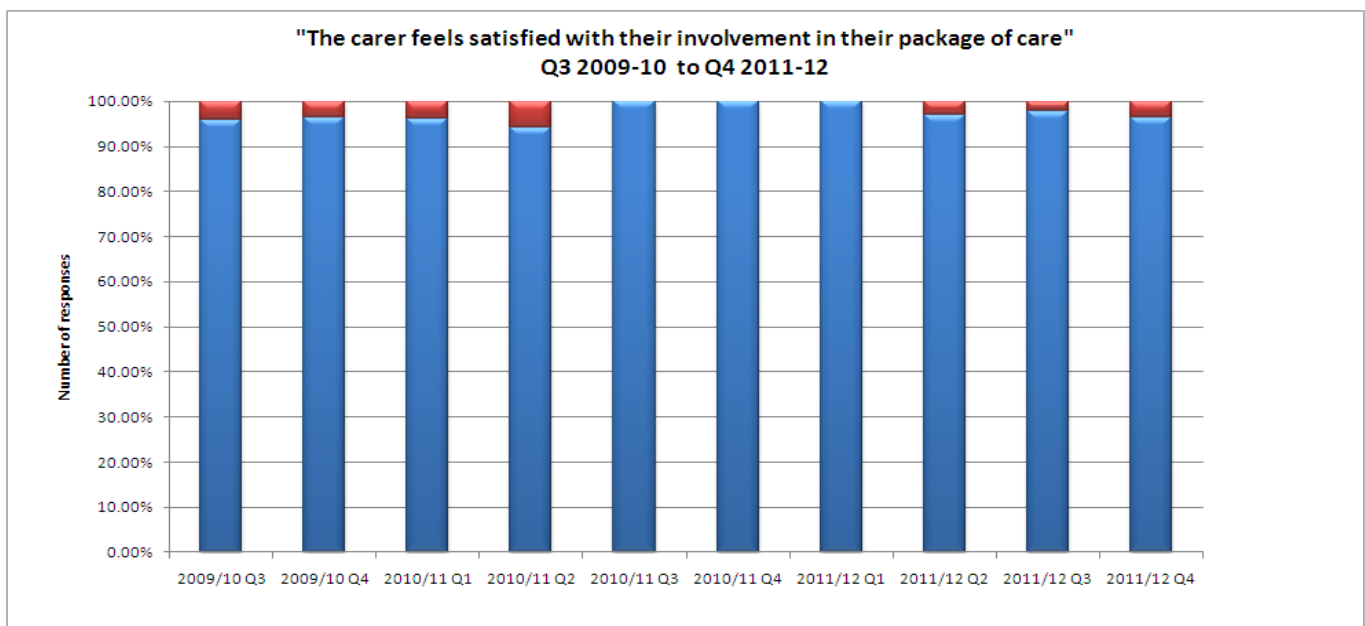
In the questionnaires regularly given to carers as part of annual reviews etc there were certain Community Care Outcomes Questions asked including: “was a carer’s assessment offered”, “do you feel healthy?”; “do you have opportunities to have a life of their own”; “do you have a positive relationship with the cared for person”; and the following 2 questions...

In answering these between 2009/10 and 2011/12 the percentage who felt supported and capable to continue their role as a carer was over the target 90% in each year.



Moray Council - Covalent Performance Database 2012 and Community Care's Quality and Performance data

In answering these between 2009/10 and 2011/12 the percentage who felt satisfied with involvement in design of their health and social care packages was 94.37% and 97.94% consecutively was over the target 90% in each year.

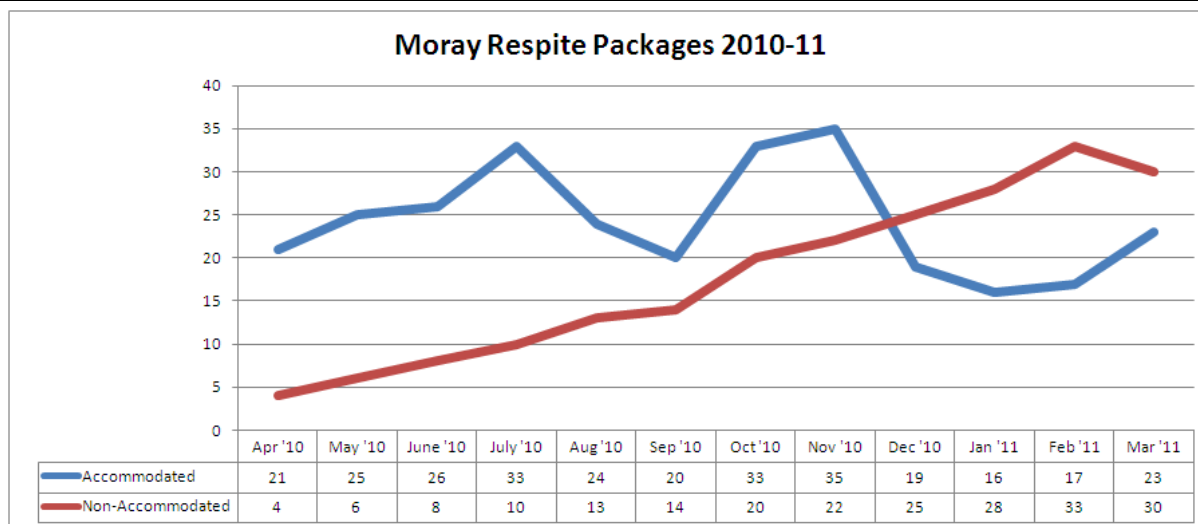


Moray Council - Covalent Performance Database 2012 and Community Care's Quality and Performance data

## 5.3 Demand

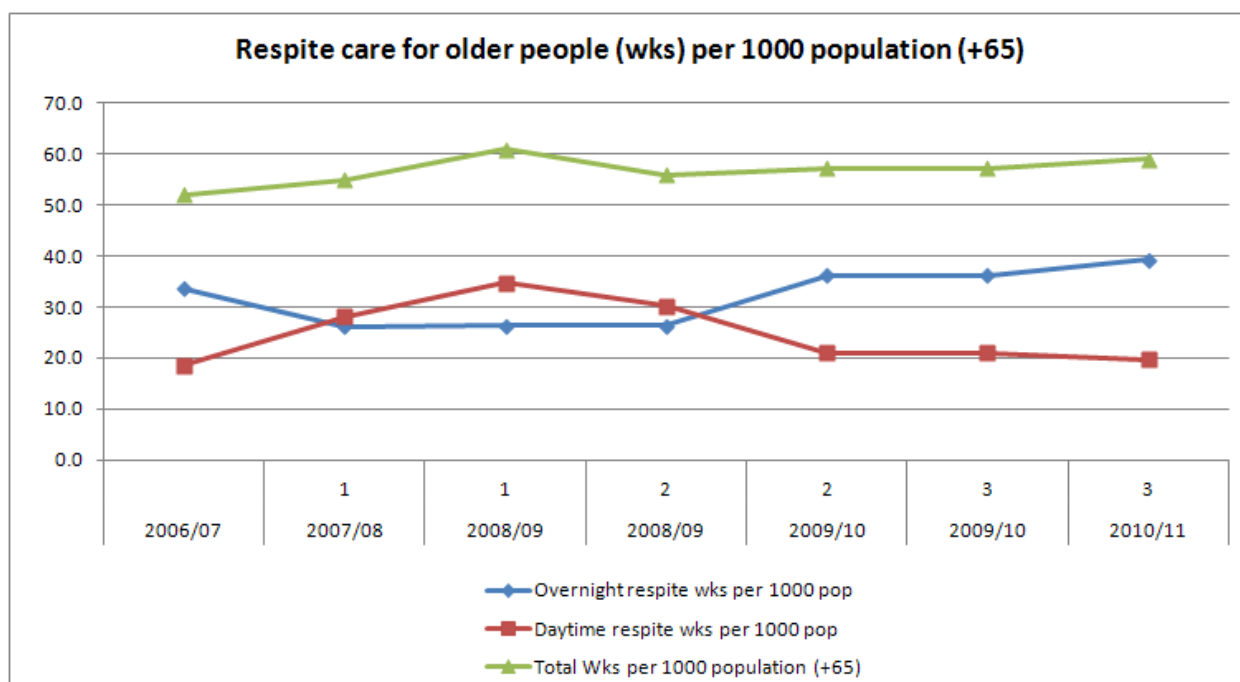
### 5.3.1 Respite packages

In total there were 505 respite packages over 2010-11. In January the accommodated respite fell to its lowest in the year while the non-accommodated respite rose steadily through the year until February '11. The proportion of accommodated to non-accommodated respite reversed in December with the greater proportion being provided by non-accommodated respite from that point onward.



Business Objects report from Carefirst – 2010-11

2010/11 showed slight rises in the respite care in overnight respite and total respite but daytime respite fell slightly.



Respite Care Statistical Release for 2011 and populations from Audit Scotland (The numbers above the year in the graph are counts using different methodologies as these measures have changed and developed over the last few years so 2007/08 (1) can be compared with 2008/09 (1).

2010/11 showed slight rises in the respite care in overnight respite and total respite but daytime respite fell slightly.

## 5.4 Summary

As carers both informal and formal are the backbone of the shifting of the balance of care then there is a greater need for support of this section of people so they are not over burdened and can also lead their own lives. As yet the numbers of informal carers is very much estimated and it is difficult to quantify what level of support they are providing and what level of support they themselves may require. At present there is a perception of met need but that is for those carers that we know about and it would be dangerous to presume that need is met for all.

## 6 Supported housing

### 6.1 Overview

Much of the information for this section has come from the Housing Need and Demand Analysis with input from the Housing Management Partnership which refers to HMAs (Housing Market Areas) which are different from NHS localities and include the Moray part of Cairngorm National Park as an area.

"The role of Sheltered Housing in Scotland has changed since the 80's from a model of accommodation with a 24 hour warden service for independent active older people providing security and companionship to one where current entrants into sheltered housing tend to be older and frailer and existing residents are growing older and becoming more dependent.

New service developments in Moray, particularly those designed to enable people to stay in their own homes provide older people with greater opportunities to receive services at home e.g. home care re-enablement service and home from hospital service. Developments in telecare/community alarms and available aids and adaptations also support independence at home. These developments have reduced the future demand/need for traditional sheltered housing and prompted a move towards Extra Care Housing."<sup>52</sup>

"MCHSCP's Strategy for older people (2009-2014) identified delivering an expanded range of housing and care options for older people to be supported at home as a key strategic aim and the following priorities were agreed:

- Progress the recommendations of the sheltered housing research and review sheltered housing within each locality
- Consider the suitability of developing extra care housing within each locality where possible
- Consider how housing support can be available through all tenure types  
Consider how to link the commissioning of housing support and care in sheltered housing or combine within schemes designated as extra care
- Consider the opportunities in Moray Council sheltered housing schemes to convert to extra care housing or further develop support within the community"<sup>53</sup>

"A total of 12 recommendations were agreed by Communities Committee on 12 October 2010. Progress on each is provided in this report. The recommendations recognised that involvement and consultation were vital components of sheltered housing, both in the delivery and development of services. Consequently, a number of recommendations were subject to consultation with both sheltered housing tenants and sheltered housing wardens. The outcome from consultation is reflected within this report."<sup>54</sup>

In summary the recommendations/outcomes included<sup>55</sup>:

1. Wardens being given the choice of living onsite (i.e. no longer a requirement)
2. Vacant warden properties to be returned to sheltered housing stock
3. The cost of the warden service attributable to housing management duties are transferred to the Housing Revenue Account.

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<sup>52</sup> Moray Council Communities Committee Report (12 October 2010)- Sheltered Housing Review (paras 3.1, 3.4)

<sup>53</sup> Moray Council Communities Committee Report (12 October 2010)- Sheltered Housing Review (paras 3.11)

<sup>54</sup> Moray Council Communities Committee Report (21 June 2011)- Sheltered Housing Review – Progress Report (paras 3.5)

<sup>55</sup> Moray Council Communities Committee Report (21 June 2011)- Sheltered Housing Review – Progress Report (paras 3.5)

4. Consultation undertaken with tenants in Marine Terrace regarding a potential change to their housing support provider – now provided from triple scheme warden service (comprising South College House, Mossend Place and Muirfield Court sheltered housing complexes)
5. Proposed reconfiguration of warden support for Gurness Circle and the Triple Scheme (including Marine Terrace). The potential for combining the Buckie and Portgordon schemes was also to be considered - new arrangements were agreed and the East (covering Buckie and Portgordon)/West (covering Elgin, Lossiemouth and Forres) teams became fully operational from 1 May 2011
6. An outreach service for clients within surrounding areas should be piloted for the Leys Road scheme in Forres - will provide housing support to vulnerable clients who live in close proximity to Leys Road, Forres. The communal room at Leys Road will be used to promote a wider range of activities for existing residents and it is proposed that other service users will be invited to these activities.
7. Consultation is undertaken with the tenants of Larch Court and the existing day care users, on a potential transfer of provision of day-care to Larch Court - This process has been carried out and it is clear that the residents of Larch Court did not support any proposal to transfer the provision of day care facilities to Larch Court. There are also genuine concerns relating to fire safety etc. On this basis, it is recommended that no further action is taken, given the consultation response.
8. A working group involving Housing and Property and Community Care staff should take forward the potential for Gurness Circle and South College House in Elgin to become community facilities delivering a range of services e.g. day/resource centres
  - South college House, Elgin – not suitable
  - Gurness Circle, Elgin – suitable and no objections but pending fire risk assessment
9. The provision of affordable housing which meets the needs of older people should be determined by the Housing Needs and Demand Assessment - The Communities Committee considered the draft Housing Needs and Demand Assessment at its meeting on 26 April 2011 (paragraph 7 of the Minute refers). The Housing Needs and Demand Assessment was be submitted to the Scottish Government in July 2011.
10. Investigate the potential and implications of Larch Court being developed as 'extra care' housing within a 'hub and spoke' model where outreach and in reach services are provided to the wider community – Committee approved the continuation of discussions with Larch Court residents and this is to be reported in the future.
11. Transfer the management of budgets for Housing Association Sheltered Housing Support to Community Care - was transferred to Community Care with effect from 2011/12.
12. If need and demand for traditional sheltered housing decreases, some properties could be considered for re-designation as mainstream housing - trends in the need and demand for traditional sheltered housing will be reported annually to Committee as part of the annual report on the operation of the Councils housing allocation policy. Any proposals to re-designate sheltered housing provision in the future would be raised in the annual report, in the light of trends reported.

#### 6.1.1 Definitions

Definitions from the Housing Need and Demand Analysis:

"The Housing Market Partnership has agreed the following definitions

**Amenity housing** may also be called Medium Dependency housing and is self-contained housing where the occupant holds a secure tenancy. The occupants are often, but not exclusively, older people who are ambulant disabled or who have mobility problems. The housing will have level external access, and may have some disabled adaptation e.g. a level access shower/telecare/community alarm, either as part of the design or fitted retrospectively.

**Sheltered Housing** is usually 1 or 2 bed units, where the occupant holds a secure tenancy, built either as part of a complex or located together, traditionally used to provide housing for

older people, but in the current context may be used to provide a housing option to households of any age in need of low level housing support. Sheltered Housing may be collocated with day care facilities.

**Extra Care housing** may also be called Very Sheltered Housing and is individual housing units built as a complex, where the occupant holds a secure tenancy, used to provide housing to households in need of a higher level of housing and community care support. Extra Care housing is likely to have communal facilities and social activities. Day care services are often delivered from Extra Care housing complexes.”<sup>56</sup>

### 6.1.2 Social Housing Provision

In a report to communities Committee on 12 October 2010 it was stated:

“There are currently approximately 588 units of sheltered Housing for older people in Moray over 25 schemes, comprising two models of provision:-

- **532 traditional sheltered housing units:** 123 in the Buckie/Cullen area, 225 in the Elgin/Lossmouth area, 55 in the Forres area and 85 in the Speyside area provided by Moray Council, Hanover Housing Association and Castlehill Housing Association.
- **56 Extra Care Sheltered Housing units** (Very Sheltered Housing):- 15 in Buckie/Cullen area, 25 in the Elgin/Lossmouth area, 16 in the Forres area provided by Hanover Housing Association.

All warden services are considered a Housing Support service enabling tenants to maintain their tenancy independently in the community, ensuring the general wellbeing of tenants and that the appropriate services are in place to meet their needs. To comply with the European Time Directive, there has been a move towards the provision of limited warden support (9:00 - 3:30) on site and an alarm service with appropriate response available when the warden is not on duty across all services in Moray.

Sheltered Housing tenants who have an assessed care need receive care from Moray Council home carers or private care providers funded through the Community Care budget.”

#### 6.1.2.1. Registered Social Landlords

There are two registered social landlords with sheltered housing stock in Moray - Castlehill Housing Association (84 units) and Hanover Housing association (355 units).

#### **Castlehill Housing Association**

“Castlehill Housing Association has three schemes, which are all traditional sheltered housing, situated in the villages of Cullen, Aberlour and Tomintoul providing 84 units. The scheme in Tomintoul is integrated into the community by hosting Day Care services and local community groups.

The Association has made changes to the warden provision in all its sheltered schemes apart from Tomintoul. It is currently examining the warden service provision in Tomintoul.

The Council provides funding to Castlehill Housing Association for the costs of housing support services. In 2009/10, funding provided to Castlehill was £71k. Rates are currently frozen whilst service negotiations continue for the current year.”<sup>57</sup>

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<sup>56</sup> Housing need and demand analysis 2011 (para 8.9.5)

<sup>57</sup> Communities Committee Report 12 October 2010 – Sheltered Housing Review



## **Hanover Housing Association**

"Hanover Housing Association is the main provider of sheltered housing in Moray, providing 299 units of traditional sheltered housing in a number of locations throughout Moray. Hanover Housing Association is the only provider of Extra Care Housing in Moray with three schemes in Chandlers Court, Elgin, Cameron Court, Forres and Linn Court, Buckie. These schemes provide integrated Care and Support 24 hours a day.

The Association has shown a willingness to provide care as well as support. As well as providing cost savings, this also allows care and support to be better adapted to meeting individuals' needs. Work is being undertaken with the Association to pilot this, moving to joint care and support contracts for extra care housing.

The Association has reduced its staffing to comply with the European Time Directive and has re-designated some of its warden service more appropriately as housing management. Council funding to Hanover in 2009/10 was £407k."<sup>58</sup>

### **6.1.2.2. Moray Council**

"Moray Council is registered with the Care Commission to provide sheltered housing services for 149 units in 7 locations across Moray. The Council does not provide extra care sheltered housing. The accommodation is well maintained and most of it is suitable for purpose. The Housing Service manages the tenancies, the buildings and the warden service. Individual care service packages are managed by the Community Care Service.

The model of housing support is consistent across all locations, with wardens providing on site support for part of the day and two wardens on call overnight covering Buckie/Portgordon and Elgin/Forres. Some of the warden's duties include repairs, rents and tenancy disputes which can be deemed to be housing management functions.

In Elgin, sheltered housing units at Mossend Place, Muirfield Court, and South College House are known as the triple scheme. One warden service is provided across the three sites.

The warden service at Marine Terrace, Lossiemouth is provided by Whinnybank Residential Home at a cost of £17k this year. This is the only scheme in Moray where the warden service is not provided by the service provider.

84% of Council tenants are over 65 years of age (16% are under 65). Some tenants also have a care package, the level of which is dependent on assessed need (30% have a care package). Home care is a major component in each care package.

Dispersed Lifeline Units are installed in all Council units, not only providing security and 24 hour emergency response but the opportunity exists to add a variety of Telecare devices such as bed sensors, property exit sensors as an individuals support needs change.

The Council sheltered housing support budget is £252k per annum. In 2009/10, this budget was overspent as a result of a one off compensation payment to staff as a result of the European Time Directive, which will not recur, and as a result of increased staff costs arising from long term sickness, an early retirement pension subsidy and the costs of the out of hours service. Although it is predicted that sickness levels will return to normal, there is no provision within the budget for sickness cover and the out of hours standby service."<sup>59</sup>

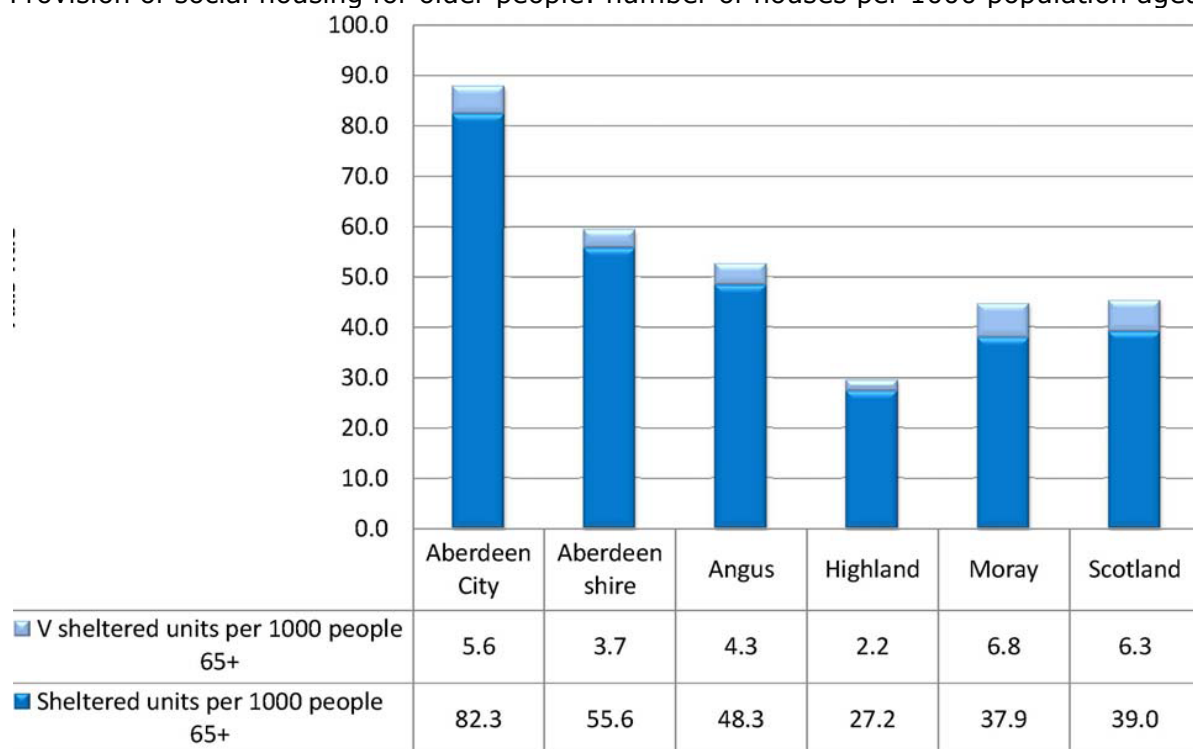
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<sup>58</sup> Communities Committee Report 12 October 2010 – Sheltered Housing Review

<sup>59</sup> Communities Committee Report 12 October 2010 – Sheltered Housing Review

"The figure and table below show the relationship between provision of social housing for older people in 2009, and the number of people aged 65 and over living in Moray, neighbouring Local Authorities and Scotland. Moray is amongst the authorities with the least provision in Scotland".<sup>60</sup>

Provision of social housing for older people: number of houses per 1000 population aged 65+ 2010



Source – Scottish Government, Housing Statistics for Scotland 2010 – Key Trends Summary

Housing for older people per 1000 pop, Moray Council and neighbouring LAs

Area	65+ Pop '000s	Landlord	Very Sheltered NSC bedspaces and SC units	Sheltered NSC bedspaces and SC units	Medium Dependency NSC bedspaces and SC units	total	Housing for older people per 1000 pop
Aberdeen City	32.3	Council	79	2,220	456	2,755	85.4
		RSL	101	435	266	802	24.9
Aberdeenshire	37.4	Council	14	1,429	0	1,443	38.6
		RSL	125	649	69	843	22.6
Angus	21.1	Council	0	611	0	611	29.0
		RSL	91	406	325	822	39.0
Highland	38.8	Council	0	478	0	478	12.3
		RSL	86	579	45	710	18.3
<b>Moray</b>	<b>15.6</b>	<b>Council</b>	<b>0</b>	<b>149</b>	<b>0</b>	<b>149</b>	<b>9.6</b>
		<b>RSL</b>	<b>106</b>	<b>440</b>	<b>61</b>	<b>607</b>	<b>39.0</b>
Scotland	845.6	Council	465	15,717	4,678	20,860	24.7
		RSL	4,855	17,276	8,117	30,248	35.8

Source: Housing Statistics for Scotland 2010 - Key Trends Summary

NSC = Non self contained

SC = self contained

<sup>60</sup> Scottish Government, Housing Statistics for Scotland 2010 - Key Trends Summary

"The Census 2001 showed that there were 99 communal establishments in Moray with 2,069 residents. 805 residents were military personnel. The remainder were predominantly associated with medical and care needs."<sup>61</sup>

"There were 50 current Houses in Multiple Occupancy licenses at March 2010. 22 of these are properties used by the Council and its partners to provide temporary or supported accommodation, and so are included under Temporary accommodation (see table below)."<sup>62</sup>

### Shared housing and communal establishments (all tenures)

Type of establishment		HMA						Moray
		Buckie	Elgin	Forres	Keith	Speyside	CNP	
Children's' home	No of properties	1	2	1	0	0	0	4
	No of residents	4	8	3				15
Residential care home	No of properties	4	13	3	2	1	0	23
	No of residents	112	298	107	77	29		623
Sheltered housing	No of properties	7	11	2	1	2	1	24
	No of residents	128	240	61	39	40	14	522
Supported housing	No of properties	3	10	0	0	0	0	13
	No of residents	21	60					81
Extra Care housing	No of properties	1	1	1	0	0	0	3
	No of residents	15	26	17				58
Supported accommodation - learning disabilities	No of properties	3	11	1	0	0	0	15
	No of residents	12	49	4				65
Houses in multiple occupancy	No of properties	5	11	5	2	5	0	28
	No of residents	40	58	24	19	21		162
Temporary accommodation	No of properties	1	0	1	1	1	0	4
	No of residents	5		41	7	24		77
NHS Staff accommodation	No of properties	0	3	0	0	0	0	3
	No of residents		25					25
Homeless Hostel	No of properties	0	1	0	0	0	0	1
	No of residents		10					10
RAF single persons accommodation	No of properties	0	1	1	0	0	0	2
	No of residents		806	526				1332
Nursing Home	No of properties	0	0	0	1	0	0	1
	No of residents				8			8
<b>Total</b>	<b>No of properties</b>	<b>25</b>	<b>64</b>	<b>15</b>	<b>7</b>	<b>9</b>	<b>1</b>	<b>121</b>
	<b>No of residents</b>	<b>337</b>	<b>1582</b>	<b>786</b>	<b>150</b>	<b>114</b>	<b>14</b>	<b>2983</b>

Source - Moray Council procurement records, Defence Estates, Moray Council stock records, HMO licensing records

#### 6.1.2.3. Amenity Housing

"Moray already has a significant proportion of its affordable rented stock fitting the definition of amenity housing but it is not necessarily defined as such, and is not exclusively used to meet the housing need of ambulant disabled people. The table below illustrates the affordable rented stock which fits the definition of amenity housing At the time of writing, 24% of Council owned, 1 or 2 bed, general needs bungalows had level access showers already fitted, suggesting they are, or have been, occupied by ambulant disabled tenants."<sup>63</sup>

<sup>61</sup> Housing need and demand analysis 2011 (para 5.11.1)

<sup>62</sup> Housing need and demand analysis 2011 (para 5.11.3)

<sup>63</sup> Housing need and demand analysis 2011 (para 8.9.9)

#### Affordable rented amenity stock in Moray by HMA

Property Type	Land lord	Affordable housing stock as at April 2010						Moray
		Housing Market Area						
		Buckie	Elgin	Forres	Keith	Speyside	CNP	
1 bed amenity	RSL	18	25	23	9	13	0	88
1 bed bungalow	RSL	0	0	4	0	0	0	4
	Moray Council	198	454	112	127	110	5	1,006
2 bed amenity	RSL	6	12	32	0	1	0	51
2 bed bungalow	RSL	0	0	4	0	0	0	4
	Moray Council	96	167	45	42	35	0	385
3 bed amenity	RSL	0	0	0	0	0	1	1
Grand Total		318	658	220	178	159	6	1,539

Source: Moray Council Stock database, Housing Options Guide

Note the '0's in the Keith, Speyside and Cairngorm National Park (CNP) areas.

#### 6.1.2.4. Sheltered and Extra Care Housing

"The table below shows the number of sheltered and extra care units available across Housing Market Areas, compared to the population aged over 65. The population aged 65+ is available from Census 2001, but the table sources the population aged 65+ from GP Practice registers as it is more up to date. An assumption has been made that the vast majority of persons aged 65+ are registered with a GP and that their GP and their home are in the same Housing Market Area. The table below shows that the distribution of sheltered and extra care housing across Housing Market Areas is disproportionate to the older population. The Housing Market Areas with least provision are Keith and Speyside."<sup>64</sup>

Ratio of Extra Care stock to population aged 65+ - Jan 2010

Housing Market Area	Population Aged 65+	Extra Care/ V sheltered		Sheltered	
		Units	Ratio to pop 65+	Units	Ratio to pop 65+
Buckie	3,133	15	4.79	121	38.62
CNP	126	0	0.00	14	111.11
Elgin	7,379	25	3.39	226	30.63
Forres	2,799	16	5.72	57	20.36
Keith	1,483	0	0.00	36	24.28
Speyside	1,603	0	0.00	36	22.46
<b>Moray</b>	<b>16,523</b>	<b>56</b>	<b>3.39</b>	<b>490</b>	<b>29.66</b>
Sources	GP Practice records Jan 2010 Moray Council and RSL stock records				

Source: Housing need and demand analysis 2011

#### 6.1.3 Housing for Mental Health

"The National Dementia Strategy for Scotland outlines the need for a range of services designed to support people in their own home, regardless of tenure. Moray Council's Mental Health Team will explore the development of specialised housing options with dedicated support, which may be provided on-site or remotely. While many more people can be supported in their own homes, the availability of alternative housing support options is critical for people where their existing home does not lend itself to maximising independence.

<sup>64</sup> Housing need and demand analysis 2011(para 8.9.10)

Mental Health Team clients are assessed for mainstream housing following the Council's Allocations Policy and associated Medical Assessment procedures."<sup>65</sup>

"The Mental Health Team currently manages 5 units of accommodation (10 bed spaces) in a hostel setting (Guildry House) which provides services to people with substance misuse problems. The Mental Health Team has also leased 5 units from Hanover Housing Association used to provide transitional housing for the team's clients. In 2010, a specially designed new build facility was completed which provides transitional accommodation for 8 clients, with 24hrs staff cover. Four older clients who were in long term care have been supported to move to sheltered housing with care at home. The Mental Health Team's 5 year work plan is to have 8 flats for clients who need ongoing support with 24 hr staff cover. This will allow the Team to close existing unsuitable accommodation.

The Mental Health Team report that housing options should range from 24-hour staff support to floating and low-level support for individuals in the community, with equality of access to mainstream housing opportunities. Services are to be provided for homeless people with mental health problems which identify and meet their care and support needs.

At the time of writing, the mental health team are unable to provide evidence of current housing need."<sup>66</sup>

#### 6.1.4 Current Provision and Cost of Sheltered Housing and Extra Care Housing

"There are two registered social landlords with sheltered housing stock in Moray - Castlehill Housing Association (84 units) and Hanover Housing association (355 units)."<sup>67</sup>

Sheltered Housing and Extra Care Housing – by supplier and area

<b>Sheltered Housing and Extra Care Housing</b>	<b>Units</b>	<b>Gross Actual £ 2010/11</b>	<b>Gross Actual - Average per unit</b>
Castlehill - Tomnabat Court - Tomintoul	14	£ 24,585	£1,756.07
Castlehill - Bayview Court - Cullen	20	£ 34,977	£1,748.85
Castlehill - Conval Court - Aberlour	14	£ 11,707	£ 836.21
Castlehill Total	48	£ 71,269	£1,484.77
Hanover - Haugh Road Elgin	39	£ 14,997	£ 384.54
Hanover - Lossie Wynd Elgin	20	£ 9,921	£ 496.05
Hanover - High Street Elgin	17	£ 4,583	£ 269.59
Hanover - West Park Elgin	37	£ 14,966	£ 404.49
Hanover - Linksfield Road Elgin	8	£ 1,241	£ 155.13
Hanover - Chandlers Court Elgin	25	£ 106,943	£4,277.72
Hanover - Ramsey Lane Lossiemouth	18	£ 8,715	£ 484.17
Hanover - North Street Forres	33	£ 21,276	£ 644.73
Hanover - Batchen Street Forres	13	£ 3,654	£ 281.08
Hanover - Cameron Court Forres	16	£ 60,226	£3,764.13
Hanover - Newlands Land Buckie	25	£ 13,508	£ 540.32
Hanover - Netherha Road Buckie	36	£ 17,903	£ 497.31
Hanover - Seaview Place Buckie	3	£ 574	£ 191.33
Hanover - Linn Crescent Buckie	15	£ 71,012	£4,734.13

<sup>65</sup> Housing need and demand analysis 2011 (para 8.9.20-21)

<sup>66</sup> Housing need and demand analysis 2011 (para 8.10.8-10)

<sup>67</sup> Communities Committee Report 12 October 2010 – Sheltered Housing Review (Para 5.2)

Hanover - High Street Rothes	14	£ 3,865	£ 276.07
Hanover - York Street Dufftown	22	£ 14,531	£ 660.50
Hanover - Milnescroft Court Fochabers	36	£ 19,596	£ 544.33
Hanover - Union Street Keith	10	£ 2,910	£ 291.00
Hanover - Broomhill Road Keith	35	£ 16,901	£ 482.89
Hanover Total	422	£ 407,322	£ 965.22
Combined Totals (Castlehill and Hanover)	470	£ 478,591	£1,018.28

Source – Moray accountancy figs - March 2011

The following is the same information but summarised by supplier.

Sheltered Housing and Extra Care Housing by supplier

<b>Sheltered Housing and Extra Care Housing</b>	<b>Units</b>	<b>Gross Actual £ 2010/11</b>	<b>Average cost per unit</b>
Castlehill Totals	48	£ 71,269	£1,484.77
Hanover Totals	422	£ 407,322	£ 965.22
Combined Totals (Castlehill and Hanover)	470	£ 478,591	£1,018.28

Source – Moray accountancy figs - March 2011

The following is the same information but summarised by shown by area.

Sheltered Housing and Extra Care Housing by Area

<b>Sheltered Housing and Extra Care Housing by Area</b>	<b>Service Mapping - Heading</b>	<b>Units</b>	<b>Gross Actual £ 2010/11</b>	<b>Average cost per unit</b>
<b>Speyside</b>	Castlehill Tomnabat Court - Tomintoul	14	£ 24,585	£ 1,756.07
	Castlehill Conval Court - Aberlour	14	£ 11,707	£ 836.21
	Hanover - High Street Rothes	14	£ 3,865	£ 276.07
	Hanover - York Street Dufftown	22	£ 14,531	£ 660.50
	Hanover - Union Street Keith	10	£ 2,910	£ 291.00
	Hanover - Broomhill Road Keith	35	£ 16,901	£ 482.89
	<b>Total for Speyside</b>	109	£ 74,499	£ 683.48
<b>Buckie, Cullen and Fochabers</b>	Castlehill Bayview Court - Cullen	20	£ 34,977	£ 1,748.85
	Hanover - Newlands Land Buckie	25	£ 13,508	£ 540.32
	Hanover - Netherha Road Buckie	36	£ 17,903	£ 497.31
	Hanover - Seaview Place Buckie	3	£ 574	£ 191.33
	Hanover - Linn Crescent Buckie	15	£ 71,012	£ 4,734.13
	Hanover - Milnescroft Court Fochabers	36	£ 19,596	£ 544.33
	<b>Total for Buckie, Cullen and Fochabers</b>	135	£ 157,570	£ 1,167.19
<b>Elgin &amp; Lossie</b>	Hanover - Haugh Road Elgin	39	£ 14,997	£ 384.54
	Hanover - Lossie Wynd Elgin	20	£ 9,921	£ 496.05
	Hanover - High Street Elgin	17	£ 4,583	£ 269.59
	Hanover - West Park Elgin	37	£ 14,966	£ 404.49
	Hanover - Linksfield Road Elgin	8	£ 1,241	£ 155.13
	Hanover - Chandlers Court Elgin	25	£ 106,943	£ 4,277.72
	Hanover - Ramsey Lane Lossiemouth	18	£ 8,715	£ 484.17
	<b>Total for Elgin &amp; Lossie</b>	164	£ 161,366	£ 983.94
<b>Forres</b>	Hanover - North Street Forres	33	£ 21,276	£ 644.73

	Hanover - Batchen Street Forres	13	£ 3,654	£ 281.08
	Hanover - Cameron Court Forres	16	£ 60,226	£ 3,764.13
	<b>Total for Forres</b>	62	£ 85,156	£ 1,373.48
	<b>Total for All Areas</b>	470	£ 478,591	£ 1,018.28

Source – Moray accountancy figs - March 2011

The following is the same information but summarised by area.

#### Sheltered Housing and Extra Care Housing by Area

<b>Sheltered Housing and Extra Care Housing by Area</b>	<b>Units</b>	<b>Gross Actual £ 2010/11</b>	<b>Average cost per unit</b>
Total for Speyside	109	£ 74,499	£ 683.48
Total for Buckie, Cullen and Fochabers	135	£ 157,570	£ 1,167.19
Total for Elgin & Lossie	164	£ 161,366	£ 983.94
Total for Forres	62	£ 85,156	£ 1,373.48
Total for All Areas	470	£ 478,591	£ 1,018.28

Source – Moray accountancy figs - March 2011

#### Housing Service - Sheltered Housing

<b>Sheltered Housing</b>	<b>Gross Actual £ 2010/11</b>
Sheltered Housing - Larch Court	£ 52,891
Sheltered Housing - Gurness Circle	£ 40,331
Sheltered Housing - Mossend/Muirfield College House	£ 47,489
Sheltered Housing - Wallace Avenue	£ 45,481
Sheltered Housing - Crown Terrace Portgordon	£ 46,797
Sheltered Housing - The Leys	£ 28,118
Sheltered Housing - Marine Terrace	£ 17,674
Sheltered Housing - General	£ 517
<b>Total - Housing Services</b>	<b>£ 279,298</b>

Source – Moray accountancy figs - March 2011

#### Sheltered Housing – facilities available at some of the locations:

<b>Area</b>	<b>Sheltered Housing</b>	<b>Accommodation Type</b>	<b>Properties</b>	<b>Locality</b>
Elgin	Larch Court	Flats all under one roof	33	People who access the lounge have a good view over surrounding streets and gardens and often watch 'life going by'

**Usage:** Two entrances with security doors and each Tenant have the facility to open the outside doors from their flats. Excellent facilities with regular seating areas between colour coded corridors on both floors with central lift. Very large lounge with adjacent smaller lounge (semi partitioned), reasonable size kitchen with serving hatch. It is fitted with electric and gas cookers. There is room set up for hairdressing.

Two bedrooms for visitors to stay over. Communal Toilets upstairs and down stairs and a laundry room. A mobile hairdresser visits once weekly, appears to be fairly regular activities in large lounge for tenants to attend if required. There is a 'coffee' time in the small lounge every morning at 10.30.

6 properties have couples living in them the rest are single occupancy. Again varying degrees of mobility.

Lounge area is used on regular basis by Home Care Teams for meetings.

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Elgin	Gurness Circle	Properties?	20	

**Usage:** Modern properties with an excellent community facility consisting of large lounge, kitchen area, toilet, toilet with shower, laundry facilities, spare small lounge, and bedroom that can be used by visitors.

At time of writing – the most recent update on this was - This project is a mixture of all the Elgin Sheltered Housing Complexes. They meet on a Wednesday afternoon at Gurness Circle. The people from the other complexes either arrive by car or by taxi. The group has been running for a number of weeks now and have gelled extremely well. They have named themselves the Jolly mixtures (so called, because they come from different schemes and they see themselves as being 'jolly'. There are twenty people on the attendance register and the maximum attendance has been seventeen which makes the place full. They are taking on a lot more responsibility and this is adding from week to week. A cooking course has recently started on a Monday evening with four men and two women, they work in pairs and make three different dishes each week which they share between them. The current feedback from this is excellent. This is in conjunction with Health Improvement.

A computer course is due to begin on the 20<sup>th</sup> April. Four people are signed up to this (each person will have a 'buddy') which means that there will be eight people involved in this project. This is in conjunction with the Lhanbryde Challenge. It is expected that after this course the people involved will have the confidence to continue with their learning using the local library. They each pay £2 weekly.<sup>68</sup>

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Elgin	Mossend	Bungalows (in a straight line)	6	Adjacent to a small shopping area and pub. Quite close to a bus route.

**Usage:** Warden's house is one of these. One Warden covers Mossend Place, Muirfield Court, & South College House.

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Elgin	Muirfield	Bungalows (in horseshoe)	8	

**Usage:**

No communal flat or meeting place.

One Warden covers Mossend Place, Muirfield Court, & South College House.

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Elgin	South College House	Flats	10	Properties scattered but fairly close to each other and mixed in with other flats.

**Usage:** Community flat with two lounges, garden area, kitchen, bedroom for visitors, laundry room toilet and shower room.

One Warden covers Mossend Place, Muirfield Court, & South College House.

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Fochabers	Milnescroft			

**Usage:** At time of writing – the most recent update on this was - This project is with Hanover Housing and based in Fochabers. The group meet on a Monday afternoon. This is the newest of the groups and at present there are approximately eight people who attend regularly. There is capacity for a number more people, perhaps inviting those from the nearby community.

<sup>68</sup> Update from Irene Weedon



This group runs along similar lines to Leys Road where they have gentle exercise to begin with and then after refreshment they have some sort of social or arts activity.

They each pay £2 weekly.<sup>69</sup>

Area	Sheltered Housing	Accommodation Type	Properties	Locality
	Wallace Avenue			

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Buckie	Burnside Court			

**Usage:** At time of writing – the most recent update on this was - looking at possibilities of setting up a group at this complex<sup>70</sup>

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Portgordon	Crown Terrace	Houses (in a Z shape)	19	

**Usage:** The ex warden's flat (currently empty) is in the middle. All single people apart from two couples. Varying degrees of ages and mobility.

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Portgordon	Craigaroan Corner	Bungalows	7	Fairly close to the post office /convenience store.

**Usage:** Apart from one property it is all single people who live there. Again they have varying degrees of age and mobility.

Area	Sheltered Housing	Accommodation Type	Properties	Locality
Forres	The Leys – Leys Road	Flats	26	Very central location, shops very close by. Community Centre also in the near vicinity.

**Usage:** The community flat is only used very occasionally. In the past it was used on Wednesdays for a lunch club and on another evening weekly for a games night.

The warden has taken early retirement due to ill health but remains living in the allocated flat.

Apart from 3 flats it is all single people who live there with varying degrees of mobility. Comment made by the previous warden was that one person has at least one son living in the flat with her.

At time of writing – the most recent update on this project was - The Leys Road Project have purchased their own computer and accessories but is not yet connected to the internet. The group is still meeting on a weekly basis on a Tuesday morning, 3 weeks out of the four with activities and on the last week of the month they have a coffee morning. They are also continuing with the musical afternoon twice monthly on a Monday afternoon. The group are also discussing organising a summer trip. There are approximately twelve people in this group, it is full, no room at present for anyone else to join. They each pay £2 weekly.<sup>71</sup>

Area	Sheltered Housing	Accommodation Type	Properties	Locality
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<sup>69</sup> Update from Irene Weedon

<sup>70</sup> Update from Irene Weedon

<sup>71</sup> Update from Irene Weedon

Tomintoul					
<b>Usage:</b> At time of writing – the most recent update on this project was - The group here continue to meet on a Friday morning and prepare food and eat together. They have purchased some equipment. This initially began with the dietician assistants who gave them some advice and recipes to try for diabetes. There are 5 regular participants in this group. <sup>72</sup>					
Area	Sheltered Housing	Accommodation Type	Properties	Locality	
Aberlour	Conval Court				
<b>Usage:</b> At time of writing – the most recent update on this project was - Currently hold coffee mornings. There is scope here for some development if the tenants wished. However, because it is well placed many of them are still able to be active within their community. <sup>73</sup>					
Area	Sheltered Housing	Accommodation Type	Properties	Locality	
	Marine Terrace				

Source – Sandra (and Irene Weedon for March 2012 updates)

"The wardens start at 8am and finish at 3.30 pm. They are required to knock on each person's door to check that they are ok unless the Tennant requests the warden does not do this. They deal with any issues that are necessary. However, many of the tenants do not require this service and a number took advantage of the warden scheme with the old style alarm system. Getting laundry delivered etc

Two wardens are 'on call' overnight one covering Buckie & Portgordon the other covering Elgin & Forres to deal with any emergencies.

All properties have dispersed Lifeline Units installed and if triggered is answered by the Regional Control Centre in Aberdeen and if necessary, they contact the Warden.

Possible suggestions:

- Wardens Operate a response service in the surrounding area
- Facilitate activities
- Provide Community Support
- Buildings - Community Resource <sup>74</sup>

<sup>72</sup> Update from Irene Weedon

<sup>73</sup> Update from Irene Weedon

<sup>74</sup> Source: Sandra – Sheltered Housing.doc

Local Authority	Pop 2011	Dwellings which have aspects that restrict activity of long term ill/ disabled household member (all tenures)	Proportion of households with a disabled adaptation			Proportion of households with a disabled adaptation			Provision of Home Care and Telecare 2011					Specialist social housing stock					Outcome s		
			Private sector			Public sector		Public sector - Moray Council	Home Care Clients and Hours of Service				Community Alarm and Telecare clients aged 65+	Units per 1000 people 65+					% of people aged 65+ with high levels of care needs who are cared for at home:		
			Households where at least one member has LTI/ disability by household type		% of house holds with an adaptation	Households where at least one member has LTI/ disability by household type			% of house holds with a major adaptation	Number of clients receiving a service	Rate per 1,000 population	Total hrs of service provided or purchased		Rate per 1,000 population	Rate per 1,000 population	Very sheltered units	Sheltered units	Sheltered/ V sheltered units		Medium dependency units	Total social housing for older people
			000s	%		000s	%														
Aberdeen City	248,336	3	21	25%	55.70%	7	36%	74.00%		1,931	9.06	16,230	76.19	8.7	5.6	82.3	87.9	22.4	110.2	25	
Aberdeen shire	213,035	2	14	19%	86.90%	16	54%	80.20%		2,153	8.67	14,759	59.43	10.61	3.7	55.6	59.3	1.8	61.2	18.9	
Angus	111,619	6	13	34%	48.70%	6	53%	64.80%		1,659	14.86	6,295	56.39	33.59	4.3	48.3	52.6	15.4	68.0	13.9	
Highland	224,997	8	26	33%	63.60%	11	50%	65.30%		2,051	9.12	14,902	66.23	14.28	2.2	27.2	29.4	1.2	30.6	19.8	
Moray	88,589	6	10	32%	20.40%	5	58%	25.30%	24.61%	1,197	13.51	10,339	116.71	17.42	6.8	37.9	44.7	3.9	48.6	36.8	
Scotland	5,232,601	5	468	27%	42.30%	347	55%	43.90%		63,458	12.13	683,848	130.69	21.29	6.3	39.0	45.3	15.1	60.4	32.3	
Source	1	2	2	2	2	2	2	2	3	4	4	4	4	5	6	6	6	6	6		
1. NRS, 2008-based Population Projections for Scottish Areas (Table 1)																					
2. Scottish House Condition Survey Local Authority Analyses 2008-2010 (Tables 5.2, 5.12 and 5.18)																					
3. Moray Council's S1B return 2010/11																					
4. Home Care Services 2011, Scottish Government - Table 1: Total Number of Home Care Clients and Hours of Service Provided by Local Authority																					
5. Home Care Services 2011, Scottish Government - Table 11: All Community Alarm and Telecare clients aged 65+, 75+, 85+ and Local Authority, March 2011																					
6. Scottish Government Special Needs Stock LA and RSL Nov 2010																					

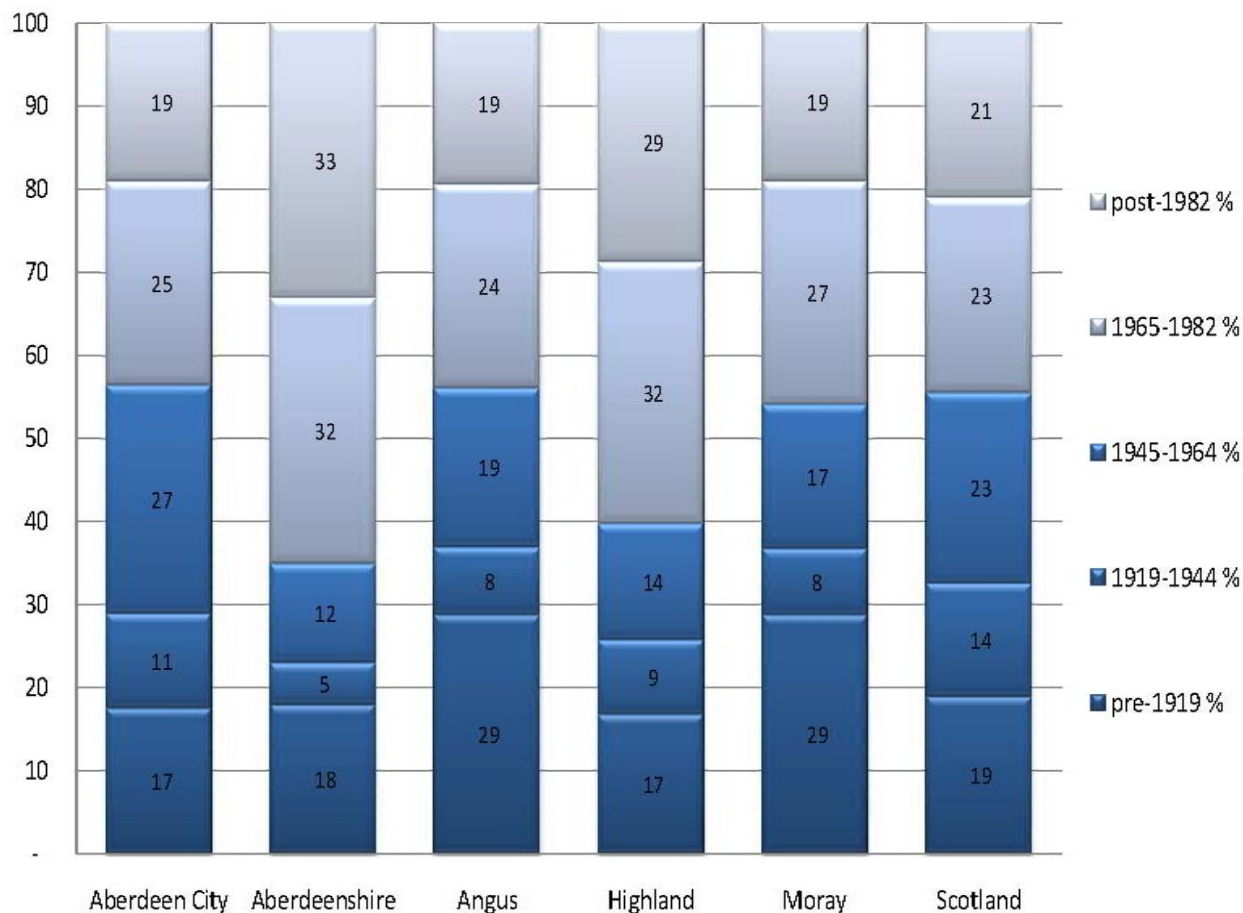
Courtesy of Housing Services and provided with the Housing Need and Demand Analysis as an additional piece of info.

## 6.2 Quality

According to 2001 Census data (due to be re-released in July 2012 with 2011 data) Moray had a higher proportion of detached and semi-detached properties than Scotland, and a smaller proportion of flats, a similar pattern to Highland and would see to be the preference. Almost half of Registered Social Landlords' stock was made up of flats. Moray Council's stock was mostly semidetached and terraced properties.

## 6.2.1 Age of housing stock by LA

### Age of housing stock by LA



Source: Scottish House Condition Survey – Local Authority analyses 2007 – 2009

“There are proportionally more; older properties in Moray than in some neighbouring local authorities.”<sup>75</sup>

“In March 2010, 70% of Council properties met the Scottish Housing Quality Standard (SHQS). In its inspection report in 2009, the Scottish Housing Regulator confirmed that the Council was on track for all properties to meet the Standard by 2015. However, compliance with the Standard has varied between locations and house types. Properties located in CNP and rural settlements in Forres HMA (Alves, Findhorn, and Kinloss) have higher average failure rates than other locations. The Council considers that the failure rates in CNP/Forres HMAs are higher due to the age profile of the stock. 3 bed bungalows and 4 bed houses have higher than average failure rates.”<sup>76</sup>

“In 2010, 84.5% of RSL stock met the Scottish Housing Quality Standard (SHQS) (see table below), and projections show that 99% of RSL stock in Moray will meet the SHQS by the deadline for compliance in 2015. This is because much of RSL stock has been built in recent years or has been refurbished on acquisition.”<sup>77</sup>

<sup>75</sup> Housing need and demand analysis 2011 (para 5.3.1)

<sup>76</sup> Housing need and demand analysis 2011 (para 5.10.8)

<sup>77</sup> Housing need and demand analysis 2011 (para 5.10.9) - Scottish Registered Social Landlord Statistics 2009-10

## RSL stock meeting SHQS

<b>RSL Name</b>	<b>Total stock</b>	<b>Stock meeting SHQS</b>	<b>% of stock meeting SHQS</b>
Albyn Housing Society Ltd	12	12	100%
Ark Housing Association Ltd	32	32	100%
Cairn Housing Association Ltd	13	13	100%
Castlehill Housing Association Ltd	65	59	90.8%
Grampian Housing Association Ltd	512	488	95.3%
Hanover (Scotland) Housing Association Ltd	405	301	74.3%
Langstane Housing Association Ltd	339	180	53.1%
Margaret Blackwood Housing Association Ltd	67	61	91%
Moray Housing Partnership Ltd, The	488	488	100%
Next Step Homes Ltd	2	2	100%
<b>Moray RSL stock</b>	<b>1,935</b>	<b>1,636</b>	<b>84.5%</b>

Source: The Scottish Housing Regulator - Scottish Registered Social Landlord Statistics 2009-10, Table A9b Scottish Housing Quality Standard (SHQS) by Council area

"Affordable rented housing is generally in better condition, better maintained and more fuel efficient than private sector housing, due to continued investment and the requirement to meet the SHQS by 2015."<sup>78</sup>

"Hanover Housing Association has identified one sheltered housing scheme in their ownership where property condition has become an issue. Hanover Housing Association has expressed a wish to redesign the scheme with the aim of providing housing which meets current client needs and expectations, and also which provides more units on the site, and the Council supports them in this."<sup>79</sup>

### 6.2.2 Affordable Rented Housing by House type

"The table below is derived from information from the Council housing stock database and from each RSL's stock information. It shows that nearly 40% of Moray's affordable rented stock is 2 bed mainstream accommodation, either houses or flats, and that 2% is 4/5 bed houses. Less than 1% are purpose built wheelchair accessible properties."<sup>80</sup>

<sup>78</sup> Housing need and demand analysis 2011 (para 5.12.6)

<sup>79</sup> Housing need and demand analysis 2011 (para 9.25.2)

<sup>80</sup> Housing need and demand analysis 2011 (para 5.3.1)

### Affordable Rented housing (TMC and RSL) by house type

House Type	Moray Council	RSL	Total	
Bedsit	34	0	34	0.44%
1 bed bungalow	996	92	1,088	14.06%
1 bed mainstream	456	368	824	10.65%
1 bed Sheltered/ Supported	149	399	548	7.08%
1 bed wheelchair accessible	0	2	2	0.03%
2 bed bungalow	395	55	450	5.82%
2 bed mainstream	2,435	511	2,946	38.08%
2 bed Sheltered/ Supported	0	12	12	0.16%
2 bed wheelchair accessible	0	28	28	0.36%
3 bed bungalow	59	1	60	0.78%
3 bed mainstream	1,198	357	1,555	20.10%
3 bed wheelchair accessible	0	12	12	0.16%
4 bed mainstream	86	83	169	2.18%
4 bed wheelchair accessible	0	5	5	0.06%
5+ bed mainstream	1	2	3	0.04%
<b>Total</b>	<b>5,809</b>	<b>1,927</b>	<b>7,736</b>	<b>100.00%</b>

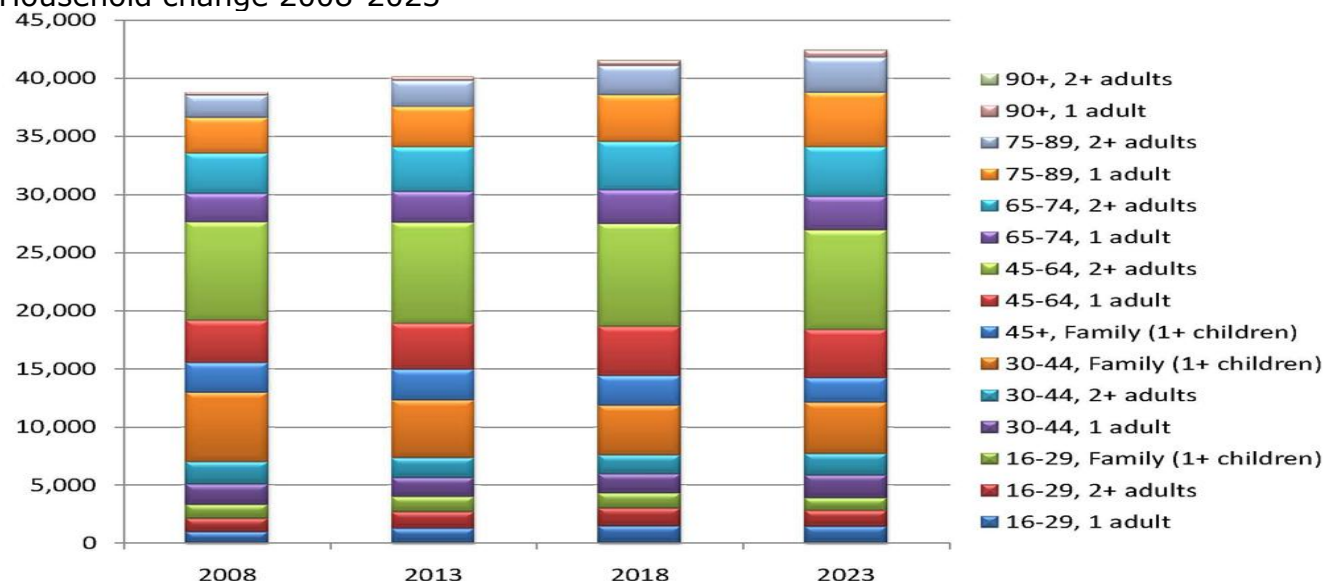
Source: Moray Council stock databases as at April 2010, Housing Options Guide

Housing need and demand analysis 2011

## 6.3 Demand

### 6.3.1 Household demographics and projections

#### Household change 2008-2023



Source – NRS Household Projections (2008 based) (also appears in the Housing Need and demand analysis document)

“Between 2008 and 2023 there are projected to be:

- 9% more households
- 30% more single adult households
- 22% fewer families with children
- 15% more households aged 60-74
- 59% more households aged 75+
- 166% more single adult households aged 90+<sup>81</sup>

"In particular, the proportion households headed by someone aged 75+ is projected to rise from 13.7% in 2008 to 19.9% in 2023. On average, the number of households headed by someone aged 75+ each year, is projected to rise by 208 households per year between 2008 and 2023. This older age group are most likely to require specialist accommodation and support services."<sup>82</sup>

This means the number of households is projected to rise faster than the population will grow and there will be a trend for smaller households with increasing numbers of older people living alone and a reduction in families with children.

According to the Housing need and demand analysis the population has aged fastest between 2001 and 2009 in Forres, Speyside and CNP HMAs (HNDA Table 3.2), but the provision of supported housing and care-homes for older people is lowest in the Speyside and Cairngorm National Park Housing Management Areas i.e. zero! (See table in 7.1.2.2).

#### 6.3.2 An older/disabled owner occupier buying a NSSE (New Supply Shared Equity) property

"Older/disabled owner occupiers can be disadvantaged in the housing market, where the home they own is no longer suitable for their current housing needs. Older/disabled owner occupiers living on a fixed income, often not in employment, may struggle to release sufficient equity from the sale of their home to fund a different home that does meet their needs, e.g. with level access. These difficulties are compounded by the limited numbers of level access properties on the market, and the relatively high market price of bungalows"<sup>83</sup>.

#### 6.3.3 LIFT - Low-cost initiative for First Time Buyers

"There are circumstances where the current LIFT scheme (Low-cost initiative for First time Buyers<sup>84</sup>) can be available to households other than first time buyers. For example, LIFT can be available to households who are looking for a new home after a significant change in household circumstances, or who have a disability and own a house which does not suit their needs. There is a flow of older households currently in owner occupation seeking Council housing. 35% of applicants aged 60+ on the Council's housing list are currently in owner occupation and of those, 32% (42 households) have expressed an interest in LCHO, seeking 1 or 2 bed ground floor accommodation. Given the demographic change and the projected increase in older households, the HMP believes that further market research is justified to quantify the numbers of older home owners occupying homes now unsuitable for their needs due to health, mobility or disability problems, their current location, and the locations and house types they might be interested in".<sup>85</sup>

"The Housing Market Partnership considers the affordability of recent New Supply Shared Equity (NSSE) developments to be questionable and is concerned that purchasers may be vulnerable to economic changes and interest rate increases. This is confirmed by the slow rate of sale of LIFT properties in recent development in Forres, Elgin and Tomintoul, and by the low

<sup>81</sup> Housing need and demand analysis 2011 (para 3.11.3 and 3.11.5)

<sup>82</sup> Housing need and demand analysis 2011 (para 8.9.2)

<sup>83</sup> Housing need and demand analysis 2011 (para 7.6.18)

<sup>84</sup> Low-cost initiative for First time Buyers (LIFT), New Supply Shared Equity leaflet, Scottish Government

<sup>85</sup> Housing need and demand analysis 2011 (para 7.6.19)

median equity stake purchased (51%). However, the HMP believes further research could be justified into the aspirations of older/disabled households in housing need but wishing to remain in owner occupation.”<sup>86</sup>

#### 6.3.4 Disability and Wheelchair access

“As part of the development of the Council’s Physical and Sensory Disability Strategy 2010 – 2013, a public consultation was carried out with disabled people in the form of a postal survey, and focus groups. The consultation sought views on the vision, values and principles, and strategic objectives of the strategy, ‘That people with a disability have access to a range of housing that is physically accessible, and to services that help support them with their housing needs’. The responses received on the Strategy’s strategic objective relating to housing were inconclusive, but issues were raised in relation to affordability, person-centred solutions, involvement of individuals, as well as the role of Occupational Therapists, in the design of disabled adaptations or when re-housing is being considered.”<sup>87</sup>

“The Council receives approximately 15-20 new applications per year from households requiring fully wheelchair accessible properties. Although this is a measure of expressed housing need, it does not include any households applying to any of the local RSLs but not to the Council. Nor does it include any social housing tenant receiving substantial adaptation to their current home for the benefit of a wheelchair user. For these reasons, this measure is likely to be an underestimate of the need for wheelchair accessible housing.”<sup>88</sup>

“Households in need tend to be younger than those seeking an in-situ disabled adaptation. Over the last 5 years approximately 70% of households housed in wheelchair accessible properties have fallen within the 25-59 age cohort. During the same period, approximately 15% of households either housed in, or currently waiting for, wheelchair accessible properties experienced housing needs associated with a disabled child within the household.”<sup>89</sup>

Therefore the demands of the 65+ age group for wheelchair accessible properties are approximately less than 15% of the total.

“Households assessed as requiring a 1 bed wheelchair accessible property under the Council’s Allocations Policy are disadvantaged. At November 2010, there were only 6 such properties within Moray’s affordable housing stock with negligible turnover. In November 2010, there were 5 households in housing need on the Council’s Housing List who, following assessment, required 1 bed wheelchair accessible accommodation, who may face a very long wait for re-housing.”<sup>90</sup>

This is at present being addressed.

#### Ratio of avg relets/new lets to applicants in need by house type

<sup>86</sup> Housing need and demand analysis 2011 (para 7.7.4)

<sup>87</sup> Housing need and demand analysis 2011 (para 8.7.2)

<sup>88</sup> Housing need and demand analysis 2011 (para 8.7.4)

<sup>89</sup> Housing need and demand analysis 2011 (para 8.7.5)

<sup>90</sup> Housing need and demand analysis 2011 (para 8.7.9 & 8.7.10)



Property Type	Transfer relets and applicants included		Ratio
	Avg relets per year for next 10 years (1)	No of applicants in housing need (points >0) as at 1.11.2010 (2)	
bedsit	4	0	0.0
1 bed bungalow	71	291	4.1
1 bed mainstream	105	1,061	10.1
1 bed wheelchair accessible bungalow	0	7	35.0
2 bed bungalow	30	94	3.1
2 bed mainstream	199	527	2.6
2 bed wheelchair accessible bungalow	4	20	5.0
3 bed bungalow	1	22	22.0
3 bed mainstream	80	308	3.9
3 bed wheelchair accessible bungalow	0	12	12.0
4 bed bungalow	0	1	10.0
4 bed mainstream	12	94	7.8
4 bed wheelchair accessible bungalow	0	4	40.0
5 bed mainstream	1	32	32.0
Sheltered	93	61	0.7
<b>Total</b>	<b>600</b>	<b>2,534</b>	<b>4.2</b>

Source: 1. Future annual supply of social re-lets and new lets, Table 9.8 (amended)  
2. Current Housing Need dataset as described in Para 9.8.

### 6.3.5 Adaptations

The number of disabled adaptations carried out with public funding has been increasing steadily over the last 5 years. 65% of adaptations carried out over the last 5 years have been for households aged 65+, 85% have been for households aged 50+. The HMP does not have the resources to quantify the number of households who carry out disabled adaptations from their own resources.<sup>91</sup>

### Publicly funded (full or part) disabled adaptations

Year	Council properties	Owner occupied/private rented	RSL properties	Total
2005/6	66	53	15	134
2006/7	51	50	19	120
2007/8	127	74	25	226
2008/9	94	118	27	239
2009/10	73	122	29	224

Source: Housing need and demand analysis 2011

"The vast majority of these works involve adaptations to bathrooms or toilets, e.g. fitting level access showers, fitting specialist/adapted toilets, provision of additional toilets and/or shower rooms and to a lesser, extent fitting of stair lifts.

<sup>91</sup> Housing need and demand analysis 2011 (para 8.7.12)

The table below shows the number and nature of retro-fit disabled adaptations funded/part funded through various public funding sources. Disabled adaptations provided as part of the design of new build housing are not included in this table.<sup>92</sup>

Part-publicly funded retro-fit disabled adaptations completed during 2005-06 to 2009-10

Adaptation	RSL tenant	Private sector tenant	owner occupier	MC Tenant	life renter	Total
Level access shower	92	32	284	309	3	720
Stairlift	8	7	66	176	3	260
Ramp	1	10	38	59	0	108
Additional WC	0	1	7	15	1	24
Clos-o-mat	4	0	7	8	0	19
Kitchen alterations	7	0	2	6	0	15
Additional bedroom	0	1	9	1	0	11
Ceiling track and hoist	2	0	1	2	0	5

Sources: Council stock records, PSHG records, Locally sourced information held within Housing Investment Division, Grampian (Scottish Government)

"The HMP has attempted to estimate how many publicly funded disabled adaptations will be required to meet the needs of households in Moray. Currently approximately 308 major (structural alterations e.g. level access shower, stair lifts, and not less costly works e.g. handrails, grab-rails) adaptations are carried out per year funded through the Housing Revenue Account, the Private Sector Housing Grants (Mandatory), OT service (stair lifts), and through Scottish Government housing grant (Stage 3 adaptations to RSLs). 308 adaptations per year equates to a ratio of 0.201 per household likely to need an adaptation (using prevalence rates published in Local Housing Systems Analysis: Good Practice Guide 2004 – Medium Needs). Because the number of older people is projected to increase, this ratio will have reduced to 0.182:1 by 2018 and to 0.163:1 by 2023. To maintain the same ratio of provision in 2018, as in 2010, the number of adaptations carried out per year will have to increase from 308 per year to 380 per year across the 4 funding streams – an additional 71 adaptations per year as a result of demographic change alone."<sup>93</sup>

"Net Housing Need has been assessed using a model which considers the relationships between current (backlog) housing need, projected newly arising need and supply, and assumes that backlog need should be met in 10 years.

This assessment suggests a need for funding to be made available for an additional 25 disabled adaptations to Council stock, and an additional 27 mandatory Private Sector Housing Grants, per year for 10 years to meet current and future disabled adaptation needs."<sup>94</sup>

<sup>92</sup> Housing need and demand analysis 2011 (para 8.7.13)

<sup>93</sup> Housing need and demand analysis 2011 (para 8.7.14-15)

<sup>94</sup> Housing need and demand analysis 2011 (para 8.7.16 & 18)

### Net annual disabled adaptation need

<b>Table 8.6: Net annual disabled adaptation need</b>	<b>HRA</b>	<b>PSHG</b>	<b>OT Budget</b>	<b>Stage 3 Adaptations (RSL)</b>	<b>Total</b>
Net current (backlog) need	60	77	20	0	137
Number of years over which need will be met	10	10	10	10	10
Annual current need - backlog reduction	6	8	2	0	14
Annual newly arising need (historic application trends)	70	90	109	40	309
Annual newly arising need (demographic change)	15	22	25	9	72
Total annual need	91	120	136	49	394
Total annual supply	66	93	109	40	308
<b>Net additional annual disabled adaptation need</b>	<b>25</b>	<b>27</b>	<b>27</b>	<b>9</b>	<b>86</b>

Source: PSHG records and Moray Council adaptation records

## 6.4 Future housing needs of older people

### 6.4.1 Future Amenity/Medium Dependency Housing Provision

"The HMP attempted to estimate how many new units of amenity/ medium dependency housing will be required to meet the needs of the projected increasing older population in Moray. The results show that there is a ratio of 0.836 amenity/medium dependency housing units to each older person likely to need this type of housing (using prevalence rates published in Local Housing Systems Analysis: Good Practice Guide 2004 – low needs). Because the number of older people is projected to increase, by 2018 this ratio will have reduced to 0.678:1 and by 2023 to 0.615:1. To maintain the same ratio of provision in 2018, as in 2010, 759 new units of amenity/medium dependency housing will be required i.e. there will be 95 newly forming households per year, requiring amenity/ medium dependency housing, as a result of demographic change."<sup>95</sup> The table below shows the baseline net housing need by HMA.

### Baseline Net Housing Need by Housing Market Area

Type of Housing	Housing Market Area						Total net need (no of units)	
	Buckie	Elgin	Forres	Keith	Spey side	CNP		
Self-contained general needs/ mainstream housing	56	145	54	29	38	0	322	75.9%
Amenity/ medium dependency housing	4	15	11	2	0	0	32	7.5%
Sheltered/ Very Sheltered/ Extra care housing	8	30	21	2	2	0	63	14.9%
<b>Subtotal</b>	<b>68</b>	<b>190</b>	<b>86</b>	<b>33</b>	<b>40</b>	<b>0.6</b>	<b>418</b>	<b>98.6%</b>
Supported housing for people with learning disabilities	2*	1*	1*	1*	0	0	5*	1.1%
Supported housing for women fleeing domestic abuse		1*					1*	0.2%
<b>Supported Subtotal</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>1.2%</b>
<b>Total</b>	<b>70</b>	<b>192</b>	<b>87</b>	<b>34</b>	<b>40</b>	<b>0.6</b>	<b>424</b>	<b>100.0%</b>
% housing need distribution	16.3%	45.6%	20.6%	7.9%	9.5%	0.1%	100.0%	
% Population distribution	16.3%	48.6%	17.9%	8.5%	7.8%	0.8%	100%	

\* although an annual net need has been indicated, it is expected that this housing will be delivered in a clustered/communal form over a 5-10 year period.

<sup>95</sup> Housing need and demand analysis 2011 (Para 8.9.11-12)

"Based on Baseline affordability assumptions - this assessment suggests a need for 32 additional amenity/ medium dependency housing units each year for the next 10 years, to be delivered as a proportion of Total Net Housing Need. (Full details are available at Appendix 10). If affordability constraints were to ease and the percentage of households able to access suitable market housing were to increase from 40% (baseline scenario) to 60% (minimum scenario), only 16 units of amenity housing would be required per year, for the next 10 years. However, households able to afford the open market may not be able to find suitability designed/adapted properties to meet the definition of amenity/ medium dependency housing."<sup>96</sup>

#### 6.4.2 Future Sheltered and Extra Care Housing Provision

"The HMP attempted to estimate how many new units of sheltered/ very sheltered/ extra care housing will be required to meet the needs of the projected increasing older population in Moray. The results show that, based on current stock levels, there is a ratio of 0.712 sheltered/ V Sheltered housing units to each older person likely to need this type of housing (using prevalence rates published in Local Housing Systems Analysis: Good Practice Guide 2004 – Medium and High Needs). Because the number of older people is projected to increase, by 2018 this ratio will have reduced to 0.647:1 and by 2023 to 0.578:1. To maintain the same ratio of provision in 2018, as in 2010, 759 new units of sheltered or extra care housing will be required, i.e. there will be 95 newly forming households in need of sheltered/ very sheltered housing each year."<sup>97</sup>

"This estimate suggests there is a need for 63 additional sheltered/ very sheltered /extra care housing units each year for the next 10 years."

Assessed need in HNDA for V. Sheltered/extra care is 210 units in Forres HMA, and 300 units in Elgin HMA over the next 10 years.

The Strategic Housing Investment Plan 2012 (SHIP) will be submitted shortly. The SHIP will contain proposals for extra care redevelopment in Forres, and extra care new development in Elgin. If Community Care partners were prepared to give their support to these projects, they would be committing to provision of between 10-16% of assessed housing need. Not all sites are suitable for development of extra care housing so we cannot be sure when another opportunity will come along.

"The HMP considers that need could be met through an increase in appropriately designed amenity/ medium dependency housing, and an increase in supply of extra care housing with its higher level of care. Although an annual net need has been indicated, very sheltered/ extra care housing is usually delivered in a Clustered /communal form, with net annual need aggregated over a 5-10 year period."<sup>98</sup>

"The Moray Physical and Sensory Disability Strategy 2010 – 2015 states that 13% of sheltered housing tenants are under the age of 65. In May 2011, the median age of the Council's sheltered housing tenants was 76. The age distribution of current Council sheltered housing tenants is shown in the table below, which shows that 93% tenants are aged over 55."<sup>99</sup>

In short, this means that the Housing Service would advocate an increase in the supply of extra care housing but not an increase in supply of sheltered housing.

#### **Current Council Sheltered Housing Tenants as at 3 May 2011**

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<sup>96</sup> Housing need and demand analysis 2011 (Para 10.2.2)

<sup>97</sup> Housing need and demand analysis 2011 (Para 8.9.15-16)

<sup>98</sup> Housing need and demand analysis 2011 (Para 10.3.4)

<sup>99</sup> Housing need and demand analysis 2011 (Para 8.9.18)

Age Group	No of current tenants	Percentage
35-44	2	1.37 %
45-54	8	5.48 %
55-64	20	13.70 %
65-74	30	20.55 %
75-84	52	35.62 %
85+	34	23.29 %
<b>Total</b>	<b>146</b>	<b>100.00 %</b>

Source: Moray Council tenancy records as at 3 May 2011

"Council waiting list applicants may, and do, choose sheltered housing as their housing preference without a lower age threshold being applied. This housing choice receives challenge through the Council's medical assessment procedure which it considers to be robust. The Council is confident that Housing List applicants under 65 awaiting sheltered housing are in need of the low level housing support available in sheltered housing and not necessarily available in other settings."<sup>100</sup>

### Older People and the Private Sector

"There is a flow of older households in housing need wishing to move from owner/occupation to social renting. Approximately 35% of Council Housing List applicants aged 65+ and in housing need, own their current home. They form the biggest tenure group in this age group, followed by private tenants (approximately 20%) and Moray Council/Moray RSL tenants (approximately 20%). Approximately 70% of owner occupiers aged 65+ on the Housing List and in housing need are waiting for 1 or 2 bed bungalows and a further 15% are waiting for sheltered housing. There would be potential for some of this housing need to be diverted from affordable rented housing, if suitably designed housing was available from the private sector, priced within the equity/resources of these households, and if the household's community care needs could be met. There is potential for NSSE to meet some of this need."<sup>101</sup>

"If affordability constraints were to ease and the percentage of households able to access suitable market housing were to increase from 40% (baseline scenario) to 60% (minimum scenario), only 5 units of amenity housing would be required per year, for the next 10 years. However, households able to afford the open market may not be able to find suitability designed/adapted properties to meet the definition of amenity/ medium dependency housing."<sup>102</sup>

MCHSCP's existing strategy for older people (2009-2014) identifies the delivery of an expanded range of housing and care options for older people to be supported at home as a key strategic aim.

## 6.5 Summary

"Housing linked to support and care is a vital component part of services to Older People. At present support is limited to, and restricted to specific tenure types and specific designated units i.e. sheltered units. Care is available in all tenure types and is commissioned apart from any support available through Housing Services.

The separation means that the service user does not experience a seamless service. It also restricts access to support resulting in a potential gap in provision for some older people.

<sup>100</sup> Housing need and demand analysis 2011 (Para 8.9.19)

<sup>101</sup> Housing need and demand analysis 2011 (Para 8.9.23-24)

<sup>102</sup> Housing need and demand analysis 2011 (Para 8.9.25)

From the organisations point of view there can be duplication and therefore inefficiency in-built by separately commissioning for care and support, as well as ineffectiveness resulting from a lack of co-ordination on the ground. Restriction of access also means that the support may not be currently targeted or core resources used most effectively.

Two actions would improve efficiency and effectiveness, provide an improved service user experience and also increase access to limited support services.

Firstly, the commissioning of support and care can be linked or combined within schemes designated as extra care. In Moray we are intending to trial in two Hanover schemes but opportunities may exist in Moray Council Housing Schemes as well. By doing this it is intended that service users can be supported through to high levels of dependency, making Housing with combined support and care an alternative to residential provision.

Secondly, support could be made available through all tenure types so that access to support does not require an older person to move home or live in the designated units where support is available. Doing this means moving the warden service from a service that is linked to designated schemes to a role that is "floating". To make this achievable a core and a cluster approach can be taken whereby wardens provide support to homes within a defined distance.

The move away from support linked entirely to designated units is facilitated by the use of telecare. To achieve this change will require staff consultation with the warden staff group and consideration of the funding and changing mechanisms. Service user and tenant consultation will also be required.

To move towards this with contracted supplies of support will require a change driven by contract. This change will be achieved through commissioning activity including close partnership working with providers."<sup>103</sup>

"In summary, the Housing Need and Demand Assessment estimates of the annual need for affordable housing in Moray over the next 10 years both in terms of mainstream provision and housing for particular needs are detailed in the table below:

<b>Estimates of net annual housing need by house type</b>	
<b>Type of Housing</b>	<b>Net need per year (no of units)</b>
Self-contained general needs/ mainstream housing	322
Amenity/ medium dependency housing (1, 2 or 3 bed)	32
Sheltered housing/ Very sheltered/ extra care housing	63
<b>Subtotal</b>	<b>418</b>
Supported housing for people with learning disabilities	5
Supported housing for women fleeing domestic abuse	1
<b>Total</b>	<b>424</b>

Source: Moray Housing Need and Demand Assessment

<sup>103</sup> Ways Forward – Sheltered Housing and Housing Support

The Strategic Housing Investment Plan will seek to address the needs of the ageing population in Moray through the provision of appropriately designed, appropriately supported affordable housing for older and/or vulnerable people using a combination of amenity/ medium dependency housing and sheltered or very sheltered/ extra care housing. To further address the needs of the ageing population, the HNDA found that there will be a continuing need for disabled adaptations across all tenures.

The SHIP will provide suitably adapted accommodation for people with physical disabilities and with support needs. The SHIP also includes provision for accommodation for people with Learning Difficulties.

Provision is also made for Stage 3 adaptations to RSL properties for older persons and for those with a disability. The provisional budget identified in the SHIP under this cost heading is based on historic spend information provided by the Scottish Government. The Council is aware that during 2012/13 new arrangements are being introduced for the funding and delivery adaptations and this will impact on the funding requirement for Moray. " 104

### Moray Council Strategic Housing Investment Plan 2012

			Tenure						House Type					
SHIP Priority	Housing Market Area	Project	Social Rent (LA)	Social Rent (RSL)	National Housing Trust (RSL)	LIFT (RSL)	Other	Total units	General Needs	Amenity	Extra Care	Supported: Learning Disability	Total units	
High	Buckie HMA	Barhill Road, Buckie Phase 3	20					20	2	18			20	
		Barhill Road, Buckie Phase 4	30					30	26	4			30	
		Barhill Road, Buckie Phase 5	20					20	20				20	
	Buckie HMA Total		70					70					70	
	Elgin HMA	Bilbohall, Elgin Phase 1		50				50	30	20			50	
		CF4, Glasgreen, Elgin South		45				45	3	12	30		45	
		Spynie, Elgin Phase 1		30	20			50	50				50	
		Spynie, Elgin Phase 1 (LCHO)				10		10	10				10	
		Spynie, Elgin Phase 2		35				35	29	6			35	
		West Foreshore, Burghead	15					15	15				15	
	Elgin HMA Total		15	160	20	10		205	137	38	30		205	
	Forres HMA	Ferrylea, Forres Phase 1	40					40	38	32			40	
		Ferrylea, Forres Phase 2	30					30	1				30	
		Hanover Court, Leask Road, Forres		35				35	0		35		35	
	Forres HMA Total		70	35				105	39	32	35		105	
	Keith HMA	Alexandra Road, Keith Phase 2	6					6	0	6			6	
	Keith HMA Total		6					6	0	6			6	
Speyside HMA	Hill Street, Dufftown	30					30	10	20			30		
	R3, Brickfield, Craigellachie	12					12	8	4			12		
	Speyside HMA Total		42					42	18	24			42	
High Total			203	195	20	10	0	428	194	100	65	0	428	
Medium	Buckie HMA	Morven Crescent, Findochty		14				14	12	2			14	
	Buckie HMA Total			14				14	12	2			14	
	Elgin HMA	Lossiemouth Harbour		6				6	6				6	
		Stynie Road, Mosstodloch	14					14	12	2			14	
		Sunbank Phase 1, Lossiemouth	20					20	16	4			20	
	Elgin HMA Total		34	6				40	34	6			40	
	Forres HMA	Learning Disability Unit, Thornhill, Forres		9				9				9	9	
		Remainder of MVPI 3, Forres		4				4	4				4	
	Forres HMA Total			13				13	4			9	13	
	Speyside HMA	Chivas Field (R1), Aberlour		6				6	4	2			6	
		Dorenell Wind Farm Community Benefit	10				4	14	20				14	
	Speyside HMA Total		10	6			4	20	24	2			20	
Medium Total			44	39	0	0	4	87	74	10	0	9	87	
Grand Total			247	234	20	10	4	515	268	110	65	9	515	

## **7 Support in the home (or similar)**

### **7.1 Overview**

As part of the Moray Change Fund Application it was the intention to invest in the Early Intervention and Prevention strategy with older people and third sector allowing sustainable development of initiatives and groups. This would involve working with the third sector and older people to identify what is required in the community to contribute to supporting older people to have better health and wellbeing and live longer in their own home, supported within the community. By providing small amounts of funding to allow development of initiatives and groups to support older people in the community with the aim to reduce dependency on statutory services and building community resilience and enabling older people to have independence with minimal support.<sup>105</sup>

A range of services is given below though not the full list of what is available in Moray.

#### **7.1.1 Befriending Service**

Red Cross volunteers provide a service of regularly visiting isolated people in their homes, as well as helping with chores and trips. Referrals to the service come through community care teams, social workers and GPs. The cost of the Befriending (taken from the FMS system) in 2010-11 (part of a 3 yr contract) was £51,261<sup>106</sup>

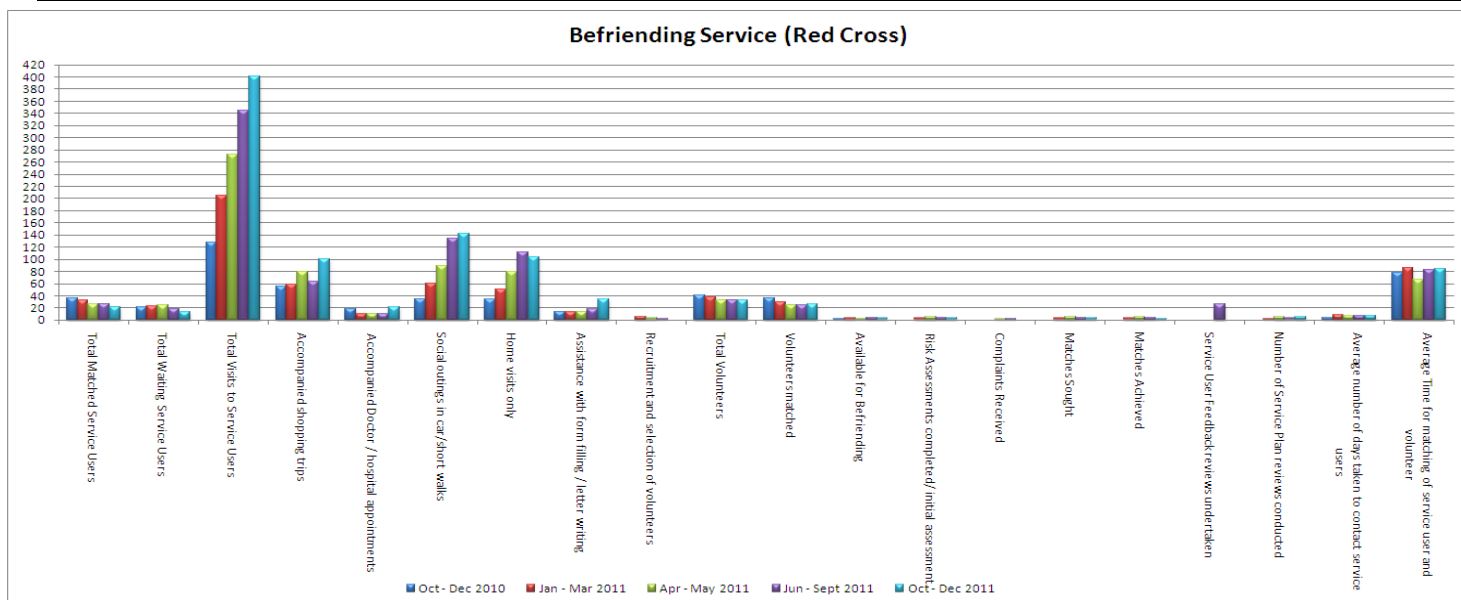
The average age of user is 84 with (at December 2010) the youngest user being 61 and the oldest being 99. The average age of the volunteers is 54 with the youngest being 29 and the oldest being 75. All new service users on the waiting list are invited to the therapeutic massage clinic. However, transport is an issue with many who live rurally and in areas where there is a shortage of befrienders.

Taking the cost for 2010-11 and the figures contained in the Befriending reports written for Oct 10/Mar 11 as a rough average for number of users (34) then the unit cost of this service would roughly be £1,508 per person also taking a rough average figure of 181 visits per quarter or 724 per year gives a rough estimated cost of £71 per visit. Obviously this includes admin etc but the service supplied is at this cost. On average a Service User is receiving 21 visits per year (every 17 or so days). The most popular types of visit are 'Accompanied Shopping Trips', 'Social outings in car/short walks' and 'Home visits only'. At March 2011 the average time for matching service users and volunteers was 86 days. Since then the number of visits has risen but the number of users has fallen so the cost per person is rising but the cost per visit will be falling.

<sup>105</sup> Moray Change Fund Application 28.02.2011

<sup>106</sup> Source – Moray accountancy figs – March 2011





Figures supplied in the Red Cross Befriending Service monthly reports

### 7.1.2 BALL – Be Active Life Long

Be Active Life Long (BALL) projects exist in 12 areas of Moray which promote being active in later life. These groups are well established and are now self-sustainable.

The project endorses the view that older people who are able, should be encouraged to stay active in their community for as long as they choose. Key objectives are:

- To provide opportunities and choice for older people in Moray
- Improve confidence, self esteem and mental health
- To engage older people in the planning and running of their groups
- To improve the quality of life by increasing mobility, lessening the risk of falling
- Improve physical health in general
- To foster companionship
- To develop sustainable programmes by supporting people to become self sufficient

Physical activities include keep fit, dance, team games, new age curling, carpet bowls, yoga, Tai Chi and walks. Creative activities include drumming, singing, painting, craft work, photography, storytelling, music making and computers. Social Activities include quizzes, visiting speakers, information and advice, beetle drives and visiting other BALL Groups

### 7.1.3 Community First information project – around food and shopping

#### 7.1.4 Network Events

There was a successful network event held at the Town Hall Supper Room on February 14<sup>th</sup> 2012. A meeting is planned with the appropriate Housing Managers on Tuesday 3 April 2012 to discuss and plan the next event on May 24<sup>th</sup> with a further event on October 25<sup>th</sup>. It is hoped that this will develop in future to include sheltered housing tenants.

#### 7.1.5 Strength & Balance Group

In Findhorn an exercise and chat session pilot was implemented to complement health initiatives by providing peer support and exercise sessions for people that have had a fall and completed strength and balance classes with physiotherapists. This has now developed into a self funded community group called the Findhorn Flyers.

- Findhorn Flyers (Findhorn)

- Speyside Strength & Balance (Rothes)
- Stable & Able (Elgin)

All these groups are continuing and growing in numbers. They pay different amounts weekly for their group with Findhorn being the most expensive at £3.50

Two more groups at the moment are at discussion and planning stage (with NHS physiotherapy) another in Findhorn for very, very frail older people and another in the Mosstodloch / Fochabers area.<sup>107</sup>

#### 7.1.6 Physical Activity Training Course

While this is still in the planning stage and has been for some time, it is still hoped to begin in the late spring of 2012. This will give the opportunity for staff within sheltered housing and tenants to get some basic training in gentle exercise which they can carry out in their complexes. If spaces allow, then it will also be offered to day service staff.<sup>108</sup>

#### 7.1.7 Meals on Wheels

The 'Meals on Wheels' service is a Moray wide service provided in partnership with Moray Catering and the WRVS. It is provided three days a week. Providing a hot meal helps to improve the nutritional status of dependant older people. The scope of this service could be broadened to encompass other ways of helping older people to improve their nutritional status in partnership with dieticians and local organisations.

Meals are provided on Monday, Wednesday and Friday lunchtime with the exception of Christmas and New Year where meals are provided for 2 days per week<sup>109</sup>. People wishing to access the service must undergo a community care assessment of need and this can be requested by the GP, Community Nurse, Hospital Staff, or requested directly from Moray Council. Meals are available at a reasonable charge which is reviewed annually but there is no cost for delivery of meals.

The cost of Meals on Wheels (including WRVS delivery contract) in 2010-11 was £190,276 where 40,837 meals were purchased giving an average cost per delivered meal of £4.66. On averaging the counts of clients over the year there were 286 so the cost per client would be just over £665. That would also give an average of 143 meals per client per year (2.75 meals per week)<sup>110</sup>.

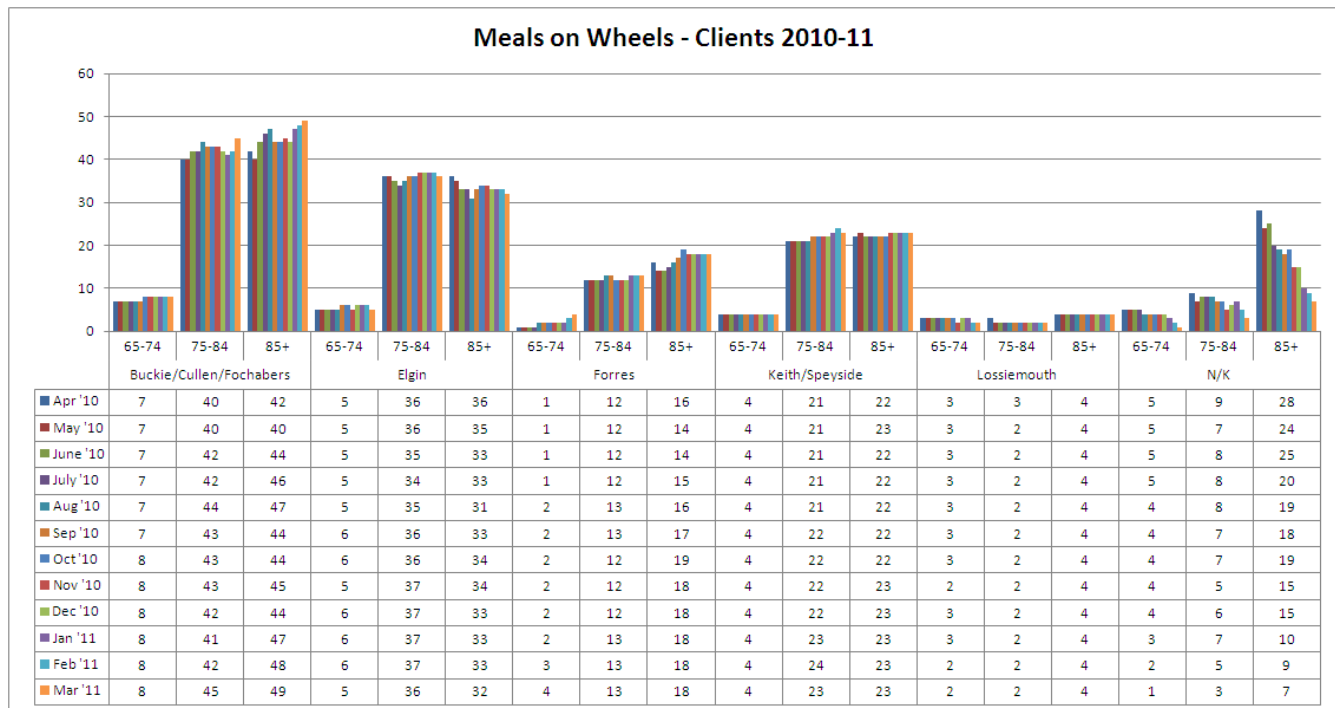
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<sup>107</sup> Update from Irene Weeden

<sup>108</sup> Update from Irene Weeden

<sup>109</sup> Meals on Wheels MCHSCP leaflet

<sup>110</sup> Source – Moray accountancy figs – March 2011 and Community Care Business Objects MoW Client Data 2010-11

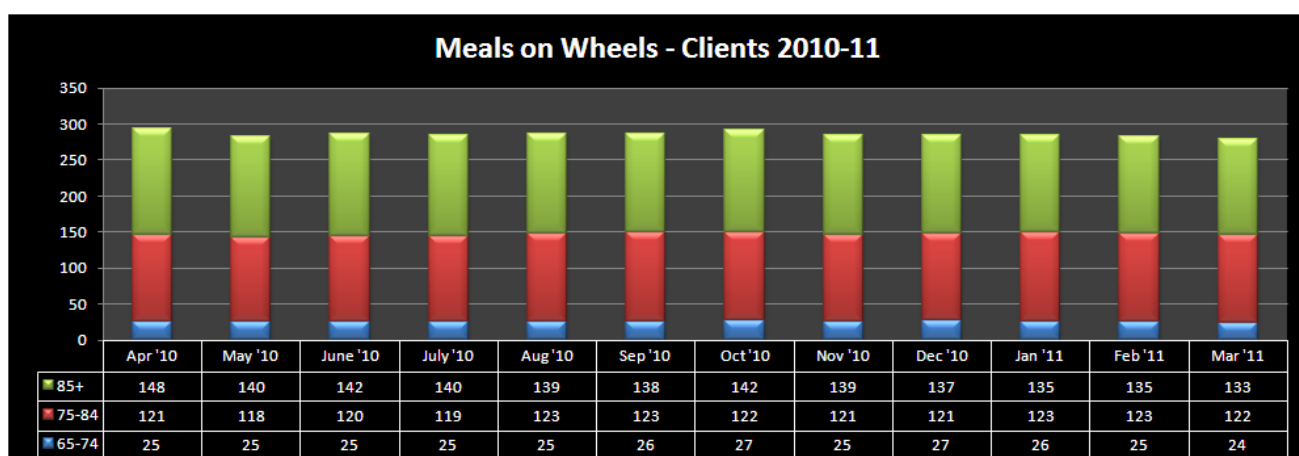


Community Care Business Objects MoW Client Data 2010-11

Numbers have not significantly changed with the exception of the unknown area clients - that is clients who are deceased and are no longer allocated to an area - falling in each age group to just below 4% of the Moray total. Buckie/Cullen/Fochabers have a large number of meals on wheels clients (over 36% of the Moray total) with Elgin being the next largest providers. The rate per 1000 population in Buckie is double that of Elgin or Forres.

Area	No of MoW Clients	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	102	4043	25.23
Elgin/Lossie	81	6469	12.52
Forres	35	2799	12.5
Keith/Speyside	50	3212	15.57
Unknown	11		
All areas	279	16523	16.89

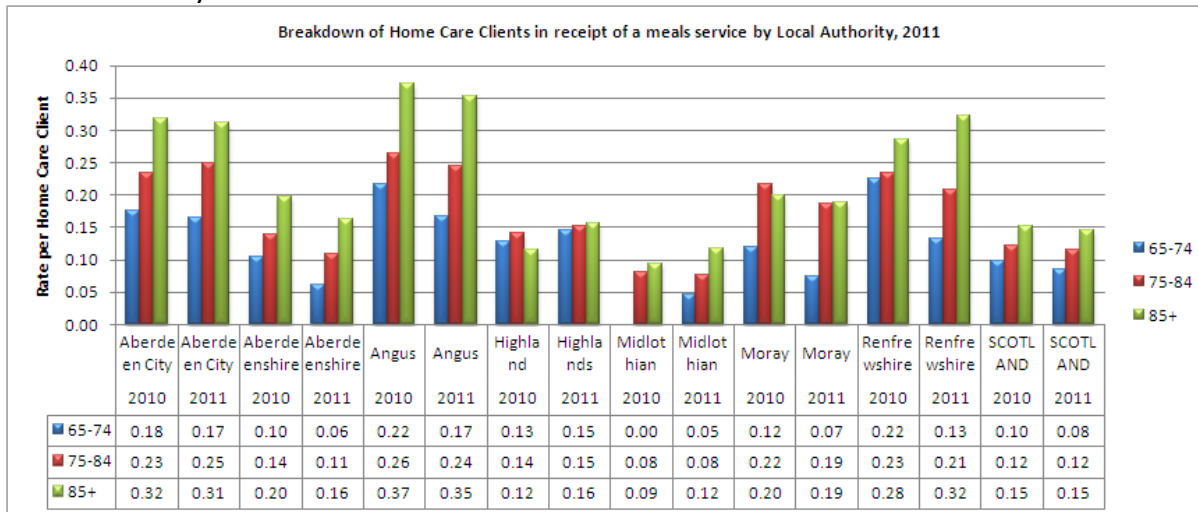
Community Care Business Objects MoW Client Data 2010-11



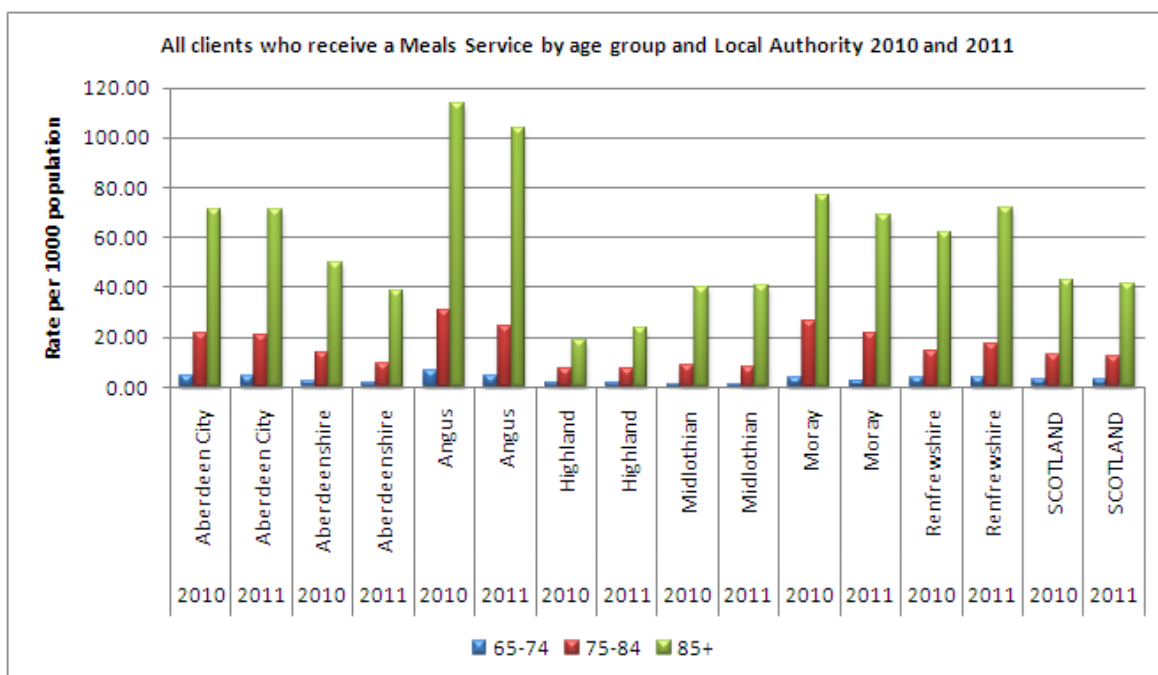
Community Care Business Objects MoW Client Data 2010-11

The largest proportion of clients are over 85 (47.67% at March 2011) but the 75 -84 age group is a close second (43.73% at March 2011)

Nationally compared to the nearest neighbours and the comparator authorities in 2011 Angus has the highest rate per home care client with each of the age groups and Midlothian was the lowest. Moray, was higher than the Scottish average for age groups 75-84 and 85+ but lower than the average for the 65-74 age group, which may suggest a targeting of those more in need in Moray.



Home care statistical release 2011



Home care statistical release 2011

Nationally compared to the nearest neighbours and the comparator authorities in 2011 Angus has the highest rate per 1000 population with each of the age groups and Highland was the lowest. Scottish Borders is missing from the comparators as they were registered as a failure to report in 2010 and submitted 0 in all meal returns in 2011. Moray, was higher than the Scottish average for age groups 75-84 and 85+ but lower than the average for the 65-74 age group, which may suggest a targeting of those more in need in Moray.

### 7.1.8 Community Occupational Therapy - Moray Resource Centre – Moray Disabled Living Centre

Occupational therapists work with people of all ages who have a wide variety of conditions and associated problems. These can be as simple as putting on socks to planning and co-ordinating

major adaptations in a client's home to allow wheelchair access. They provide advice on alternative methods of coping safely with activities or provide suitable equipment to help; advice on social and leisure activities and how to access them; and also provide support and advice for carers. Referral to and occupational therapist may be done through another community care service; NHS or GP service<sup>111</sup>.

Although primarily it offers a specialised service for individuals with a physical and sensory disability, the Moray Resource Centre<sup>112</sup> aims to help individuals adjust to change.<sup>113</sup> The Moray Disabled Living Centre is based within the Moray Resource Centre in Elgin and is one of only four registered centres in Scotland. It is part of the occupational Therapy Service and is staffed by qualified Occupational Therapists, an assistant and an information officer.

The service is open to members of the public, whether they have a disability or are just struggling with every day activities and wish to find ways of maintaining their independence. They also offer practical advice and information to carers and professionals on all aspects of disability and independent living. Within the centre there are permanent displays of equipment set out across a bathroom, shower room, bedroom and kitchen. They also have non powered mobility equipment, rise and recline chairs, washer dryer toilets, moving and handling equipment and a stair lift. They also host exhibition days where companies come and display products etc. There is also a car adaptations open day showing different types of vehicles which accommodate wheelchair users and adaptations that can be made to private vehicles such as hand controls and swivel seats.

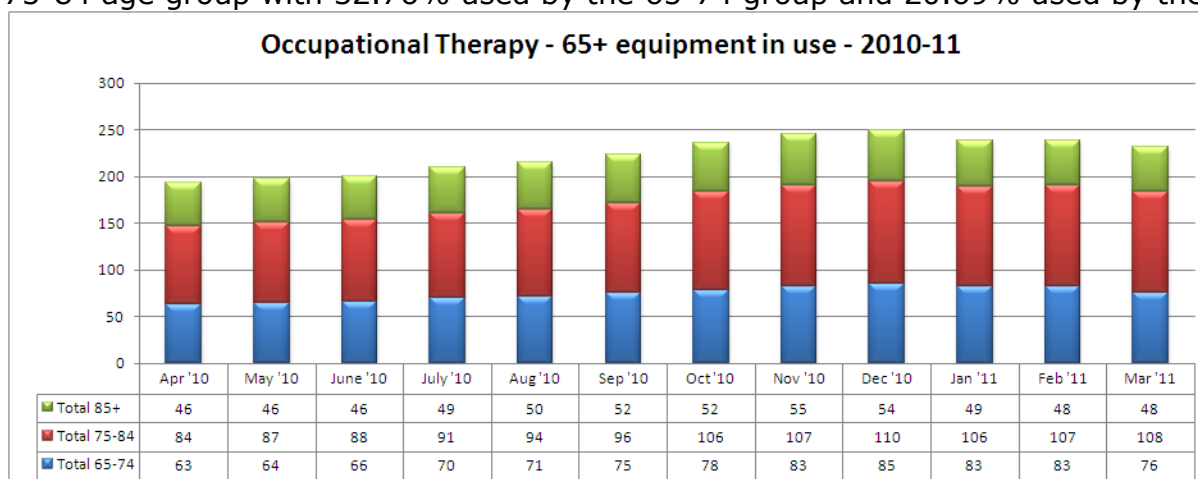
## 7.1.9 The Occupational Therapy Joint Store

### 7.1.9.1. Cost

The cost of the Occupational Therapy Joint Store (including the Handy Person with 4.5 FTEs) in 2010-11 was £180,389.<sup>114</sup>

### 7.1.9.2. Occupational Therapy Equipment (as per Carefirst)

The amount of equipment issued rose steadily until December '10 and has since fallen slightly. The largest proportion (46.55%) of occupational therapy equipment in Moray was in use by the 75-84 age group with 32.76% used by the 65-74 group and 20.69% used by the 85+ group.



Business Objects report – 2010-11

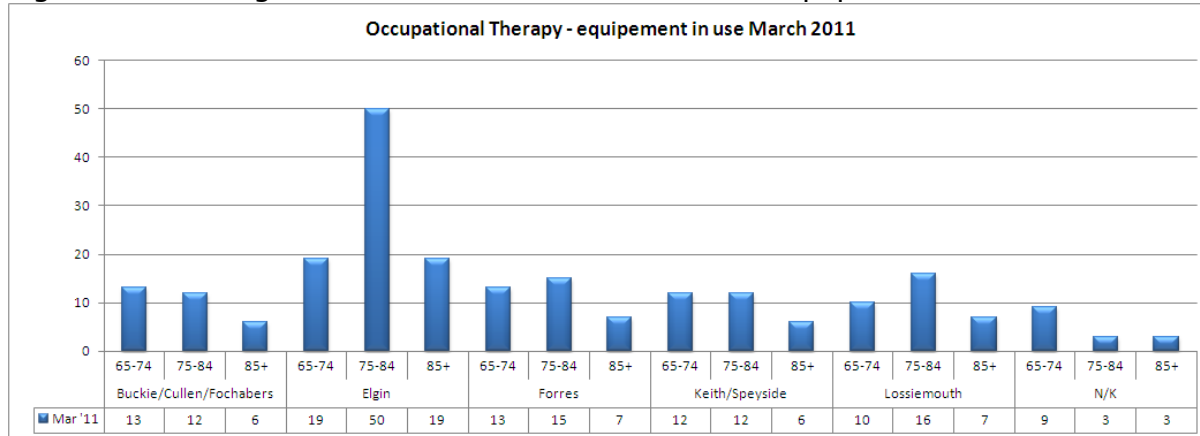
<sup>111</sup> Occupational Therapy MCHSCP leaflet

<sup>112</sup> [http://www.moray.gov.uk/moray\\_standard/page\\_40118.html](http://www.moray.gov.uk/moray_standard/page_40118.html)

<sup>113</sup> A guide to services from people with a Physical Disability MCHSCP leaflet

<sup>114</sup> Source – Moray accountancy figs – March 2011

In Elgin there is more equipment used by the 75-84 group than the other age groups put together. And Elgin had use of 37.93% of the total equipment in use in March 2011.



Business Objects report – 2010-11

Area	Items in use (March 2011)	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	31	4043	7.67
Elgin/Lossie	121	6469	18.70
Forres	35	2799	12.50
Keith/Speyside	30	3212	9.34
Unknown	15		
All areas	232	16523	14.04

Business Objects report – 2010-11

In the rate per 1000 (65+), Elgin's rate more than doubles that of Forres and Buckie.

#### 7.1.9.3. OT Store delivery of items and costs including age and area breakdowns (source of the following information is the GREAS system)

The total number of items ordered for those aged 65 and over during 2010 was 7248 items at a total cost of £263,614.54 giving an average cost per item of £36.37.

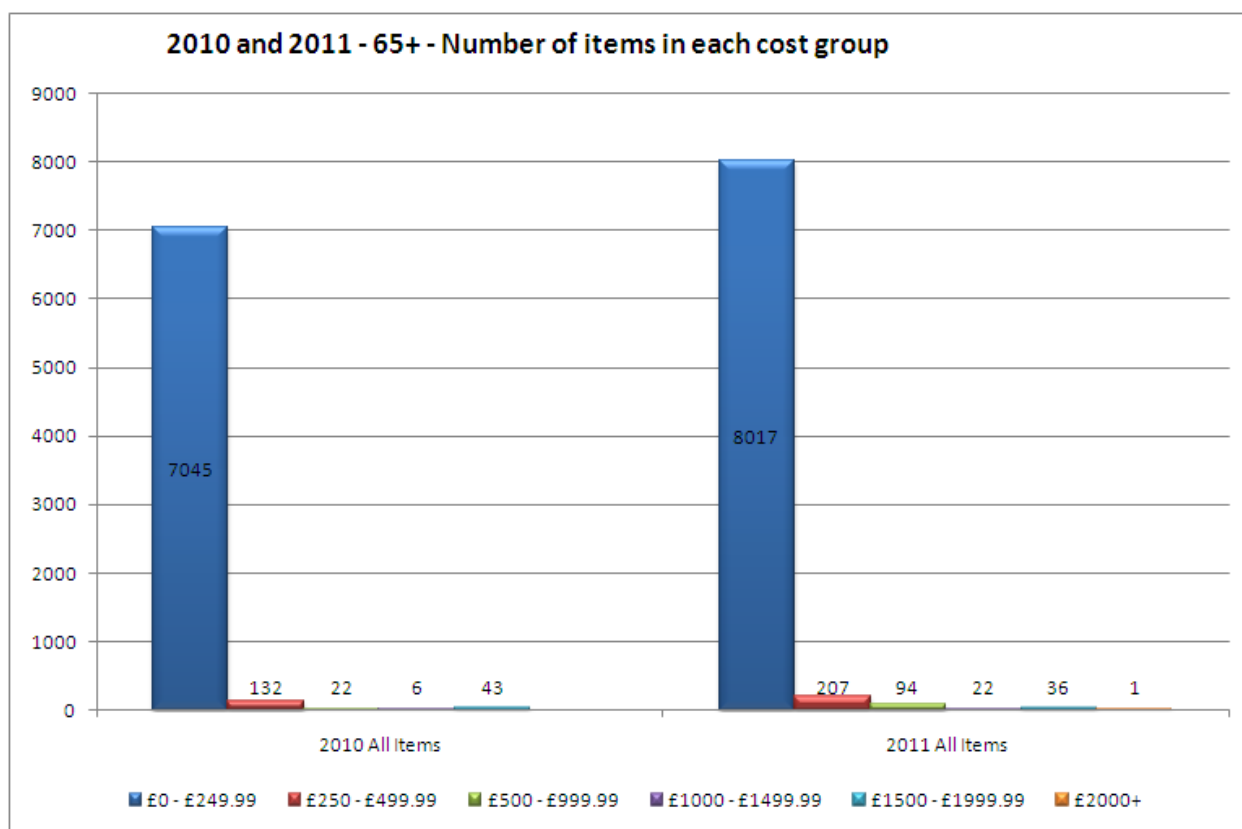
The total number of items ordered for those aged 65 and over during 2011 was 8377 items at a total cost of £410,637.69 giving an average cost per item of £49.02

There was a 15.58% increase in the number of items purchased for those aged 65+ from 2010 to 2011 and a 55.77% increase in the total cost of the items. There was an increase of 34.78% in the average cost per item.

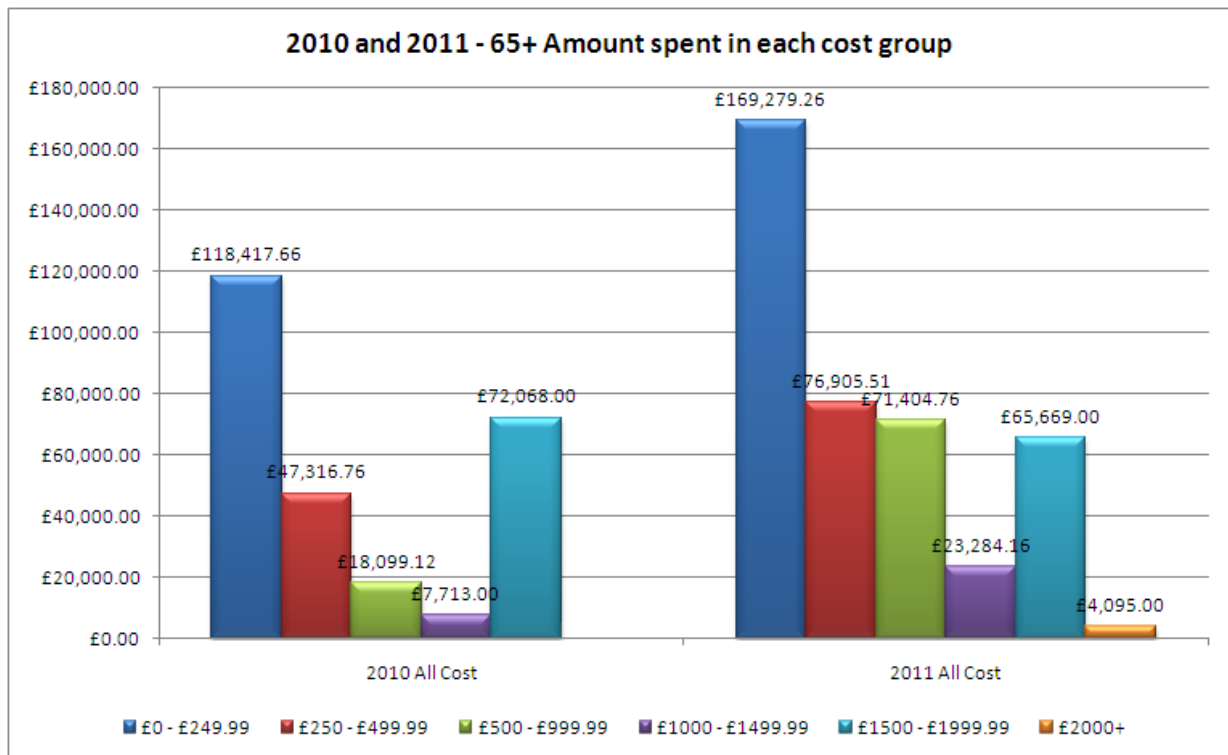
The top 10 most popular items have not changed much between the two years with the exception of the 'Kingfisher Shower Board' slipping out of the top 10 and 'Soxon' and the Easy Leaver appearing in it in 2011. This varies very little between areas in this age group.

2010 Top Ten items for 65+ users (and cost)	No Delivered and top 10 ranking	2011 Top Ten items for 65+ users (and cost)	No Delivered and top 10 ranking
Langham clip ons (£0.36)	1942 (1)	Langham clip ons (£0.36)	1874 (1)
Mowbray (£26.00)	388 (2)	Mowbray (£26.00)	515 (2)
Grab Rail Plastic 12 inch (£2.20)	246 (3)	Perching Stool with Back (£25.70)	297 (3)

Walking To Kitchen Trolley (£30.95)	237 (4)	Grab Rail Plastic 12 inch (£2.20/£2.30)	293 (4)
Langham Multi purpose raiser (£9.35)	227 (5)	Langham Multi purpose raiser (£9.35/£10.58)	280 (5)
Shower Stool (£13.50/£22.00)	195 (6)	Shower Stool (£22.00)	245 (6)
Easireach 26 inch (£5.25)	159 (7)	Easireach 26 inch (£5.25)	244 (7)
Grab Rail Plastic 18 inch Total (£2.67)	152 (8)	Walking To Kitchen Trolley (£30.95/£24.25)	243 (8)
Perching Stool with Back (£25.70)	152 (8)	Grab Rail Plastic 18 inch (£2.67)	187 (9)
Kingfisher Shower Board (£10.80)	141 (10)	Soxon (£3.10)	153 (10)
		Easy Leaver (£28.49)	153 (10)

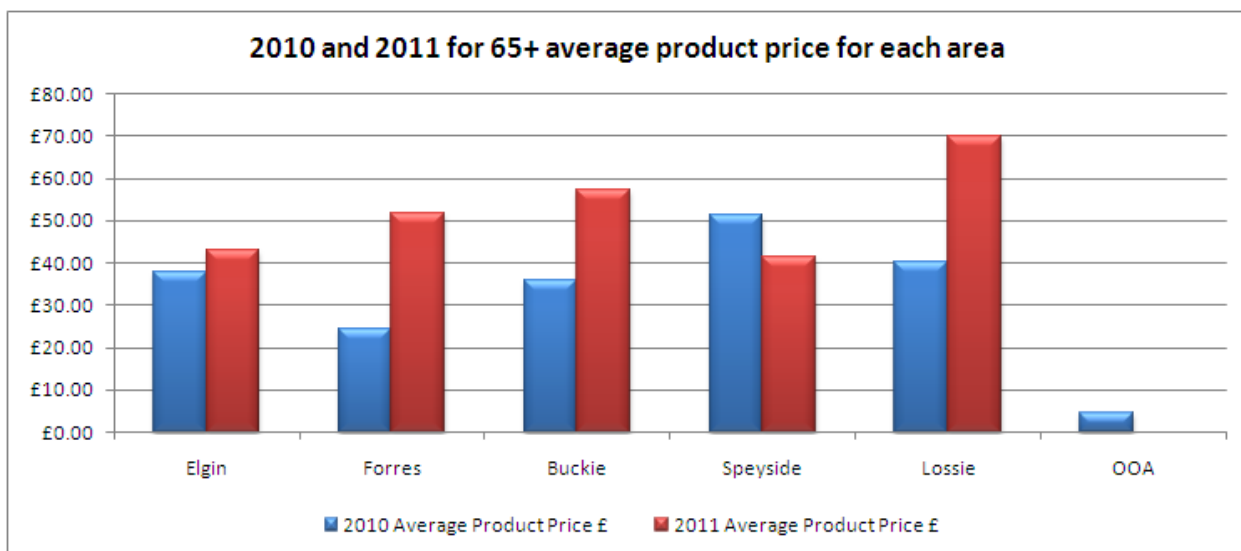


The proportion of items in the more expensive groups rose only slightly. The majority still remains in the £0-249.99 group at around 95%.



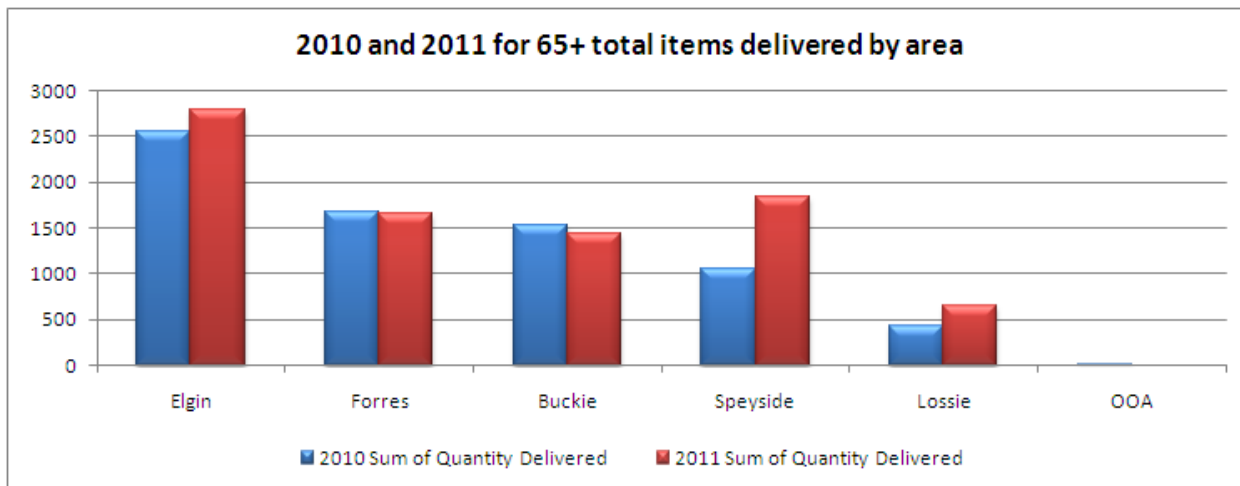
The amount of money spent increased most in the £0-249.99 group with an increase of £50,861.16 (42.95%) but the groups with the highest percentage increase were the £500 - £999.99 group with an increase of 294.52% (£53,305.64) and the £2000+ group with just one purchase of £4,095.00. Meanwhile the £1500 - £1999.99 group total fell by almost 9%. In the area breakdowns:

Area	2010 Average Product Price £	2011 Average Product Price £	2010 Sum of Quantity Delivered	2011 Sum of Quantity Delivered	2010 % of total ordered	2011 % of total ordered	2010 Sum of LineTotal £	2011 Sum of LineTotal £	2010 % of total cost	2011 % of total cost
Elgin	£37.76	£43.20	2547	2786	35.14%	33.26%	£96,171.13	£120,342.99	36.48%	29.31%
Forres	£24.35	£51.76	1684	1658	23.23%	19.79%	£41,005.35	£85,817.06	15.56%	20.90%
Buckie	£36.04	£57.31	1531	1443	21.12%	17.23%	£55,181.60	£82,700.38	20.93%	20.14%
Speyside	£51.44	£41.58	1050	1843	14.49%	22.00%	£54,012.37	£76,638.38	20.49%	18.66%
Lossie	£40.28	£69.77	427	647	5.89%	7.72%	£17,201.54	£45,138.88	6.53%	10.99%
OOA	£4.73		9		0.12%		£42.55		0.02%	
<b>Total</b>	£36.37	£49.02	7248	8377	100.00%	100.00%	£263,614.54	£410,637.69	100.00%	100.00%

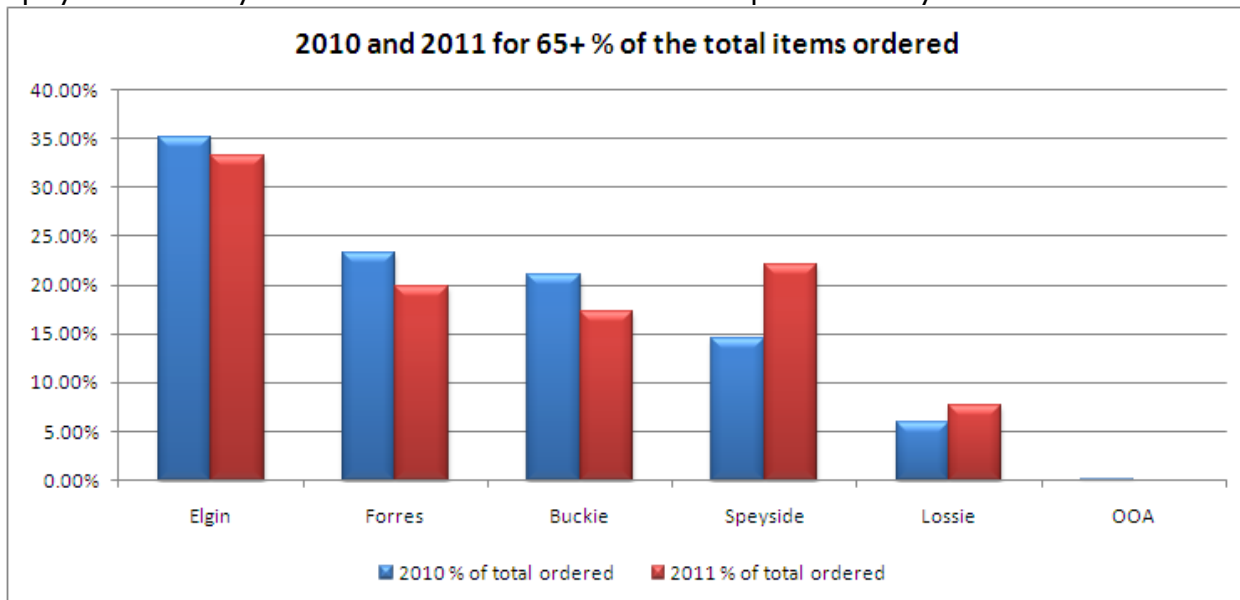




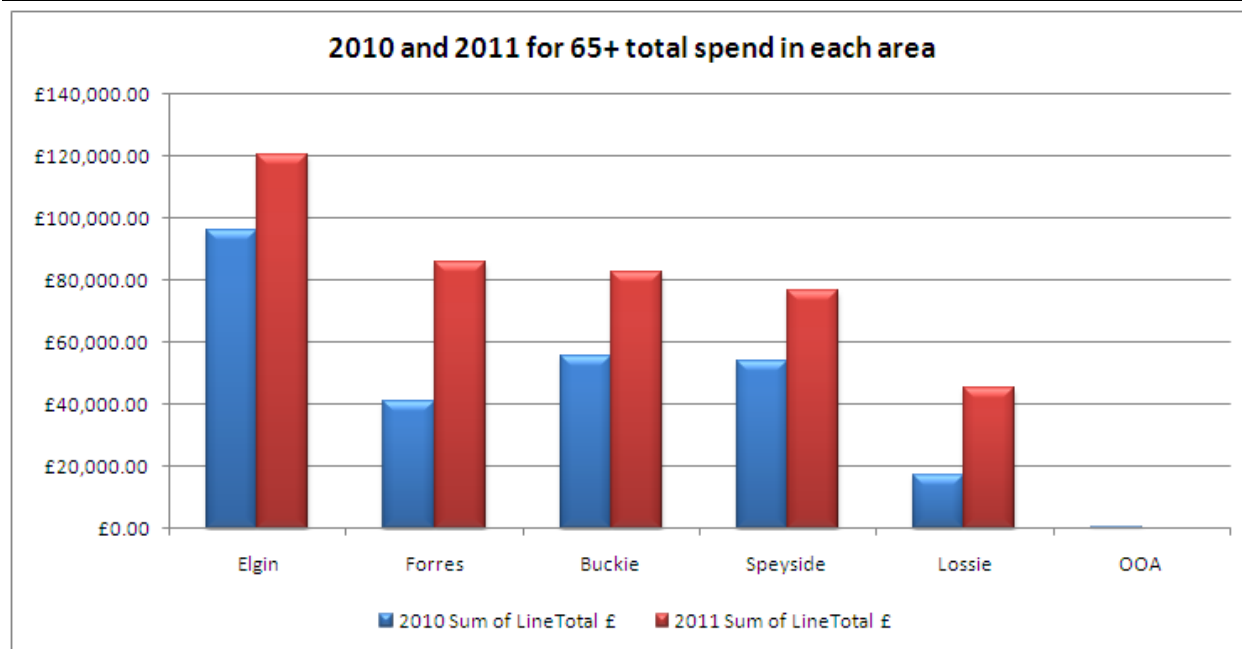
The average product price for 65+ in Lossiemouth has risen by over 73% (from £40.28 to £69.77) and is now highest in Moray.



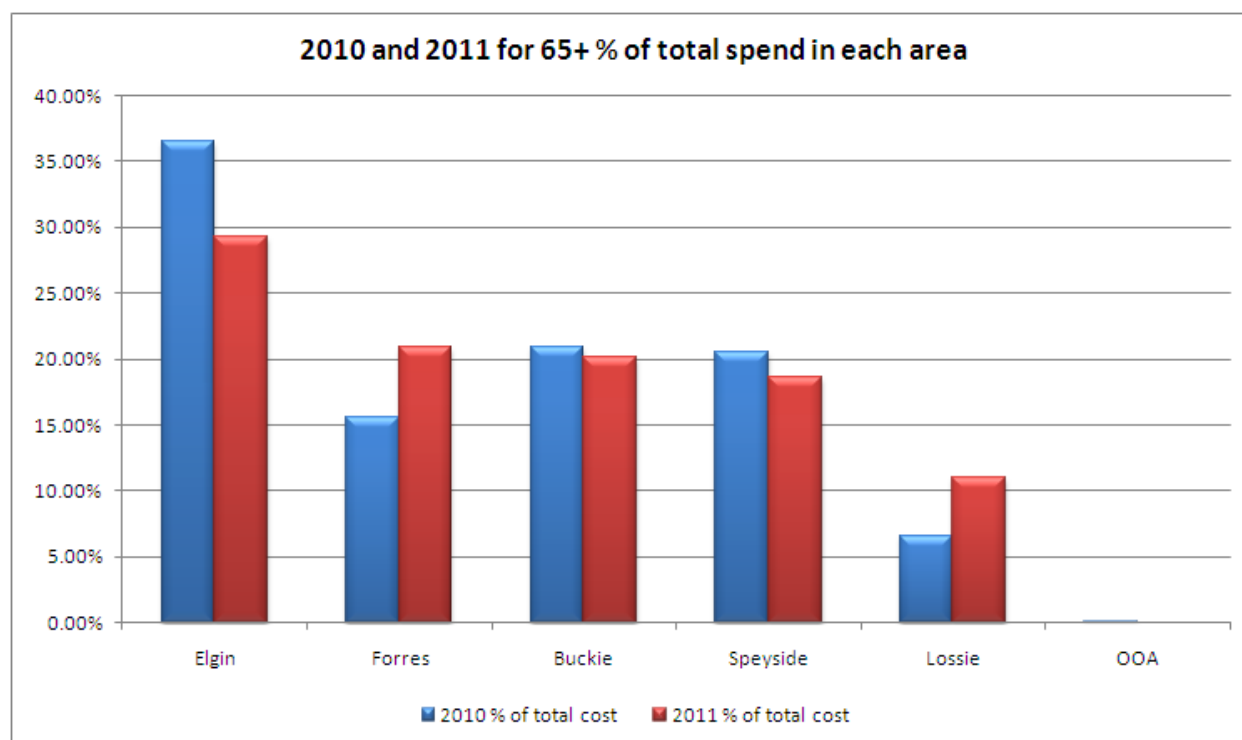
The total number of 65+ items in Lossie rose by 51.52% while the total amount spent rose by 162.41% but the number was the smallest to begin with. The total number of 65+ items in Speyside rose by 75.52% while the total amount spent rose by 41.89%.



With the number of items rising in Speyside and Lossie the proportion in other areas has fallen. In Forres the total spend rose by 109.28% (from £41,005.35 to £85,817.06) while in Elgin it rose by 25.13%.



As the proportion of spend has risen in Lossie and Forres the resultant percentage in Elgin has fallen.



**The age breakdown of this was:**

The total number of items ordered for those aged 65 and over during 2011 was 8377 items at a total cost of £410,637.69 giving an average cost per item of £49.02.

Age range	Average Product Price £	Sum of Quantity Delivered	% of total ordered /delivered	Sum of Line Total £	% of total cost
65-69	£61.89	940	11.22%	£58,172.87	14.17%
70-74	£44.75	1468	17.52%	£65,695.02	16.00%
75-79	£56.00	1362	16.26%	£76,276.02	18.58%
80-84	£50.09	1928	23.02%	£96,580.75	23.52%

85-89	£29.61	1944	23.21%	£57,571.37	14.02%
90-94	£76.01	611	7.29%	£46,443.80	11.31%
95-99	£79.82	124	1.48%	£9,897.86	2.41%
100+	N/A	0	0.00%	£0.00	0.00%
<b>Grand Total</b>	£49.02	8377	100.00%	£410,637.69	100.00%

Highest in each column is marked in yellow

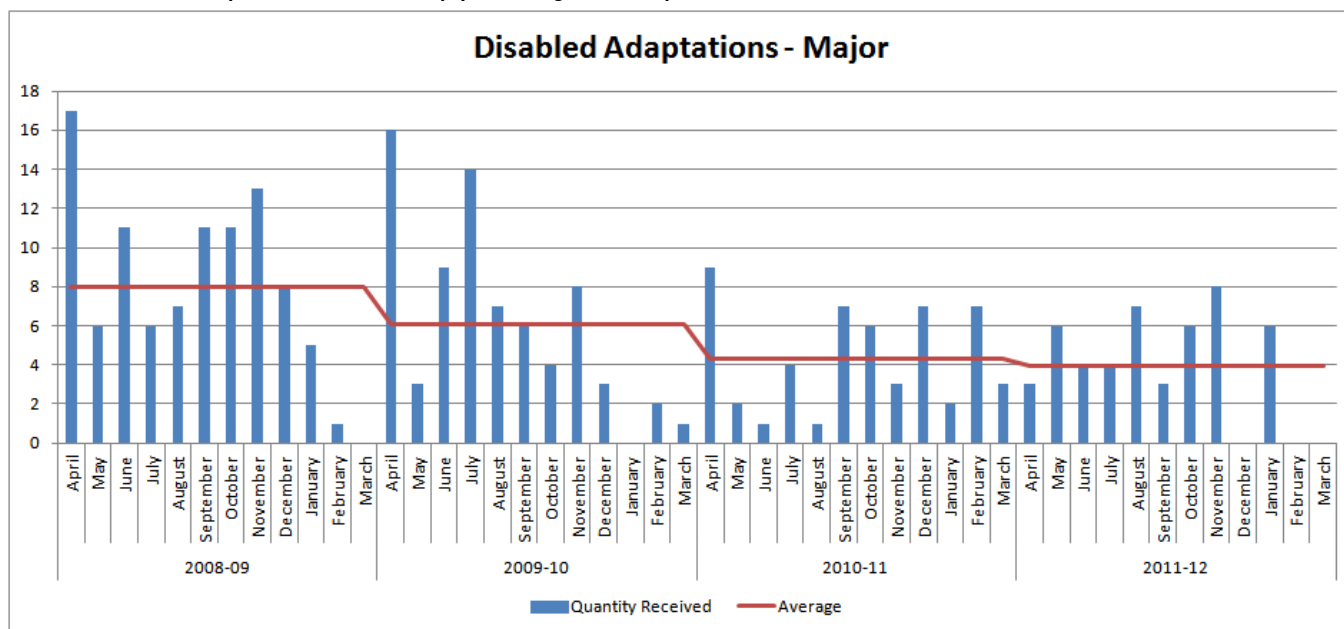
The breakdown shows the highest product cost is in the 95-99 bracket and with only 124 items of equipment being ordered for/delivered it is a slightly exaggerated figure.

The age range with the highest number of items ordered is the 85-89 age range with 1944 items and 23.21% of the total items for age 65+. There were 3 items bought above £1,500 and 3 above £1,000. The item bought for the 85-89 age group in the highest quantity was 'Langham clip-ons' – 916 of them (47.12% of the total items for this age group) at a cost of £0.36 each hence the lowest average product price.

The age range with the highest total spend and percentage of total spend for the second year running was the 80-84 age range with £96,580.75 spend and 23.52% of the total spend for age 65+. There were 11 items bought above £1,500 and 5 above £1,000 (26.22% of the total spend for this age group on 16 items). The item bought for the 80-84 age group in the highest quantity was 'Langham clip-ons' – 414 of them.

Generally there is a rise in the % of total cost and the quantity delivered/order as the age band rises up to the peak at 80-84 then the numbers and cost begin to fall (though there are a few purchases which distort this). In general the average product price varies.

#### 7.1.10 Occupational Therapy – Major Adaptations



On average the number of major adaptations has fallen due to restrictions in budget and also a certain amount of re-cycling of previously adapted council houses and the building of a number of purpose built bungalows. In the past there has been an emphasis on doing the work as soon in the year as possible but that meant that budget tended to run out by the end of the financial year and the work load was not evenly distributed throughout the year. This approach was changed in 2010-11 as can be seen above. The time taken for a major adaptation can vary depending on who owns the house and the process that has to be gone through is different in each i.e. Council House, Private, Housing Association and whether the adaptation is

a major or minor (generally less than £1,000) will depend on the Occupational Therapists original assessment of the situation and their recommendation. The process is managed through the adaptations working group and the major adaptations can include: level access showers; stair lifts (curved and straight); Ramps etc.

#### 7.1.11 HandyPerson Service

The purpose of this service is to assist the elderly, disabled disadvantaged and vulnerable members of the Moray community to maintain a better quality of life in their own homes. It does this by providing a small repair and assistance service to those who have no local family or friends available to help them. They have a very small complement of staff and a volunteer team of around 30 people, based, with other local charities in an office 'hub' in Elgin. The HandyPerson Service provides practical support to many hundreds of older and vulnerable people across Moray. We achieve this by carrying out small DIY tasks and repairs and offering assistance both in and around the home, when no local family or friends are available.

Our volunteers endeavour to help in any way they feel able; applying their skills and experience freely. However, they do not tackle major works; nor do they replace the work of local trade's people. All their volunteers have police disclosure checks on joining. They work closely with many supportive agencies (e.g. Sensory services, Carers services and Community Care teams), and they can accept referrals from them. Also relatives, a caring friend or the vulnerable person themselves can contact us directly.<sup>115</sup>

Moray HandyPerson Services does not get core funding from any Public Sector bodies. They have, in the past, been able to get external funding for this, however with the current financial squeeze it is very difficult to get continuation funding. They have LEADER/MCHSCP funding for the Connect Project and Age Scotland funded our personal information packs and leaflets. They continue to try and access external funding; however as their work supports local, vulnerable, people free of charge, they increasingly look to local communities to contribute to the work of their organisation. Clients and supporters give donations which are gratefully received but they need more to cover their basic costs.

The cost of the Handy Person Service (non contractual grant funding) in 2010-11 was £15,000.<sup>116</sup>

#### 7.1.12 Care and Repair

The aim of the services is to enable older and disabled owner-occupiers to remain living in the comfort of their own homes for as long as possible by helping them with repairs, improvements and adaptations to their property. The type of assistance includes an assessment of the work required, the preparation of plans and specifications by qualified staff and the procurement and supervision of works. Care and repair services work closely with occupational therapists to identify the needs of clients, practical; assistance is provided for grant applications and benefit checks can also be arranged.

Since 2003 care and repair services in Moray have been delivered by the Moray Care and Repairs Project run by Castlehill Housing Association. From April 1 2011 the project will provide assistance to clients requiring only major disabled adaptations. Assistance to clients requiring repairs and minor adaptations will be provided by Moray Council's home improvement team under the scheme of assistance for private owners.

<sup>115</sup> [The Handyperson Service \(Moray\)](#)

<sup>116</sup> Source – Moray accountancy figs – March 2011

The care and repair project will continue until April next year when all assistance to care and repair clients will be provided by the home improvement team.

The cost of the Care and Repair Service (Contract with Castlehill – housing service) in 2010-11 was £115,000.<sup>117</sup>

#### 7.1.13 North East Sensory Services (NESS)

Grampian Society for the Blind (GSB) was a well established local charity which had been providing support for the blind and visually impaired community for many years. Since August 2009 GSB has also been providing services for people who are deaf or hard of hearing in Moray. In order to better reflect the services they provide, GSB decided to adopt a new operational name - North East Sensory Services (NESS)<sup>118</sup> - though the registered company and charity remain Grampian Society for the Blind.

They provide counselling, advice and information for people affected by sensory loss, their families, friends and carers. They run clubs (two of the Moray clubs are based within the sheltered housing facilities); a newsletter; provide demonstrations and tuition on specialist computer and CCTV equipment; transcription service; talking book library; BSL interpreting service; befriending service; Employment Service; and other services more aimed at younger people. To keep all their charitable services going requires at least £500,000 per year which is funded through the Big Lottery; Children in Need; Fairer Scotland Fund and their own fundraising.

#### 7.1.14 Moray Lifeline - Telecare

The Moray Lifeline service provides vulnerable people with round the clock monitoring of Community Alarms and Telecare sensors (including falls; movement; bed occupancy; wandering alert; temperature; flood; and smoke sensors)<sup>119</sup> in clients' own homes via the Regional Communications Centre in Aberdeen. Service users name three contacts living close enough to be able to respond in the event of an alarm being raised. A modest charge for the Moray Lifeline Telecare Service was to be introduced from 1st April, 2011. The charge of £15 per quarter is not for the equipment itself, which is still provided free, the charge is made in respect of the 24 hour, seven days a week, alarm monitoring service currently provided by the Regional Communications Centre (RCC) in Aberdeen. The cost of the Moray Lifeline Service Community Alarm with added in DJ costs of 3.55 FTE) in 2010-11 was £99,289 and the Regional Communications Centre Contract cost was £40,000 (paid by Housing).<sup>120</sup>

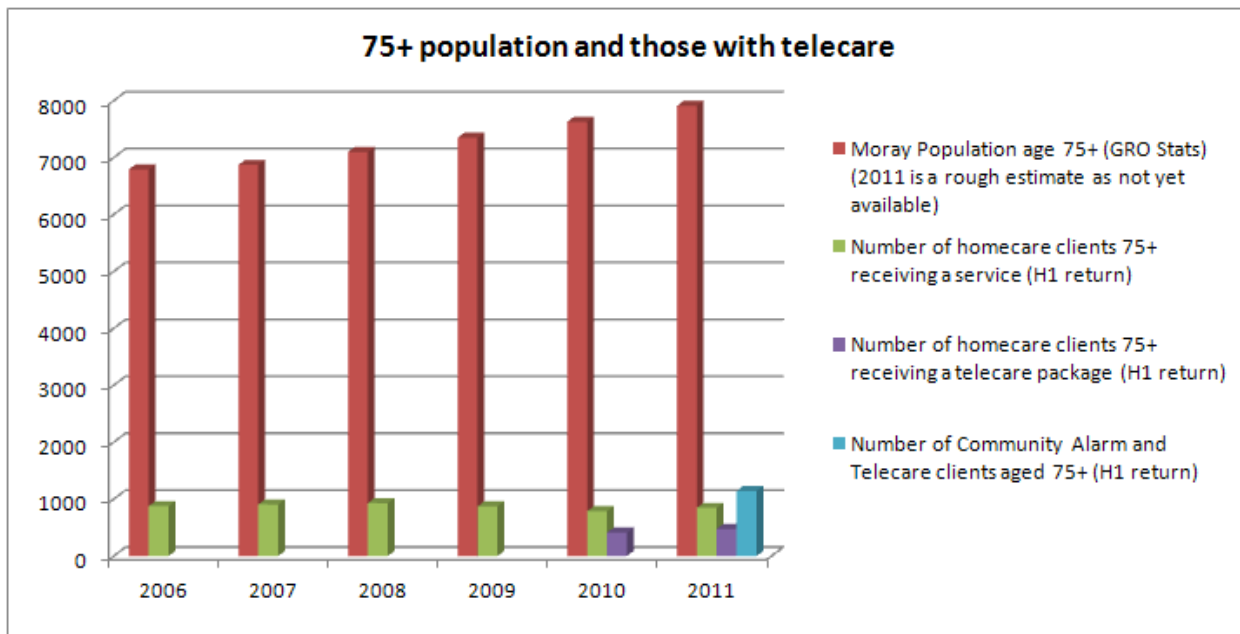
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<sup>117</sup> Source – Moray accountancy figs – March 2011

<sup>118</sup> NESS leaflet

<sup>119</sup> Moray Lifeline and Telecare Service MCHSCP leaflet

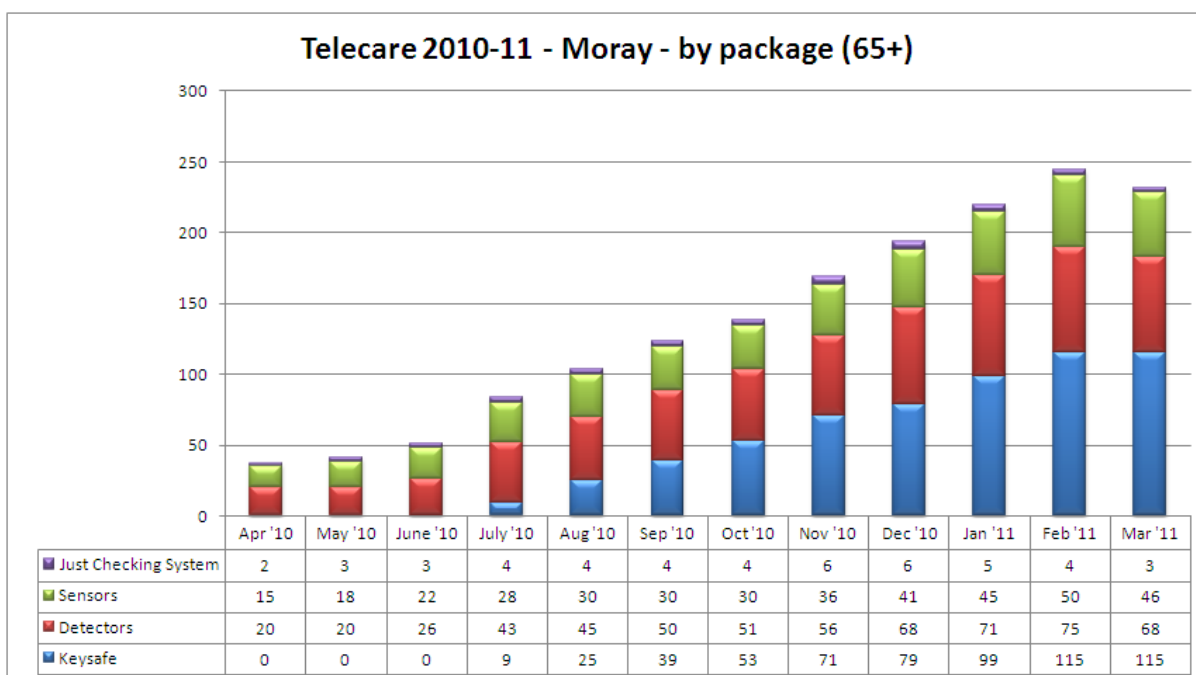
<sup>120</sup> Source – Moray accountancy figs – March 2011 and Moray Web Site



H1 return for 2011 with GRO stats for population.

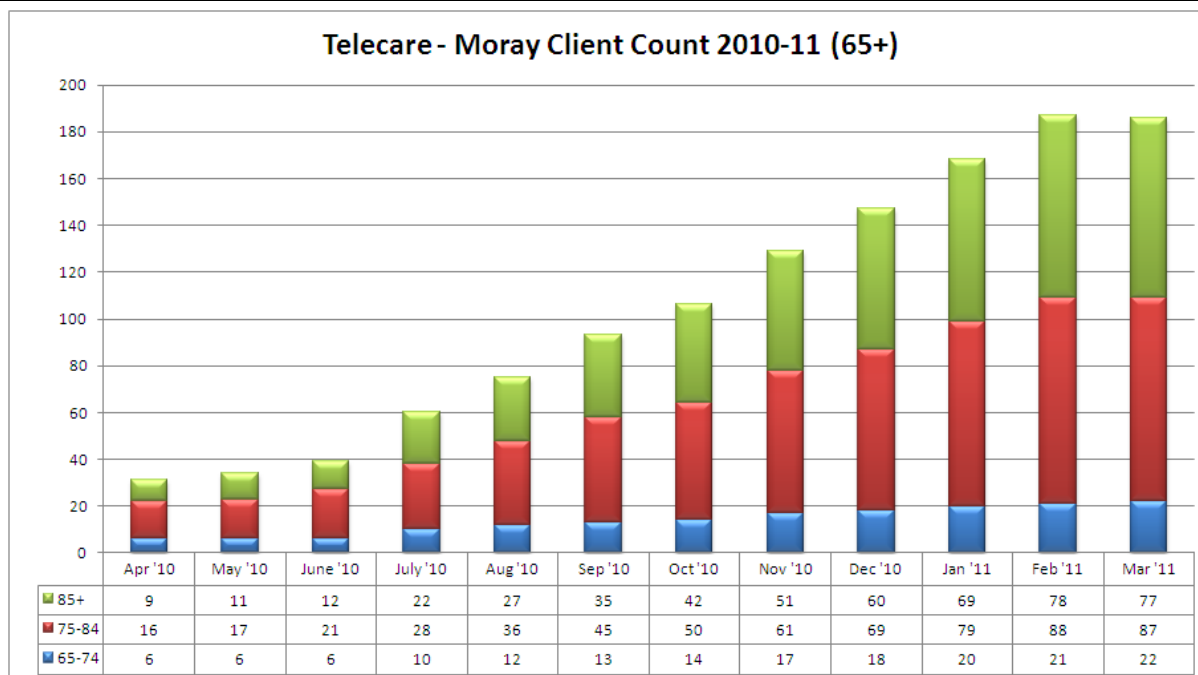
The H1 return emphasises the support of over 75s, hence showing the proportion of people (clients) aged 75+ receiving a community alarm or other telecare service was 39.6% for 2010/11 and 34.7% for 2009/10 (up by almost 5%).

Of the total 75+ population (assuming the same population change as last year because 2011 estimate from GRO is not yet available) of the 7,906 people 75+ there were 1,142 alarm and telecare clients which is 14.44% of the 75+ population.



Business Objects report from Carefirst system 2010-11

The number of packages has increased greatly over 2010-11 from 37 in April '10 to 232 in March '11. In particular the usage of Keysafe packages.



Business Objects report from Carefirst system 2010-11

The number of clients using the telecare has also risen over 2010-11 from 31 in April '10 to 186 in March '11. The average number of packages per person has only marginally risen (from 1.19 to 1.25 per person) so the rise in clients is the main cause of the rise in packages. The rise in clients is in all age groups it is particularly noticeable in the 75-84 and 85+ age groups.

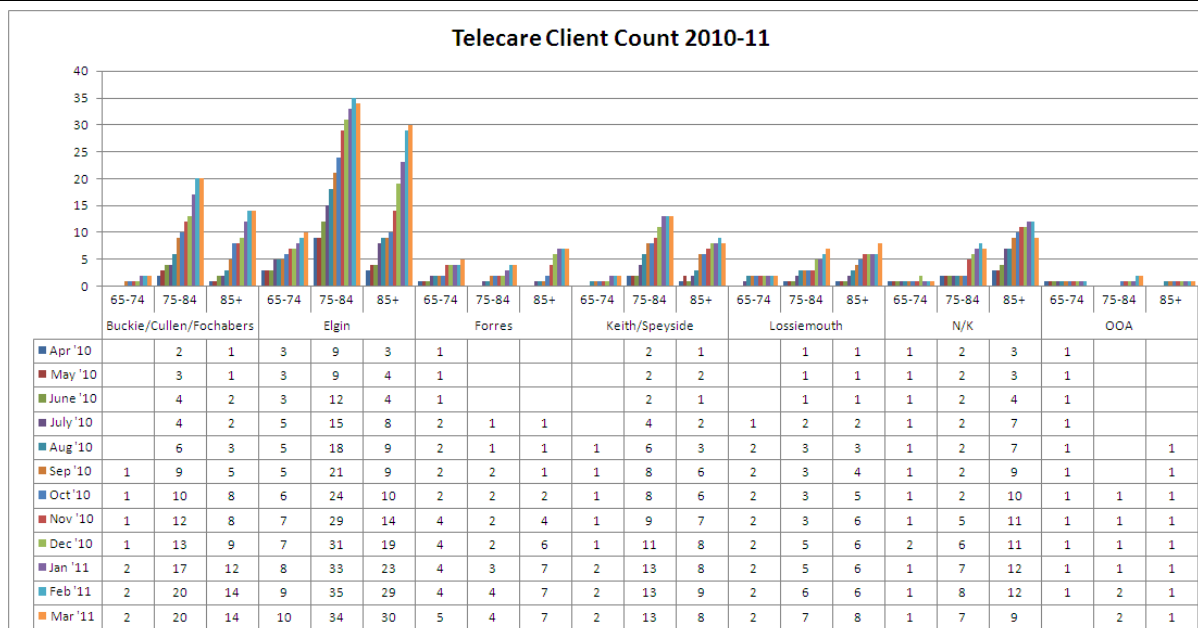
Area	No of Telecare packages	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	44	4043	10.88
Elgin/Lossie	116	6469	17.93
Forres	17	2799	6.074
Keith/Speyside	32	3212	9.963
Unknown	20		
OOA	3		
All areas	232	16523	14.04

Business Objects report from Carefirst system 2010-11

The rate of packages per 1000 population (65+) is highest in Elgin/Lossie and then in Buckie. The rate of clients per 1000 population (65+) is also highest in Elgin/Lossie being almost double that of Speyside and almost two and a half times that of Forres. Unknown clients are those who are deceased and are no longer allocated to an area.

Area	No of Telecare Clients (Mar'11)	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	36	4043	8.904
Elgin/Lossie	91	6469	14.07
Forres	16	2799	5.716
Keith/Speyside	23	3212	7.161
Unknown	17		
OOA	3		
All areas	186	16523	11.26

Business Objects report from Carefirst system 2010-11

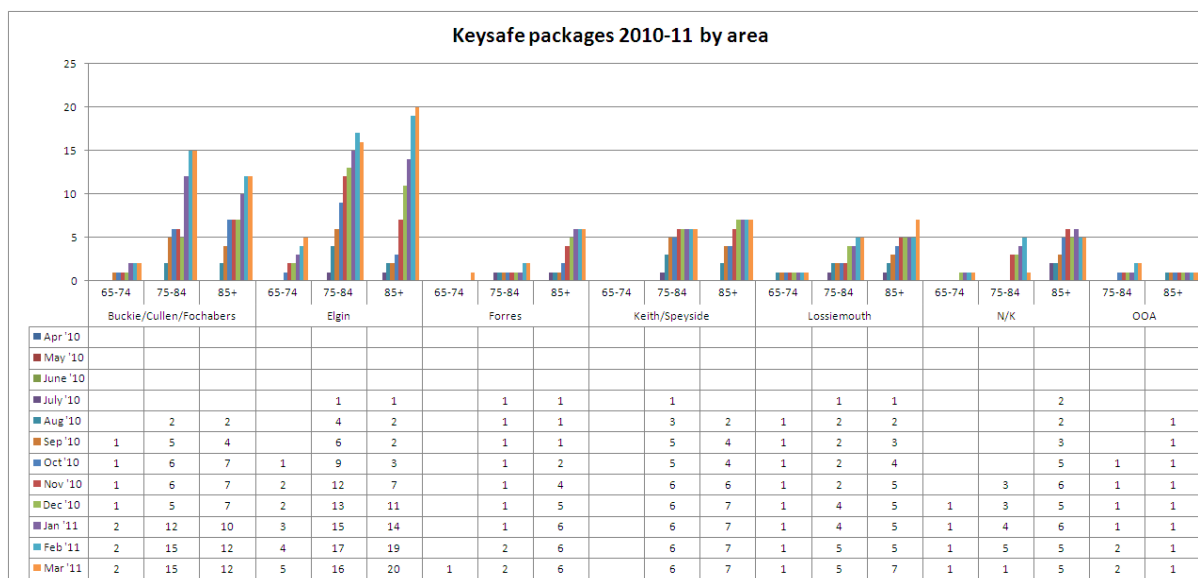


Business Objects report from Carefirst system 2010-11

The highest number of clients is in the Elgin area and in particular in the 75-84 age group.

There are 4 main measured Telecare services on Carefirst: Keysafe, Detectors, Sensors and the Just Checking System and patterns for each can be seen by area and age group.

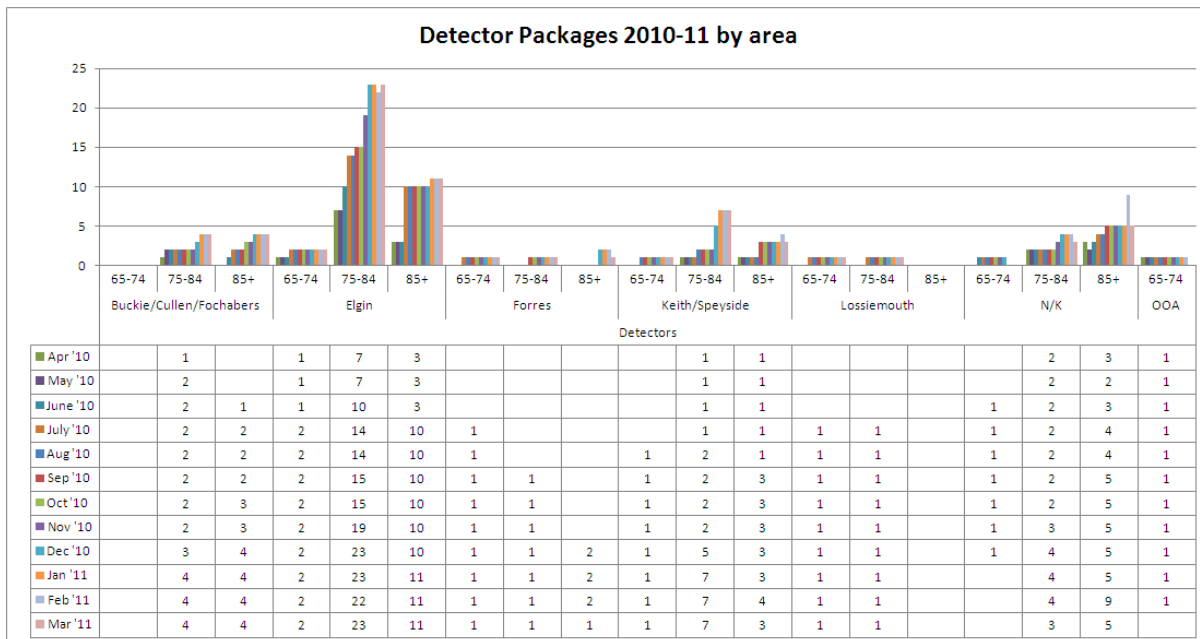
In general and in Buckie, Lossie, Keith/Speyside and Forres the most widely used package is Keysafe, this is also widely used in Elgin. The main users of the Key safe are the 85+ age group.



Business Objects report from Carefirst system 2010-11

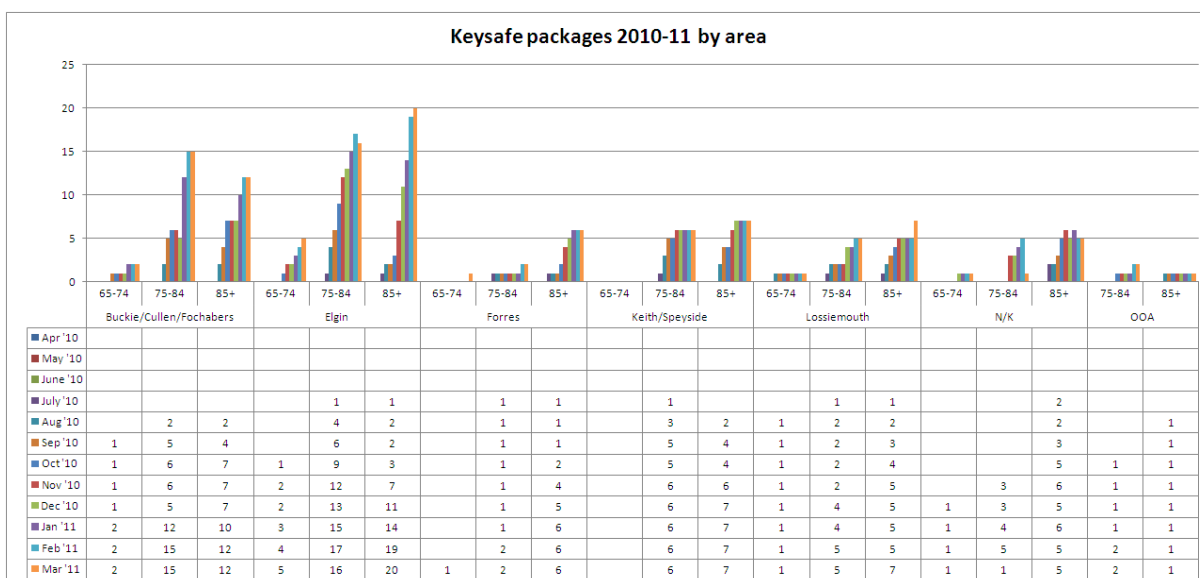
The second most widely used package is Detectors and in Elgin it appears to be the preferred package, though this is not as widely used in other areas. The main users of detectors are the 75-84 age group.





Business Objects report from Carefirst system 2010-11

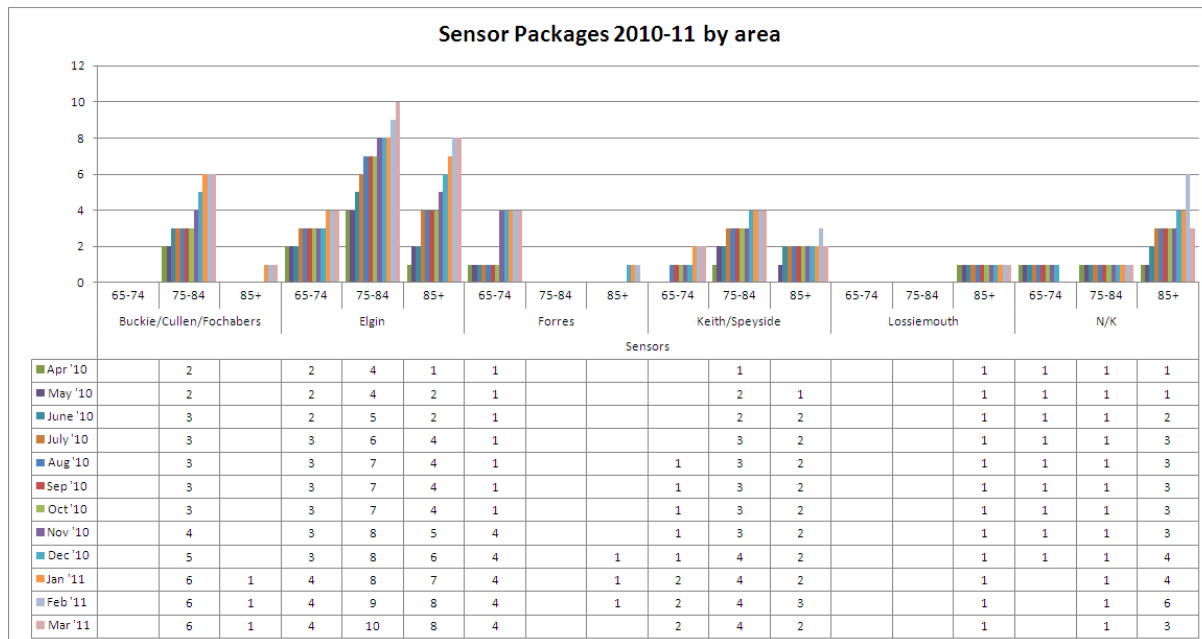
In Buckie, Lossie, Keith/Speyside and Forres the most widely used package is Keysafe, and is also widely used in Elgin. The main users of the Key safe are the 85+ age group.



Business Objects report from Carefirst system 2010-11

Elgin is the greatest user of Sensor packages and again the 75-84 age group in general are the largest users of this package.

The Just Checking System – is used sporadically in Moray in no particular numbers, age group or area though there are none in Buckie. In Forres and Keith it looked like it had been used in a couple of cases for a couple of months only.

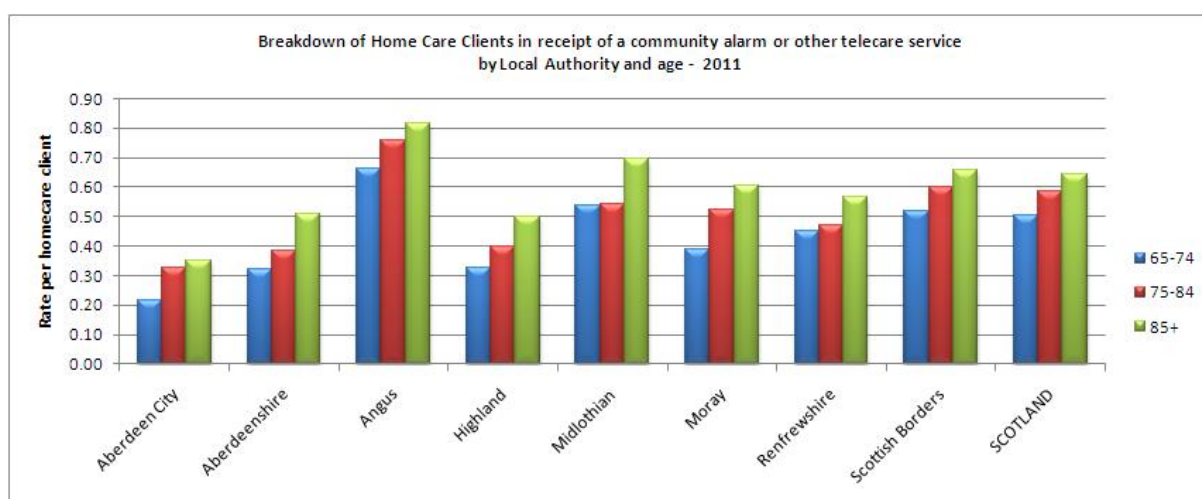


Business Objects report from Carefirst system 2010-11

Nationally compared to the nearest neighbours and the comparator authorities Aberdeen city has the lowest rate per home care client in each of the age groups and Angus has the highest while Moray is below the average for Scotland.

Local Authority	65-74	75-84	85+
Aberdeen City	0.22	0.33	0.35
Aberdeenshire	0.32	0.38	0.51
Angus	0.66	0.76	0.82
Highland	0.33	0.40	0.50
Midlothian	0.54	0.54	0.69
Moray	0.39	0.52	0.60
Renfrewshire	0.45	0.47	0.57
Scottish Borders	0.52	0.60	0.66
<b>SCOTLAND</b>	<b>0.51</b>	<b>0.59</b>	<b>0.64</b>

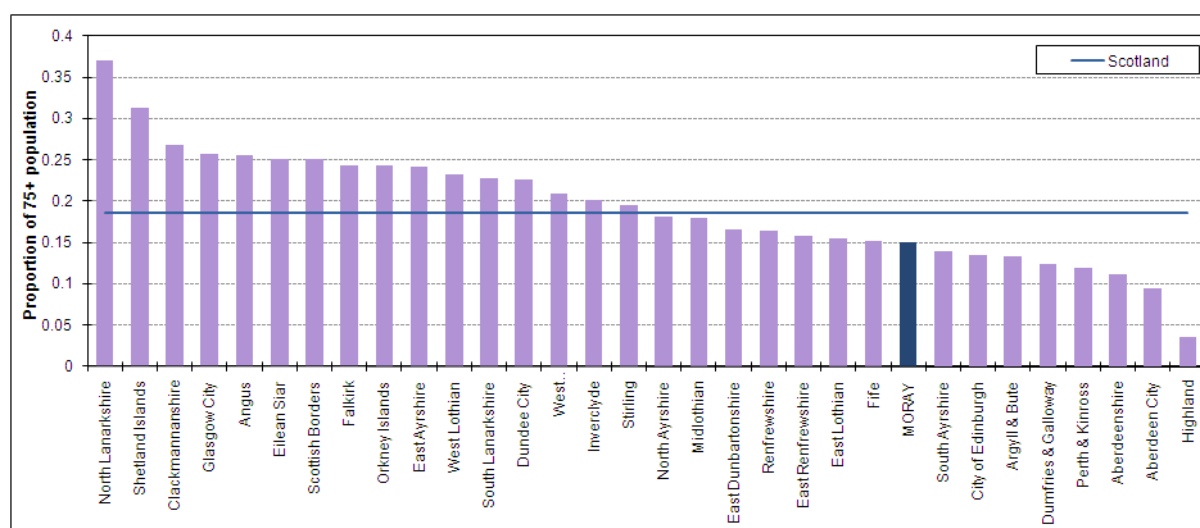
Home care statistical release 2011



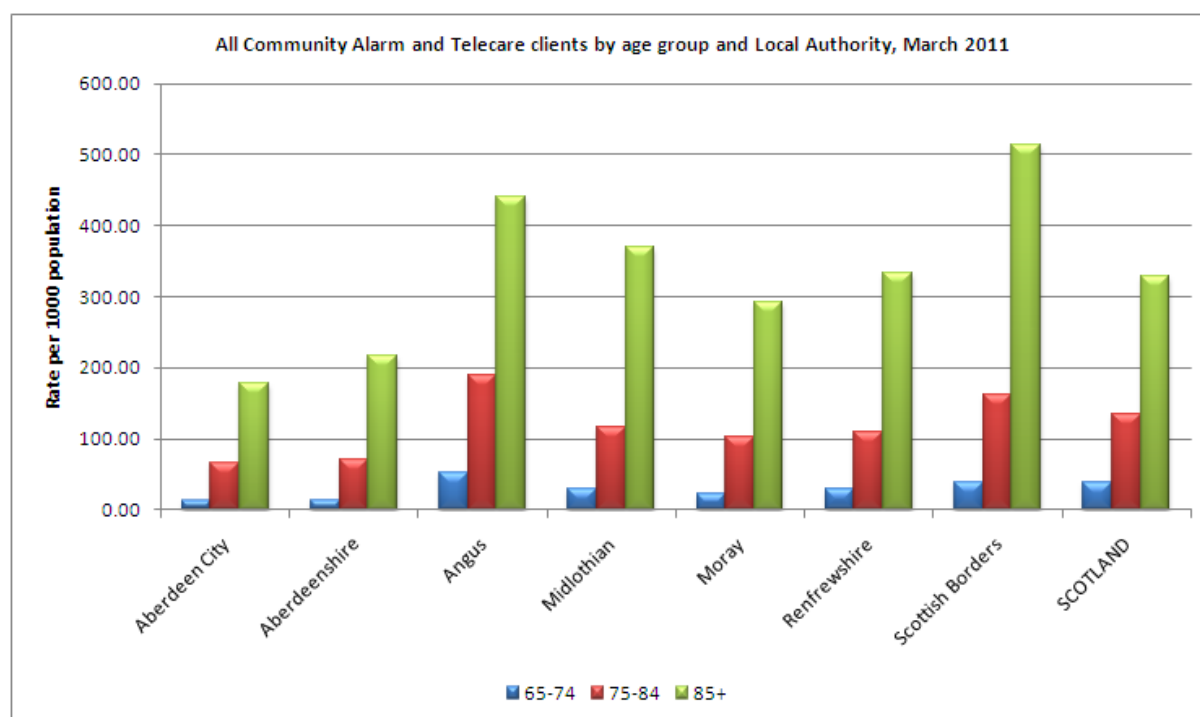
Home care statistical release 2011

Nationally compared to the nearest neighbours and the comparator authorities Aberdeen city has the lowest rate per 1000 population in each of the age groups and Angus has the highest in the 65-74 and 75-84 age groups while the Scottish Borders has the highest rate in the 85+

age group. Moray is below the average for Scotland and below the comparator authorities but above the neighbouring authorities although Highland did not submit age information.



Home care statistical release 2011



Home care statistical release 2011

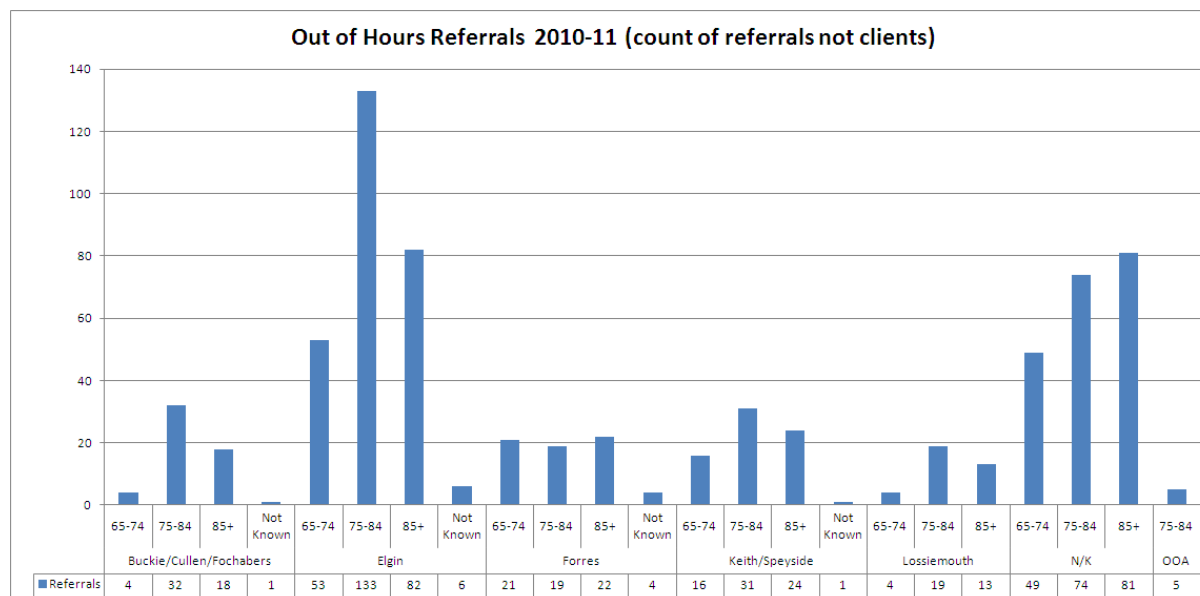
Local Authority	65-74	75-84	85+
Aberdeen City	12.15	64.94	178.79
Aberdeenshire	13.62	71.15	216.21
Angus	51.10	189.13	441.33
Midlothian	29.92	116.01	368.49
Moray	22.41	101.72	292.10
Renfrewshire	28.55	108.94	333.44
Scottish Borders	39.42	161.38	512.79
<b>SCOTLAND</b>	<b>37.60</b>	<b>134.58</b>	<b>327.70</b>

Home care statistical release 2011

It was the intention of the 2011 Moray Change Fund Application to develop a dedicated 24/7 Community Alarm and Telecare monitoring centre for Moray. This was to allow better management of client data to ensure ongoing development and co-ordination of Telehealthcare services over a 24hour period and increase the ability to manage services. It will also build capacity and stretch the boundaries of current OOHs services within Community Care.

### 7.1.15 Out of Hours Service

The cost of the Out of Hours Service (Generic Service – Community Services only) in 2010-11 was £183,364.<sup>121</sup>



Business Objects report from Carefirst system 2010-11

The only regional pattern was that Elgin and Unknown had higher referrals in 2010-11 than any other area – there were a couple of peak times for Elgin – in January and March and the highest proportion of referrals came from the 75-84 age group in Elgin. 'Unknown by area' made up over 28% of the total calls and a further 2% were unclassified by age. i.e. over 30% were unknown in one respect or other –the majority of these are clients who are deceased and are no longer allocated to an area. As a rate per 1000 (65+) population Elgin is very high and Buckie appears to be low.

Area	No of OOH referrals	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	55	4043	13.6
Elgin/Lossie	310	6469	47.92
Forres	66	2799	23.58
Keith/Speyside	72	3212	22.42
Unknown	204		
OOA	5		
All areas	712	16523	43.09

<sup>121</sup> Source – Moray accountancy figs – March 2011

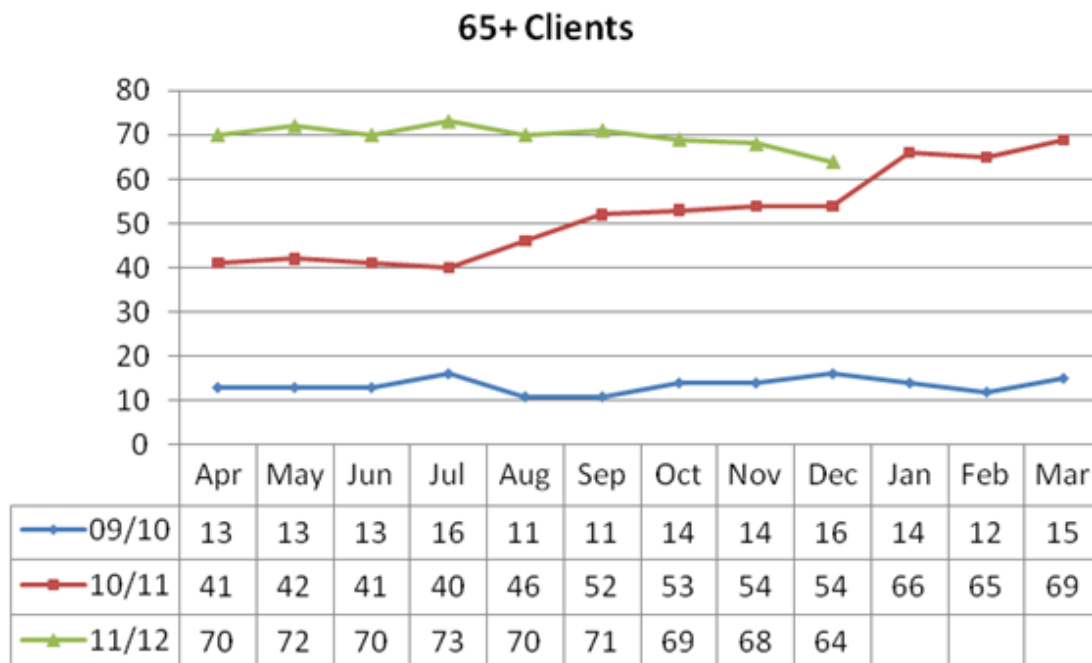
## 7.1.16 Self Directed Care

Self Directed Care - Details	Clients	Gross Actual £ 2010/11	Percentage for each area
Elgin OP External Dom Care - Direct Payments	18	£100,471	14.00%
Forres OP External Dom Care - Direct Payments	49	£382,421	53.28%
Buckie OP External Dom Care - Direct Payments	4	£17,832	2.48%
Keith OP External Dom Care - Direct Payments	12	£96,948	13.51%
All Areas	83	£597,672	83.27%
Mental Health OP - Direct Payments	7	£41,305	5.75%
Direct Payments - Part year contract DP Caledonia		£13,065	
Direct Payments - Peninsula		£1,706	
Direct Payments - Cornerstone		£29,269	
Direct Payment Total		£44,039	6.14%
Self Directed Support	Staff costs 1 x fte	£34,740	4.84%
Total	90	£717,756	100.00%

Source – Moray accountancy figs – March 2011

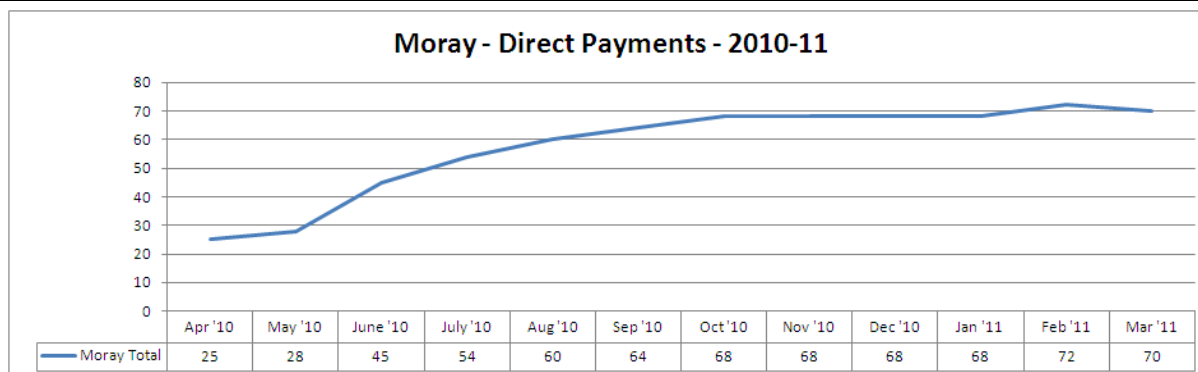
With a total of 90 clients and £717,756 that gives an average of £7,975 per client

Clients receiving Direct Payments

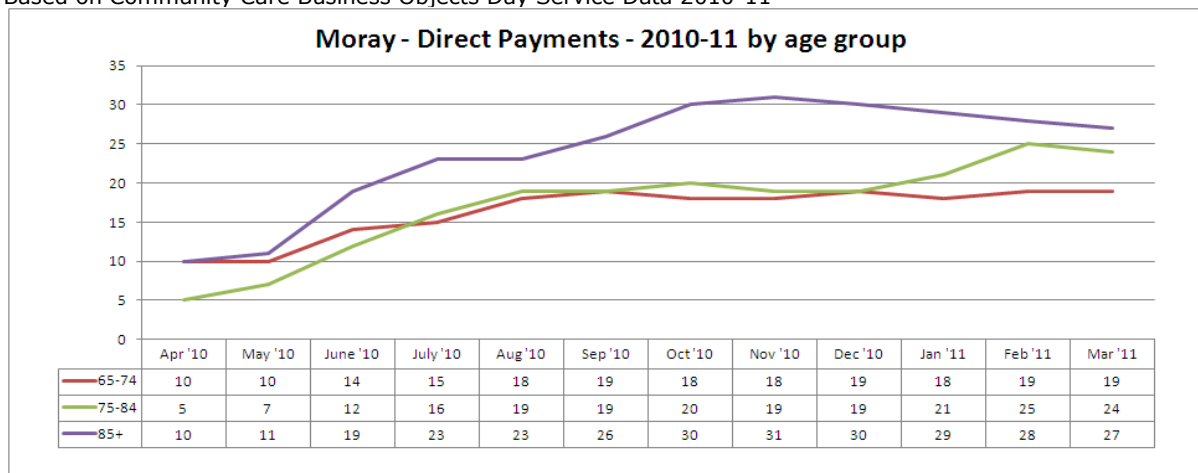


Source – Community Care Monthly report – December 2011

By the end of 2010/11 there were 70 clients over 65 (a confirmed number). At October 2011 the numbers began to slip back down.

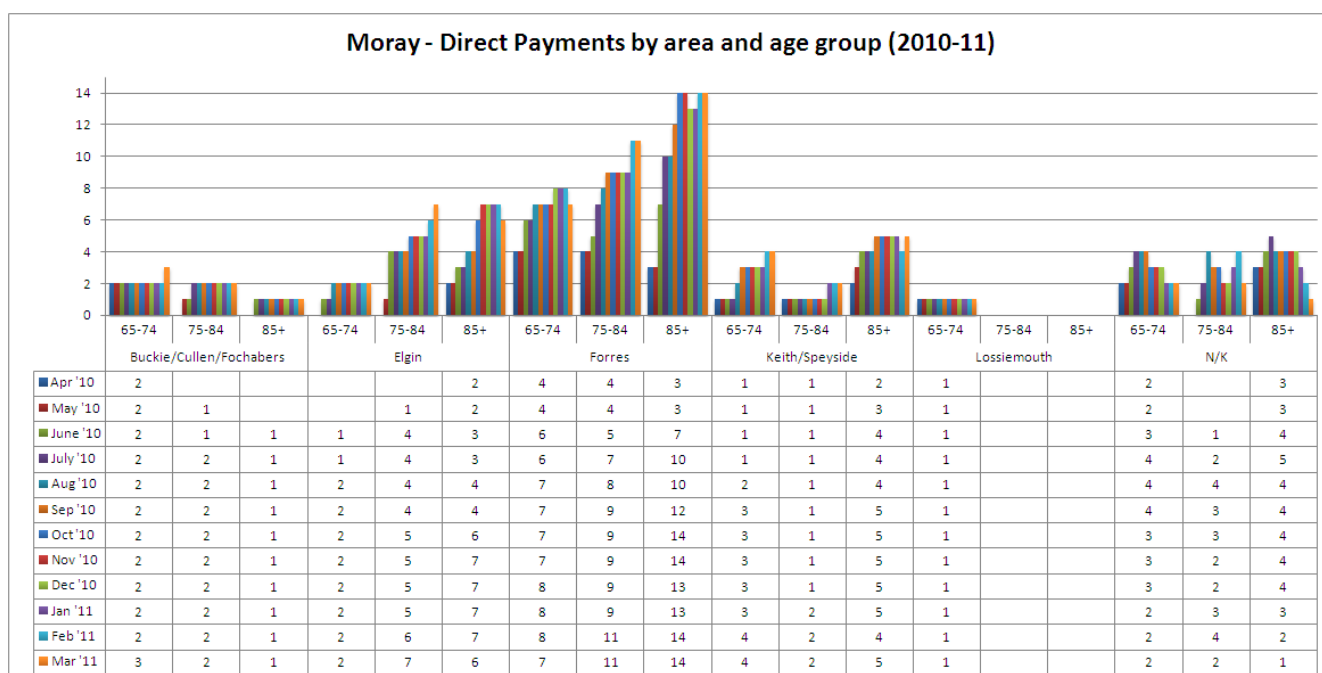


Based on Community Care Business Objects Day Service Data 2010-11



Based on Community Care Business Objects Day Service Data 2010-11

The data shows the largest numbers and the greatest increase in the 85+ age group but also shows a peak in November 2010 followed by a subsequent decline. The increase came with the homecare contract review and people went with direct payments to remain with their current provider. The decline in number may be attributed to clients moving on (in the 85+ age group) to permanent care, hospital, died, or changing service to better suit their needs.



Based on Community Care Business Objects Day Service Data 2010-11

The above graph shows the areas by age group and starkly shows that Forres has the largest number and proportion of Direct Payments Clients (over 45% in March 2011). Lossiemouth

had only one Direct Payments Client. There are a number of unknowns which are clients who are deceased and are no longer allocated to an area (7.14% of the total in March).

## 7.2 Quality

### Care Commission Complaints 2010/11

Site	Complaint Type	Outcome
Community Support Service (Elgin)	Communication	Upheld
Community Support Service (Elgin)	General health and welfare	Upheld

Source: Care Commission Complaints 2010/11

There was only 1 complaint case number in 2010/11 and 2 in 2009/10 though, as shown above, cases can have more than one complaint type.

## 7.3 Demand

Demand was shown, where possible, in each of the services mentioned in the overview above.

## 7.4 Summary

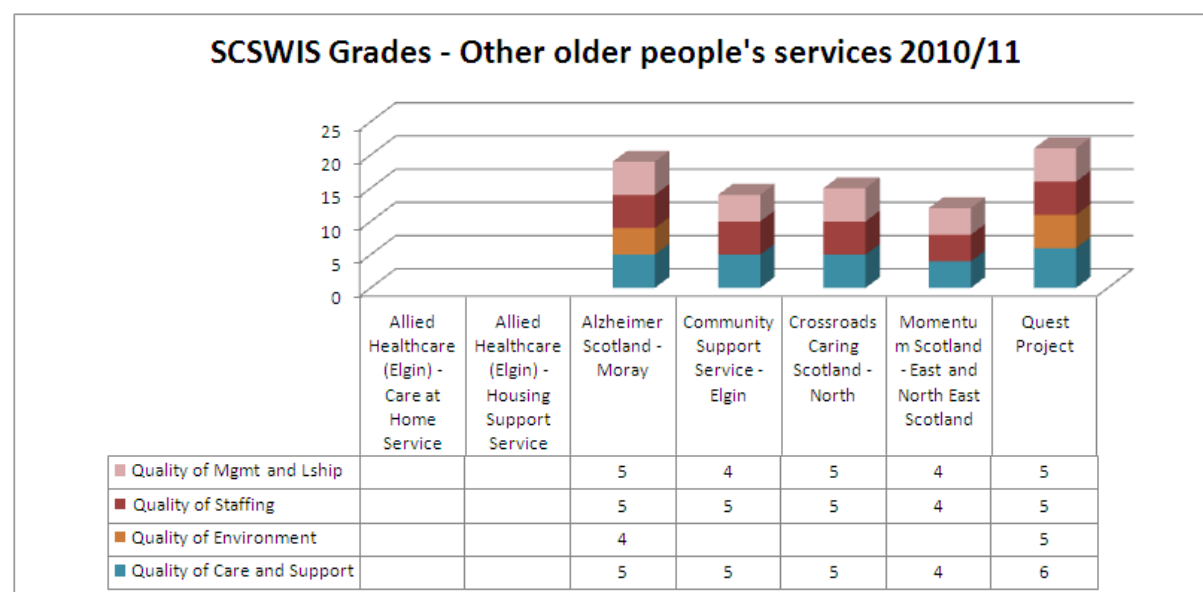
The list in this section details a variety of services which tend to be delivered in a stand-alone manner and, as suggested in the living longer living better strategy about the meals on wheels service, it would seem sensible that a broader but more joined up approach to these services could make them more cost effective and efficient and so capacity build with added value. This applies to those services listed in the next section and also to the intermediate care services.

# 8 Additional Services in and external to Community Care

## 8.1 Overview

As with 'support in the home' there are a number of additional services/facilities which contribute to the support of older people to have better health and wellbeing and live longer in their own home, supported within the community .

## 8.2 Quality



SCSWIS Grades – other older people's services 2010/11

There were no enforcements in the grades for other older people's services and the Quest Project scored well overall but in particular in the Care and Support area.

Although external complaints are gathered by the Council on other services the return of these is not consistent (as in Care Homes) so has not been included here.

### **8.3 Demand**

#### **8.3.1 Visual and Hearing Impairment (also see section on NESS – under 'Support in the home')**

The cost of Visual and Hearing Impairment (taken from the FMS system) in 2010-11 (part of a 3 yr contract) is £237,381.<sup>122</sup>

#### **8.3.2 Transport**

A more extensive study of the Transportation issues for Community Care and other health related appointments/reasons in Moray was about to get underway at time of writing but the largest services are listed below:

##### **8.3.2.1. Babs-Dial-A-Bus service**

Babs-Dial-A-Bus is based in Buckie and became operational in February 2001. It owns and operates 3 wheelchair accessible minibuses (14, 12 and 9 seats), and a wheelchair accessible car (5 seats).<sup>123</sup>

It operates a daily weekday service from Buckie to Elgin; a twice weekly service to Buckie from surrounding villages; and a once per week service from Buckie to Keith.<sup>124</sup>

Passengers who have a medical appointment usually opt for the car hire service that is charged at 45p per mile (1-2 bookings per month).<sup>125</sup>

There are 255 registered customers (no membership fee) of which 32 (12% have accessibility problems (walking frame, sticks, crutches) and 8 (3%) are wheelchair users.<sup>126</sup>

The main destinations seem to be the two main supermarkets and the town centre in Elgin.<sup>127</sup>

According to their management team they currently provide Moray Residents with 170+ passenger journeys per week. Since 2008 they have reduced their dependence on Moray Council funding from £80,000 to £40,000 last year (2011/12). They are not at present included in the 2012/2013 Moray Council budget. Since Jan 2011 BABS has become a stand alone non-profit limited liability company to further those goals.<sup>128</sup> However their costs outweigh their income and do not cover the depreciation of the fleet. Their volunteers equate at least 2 full-time employees (8 employees at present). Their part-time drivers and office staff, and our

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<sup>122</sup> Source – Moray accountancy figs – March 2011

<sup>123</sup> Source – Babs-Dial-A-Bus - Project Overview – Executive Summary

<sup>124</sup> Source – Babs-Dial-A-Bus - Project Overview – Executive Summary

<sup>125</sup> Source – Babs-Dial-A-Bus - Project Overview – Executive Summary

<sup>126</sup> Source – Babs-Dial-A-Bus - Project Overview – Executive Summary

<sup>127</sup> Source – Babs-Dial-A-Bus - Project Overview – Executive Summary

<sup>128</sup> BABS Dial-a-Bus service management team



volunteers are dedicated to their principles and values, and provide many little "extras", e.g. picking up prescriptions, that are out-with normal operations.<sup>129</sup>

#### 8.3.2.2. Concessionary Passenger Figures

Total Concessionary passenger figures April 2010 to March 2011

Service 690 - Forres Area – 8,750

Service 691/2/3 – Speyside Area – 5,850

For the Forres service this equates to over 168 concessionary passengers per week and in Speyside over 112.

#### 8.3.2.3. Dial M for Moray

The Dial M for Moray is an accessible door to door bus service for those unable to use existing forms of transport or who do not have a regular bus service. This service is for everyone regardless of age or disability. At time of writing the Service was operating in four areas, Forres, Buckie, Keith and Speyside with a 6 month pilot around Speymouth.

- In Forres the service operates between 0800 and 1700 hours, Monday to Friday.
- In Speyside the service operates between 0900 and 1430 and 1600 and 1800hours, Monday to Friday.
- In the Buckie and Keith areas the service operates between 0900 and 1430 hours, Monday to Friday.

All journeys in the these areas area must be pre-booked by phoning the booking line, where bookings can be accepted up to one week in advance but must be made no later than 1300 the day before your pick up time. The Booking Line is open from 0845 TO 1700 Monday to Friday. The Dial M Service is available to all residents of Moray and all visitors. (Please call for further information). These services do not operate on 25, 26 December and 1, 2 January and May Day each year.

#### 8.3.3 Libraries & Museums

It was the intent of the Moray Change Fund Application to work in partnership with library services to improve the provision of information and advice for older people. Making best use of the resources within the library service would provide access to information and advice for older people across Moray, with links to health around long term conditions via different methods of communication/Tools appropriate to older people. Complementing the self care agendas within Public Health, which are already progressing across Health and Social care and assisting older people to be more confident and informed re their own conditions and frailties.<sup>130</sup>

In the Libraries service there are 15 libraries, 2 mobile libraries, and the Local Heritage Centre. The information given below has come from a summary report for 2011/12.<sup>131</sup>

##### 8.3.3.1. Library attendances

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<sup>129</sup> BABS Dial-a-Bus service management team

<sup>130</sup> Moray Change Fund Application 28.02.2011

<sup>131</sup> Annual information from Moray Council's Libraries and Information Services

In the last 12 months there have been 5,262 active borrowers over the age of 60. Of the library visitors, we estimate 23% are aged 60 or over equating to 145,000 per annum.

#### 8.3.3.2. Computer sessions by older people

Number of Sessions per Annum:

Aged 55-64	65-74	75+	Total
14,508	6,774	2,628	23,910 per year

This equates to 460 per week for those aged 55 or over or 180 per week for those aged 65+ or 50 per week for those over 75.

#### 8.3.3.3. Learning Centres

Of the 487 new learners between 1/4/2011 and 31/12/2011 approximately 90% c.438 are aged 60 and over. (Stats still to be gathered for final quarter)

Of the 433 learners on the waiting list for a beginner's course c.250 are over 60. The wait is short term due to a course just being launched.

The Scottish Government funded a Digital Participation project in March. This involved learners spending 2 hours a week for 4 weeks learning basic PC skills and was attended by the maximum number allowable i.e. 146 learners over 60 at 12 libraries, with 20 on the waiting list.

A recent initiative was the visit by the Elgin BALL Group with over 50 people attending.

In summary, there is a significant need and a very high demand for computers /internet courses for older people across Moray. Libraries identify this as a key priority, with ILA (Individual Learning Account) funding allowing costs to the learners to be kept at a very accessible and supportive level.

#### 8.3.3.4. Activities and Initiatives

The following is a varied list of Libraries and Information Services led activities and initiatives:

- Winter programme of talks at principal libraries - The 24 talks attract c.400 people, with older people accounting for c.35% of the audience.
- The 14 Book Discussion Groups at the 5 principal libraries plus Aberlour and Dufftown have c.220 attendees, the majority being older people.
- The Moray Book Festival in September attracts c. 1,000 adults of whom the majority are older people.
- Heritage displays at the Local Heritage Centre and principal libraries attract c. 2,000 visitors, the majority of whom are older people.
- Reminiscence events and heritage talks are organised at all principal libraries, c.12 events a year attracting audiences of 500 of whom 75% are older people.

- 14 open days at principal libraries include inter-generational activities, attract audiences of c. 6,500 in total of whom 25% are older people.
- The libraries service deals with c.900 new travel concession applications and 630 renewals annually underlining the importance of its local accessibility.
- All libraries give talks to local organisations or encourage visits from local organisations to the principal libraries. Of the c.20 talks and visits each year c.70% of the total audience of 400 are older people.

The above is a summary across the service and is typified at a local level by the Lossie area as follows:

Homes Run: organised by Lossiemouth Library and run with volunteers. Up to 15 older people are included on this list, the majority are house bound. Volunteers are all over 60 and enjoy what they do. There are now 6 volunteer drivers.

Lossiemouth Library Heritage Group. This group meet monthly in Lossiemouth library on the first Thursday of the month and attracts a mainly mature audience, with 60+ people making up the majority of the audience. Talks are local heritage and interest based and no other group in Lossiemouth run heritage talks. Numbers vary from 25 – 30.

2<sup>nd</sup> February 2012 REAP energy efficiency road show in Lossiemouth Library: 27 people attended all 60+

6<sup>th</sup> February 2012 11 am Old Lossiemouth Quiz targeted older people: 14 people attended Thursday 1<sup>st</sup> December: history of Lossiemouth East Beach Bridge 45 people attended.

2<sup>nd</sup> February 2012 Ardmore Distillery talk 27 attended

3<sup>rd</sup> June 11: Bruce Bishop Talk on Memories of Moray 8 pm, 35 people attended, majority older (part of the Lossiemouth library heritage group programme)

8<sup>th</sup> September 2011 Spynie Palace Talk 45 attended

6<sup>th</sup> October Printed times talk (history of the northern scot) 15 attended

Fish and Chips Open Days: 16<sup>th</sup> – 18<sup>th</sup> June 2011, focusing on the fishing heritage of Lossiemouth this targeted older people with publicity and promotion. Approximately 250 viewed the display, the majority being older people.

Games from the past: 18<sup>th</sup> February - Lossiemouth Library: reminiscing session and intergenerational event involving older people and a class from St. Gerardine Primary school, discussing and demonstrating games from the past. 10 people 60+ and 25 children

Talk to Lossiemouth BALL Group: 17<sup>th</sup> April 2012: future event

Talk to Burghead Over 50's Group: 17<sup>th</sup> November 2011, 2.30 pm, 27 people

Talk to Burghead Over 50's Group: planned for 26<sup>th</sup> April 2012

Talk to Burghead BALL Group: 14<sup>th</sup> March 11 am: 25 people attended

Talk to Hopeman Ball Group: February 10<sup>th</sup>: 40 people attended

17<sup>th</sup> October 11: Talk to Lossiemouth St. James Church Guild Old Lossie quiz 30 attended

Ongoing project: working with Donnie Stewart to record people's memories of Lossiemouth during WW2.

#### 8.3.3.5. Mobile Library Service

The service targets older people, homes, sheltered houses, rural areas and rural schools. Of the c.480 stops over 65% are to older people.

#### 8.3.3.6. Volunteers

Of our 46 library volunteers c.40 are older people, giving 2,189 hours per annum.

#### 8.3.3.7. Partnerships

Libraries are used by REAP, SCARF, CAB, Health Service, other council services and community planning partners as outlets for information and as consultation points. We do not keep overall statistics of this partner activity, but it does evidence the importance of the libraries service as a supportive conduit to individuals and communities in general and older people in particular.

#### 8.3.3.8. Museums

There are museums at Forres and at Tomintoul, the latter being seasonal and primarily aimed at tourists/visitors. The Falconer Museum at Forres, while including a visitor information centre, is also very much targeted at the local community.

Of the c. 16,000 visitors per annum to the Falconer Museum 28.4% or c. 4,550 are older people.

6 reminiscence events delivered out with the museum involved 149 older people.

There were 19 volunteers, delivering 896 hours per annum, including helping with exhibitions, inputting catalogue data, caring for collections etc. 95% are older people.

In addition to directly managing 2 museums the service supports Moray Heritage Connections, the museums and heritage forum for Moray which has 24 members including several voluntary groups such as Buckie and District Fishing Heritage Museum, Burghead Headland Trust, Keith Heritage etc, all of which have a high proportion of older people actively involved.

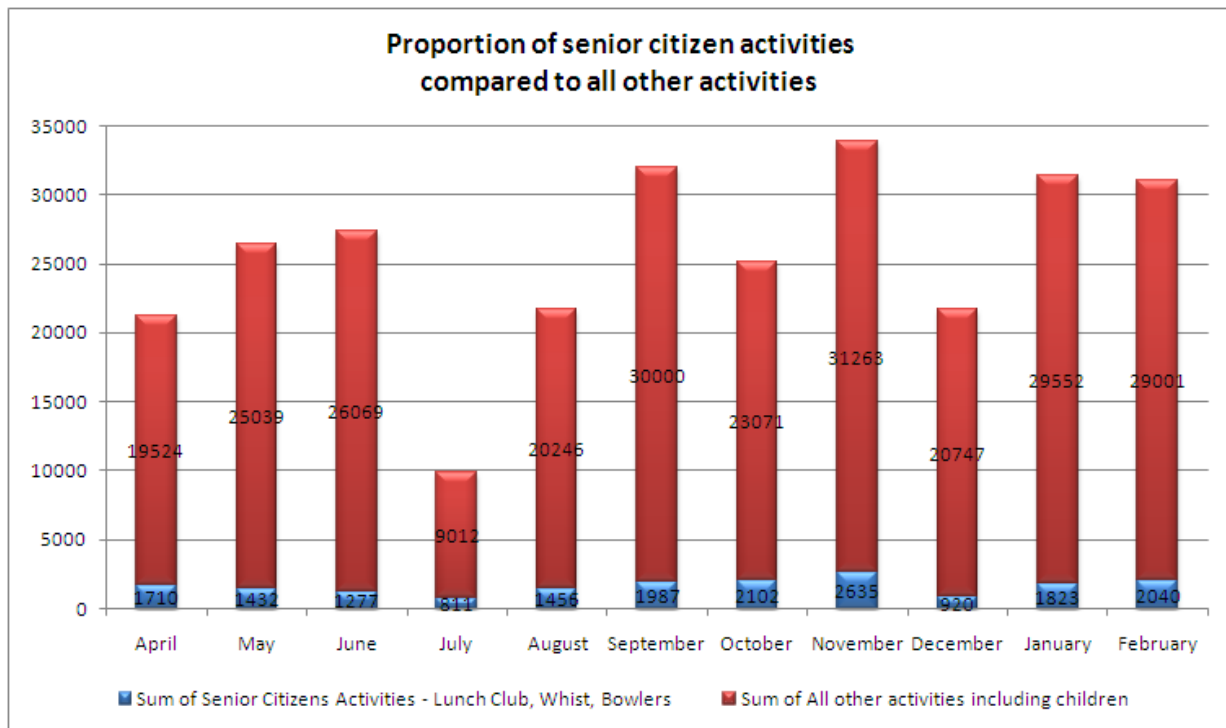
### 8.3.4 Community Centre / Fitness Facilities

#### 8.3.4.1. Community Centre user figures

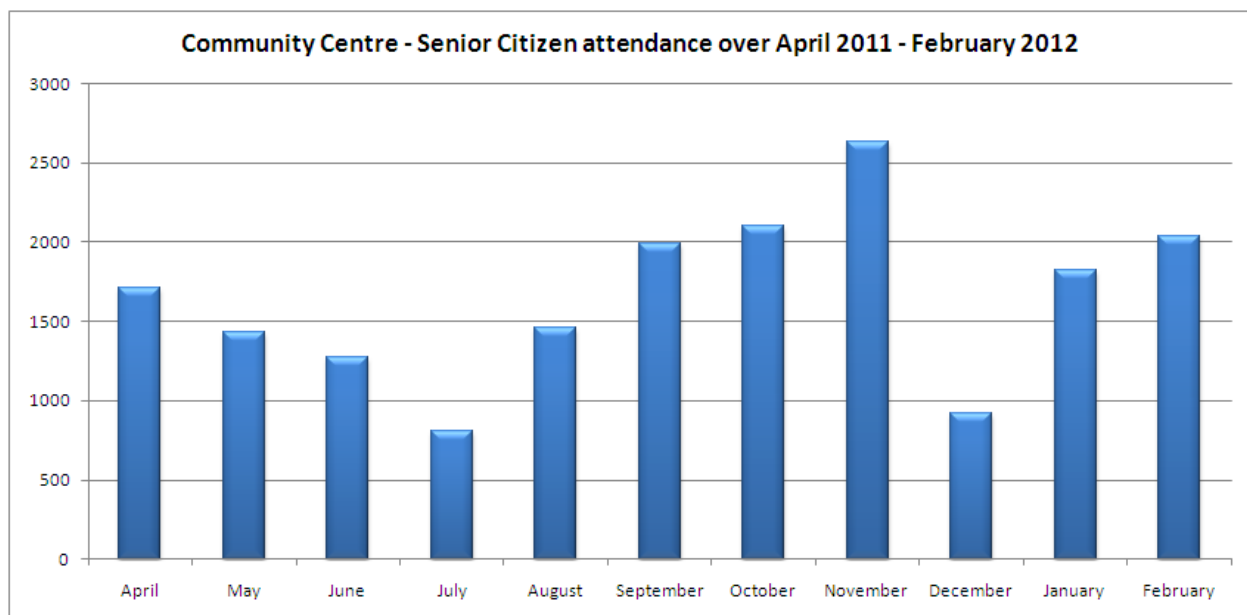
The Community Centres listed in the graph below provide facilities for Senior Citizen activities, included in this are Lunch Clubs, Whist and Bowling:

Throughout Moray there were a total of 281,717 activity attendances of which 18,193 (6.46%) were recorded as Senior Citizen activities.

The highest percentage of Senior Citizens activities at any one centre is at Dufftown where 37.54% of all activities are Senior Citizen Activities and Cullen has the next largest percentage at 19% the other centres are all less than 10% with the lowest being 3.4% in Forres. The highest number of Senior Citizen attendances in the year was in Elgin with 5,665; Cullen with 2,499; and Lossiemouth with 2,133; with the lowest being Portgordon with 509.

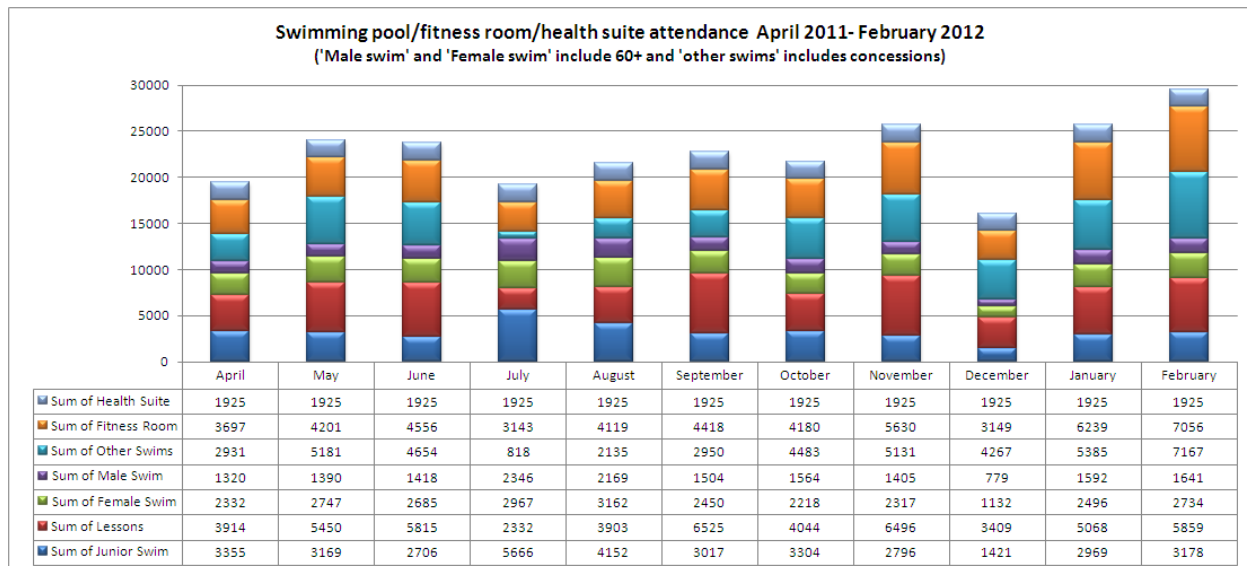


During the year, for the majority of users, attendances fell during holiday periods e.g. most in July/August and less so December, April and October but for the senior citizens it was more seasonal with the exception of December the usage rose in the winter months (peaking in November and February) and fell in the summer months (as daylight hours and better weather would allow for other activities perhaps). This seems to identify a particular demand over the winter for this age group.

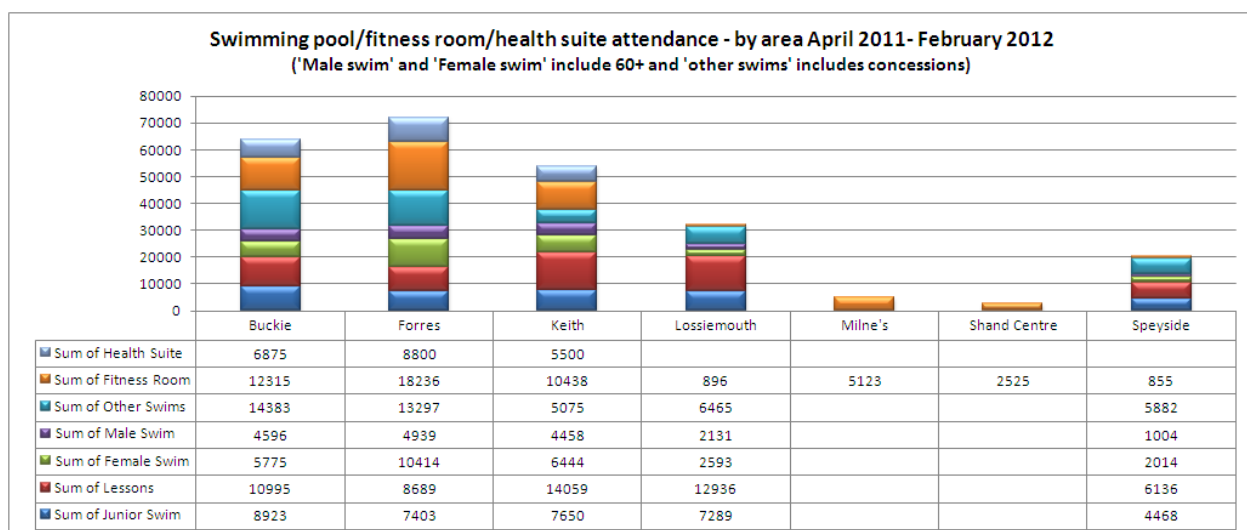


#### 8.3.4.2. Swimming Pool/Health Suite/Fitness Room user figures

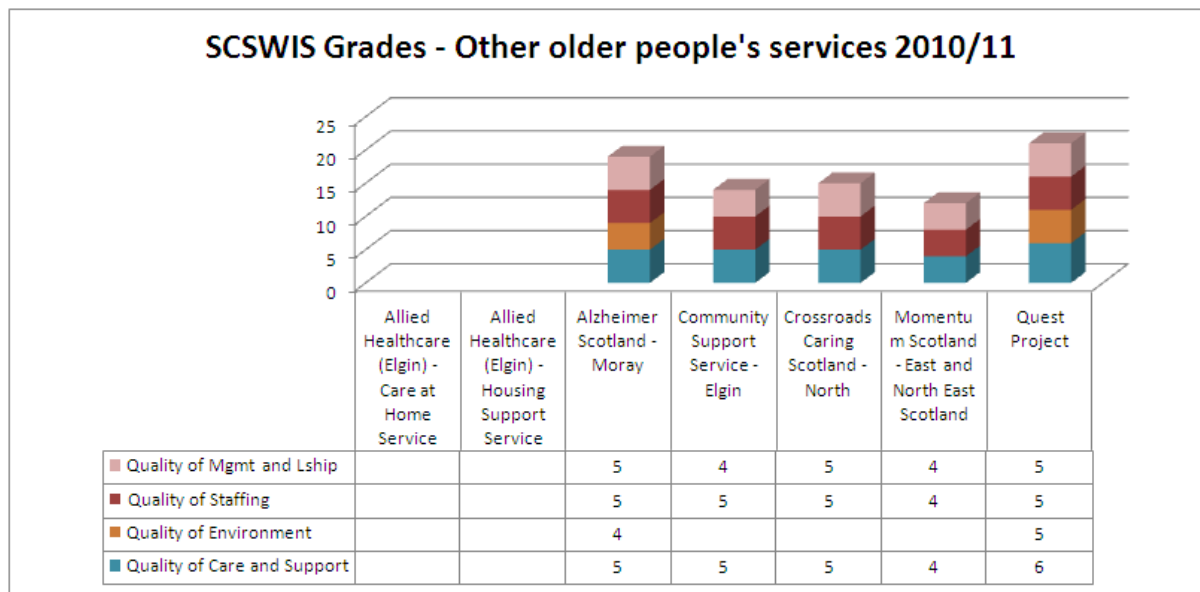
There were no senior citizen specific statistics for the swimming pool, health suite and fitness room attendances, however the Male 60, Female 60 and concessions appear under 'Male', 'Female' and 'other swims' respectively.



Swimming accounted for 71.33% of the total attendances (178,018 of 249,581). The highest number of swimmers was in Buckie (44,672) and Forres (44,742) and the highest number of users of the fitness room was Forres with 18,236. Fochabers use the Milne's Highschool based fitness room and the Dufftown use the fitness room based in the Shand Centre (part of the Stephen Hospital). Elgin, having no similar facilities, uses the Moray Leisure Centre or the Eight Acres.



## 8.4 Quality



SCSWIS Grades – other older people’s services 2010/11

There were no enforcements in the grades for other older people’s services and the Quest Project scored well overall but in particular in the Care and Support area.

Although external complaints are gathered by the Council on other services the return of these is not consistent (as in Care Homes) so has not been included here.

## 8.5 Demand

Demand was shown, where possible, in each of the services mentioned in the overview above.

## 8.6 Summary

The libraries have been successful in promoting their services in particular in the use of computers by older people and in participating with other groups like the BALL project groups. This shows the type of integration/co-operation that can be developed and would be valuable elsewhere.

Although there seems to be good provision of Community Centre activities in areas like Dufftown and Cullen, in Moray the proportion of activities of only 6.46% recorded as Senior Citizen activities may mean that there is a shortfall in both the type and area provision of suitable activities or that they are being recorded with mainstream activities and are not quantifiable. Given that Elgin has the highest number of attendances but the lowest proportion of the population of over 65s then it may be simply a reflection of this.

As mentioned under ‘Support in the Home’ with such a variety of additional services it seems disjointed with overlap in some areas and a lack of services/facilities in others. This on its own would take a logistics approach not just a care approach to be able to get the most out of what is available. Communication and information are key areas. Transportation has similar issues with working together in a co-ordinated fashion but mention of an up and coming hub for transport information may improve this.

## **9 Community/social care in Moray Summary**

With Community Care going through a re-structure and striving to work in partnership in the Moray Community Health and Social Care Partnership it must use every resource available to it to make the partnership work. It has to use its resources wisely and with a face toward the future in the form of capacity building and innovation to make improved outcomes for the client, the cares (formal or informal), the volunteers and the workforce of the partnership.

Key points:

- Care homes – could be used more flexibly to provide care in the form of step-up/step down beds, to provide care in the near-by community, and for providing the necessary care for those with advanced forms of dementia.
- Home Care – with an emphasis on promoting re-ablement and intermediate care the longer term outcome should be to enable the clients to retain independence in their own homes for as long as they may wish to do so with a variety of choices open to them so that they do not feel or become a prisoner in their own homes.
- Day Care – again with the emphasis on promoting re-ablement, intermediate care and independence, but also enabling the clients a variety of choices for interaction and diversion so that they do not feel or become a prisoner in their own homes. As there is often an overlap in providing respite by providing day care or vice versa then perhaps more co-ordination in the provision of these two services is appropriate.
- Carers – in providing support, respite, and caring for not just their immediate needs but longer term needs i.e. their own personal development and independence. As many clients become their own carers then perhaps it would be appropriate for respite to be provided to those who need a break from the pressures of striving to care for themselves.
- Supported Housing – The Strategic Housing Investment Plan will seek to address the needs of the ageing population in Moray through the provision of appropriately designed, appropriately supported affordable housing for older and/or vulnerable people using a combination of amenity/ medium dependency housing and sheltered or very sheltered/ extra care housing. Estimates suggest there is a need for 63 additional sheltered/ very sheltered /extra care housing units each year for the next 10 years.  
To further address the needs of the ageing population, there is a continuing need for disabled adaptations across all tenures. Provision is also made for Stage 3 adaptations to RSL properties for older persons and for those with a disability.
- Support in the Home and additional services – In the supporting of activities both physical and educational the supporting of mind and body and of the system of care becomes easier. With such a variety of choices of groups, initiatives, etc the lack of information about these is perhaps the biggest problem. With information on various web sites and not on one reference site it is difficult to get a full picture of what is available in and around Moray. As they have done in the past the Libraries and Information Services could be the key to providing a full view of what is out there. Also the use of the Access Centre where it would be logical to call for information on Community Care related subjects could be a useful supplier of other information, again promoting the Moray Community Health and Social Care Partnership with all its various partners.



## **C: Acute Healthcare**

### **1 Dr Grays**

#### **1.1 Overview**

The bequest of "twenty thousand pounds sterling" by Dr Alexander Gray in 1807 laid the foundation for the establishment of the original Dr Gray's Hospital in Elgin. Naturally many changes and expansions have taken place since that time. The most notable change was the £22 million redevelopment of the hospital which took place between 1993 and 1997.

In-patient services are provided in the following specialties:

- geriatric assessment
- gynaecology
- medicine
- obstetrics
- ophthalmology
- orthopaedics
- paediatrics and surgery

A full range of services are also provided including anaesthetics, dietetics, laboratories, occupational therapy, pharmacy, physiotherapy and x-ray.

The redevelopment of Dr Gray's Hospital arose from a comprehensive review of acute health care services in Moray. The first stage was completed in May 1995 and comprised of the main ward block and almost all the new beds. There were new wards for surgery, orthopaedics, obstetrics, gynaecology, paediatrics and a new day ward. The existing theatre was upgraded and a new theatre suite with three new theatres was introduced. Further expansion saw a 5 bedded delivery suite within the maternity unit and a 4 cot special care baby unit. A new kitchen, staff restaurant, laboratory, pharmacy and staff changing facilities were also provided. The second stage was completed in January 1997 and included a new acute psychiatric ward and new out-patient, accident and emergency and imaging departments. The third stage was completed in 1997 which encompassed the upgrading of the original building.

##### **1.1.1 Geriatricians**

In 1998, the British Geriatrics Society recalculated its medical workforce requirements, to assist local health services in planning for appropriate numbers of consultants. Based on the weekly work a consultant might reasonably be expected to do, a recommended ratio emerged of 1 consultant per 4000 population aged over 75 or 1 consultant per 50,000 population based on the consultant working full time in geriatrics, a norm that the RCP have since been using as a yardstick. For the more usual situation of participating in general medicine, the number should be 1 for 35,000, assuming the over 75 population to be 7.5% of the population.

Quoted in the Living Longer Living Better Older Peoples Strategy was that "Moray ideally needed 2.5-3 geriatricians to provide a comprehensive service across primary and secondary care. At the time there was one part-time geriatrician in post, 0.6 WTE, despite repeated efforts to recruit. This has understandably restricted the development of a modern geriatric service in Moray. At that time the geriatric service provided orthogeriatric liaison, out patient clinics, and specialist support to the community hospitals at Keith, Aberlour and Dufftown."

We currently have 1.6 whole time equivalent geriatricians in Moray. To cover the rate of 1:50,000 would require 1.8 (89,395/50,000 population) whole time equivalents and to meet the rate of 1:35,000 would require a minimum of 2.6 (89,395/35,000 population) if the over 75 population was 7.5% of the total population, however the over 75s make up 8.6% of the population in Moray with a number of 7,647. Thus using the percentage of the population our 1.6 WTEs are covering 4,779 service users over 75 per WTE which is over the 1 consultant per 4000 population aged over 75 and also on population the 1.6 WTEs are covering a total population of 55,872 service users per WTE again well over the recommended 35,000 or 50,000. In Aberdeenshire there are 12 WTE which gives a breakdown of 1 WTE per 20,235 of the population where over 75s make up 7.3% of the population hence 1WTE per 1472 of over 75s.

In the Moray Change Fund Application it was the intent that a Community Geriatrician would act as a lead to embed specialist care in whole system pathways in Acute, Primary and Social Care, Shifting the role of the consultant post from Acute to the Community providing:

- Comprehensive Geriatric Assessment and rehabilitation
- Early identification and effective management of delirium
- Pathways through A&E and admissions wards configured to identify frail older people with physical, functional and cognitive impairments and stream them to geriatric assessment and rehabilitation in the community when appropriate.<sup>132</sup>

#### 1.1.2 Dr Gray's bed complement

##### Wards at Dr Gray's

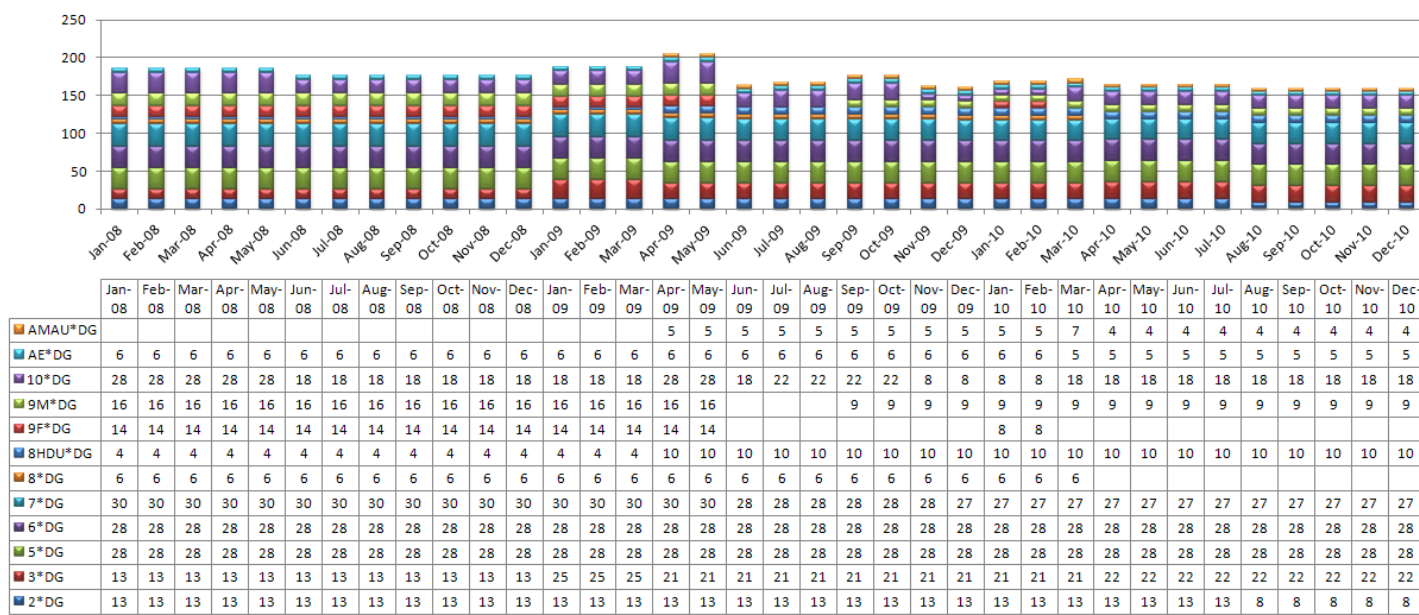
Ward 1 - Day Case Unit  
Ward 2 - Paediatrics  
Ward 3 - Maternity  
Ward 4 - Mental Health  
Ward 5 - Female Surgical  
Ward 6 - Orthopaedics  
Ward 7 - Elderly Medicine  
Ward 8 - HDU  
Ward 9 - Medical - male and female  
Ward 10 - Male Surgical  
A & E  
Theatres

In Dr Gray's in 2008, 2009 and 2010 the average bed compliments were 180, 178 and 163 respectively in between 10-12 wards. The following graph shows periods where wards were closed/not in use (9F, 9M & 8) or new wards coming into use (AMAU).

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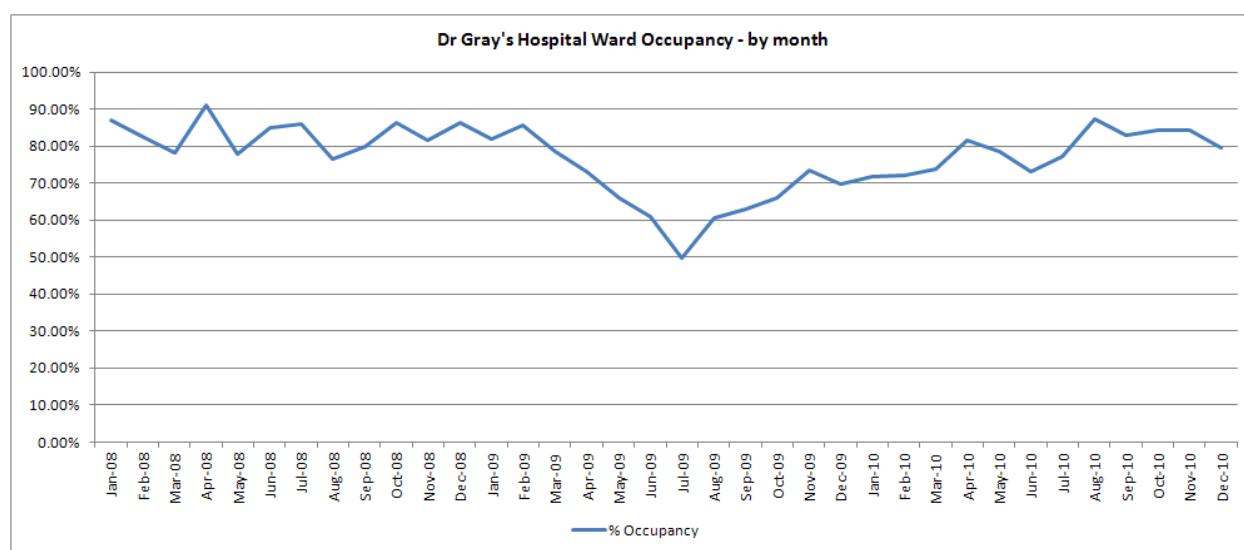
<sup>132</sup> Moray Change Fund Application 28/02/2011

Dr Grays Bed Compliment 2008-2010 by ward



Bed occupancy and complement 2008-2010

The overall occupancy percentages for 2008, 2009 and 2010 were 81.12%, 69.58% and 78.84% respectively. Given that the number of beds has fallen over 2009 and 2010 the percentage occupancy is still not what it was in 2008.



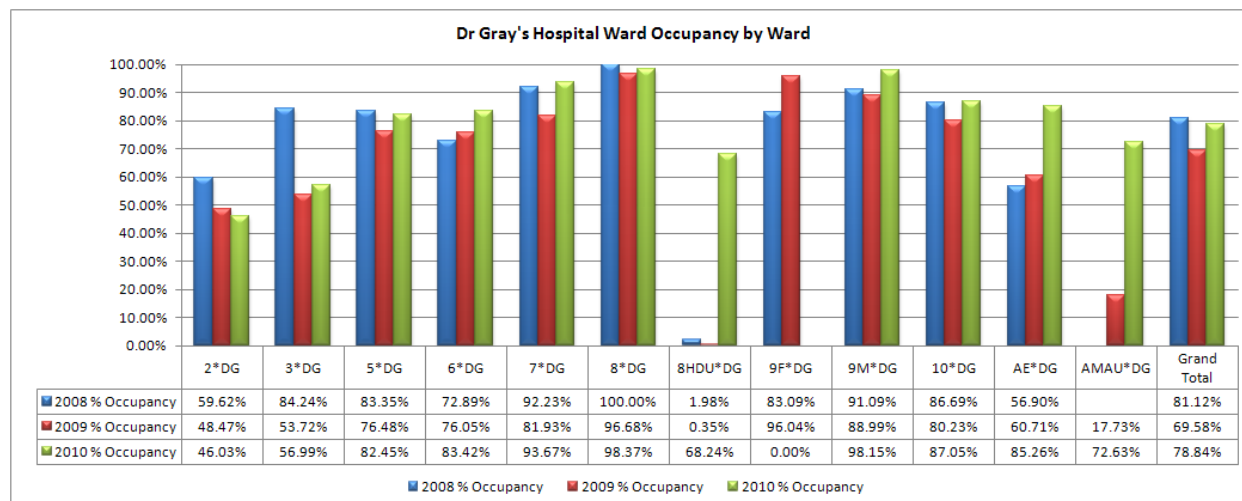
Bed occupancy and complement 2008-2010

In looking below this level at the individual ward percentages per year and per month there are certain wards which look to be struggling with occupancy and others that are not:

In 2008 occupancy reached a peak of 91.26% in April and its lowest occupancy was in August with 76.39%. Over the whole of 2008 wards 2 and AE were 59.62% and 56.90% occupied and ward 8HDU had only 1.97% occupancy whereas wards 7, 8 and 9M were 92.23%, 100% and 91.09% occupied.

In 2009 occupancy reached a peak of 85.81% in February and its lowest occupancy was in July with 49.71%. Over the whole of 2009 wards 2 and 3 were 48.47% and 53.72% occupied and wards 8HDU and AMAU (fairly new?) had only 0.35% and 17.73% occupancy whereas wards 8 and 9F were 96.68%, and 96.04% occupied. The closure of wards 9F and 9M do exaggerate the overall percentage and in particular for the month of July where wards were closed after detection of 'Clostridium difficile'.

In 2010 occupancy reached a peak of 87.57% in August and its lowest occupancy was in January with 71.91%. Over the whole of 2010 wards 2 and 3 were 46.03% and 56.99% occupied and ward 9F had 0% despite appearing to be open for the first two months of the year whereas wards 7, 8 and 9M were 93.67%, 98.37%, and 98.15% occupied. Ward 8HDU which had been low in the previous two years had a 68.24% occupancy in 2010.



Bed occupancy and complement 2008-2010

## 1.2 Quality

### 1.2.1 Complaints

For the Moray Community Health and Social Care Partnership in the period 1 Dec 2010 to 30 Nov 2011 there were 129 complaints.

### 1.2.2 Inpatient Patient Experience Survey

The Better Together Scottish Patient Experience Inpatient Survey is primarily a postal survey (also available for completion online, by telephone and via text, phone), first conducted in early 2010 with the aim of establishing the experience of a sample of inpatients aged 16 years and over throughout Scotland on their recent hospital stay. The survey covers the areas of admission to hospital, the hospital and ward, care and treatment, hospital staff, medicines and arrangements for leaving hospital. This approach was designed to provide results for hospital sites, NHS Boards and nationally for Scotland as a whole. Empty entries with a dash show questions that do not apply or questions with fewer than 20 responses and this is the case with many of the questions for Seafeld in both surveys

#### 1.2.2.1. 2010 Inpatient Patient Experience Survey

The questionnaire was sent to a stratified random sample of adult inpatients (aged 16 years and over on discharge) who had an inpatient hospital stay between October 2008 and September 2009. In total, 62,308 survey packs were sent to patients and 30,880 were returned, giving an overall response rate of 50%. In NHS Grampian a total of 4,422 surveys were returned (a 54% response rate) across twenty five NHS hospital sites. This included one teaching hospital, one general and one long stay hospital, nineteen community hospitals and three other locations. The survey was sent to 72 people who stayed overnight in Seafeld Hospital and 24 patients of Seafeld Hospital returned feedback on their experiences (a 33% response rate). The

survey was sent to 708 people who stayed overnight in Dr Gray's Hospital and 396 patients of Dr Gray's Hospital returned feedback on their experiences (a 56% response rate).

Results show that the lowest scoring question was 'In the Emergency Department/A&E, I was told how long I would have to wait'. In Dr Gray's this had only a 44% positive response compared to 52% and 53% in Grampian and Scotland.

Other low scoring questions were 'I was not bothered by noise' with 57% in Dr Gray's and Grampian, and 58% in Scotland; 'I knew who was in charge of the ward' with 68% in Dr Gray's, 55% in Seafield, 61% in Grampian and 64% in Scotland; 'I was given help with arranging transport' with 71% in Dr Gray's, 62% in Grampian and 66% in Scotland; 'I got help with eating and drinking when I needed it' with 71% in Dr Gray's and 68% and 69% in Grampian and Scotland respectively.

On the positive side the higher scoring questions included: 'I understood how and when to take my medicines' with 96% in Dr Gray's, Grampian, and Scotland; 'I understood what my medicines were for' with 96% in Dr Gray's and 95% and 94% in Grampian and Scotland respectively; 'I had privacy when being examined and treated' with 95% in Dr Gray's and 94% in Grampian and Scotland.

#### 1.2.2.2. 2011 Inpatient Patient Experience Survey

The survey was sent to adult inpatients (aged 16 years old or above on discharge) who had an inpatient hospital stay between October 2009 and September 2010. In total, 59,341 surveys were sent to patients and 31,048 were returned completed, giving an overall response rate of 52 per cent. However the core analysis is based on 30,792 patients treated within NHS hospital sites rather than in private hospitals. In NHS Grampian a total of 7,226 surveys were sent out and 4,027 were returned (a 56% response rate) across twenty five NHS hospital sites. The survey was sent to 188 people who stayed overnight in Seafield Hospital and 29 patients of Seafield Hospital returned feedback on their experiences (a 15% response rate). The survey was sent to 659 people who stayed overnight in Dr Gray's Hospital and 375 patients of Dr Gray's Hospital returned feedback on their experiences (a 57% response rate).

Results show that the lowest scoring question was 'In the Emergency Department/A&E, I was told how long I would have to wait'. In Dr Gray's this had only a 46% positive response compared to 44% and 49% in Grampian and Scotland (with Dr Gray's improving since 2009-10 and Grampian and Scotland getting worse).

Other low scoring questions were 'I was not bothered by noise at night' with 50% in Seafield, 52% in Dr Gray's, Grampian, and Scotland; 'I knew who was in charge of the ward' with 63% in Dr Gray's, 58% in Seafield, 59% in Grampian and 61% in Scotland; 'I was given help with arranging transport' with 66% in Dr Gray's, 58% in Grampian and 62% in Scotland; 'I got help with eating and drinking when I needed it' with 71% in Dr Gray's and 67% and 68% in Grampian and Scotland respectively.

On the positive side the higher scoring questions included: 'I understood how and when to take my medicines' with 97% in Dr Gray's and Grampian, 100% in Seafield, and 96% in Scotland; 'Did the information you were given before attending hospital help you understand what would happen?' with 96% in Dr Gray's, Grampian, and Scotland; 'I understood what my medicines were for' with 95% in Dr Gray's and Seafield and 94% in Grampian and Scotland;

#### 1.2.2.3. The differences between the 2010 and 2011 Inpatient Patient Experience Surveys

Between the two surveys there has been little change in those with lower positive scores suggesting that no action is taken as a result of this survey either nationally or locally.

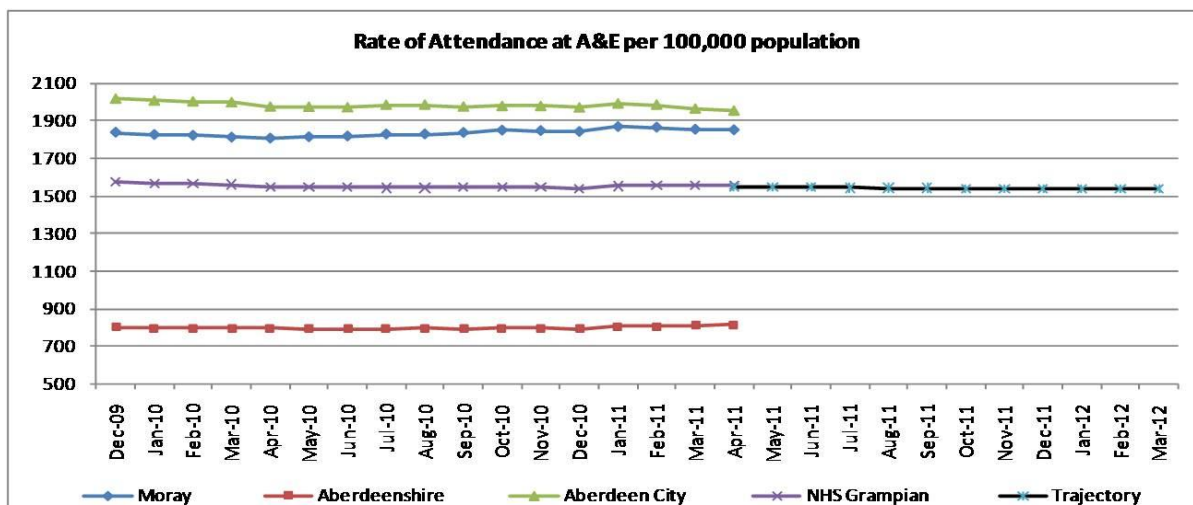
As for individual sites the biggest negative changes for Dr Gray's have been a fall of 5% in 'I knew who was in charge of the ward' and 'I was given help with arranging transport'; and a fall of 3% in 'I had privacy when my condition and treatment was discussed' and 'There was enough time to talk to the nurses'. The biggest positive changes were +12% in 'Moving wards was well managed'; +10% in 'Before moving wards, a member of staff explained what would happen'; and +7% in 'How did you feel about being involved in decisions about your care?'

In Seafield the biggest negative changes were: -12% in 'There was enough time to talk to the nurses'; -9% in 'Overall, how would you rate the hospital environment?', 'Nurses knew enough about my condition and treatment.' 'Nurses listened to me if I had any questions or concerns' and 'I was treated with respect.' The biggest positive changes were +16% in 'I was happy with the food and drink that I received.'; +15% in 'As far as I was aware nurses washed/cleaned their hands at appropriate times'; and +5% in 'I was happy with how long I had to wait around when I was told I could go home.'

## 1.3 Demand

### 1.3.1 Accident and Emergency

The following graph shows the monthly average attendance rates for Moray, Aberdeenshire and Aberdeen City CHPs and NHS Grampian from December 2009 to April 2011 and includes the trajectory up to March 2012



The data shows that there has been a very slight increase in attendance rate in both Moray and Aberdeenshire of 1% and 2% respectively. However, both Aberdeen City and Grampian as a whole have reduced slightly, by 3% and 1% respectively. The much lower rates in Aberdeenshire CHP reflect the large number of attendances made at MIUs, which do not count towards this target.

### Dr Gray's Over 65s Data (2011 data)

Of the 25,375 patients attending A&E in 2011, 5440 (21.44%) were aged 65 or over. Of the over 65s visits 50.59% were out of hours compared to 55.65% of the under 65s.

	In Hours	Out of Hours	Total
Under 65s	8842	11093	19,935
Over 65s	2688	2752	5440
<b>% Over 65's</b>	<b>23.3%</b>	<b>19.9%</b>	<b>21.44%</b>

Of the referrals for those aged over 65, the majority (just under 70%) were self or relative referrals, 16% were GP with letter referrals and 5% GP without letters.

Source of Referral	In Hours			Out of Hours			Total	% of total
	65 - 74 years	75 - 84 years	85+ years	65 - 74 years	75 - 84 years	85+ years		
A&E	26	20	6	5	7	3	67	1.23%
GMED	4	7	2	70	73	39	195	3.58%
GP - WITH LETTER	320	288	159	41	41	29	878	16.14%
GP - WITHOUT LETTER	81	103	51	14	11	15	275	5.06%
NHS 24	4	1	1	43	35	23	107	1.97%
NURSING HOME	3	7	6	3	8	10	37	0.68%
OPTICIAN	1						1	0.02%
OTHER HOSPITAL	18	16	8	18	20	8	88	1.62%
POLICE / FIRE SERVICE				2		1	3	0.06%
SELF / RELATIVE	643	594	318	990	848	395	3788	69.63%
TELEMEDICINE	1						1	0.02%
<b>Total</b>	<b>1101</b>	<b>1036</b>	<b>551</b>	<b>1186</b>	<b>1043</b>	<b>523</b>	<b>5440</b>	<b>100.00%</b>

In the mode of transport – The majority came by ambulance (52.81%) or by car/van (44.48%)

Mode of Transport	In Hours			Out of Hours			Total	% of Total
	65 - 74 years	75 - 84 years	85+ years	65 - 74 years	75 - 84 years	85+ years		
AMBULANCE	371	511	377	497	695	422	2873	52.81%
BUS	1	1	2				4	0.07%
CAR/VAN	682	500	162	646	332	98	2420	44.49%
NOT KNOWN	13	8	1	23	5	1	51	0.94%
OTHER	8	5	3	1	3	1	21	0.39%
POLICE TRANSPORT		1		1			2	0.04%
TAXI	7	2	2	4	2		17	0.31%
WALKED	19	8	4	14	6	1	52	0.96%
<b>Grand Total</b>	<b>1101</b>	<b>1036</b>	<b>551</b>	<b>1186</b>	<b>1043</b>	<b>523</b>	<b>5440</b>	<b>100.00%</b>

In the departure status 37% were discharged and 18.81% were admitted to a medical ward. Of those discharged in 2011 there were only 10 discharged patients delivered home from Dr Gray's by ambulance and the average age was 76. There were 9 patients aged 65 or over and 1 was aged 64. Six were taken to destinations in Elgin.

Departure Status	Total	%
DISCHARGED	2013	37.00%
ADMITTED TO MEDICAL WARD	1023	18.81%
NOTIFIED ADMISSION MEDICAL	561	10.31%
ADMITTED TO SURGICAL WARD	377	6.93%
DISCHARGED TO GENERAL PRACTITIONER	347	6.38%
ADMITTED TO ORTHOPAEDICS	289	5.31%
NOTIFIED ADMISSION SURGICAL	178	3.27%
ADMITTED TO A&E WARD (MEDICAL)	172	3.16%
DISCHARGED TO FRACTURE CLINIC	132	2.43%



TREATED AND DISCHARGED BY NURSE ONLY	68	1.25%
DISCHARGED TO A&E OUTPATIENT CLINIC	56	1.03%
ADMITTED TO A&E WARD (SURGICAL)	50	0.92%
DISCHARGED AFTER ASSESSMENT - SURGICAL	34	0.63%
PATIENT LEFT BEFORE BEING TREATED	26	0.48%
DISCHARGED AFTER ASSESSMENT - MEDICAL	24	0.44%
REFERRED TO GMED	23	0.42%
DIED	21	0.39%
DISCHARGED TO PHYSIOTHERAPY	13	0.24%
PATIENT LEFT BEFORE ASSESSMENT COMPLETED	7	0.13%
DISCHARGED FOR NEXT DAY ADMISSION	6	0.11%
ADMITTED TO PSYCHIATRY	5	0.09%
PATIENT REFUSED TREATMENT	5	0.09%
DISCHARGED TO A&E ENP REVIEW	4	0.07%
DISCHARGED TO OWN DENTIST	3	0.06%
PATIENT LEFT AFTER TREATMENT STARTED	2	0.04%
DISCHARGED TO POLICE CUSTODY	1	0.02%
Grand Total	5440	

Of those referred, 48.81% were admitted (2655 of the 5440).

Departure Status - Admitted	In Hours			Out of Hours			Total	% of Total
	65 - 74 years	75 - 84 years	85+ years	65 - 74 years	75 - 84 years	85+ years		
ADMITTED TO A&E WARD (MEDICAL)	23	40	14	42	36	17	172	6.48%
ADMITTED TO A&E WARD (SURGICAL)	11	9	7	11	6	6	50	1.89%
ADMITTED TO MEDICAL WARD	175	205	117	180	222	124	1023	38.53%
ADMITTED TO ORTHOPAEDICS	36	60	45	31	62	55	289	10.89%
ADMITTED TO PSYCHIATRY		1		4			5	0.19%
ADMITTED TO SURGICAL WARD	68	69	35	69	83	53	377	14.20%
NOTIFIED ADMISSION MEDICAL	106	124	74	79	111	67	561	21.13%
NOTIFIED ADMISSION SURGICAL	36	38	19	34	32	19	178	6.70%
<b>Total</b>	<b>455</b>	<b>546</b>	<b>311</b>	<b>450</b>	<b>552</b>	<b>341</b>	<b>2655</b>	<b>100.00%</b>

Of those admitted 38.53% were 'admitted to medical ward' and 21.13% were 'notified admission medical'.

Top 10 Diagnosis	In Hours			Out of Hours			Total	
	65 - 74 years	75 - 84 years	85+ years	65 - 74 years	75 - 84 years	85+ years		
Patient for Medical Take	242	268	155	140	191	105	1101	41.47%
Cardio-Vascular	69	75	42	113	125	62	486	18.31%
Closed Fracture	94	117	65	67	57	45	445	16.76%
Patient for Surgical Take	105	91	56	65	61	42	420	15.82%
Soft Tissue Injury	70	59	32	69	47	20	297	11.19%
Gastro-intestinal	38	40	8	86	75	28	275	10.36%
Other	63	44	19	67	44	15	252	9.49%
Respiratory	21	30	12	84	59	27	233	8.78%
Other See Free Text	48	29	17	60	52	18	224	8.44%
Laceration	47	29	23	41	51	23	214	8.06%
<b>Total for all admissions</b>							<b>2655</b>	<b>100.00%</b>

Number one of the top 10 A&E diagnosis was 'Patient for Medical Take' with 41.47% of those admitted and 20.24% of those originally referred.



### 1.3.2 A&E Performance Tables

#### 2010-2011 comparison of same period (April – August)

ANALYSIS	APRIL-AUGUST 2010	APRIL-AUGUST 2011	PERFORMANCE
Total Attends to DGH A&E	9634	10,365	Up 7%
Standard %	97.7%	95.1%	Down 2.6%
Medical Admissions	1190	1390	Up 15%
Surgical Admissions	947	888	Down 6%
AMAU Admissions	275	348	Up 21%
12 Hour Waits	4	3	Down 25%
In Hours Breaches	81	247	Up 68%
Out of Hours Breaches	130	230	Up 44%
Top Breach Category	Wait For Specialist	Wait For Bed/Specialist	
Majors	4242	4850	Up 13%
Minors	5392	5515	Up 2%
Decant Average	13	21	Up 38%

Source: DR GRAY'S PERFORMANCE ANALYSIS COMPARISON APRIL TO AUGUST 2010 – 2011

#### AVERAGE DAY OF WEEK PERFORMANCE 2011

DAY OF WEEK	TOTAL ATTENDS	TOTAL ADMISSIONS	AVERAGE ADMISSIONS	STANDARD PERFORMANCE
MONDAY	1180	247	15.4	95.5%
TUESDAY	975	244	15.2	94.2%
WEDNESDAY	1010	227	14.1	93.9%
THURSDAY	989	229	14.2	94.2%
FRIDAY	1032	232	14.5	95.5%
SATURDAY	1206	225	14	97%
SUNDAY	1258	219	13.6	95.3%
TOTAL AVERAGE	1092	232	14.4	95%

Source: DR GRAY'S PERFORMANCE ANALYSIS COMPARISON APRIL TO AUGUST 2010 – 2011

#### 1.3.2.1. Findings<sup>133</sup>

1. A&E overall attends are up by 7%, as Majors have increased along with medical admissions it is likely that this increase is due to an increase in medical patients who are likely to be admitted.
2. Performance compared to last year has dropped by 2.6%, this is likely to be due to an increase in attend and admission numbers
3. Medical Admissions are up by 15% on last year
4. Surgical Admissions are down by 6% on last year
5. AMAU activity is up by 21% on last year
6. 12 hour waits have dropped by 25%
7. In hours breaches are up by 68% on last year
8. Out of hours breaches are up by 44% on last year
9. Breaches are most likely to be wait for bed/specialist
10. Majors are up by 13% on last year
11. Minors up by 2% on last year
12. Decant average is up by 39%
13. Average occupancy for 2010 for these hospital wards/departments was 86%
14. Lowest occupancy rate was AMAU; highest Ward 9 Rehab/Stroke
15. Ward 7 Length of stay has risen by 22% (was 5.5 days in 2009).
16. Ward 5, 6 and 10 occupancy is below 90%

<sup>133</sup> Dr Gray's Performance Analysis Comparison April To August 2010 – 2011 (27/09/2011)

17. Sundays have the highest attends to A&E and Tuesdays have the lowest
18. Mondays see the highest admissions and Sunday the lowest
19. Saturday is the most likely day for good performance and Wednesday is likely to be the poorest performing day

#### 1.3.2.2. Recommendations to meet 4 hour standard and improve patient flow<sup>134</sup>

1. Patients who attend Dr Gray's A&E department have a 1 in 21 chance of breaching, in 2010 it was 1 in 45. The breaches in 2011 are attributable to wait for bed and wait for specialist. Need to reduce the in hours breach by 70% and out of hours breaches by 45% to reach the target – this is by far the greatest gain to improve flow. Mondays are the busy days; need to realign resource to reflect this. Could further analyse Mondays to identify busy times etc. Sunday sees the busiest day with attends but the lowest for admissions. Could improve see and treat to improve flow 1 performance.
2. Reduce Medical Admissions by 16% will improve performance – community based initiatives.
3. Decants have increased, this is a reflection of increased medical admissions, however decants exceed the increase in medical admissions (if there had been no increase in medical admissions it is likely that decants would have continued to increase). Need to improve discharge planning and reduce Length of Stay in all wards. Ward 7 needs to drop length of stay to 5.5 days.

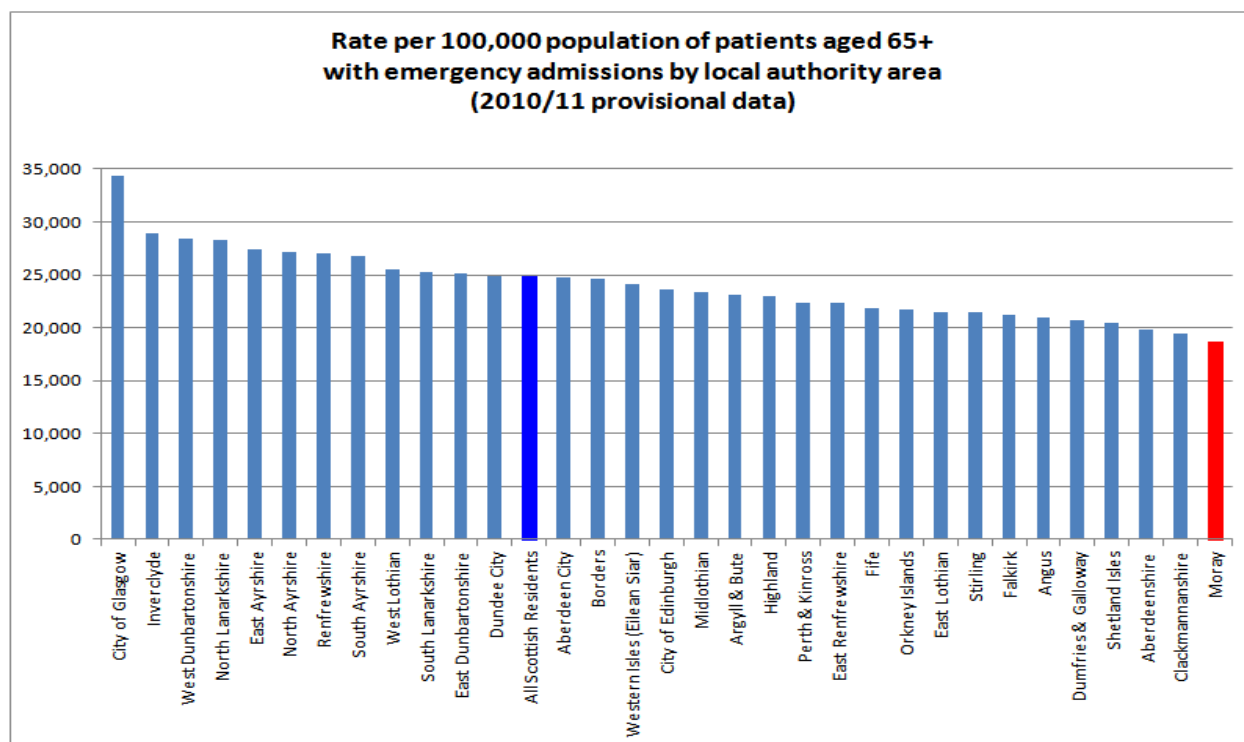
#### 1.3.3 Emergency Admissions for over 65's

Avoiding emergency hospital admissions is a major concern for the National Health Service (NHS), not only because of the high and rising unit costs of emergency admission compared with other forms of care, but also because of the disruption it causes to elective health care – most notably inpatient waiting lists – and to the individuals admitted (Audit Commission 2009).

In order to successfully reduce avoidable emergency admissions, we need to fully understand which interventions are the most effective. Hence the requirement to measure and review this in relation to actions/interventions undertaken by primary care; social care; emergency care; and discharge from hospital.

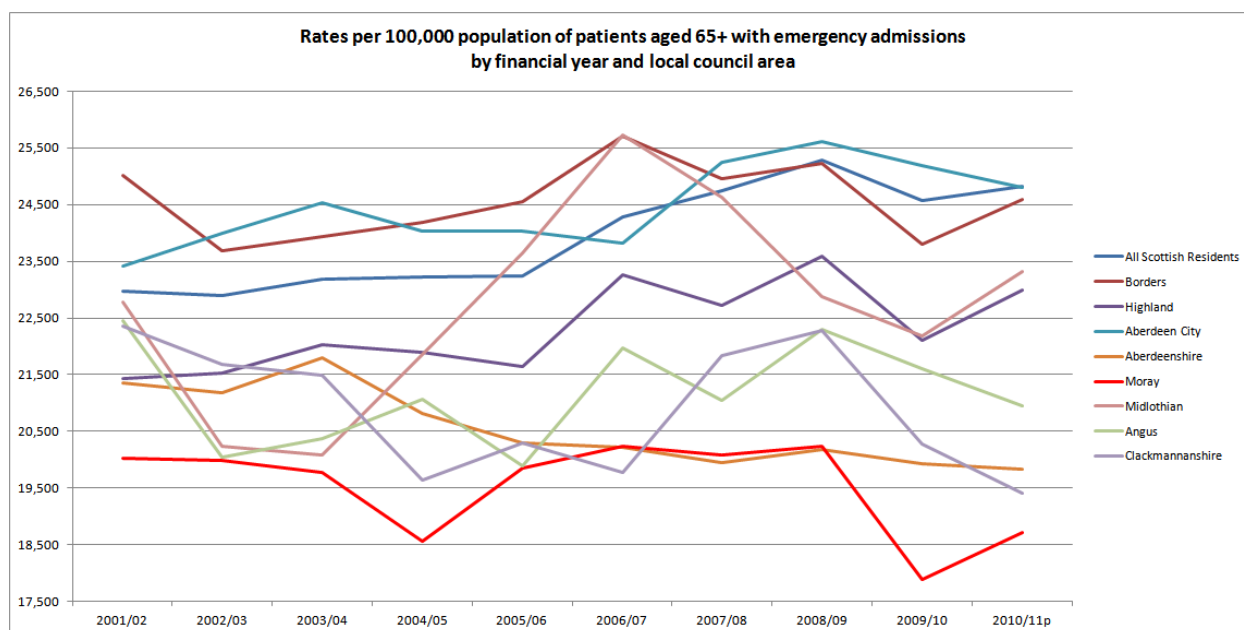
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<sup>134</sup> Dr Gray's Performance Analysis Comparison April To August 2010 – 2011 (27/09/2011)



Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

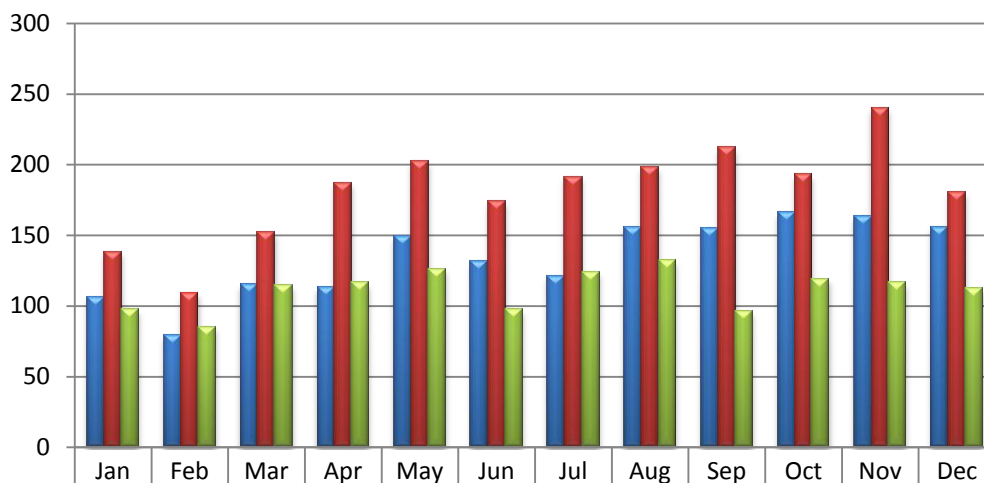
Moray has had the most consistently low rate of emergency admissions for this age group in Scotland since and the rate in 2010/11 is just over half (54%) that of City of Glasgow.



Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

Moray generally has had the lowest rate of the current comparators and neighbours since 2001/02 with the exception of 3 years 2006/7, 2007/8 and 2008/9 when it was second lowest.

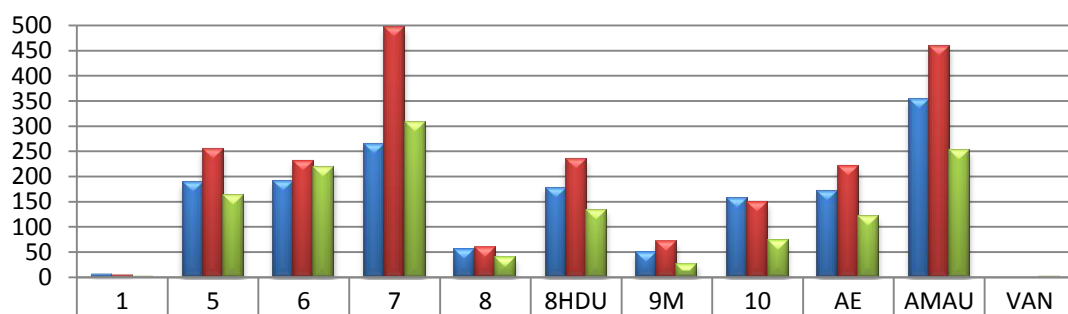
### Emergency Admissions to Dr Gray's by Month in 2010



Source: Data extracted from PAS by discharge date in 2010.

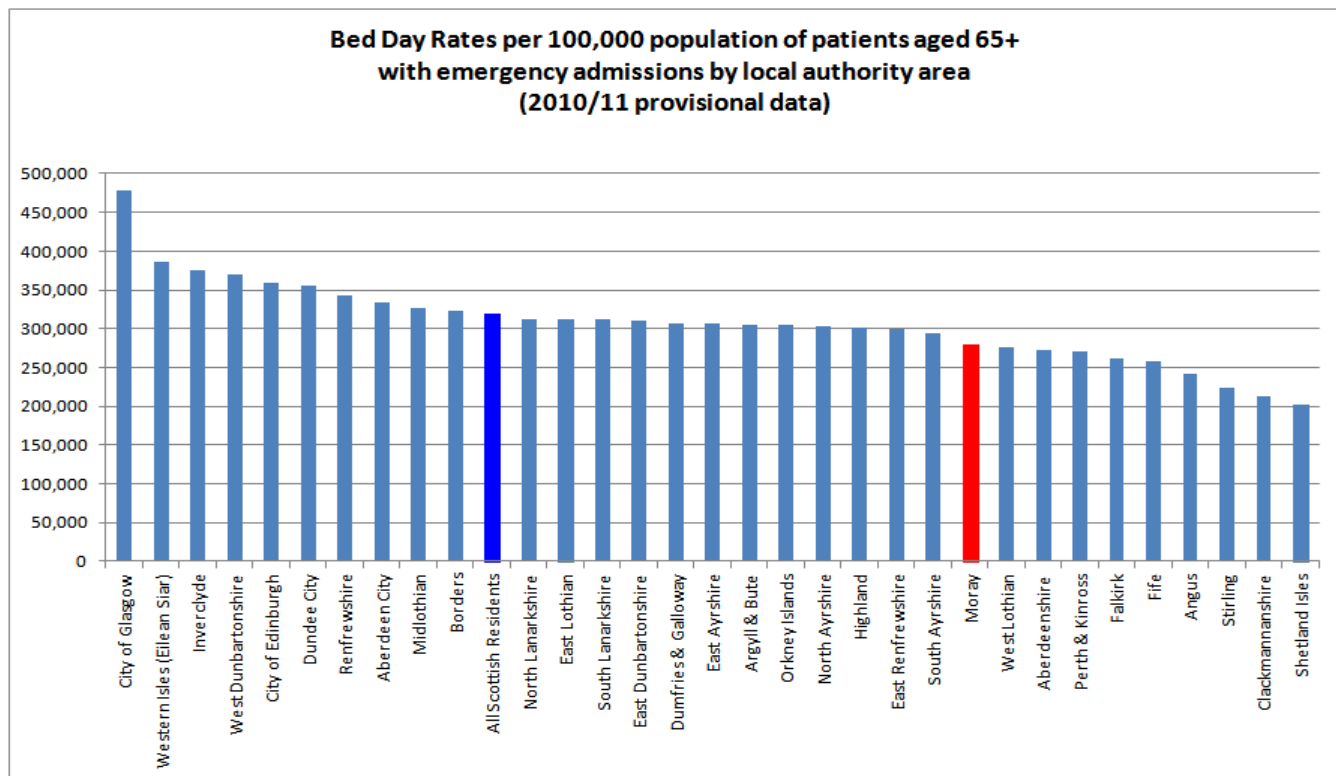
There was a total of 5120 emergency admissions in 2010 with 31.45% being in the 65-74 age group, 42.5% being 75-84 and 26.05% being people aged 85 and over. The wards and age groups with the highest admissions were 75-84 admitted into ward 7 and ward AMAU. In 2010 there were more admissions in November than in any other month (this may have been due to the unusually bad weather for November).

### Emergency Admissions to Dr Gray's by Ward in 2010



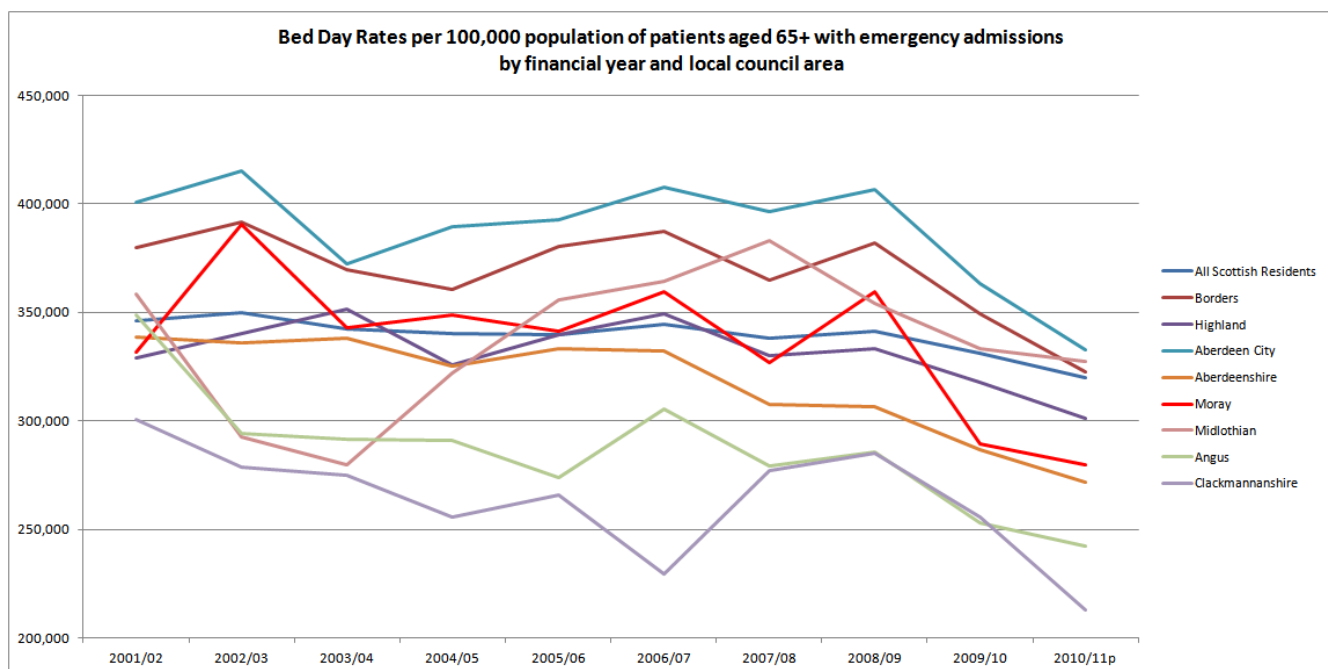
Source: Data extracted from PAS by discharge date in 2010.

### 1.3.4 Emergency bed day rates



Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

Moray's bed day rates have fallen for the last couple of years and in 2010/11 Moray was 10<sup>th</sup> lowest in Scotland. Performance has been erratic over the last 10 years and tends to follow the national emphasis (of HEAT targets) falling when at target is due and rising when there is no target.



Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

Comparing 2010 and 2011 side by side and also the rates for 2011 65+ compared with 75+, changes included the birth of the Rinnes practice (Tomintoul and Dufftown coming together) and Seafield and Cullen becoming a Medical Group.

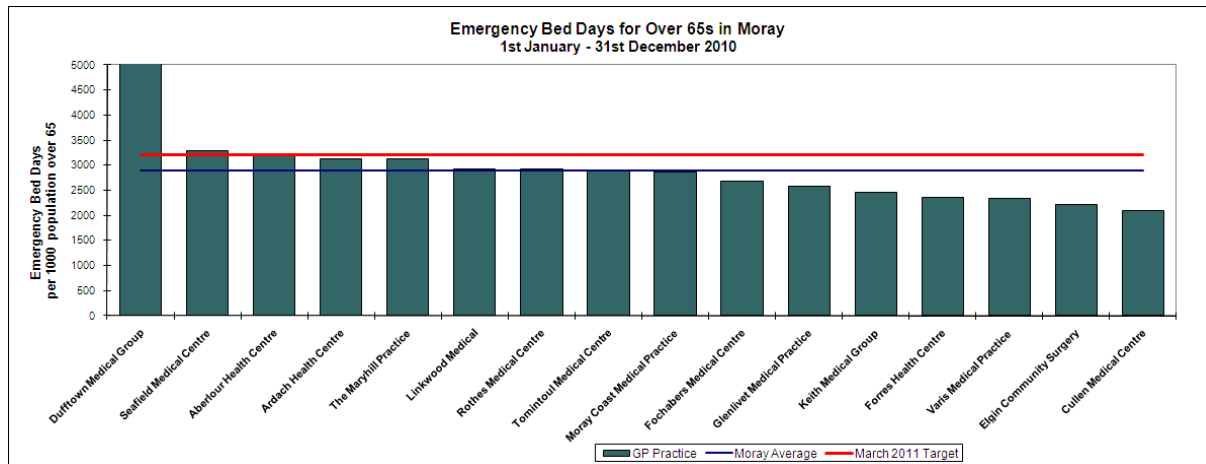
Emergency Bed Days for Over 65s in Grampian and Moray (HEAT Target T12 until March 2011)					Emergency Bed Days for Over 75s in Grampian and Moray	
	1st January 2010 - 31st December 2010		1st January 2011 - 31st December 2011		1st January 2011 - 31st December 2011	
CHP/Locality/GP Practice	Total Bed Days Occupied by Emergency Patients aged over 65	Rate per 1000 population aged over 65	Total Bed Days Occupied by Emergency Patients aged over 65	Rate per 1000 population aged over 65	Total Bed Days Occupied by Emergency Patients aged over 75	Rate per 1000 population aged over 75
<b>Grampian</b>	<b>282907</b>	<b>3227.9</b>	<b>280923</b>	<b>3166.3</b>	<b>210922</b>	<b>5089.9</b>
<b>Aberdeenshire</b>	<b>122446</b>	<b>3124.1</b>	<b>116119</b>	<b>2901.4</b>	<b>85672</b>	<b>4779.5</b>
<b>Aberdeen City</b>	<b>112319</b>	<b>3488.9</b>	<b>113673</b>	<b>3540.7</b>	<b>86020</b>	<b>5414.1</b>
<b>Moray</b>	<b>47103</b>	<b>2897.2</b>	<b>51131</b>	<b>3081.1</b>	<b>39230</b>	<b>5144.2</b>
<b>Speyside</b>	<b>10029</b>	<b>3122.4</b>	<b>11780</b>	<b>3632.4</b>	<b>9401</b>	<b>6430.2</b>
Aberlour Health Centre	2173	3209.7	2640	3760.7	2025	6795.3
Dufftown Medical Group	2666	5268.8				
Glenlivet Medical Practice	305	2584.7	608	4983.6	367	10485.7
Keith Medical Group	3637	2452.5	5321	3559.2	4293	5954.2
Roths Medical Centre	883	2923.8	1086	3608.0	972	6797.2
Tomintoul Medical Centre	365	2896.8				
Rinnes Medical Group			2125	3405.4	1744	6581.1
<b>Buckie/Cullen/Fochabers</b>	<b>11654</b>	<b>2882.5</b>	<b>12984</b>	<b>3194.1</b>	<b>10170</b>	<b>5223.4</b>
Ardach Health Centre	6395	3134.8	6563	3228.2	5023	5254.2
Cullen Medical Centre	1386	2103.2				
Fochabers Medical Centre	2445	2686.8	2741	2982.6	2070	4662.2
Seafield Medical Centre	1428	3290.3				
Seafield & Cullen Medical Group			3680	3306.4	3077	5625.2
<b>Elgin</b>	<b>18842</b>	<b>2912.7</b>	<b>19374</b>	<b>2925.3</b>	<b>14088</b>	<b>4729.1</b>
Elgin Community Surgery	1583	2217.1	1852	2443.3	1404	4360.2
Linkwood Medical	5207	2933.5	5412	3006.7	3716	4697.9
Moray Coast Medical Practice	4587	2870.5	6059	3683.3	4638	6504.9
The Maryhill Practice	7465	3133.9	6051	2500.4	4330	3755.4
<b>Forres</b>	<b>6578</b>	<b>2350.1</b>	<b>6993</b>	<b>2452.0</b>	<b>5571</b>	<b>4424.9</b>
Forres Health Centre	3244	2366.2	3737	2671.2	3132	5142.9
Varis Medical Practice	3334	2334.7	3256	2240.9	2439	3752.3

Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.

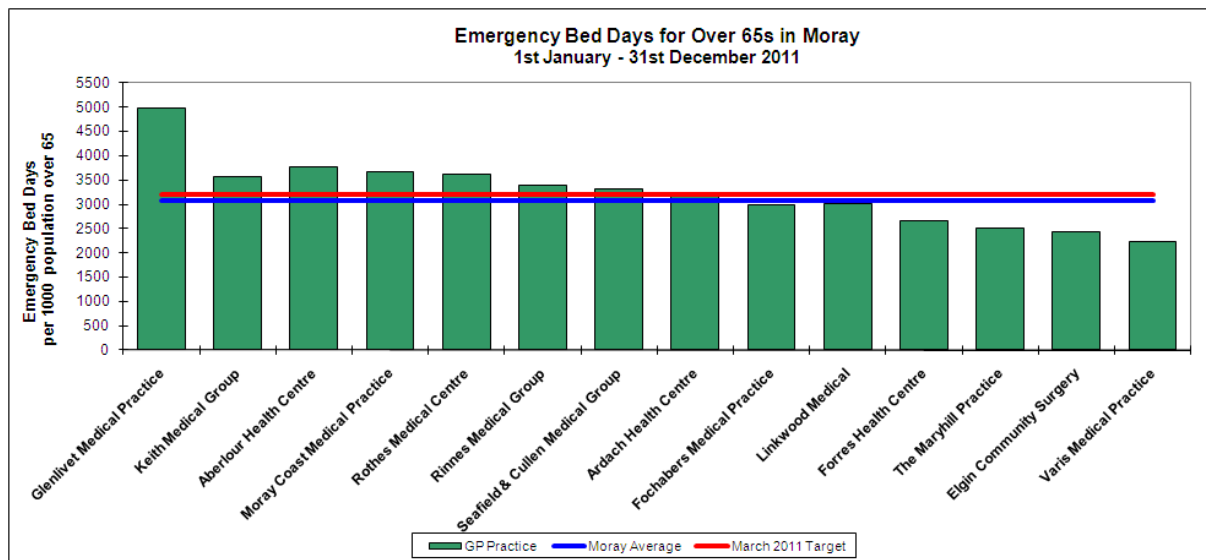
#### 1.3.4.1. Emergency bed day rates – over 65s

In 2010 Dufftown was showing over 81% higher rate of Emergency Bed Days for over 65s than the Moray Average and over 150% higher than the lowest (Cullen). Dufftown and Seafield were the only practices above the target. Since the merging of Dufftown with Tomintoul and of Seafield with Cullen, the practice with the highest emergency bed day rate per 1000 has been Glenlivet. The spread of the range of highest to lowest in 2010 was 5268.8 to 2103.2 and in 2011 it was 4983.6 to 2240.9 so there has been a narrowing in the range but as with multiple emergency admissions the average has risen from 2897.2 to

3081.1 per 1000 population. Glenlivet had almost doubled the total bed days occupied by emergency patients aged over 65 between the two time periods.



Emergency Admissions for over 65s – Moray 2010 Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.



Emergency Admissions for over 65s – Moray (Jan12) Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.

Of the 3400 patient emergency admission records making up the 2011 dataset just under 33% were registered as 'Patient non injury' and just over 31% were registered as 'Emergency Admission, no additional detail'. The average age of patients over 65 was just over 78. Of the patients being admitted with emergency bed days 59.71% were living with a relative or friend, 18.65% were living in a private residence with no additional detail and 13.41% were living alone. Transfers accounted for 4.97%.

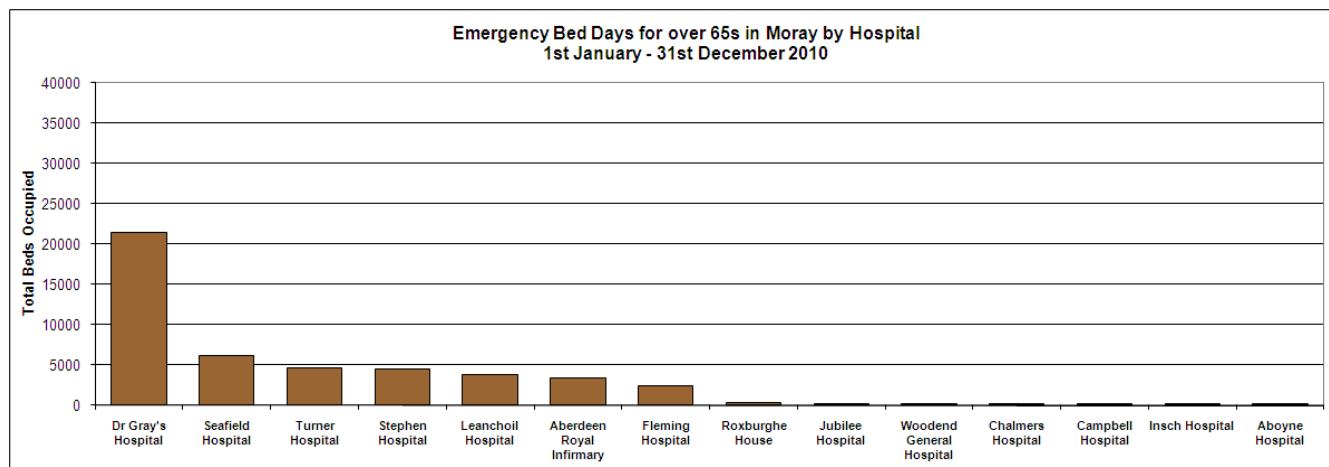
The breakdown of emergency bed days is as per the table below

Total Bed Days Occupied by Emergency Patients aged over 65				
HOSPITAL	2010		2011	
Dr Grays Hospital	21465	45.57%	36591	71.56%
Aberdeen Royal Infirmary	3364	7.14%	4163	8.14%
Seafeld Hospital, Buckie	6143	13.04%	3469	6.78%
Turner Memorial Hospital	4654	9.88%	2701	5.28%
Stephen Cottage Hospital	4481	9.51%	2065	4.04%
Fleming Hospital	2365	5.02%	1502	2.94%
Jubilee Hospital, Huntly	177	0.38%	397	0.78%

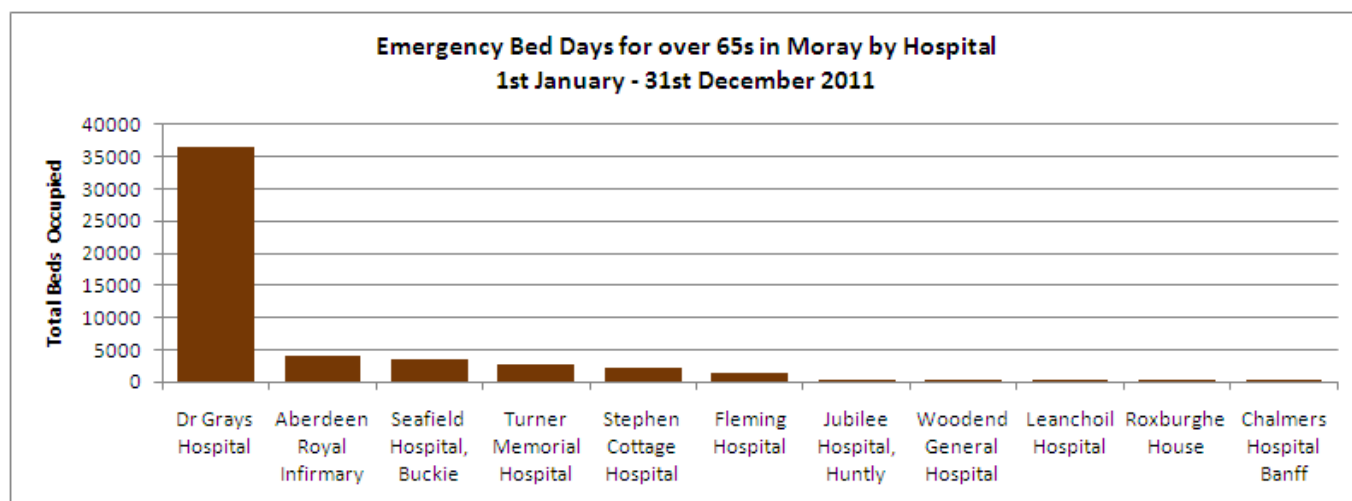
Woodend General Hospital	154	0.33%	177	0.35%
Leancoil Hospital	3878	8.23%	41	0.08%
Roxburghe House	298	0.63%	17	0.03%
Chalmers Hospital Banff	80	0.17%	8	0.02%
Campbell Hospital	23	0.05%		0.00%
Insch Hospital	11	0.02%		0.00%
Aboyne Hospital	10	0.02%		0.00%
Grand Total	47103		51131	

Moray Emergency admissions for over 65 – Moray 2010 - Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.

The total bed days occupied by Emergency Patients aged over 65 in Dr Gray's rose by 25.99% of the total between 2010 and 2011 (45.57% to 71.56%). The Community Hospitals in Moray accounted for a total of 45.68% of bed days occupied by Emergency Patients in 2010 and only 19.12% in 2011 (a fall of 26.56% of the total). This seems to have particularly affected Seafeld Hospital, although still the highest proportion of the Moray Community Hospitals its percentage fell from 13.04% to 6.78%.

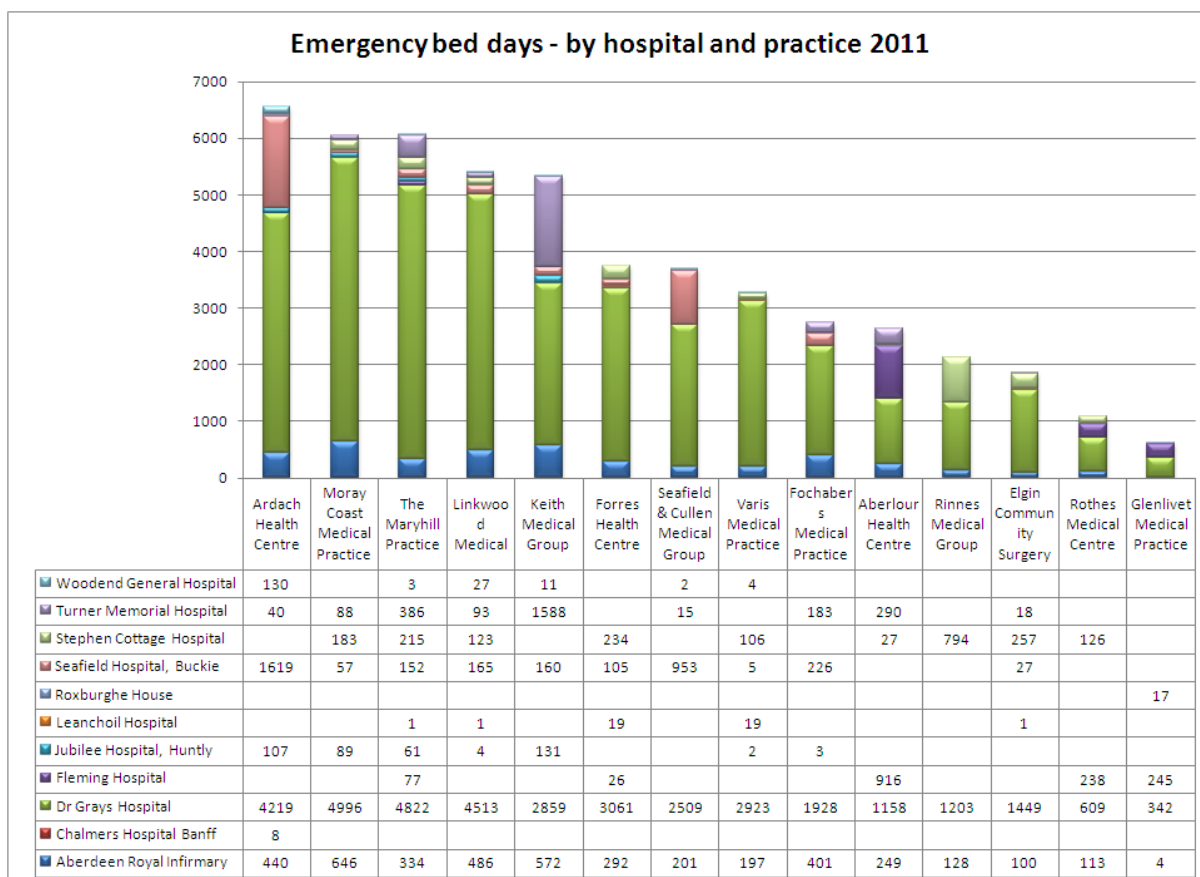


Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.



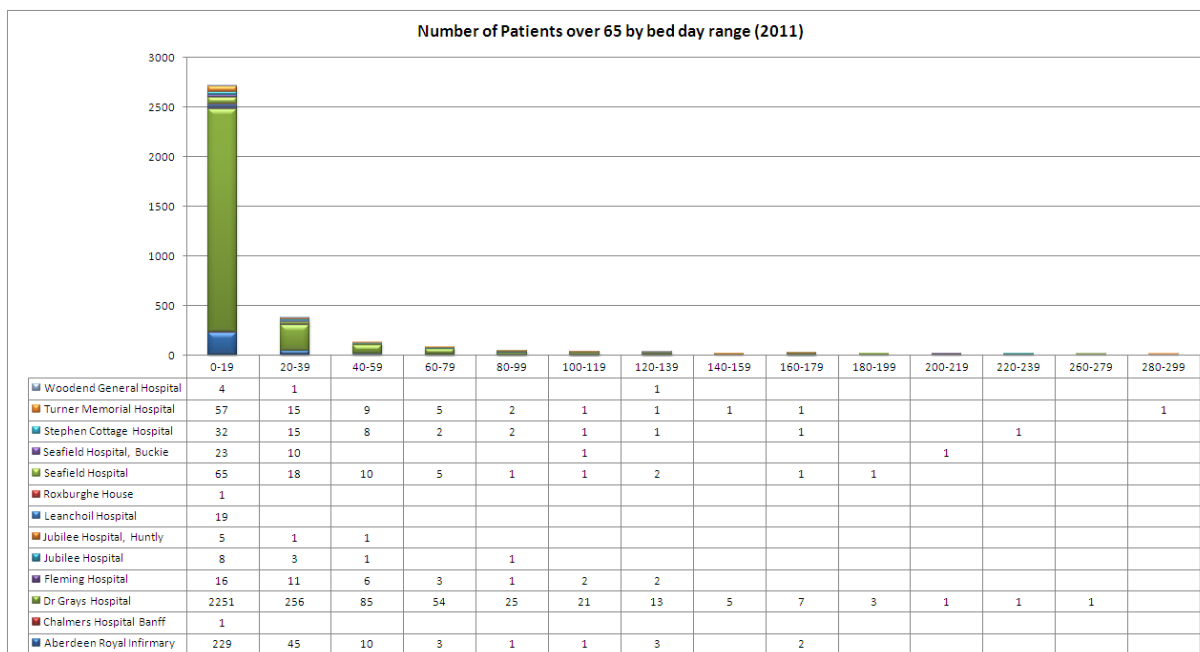
Moray Emergency Patients Data (Jan – Dec 2011)





Moray Emergency Patients Data (Jan – Dec 2011)

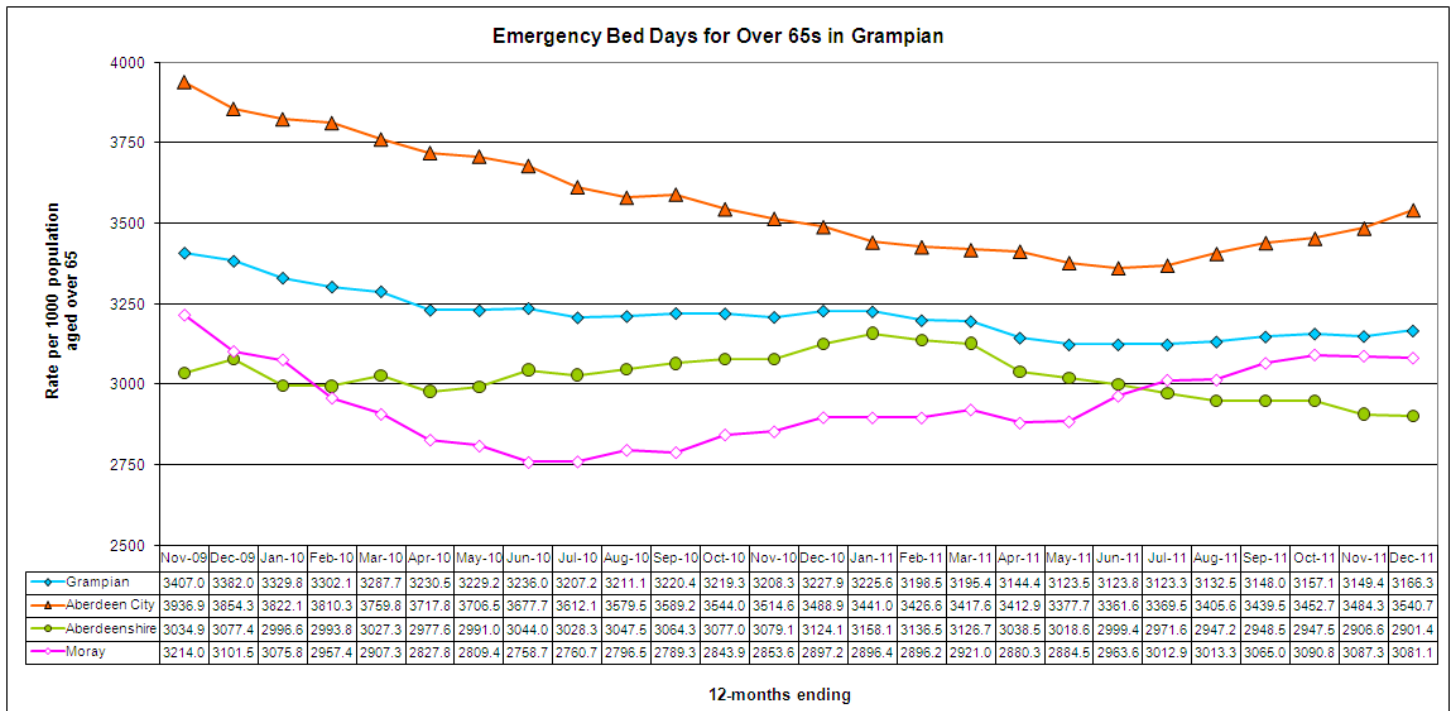
Of the total bed days occupied by Emergency Patients in Dr Gray's the largest proportion of bed days were patients from Moray Coast Medical Practice (4,996 emergency bed days) and Maryhill Practice (4,822 emergency bed days). The least were occupied by patients from Glenlivet Medical Practice (342 emergency bed days).



Moray Emergency Patients Data (Jan – Dec 2011)

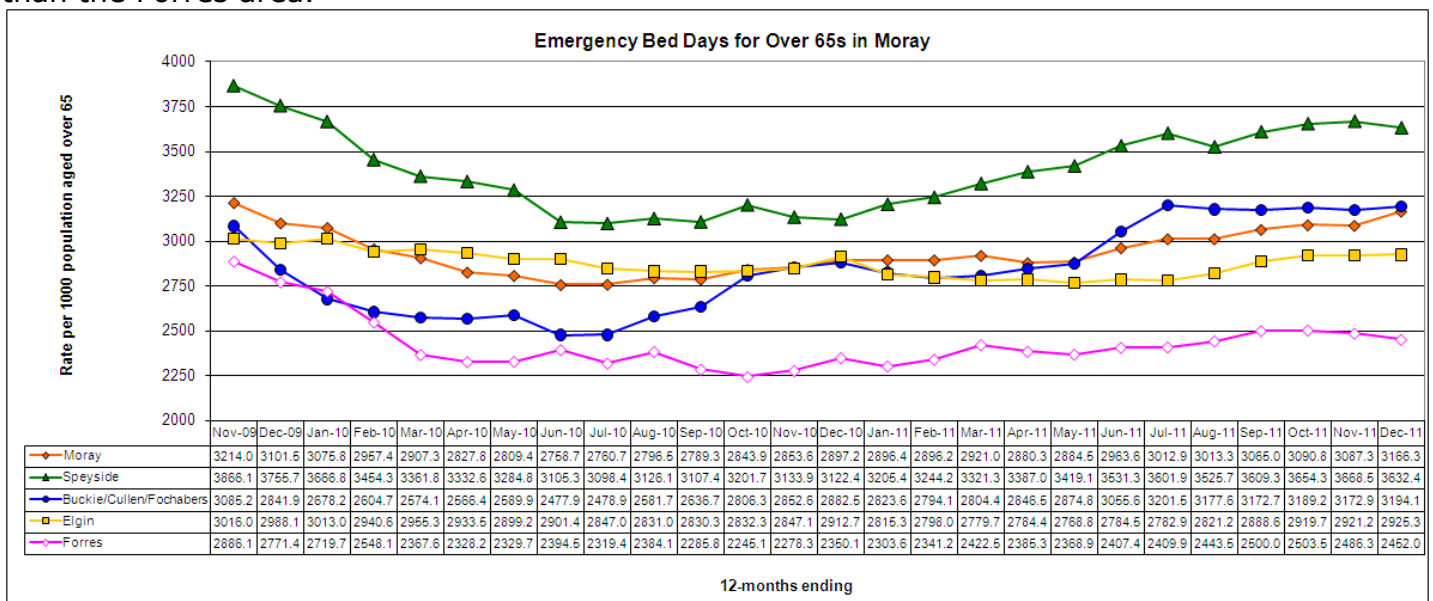
The range of days that emergency patients aged over 65 remained in a bed varied from 0 to 290 days in 2011. Over all hospitals 80% of the emergency bed day patients were within the 0-19 days range; 11% were within the 20-39 days range; 7% were within the 40 to 99 day range; 2% were within the 100-290 range.

Compared to the other Grampian health partnerships, during most of 2010 and the first half of 2011 Moray had the lowest emergency bed day rate per 1000 population aged over 65. In the second half of 2011 Moray's rising rate per 1000 exceeded Aberdeenshire's which fell over 2011.



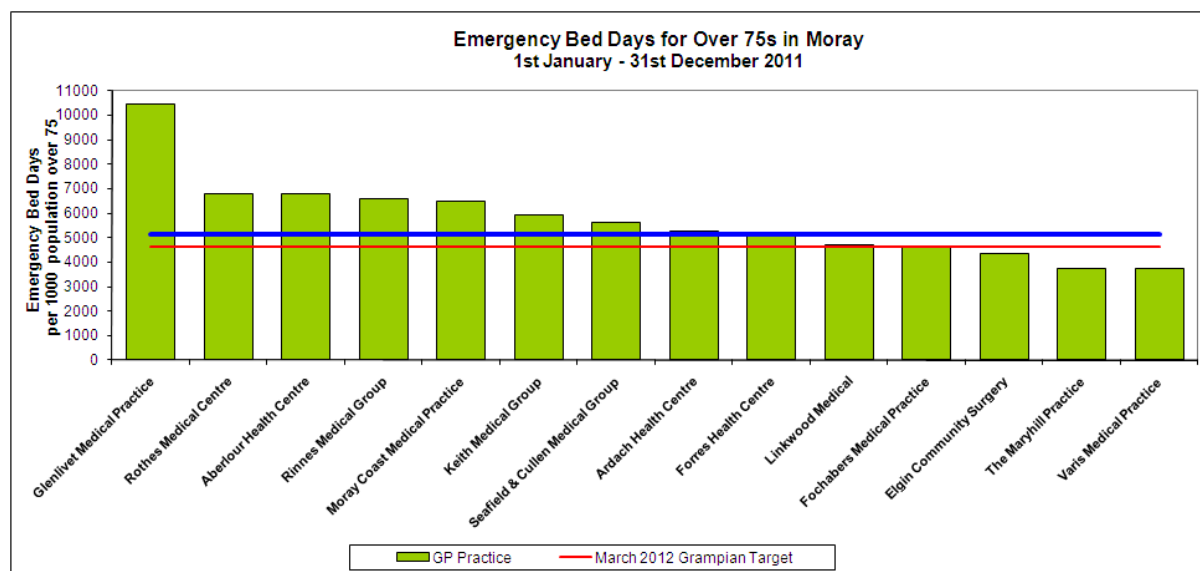
Emergency Admissions for over 65s – Moray (Jan12) Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.

The Speyside emergency bed days are consistently higher than the other Moray areas. In Dec 2011 Speyside was almost 15% higher than the Moray average and over 48% higher than the Forres area.



Emergency Admissions for over 65s – Moray (Jan12) Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.

#### 1.3.4.2. Emergency bed day rates – over 75s



Emergency Admissions for over 65s – Moray (Jan 12) Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.

In the over 75 age group in 2011, the emergency bed day rate was highest in Glenlivet with 10485.7 per 1000 population aged over 75 compared to Varis which has a rate of 3752.3 per 1000 population aged over 75. The 2012 target is set at 4628.0 and the average for 2011 is 5144.2. The 5 Speyside practices were in the upper end of the emergency bed day rate in 2011 hence the rate per 1000 population aged over 75 for Speyside was 6430.2.

Of the 2252 patient emergency admission records making up the over 75s 2011 dataset just over 33% were registered as 'Patient non injury' and just under 29% were registered as 'Emergency Admission, no additional detail'. The average age of patients over 75 was just under 83. Of the patients being admitted with emergency bed days 47.11% were living with a relative or friend, 16.52% were living in a private residence with no additional detail and 13.72% were living alone. Transfers accounted for 5.6%.

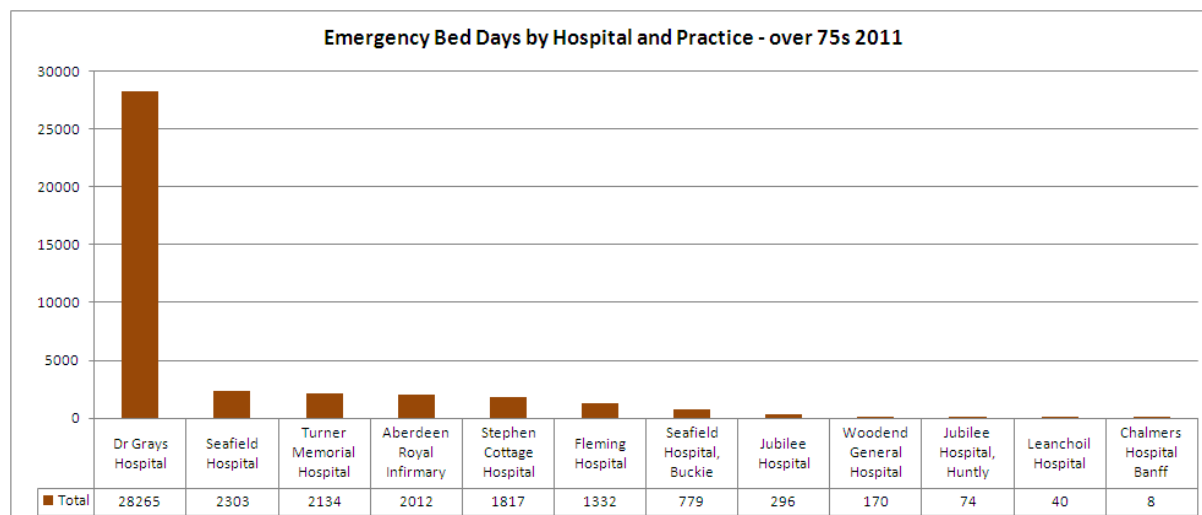
The breakdown of emergency bed days is as per the table below

Total Bed Days Occupied by Emergency Patients aged over 75		
HOSPITAL	2011	
Dr Grays Hospital	28265	72.05%
Seafield Hospital	2303	5.87%
Turner Memorial Hospital	2134	5.44%
Aberdeen Royal Infirmary	2012	5.13%
Stephen Cottage Hospital	1817	4.63%
Fleming Hospital	1332	3.40%
Seafield Hospital, Buckie	779	1.99%
Jubilee Hospital	296	0.75%
Woodend General Hospital	170	0.43%
Jubilee Hospital, Huntly	74	0.19%
Leancoil Hospital	40	0.10%
Chalmers Hospital Banff	8	0.02%
<b>Grand Total</b>	<b>39230</b>	

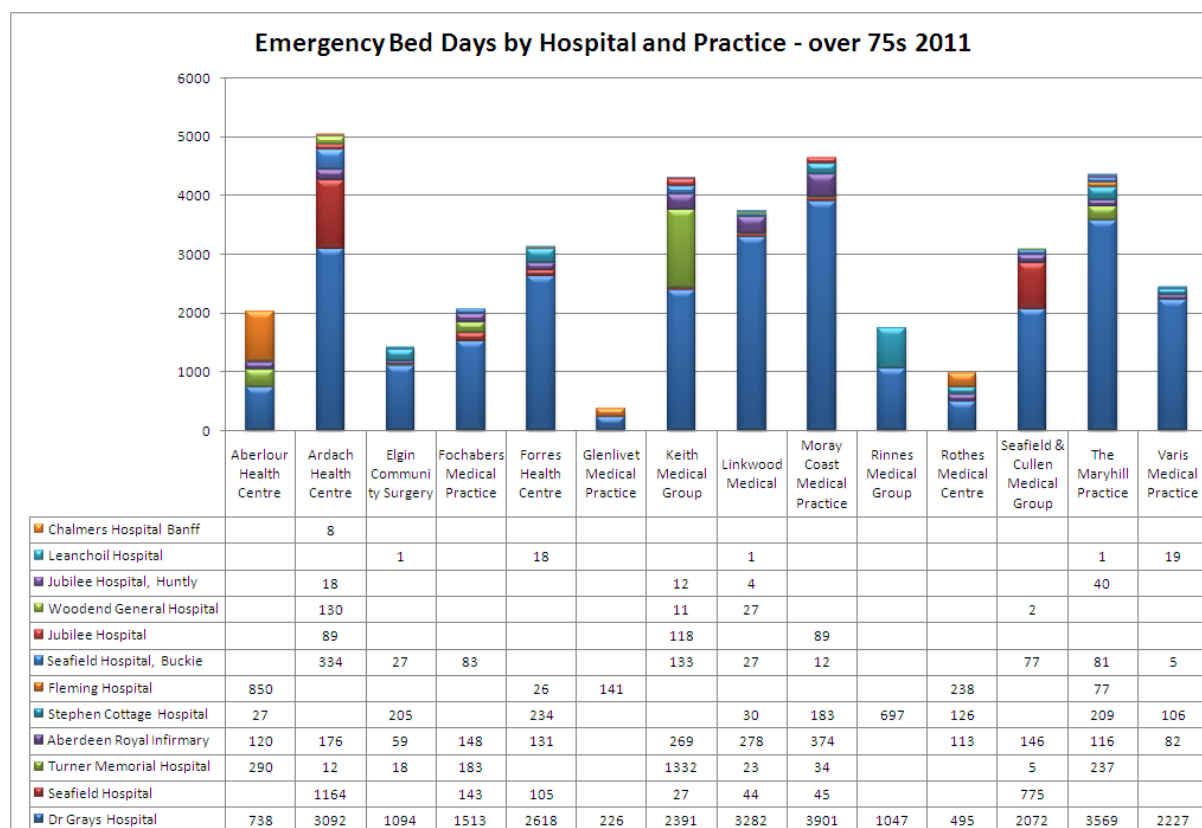
Moray Emergency admissions for over 65 – Moray 2010 - Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Geriatric Long Stay, Psychogeriatric admissions or any admission with length of stay greater than 365 days.

The total, bed days occupied by Emergency Patients aged over 75 in Dr Gray's in 2011, was 28,265 (72.05%). The Community Hospitals in Moray accounted for a total of 21.42% of bed

days occupied by Emergency Patients in 2011 while the out of area hospitals accounted for 6.53%.

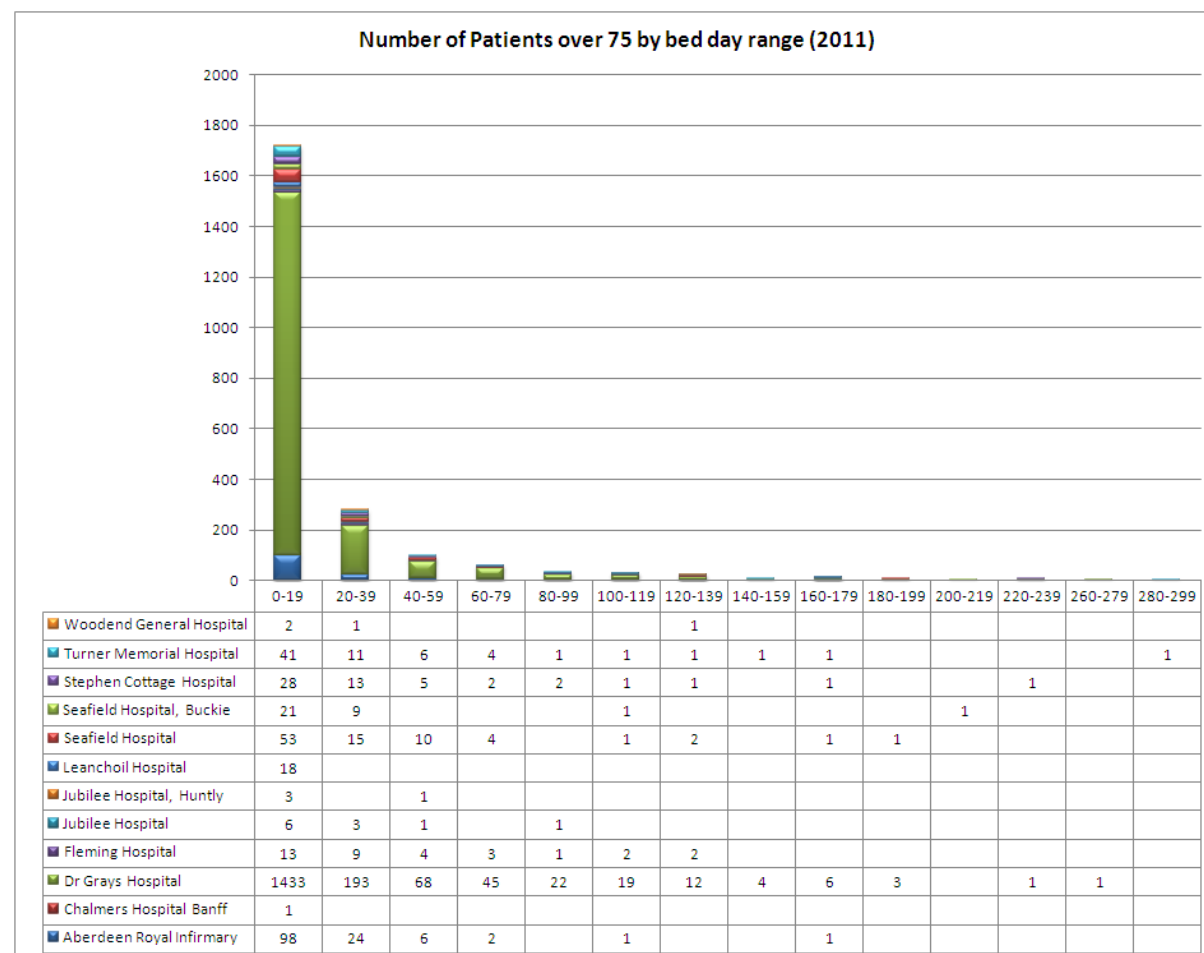


Moray Emergency Patients Data (Jan – Dec 2011)



Moray Emergency Patients Data (Jan – Dec 2011)

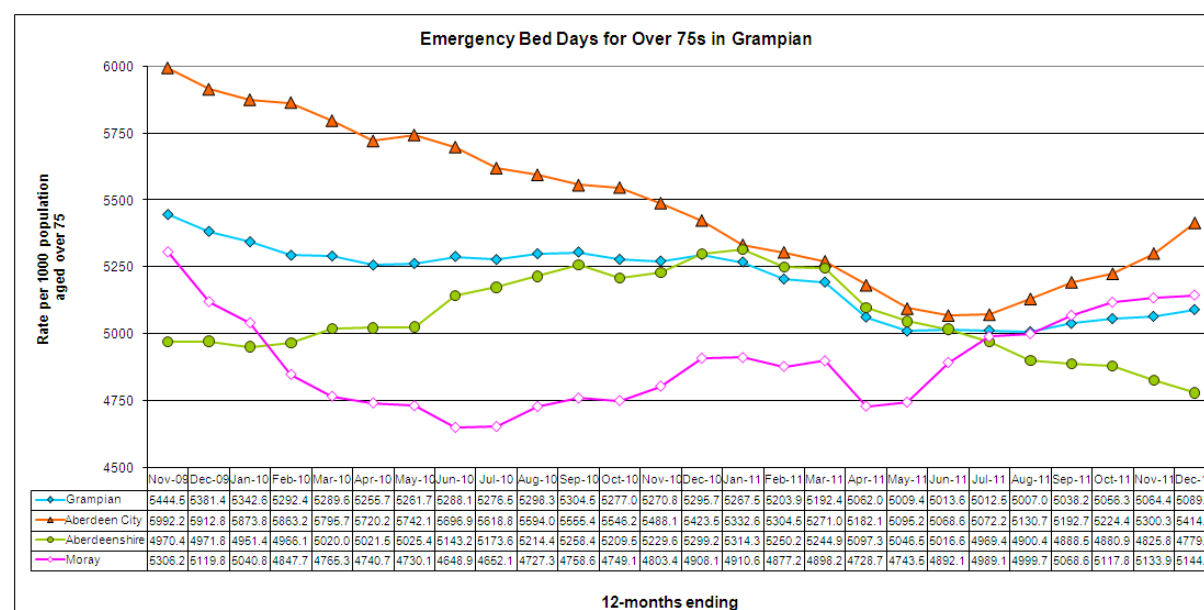
Of the total bed days occupied by Emergency Patients over 75 in Dr Gray's the largest proportion of bed days were patients from Moray Coast Medical Practice (3,901 emergency bed days) and Maryhill Practice (3,569 emergency bed days). The least were occupied by patients from Glenlivet Medical Practice (226 emergency bed days).



Moray Emergency Patients Data (Jan – Dec 2011)

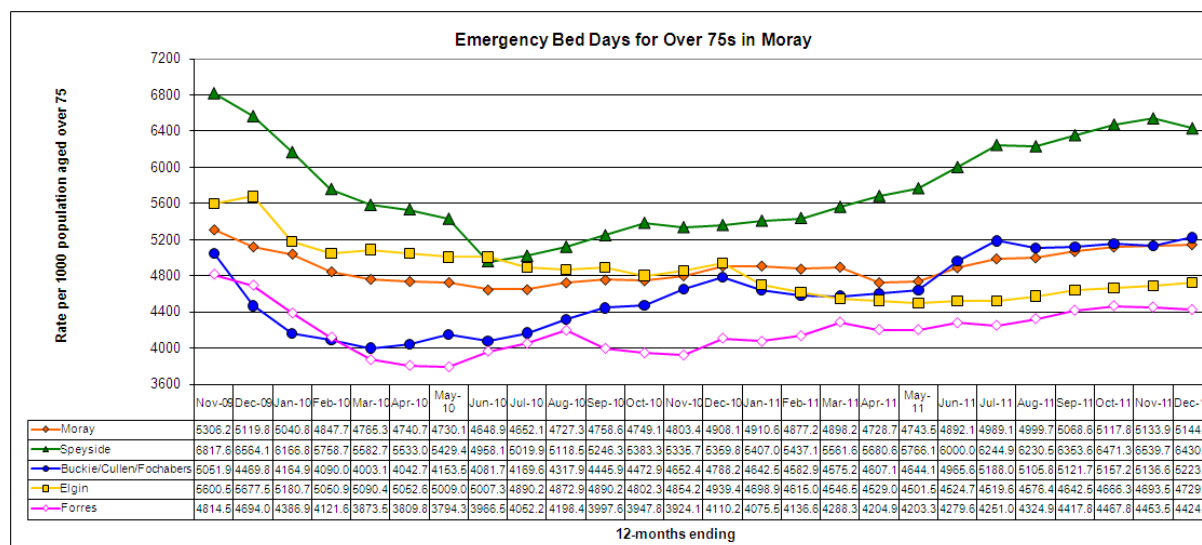
The range of days that emergency patients over 75 remained in a bed varied from 0 to 290 days in 2011. Over all hospitals 76.24% of the emergency bed day patients were within the 0-19 days range; 12.34% were within the 20-39 days range; 8.35% were within the 40 to 99 day range; 3.06% were within the 100-290 range.

In Grampian during most of 2010 and half way through 2011 Moray had the lowest rate for emergency bed days for over 75s. By the middle of 2011 Moray had exceeded Aberdeenshire's rate and by the end September 2011 Moray was above the Grampian average.



Emergency Admissions for over 65s – Moray (Jan 12)

The Speyside emergency bed days for patients aged 75 and over are consistently higher than the other Moray areas. In Dec 2011 Speyside was almost 25% higher than the Moray average and over 45% higher than the Forres area.



Emergency Admissions for over 65s – Moray (Jan 12)

This data set came in after the other sets hence not reporting in the same time frame. In the emergency bed days that were admitted from March 2011 – Feb 2012 for age 65 and over 48% are currently blank, for age 75 and over 48% are currently blank. Of the rest: -

#### Emergency bed days 65+ March 2011 – Feb 2012

Diagnosis Code (ICD10)	Diagnosis Description	Number	% of total	65+ Bed Days	% of total 65+ bed days
	Blank	1653	48.18%	31380	60.94%
	not blank	1778	51.82%	20114	39.06%
	Total	3431	100.00%	51494	100%
I00-I99	Diseases of the circulatory system	337	18.95%	4213	20.95%
R00-R99	Symptoms, signs and ill defined conditions, not elsewhere classified	299	16.82%	2173	10.80%
K00-K93	Diseases of the digestive system	251	14.12%	2248	11.18%
J00-J99	Diseases of the respiratory system	243	13.67%	2704	13.44%
N00-N99	Diseases of the genitourinary system	155	8.72%	2159	10.73%
S00-T98	Injury, poisoning and certain other consequences of external causes	138	7.76%	2012	10.00%
C00-D48	Neoplasms	122	6.86%	1610	8.00%
M00-M99	Diseases of the musculoskeletal system and connective tissue	45	2.53%	947	4.71%
D50-D89	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	42	2.36%	404	2.01%
E00-E90	Endocrine, nutritional and metabolic diseases	40	2.25%	452	2.25%
G00-G99	Diseases of the nervous system	33	1.86%	252	1.25%
L00-L99	Diseases of the skin and subcutaneous tissue	30	1.69%	282	1.40%
A00-B99	Certain infectious and parasitic diseases	18	1.01%	269	1.34%
F00-F99	Mental and behavioural disorders	9	0.51%	267	1.33%

H00-H59	Diseases of the eye and adnexa	7	0.39%	77	0.38%
H60-H95	Diseases of the ear and mastoid process	5	0.28%	35	0.17%
Z00-Z99	Factors influencing health status and contact with health services	4	0.22%	10	0.05%
	not blank Total	1778	100.00%	20114	100%

Moray Patient Data Mar 11-Feb 12

Of the conditions listed under 'Diseases of the circulatory system' the highest incidence in this data set was of 'Congestive Heart Failure' (40 with a total of 544 bed days), 'Cerebral Infarction, Unspecified' (33 with a total of 724 bed days), 'Angina Pectoris, Unspecified' (32 with a total of 59 bed days) and 'Acute Myocardial Infarction, Unspecified' (31 with a total of 433 bed days).

Of the conditions listed under 'Symptoms, signs and ill defined conditions, not elsewhere classified' the highest incidence in this data set was of 'Syncope And Collapse' (44 with a total of 272 bed days) and 'Chest Pain, Unspecified' (38 with a total of 88 bed days), '

Of the conditions listed under 'Diseases of the digestive system' the highest incidence in this data set was of 'Noninfective Gastroenteritis And Colitis, Unspecified' (24 with a total of 249 bed days), 'Acute Pancreatitis' (19 with a total of 216 bed days) and 'Constipation' (17 with a total of 111 bed days). The list of diseases /descriptions was more extensive.

Of the conditions listed under 'Diseases of the respiratory system' the highest incidence in this data set was of 'Unspecified Acute Lower Respiratory Infection' (63 with a total of 845 bed days) 'Chronic Obstructive Pulmonary Disease With Acute Lower Resp Infection' (49 with a total of 562 bed days) and 'Chronic Obstructive Pulmonary Disease With Acute Exacerbation, Unspecified' (36 with a total of 363 bed days).

Of the conditions listed under 'Diseases of the genitourinary system' the highest incidence in this data set was of 'Urinary Tract Infection, Site Not Specified' (99 with a total of 1746 bed days) and 'Acute Renal Failure, Unspecified' (30 with a total of 287 bed days).

#### Top 10 diagnosis for 65+

Main Diag Desc	Count of CHI	Sum of Bed Days	Av Days
Urinary Tract Infection, Site Not Specified	99	1746	17.64
Unspecified Acute Lower Respiratory Infection	63	845	13.41
Chronic Obstructive Pulmonary Disease With Acute Lower Resp Infection	49	562	11.47
Syncope And Collapse	44	272	6.18
Congestive Heart Failure	40	544	13.60
Chest Pain, Unspecified	38	88	2.32
Chronic Obstructive Pulmonary Disease With Acute Exacerbation, Unspecified	36	363	10.08
Lobar Pneumonia, Unspecified	34	365	10.74
Cerebral Infarction, Unspecified	33	724	21.94
Angina Pectoris, Unspecified	32	59	1.84

Moray Patient Data Mar 11-Feb 12

#### Top 10 bed day diagnosis for 65+

Main Diag Desc	Count of CHI	Sum of Bed Days	Av Days
Urinary Tract Infection, Site Not Specified	99	1746	17.64
Unspecified Acute Lower Respiratory Infection	63	845	13.41



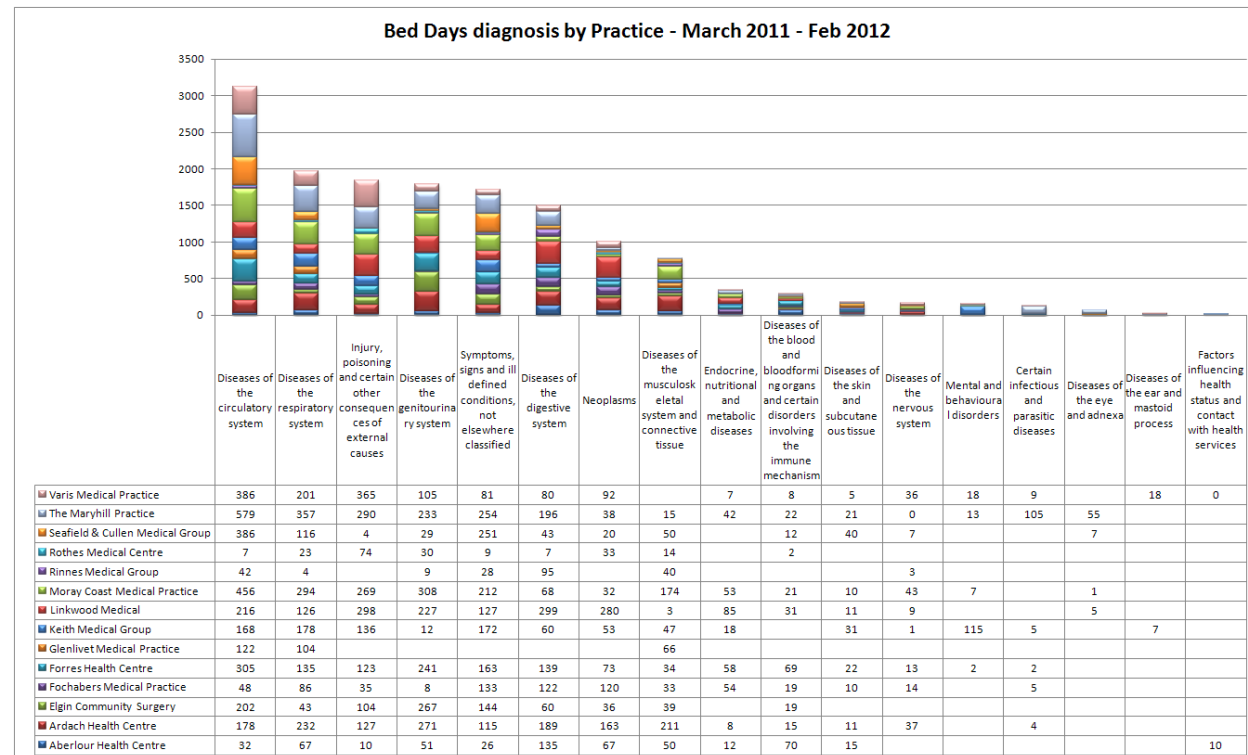
Cerebral Infarction, Unspecified	33	724	21.94
Chronic Obstructive Pulmonary Disease With Acute Lower Resp Infection	49	562	11.47
Congestive Heart Failure	40	544	13.60
Fracture Of Neck Of Femur	14	540	38.57
Stroke, Not Specified As Haemorrhage Or Infarction	22	524	23.82
Acute Myocardial Infarction, Unspecified	31	433	13.97
Pain In Joint	11	415	37.73
Senility	14	385	27.50

Moray Patient Data Mar 11-Feb 12

### Top 10 Average Days by diagnosis for 65+

Main Diag Desc	Count of CHI	Sum of Bed Days	Av Days
Superficial Injury Of Head, Part Unspecified	1	115	115.00
Other Primary Gonarthrosis	1	105	105.00
Multiple Fractures Of Cervical Spine	1	87	87.00
Vascular Dementia, Unspecified	2	158	79.00
Alcoholic Cirrhosis Of Liver	1	56	56.00
Intracerebral Haemorrhage, Unspecified	6	331	55.17
Adult Hypertrophic Pyloric Stenosis	1	55	55.00
Subtrochanteric Fracture	2	94	47.00
Unspecified Osteoporosis With Pathological Fracture	1	47	47.00
Liver Cell Carcinoma	4	180	45.00

Moray Patient Data Mar 11-Feb 12



The condition that seems to stand out from the data is 'Urinary Tract Infection, Site Not Specified' (99) of these most were admitted to Dr Gray's and were registered with the following practices: -

### Emergency bed days (65+) with 'Urinary Tract Infection, Site Not Specified'



Registered GP Practice	Count of CHI	Sum of Bed Days
Ardach Health Centre	15	236
Elgin Community Surgery	4	279
Fochabers Medical Practice	4	15
Forres Health Centre	15	235
Keith Medical Group	3	14
Linkwood Medical	15	222
Moray Coast Medical Practice	9	309
Rinnes Medical Group	3	9
Roths Medical Centre	1	20
Seafeld & Cullen Medical Group	7	106
The Maryhill Practice	18	215
Varis Medical Practice	5	86
Total	99	1746

Moray Patient Data Mar 11-Feb 12

In the emergency bed days that were admitted from March 2011 – Feb 2012 for age 75 and over 49% are currently blank. Of the rest: -

Diagnosis Code (ICD10)	Diagnosis Description	Number	% of total	75+ Bed Days	% of total 75+ bed days
	Blank	1116	49.40%	24606	62.03%
	not blank	1143	50.60%	15062	37.97%
	Total	2259	100.00%	39668	100%
I00-I99	Diseases of the circulatory system	224	19.60%	3127	20.76%
R00-R99	Symptoms, signs and ill defined conditions, not elsewhere classified	180	15.75%	1715	11.39%
J00-J99	Diseases of the respiratory system	158	13.82%	1966	13.05%
K00-K93	Diseases of the digestive system	151	13.21%	1493	9.91%
N00-N99	Diseases of the genitourinary system	114	9.97%	1791	11.89%
S00-T98	Injury, poisoning and certain other consequences of external causes	92	8.05%	1835	12.18%
C00-D48	Neoplasms	71	6.21%	1007	6.69%
D50-D89	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	32	2.80%	288	1.91%
M00-M99	Diseases of the musculoskeletal system and connective tissue	27	2.36%	776	5.15%
E00-E90	Endocrine, nutritional and metabolic diseases	27	2.36%	337	2.24%
L00-L99	Diseases of the skin and subcutaneous tissue	22	1.92%	176	1.17%
G00-G99	Diseases of the nervous system	20	1.75%	163	1.08%
A00-B99	Certain infectious and parasitic diseases	9	0.79%	130	0.86%
F00-F99	Mental and behavioural disorders	6	0.52%	155	1.03%
H00-H59	Diseases of the eye and adnexa	4	0.35%	68	0.45%
Z00-Z99	Factors influencing health status and contact with health services	3	0.26%	10	0.07%

H60-H95	Diseases of the ear and mastoid process	3	0.26%	25	0.17%
	not blank Total	1143	100.00%	15062	100%

Moray Patient Data Mar 11-Feb 12

Of the conditions listed under 'Diseases of the circulatory system' the highest incidence in this data set was of 'Congestive Heart Failure' (27 with a total of 413 bed days), 'Angina Pectoris, Unspecified' (25 with a total of 39 bed days), 'Acute Myocardial Infarction, Unspecified' (23 with a total of 394 bed days) and 'Subsequent Myocardial Infarction Of Unspecified Site ' (22 with a total of 164 bed days).

Of the conditions listed under 'Symptoms, signs and ill defined conditions, not elsewhere classified' the highest incidence in this data set was of 'Syncope And Collapse' (34 with a total of 231 bed days) and 'Chest Pain, Unspecified' (22 with a total of 73 bed days), '

Of the conditions listed under 'Diseases of the respiratory system' the highest incidence in this data set was of 'Unspecified Acute Lower Respiratory Infection' (46 with a total of 709 bed days) 'Lobar Pneumonia, Unspecified' (26 with a total of 282 bed days), 'Chronic Obstructive Pulmonary Disease With Acute Exacerbation, Unspecified' (22 with a total of 272 bed days) and 'Chronic Obstructive Pulmonary Disease With Acute Lower Resp Infection' (21 with a total of 285 bed days)

Of the conditions listed under 'Diseases of the digestive system' the highest incidence in this data set was of 'Noninfective Gastroenteritis And Colitis, Unspecified' 14 with a total of 201 bed days), 'Acute Pancreatitis' (13 with a total of 122 bed days) and 'Diverticular Disease Of Large Intestine Without Perforation Or Abscess' (12 with a total of 87 bed days). The list of diseases/descriptions was more extensive.

Of the conditions listed under 'Diseases of the genitourinary system' the highest incidence in this data set was of 'Urinary Tract Infection, Site Not Specified' (73 with a total of 1457 bed days) and 'Acute Renal Failure, Unspecified' (23 with a total of 240 bed days).

## Top 10 Count of diagnosis for 75+

Main Diag Desc	Count of CHI	Sum of Bed Days	Av Days
Urinary Tract Infection, Site Not Specified	73	1457	19.96
Unspecified Acute Lower Respiratory Infection	46	709	15.41
Syncope And Collapse	34	231	6.79
Congestive Heart Failure	27	413	15.30
Lobar Pneumonia, Unspecified	26	282	10.85
Angina Pectoris, Unspecified	25	39	1.56
Acute Myocardial Infarction, Unspecified	23	394	17.13
Acute Renal Failure, Unspecified	23	240	10.43
Subsequent Myocardial Infarction Of Unspecified Site	22	164	7.45
Chest Pain, Unspecified	22	73	3.32

Moray Patient Data Mar 11-Feb 12

## Top 10 Sum of bed day diagnosis for 75+

Main Diag Desc	Count of CHI	Sum of Bed Days	Av Days
Urinary Tract Infection, Site Not Specified	73	1457	19.96
Unspecified Acute Lower Respiratory Infection	46	709	15.41
Fracture Of Neck Of Femur	14	540	38.57

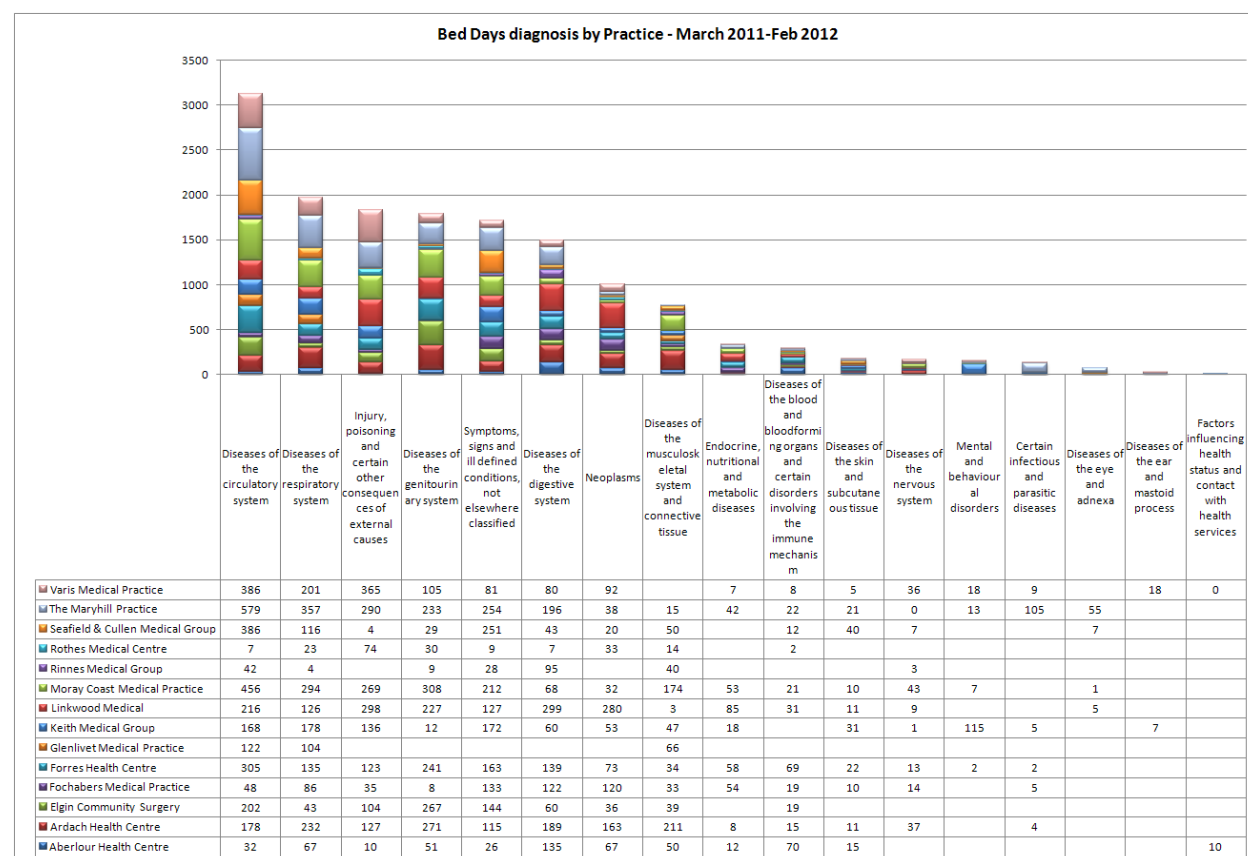
Cerebral Infarction, Unspecified	20	526	26.3
Stroke, Not Specified As Haemorrhage Or Infarction	18	509	28.28
Congestive Heart Failure	27	413	15.30
Acute Myocardial Infarction, Unspecified	23	394	17.13
Pain In Joint	7	391	55.86
Senility	12	318	26.5
Infection Following A Procedure, Not Elsewhere Classified	3	300	100

Moray Patient Data Mar 11-Feb 12

### Top 10 Average Days by diagnosis for 75+

Main Diag Desc	Count of CHI	Sum of Bed Days	Av Days
Superficial Injury Of Head, Part Unspecified	1	115	115
Other Primary Gonarthrosis	1	105	105
Infection Following A Procedure, Not Elsewhere Classified	3	300	100
Multiple Fractures Of Cervical Spine	1	87	87
Hypotension, Unspecified	1	83	83
Liver Cell Carcinoma	2	163	81.5
Malignant Neoplasm, Stomach, Unspecified	2	117	58.5
Pain In Joint	7	391	55.86
Adult Hypertrophic Pyloric Stenosis	1	55	55
Vascular Dementia, Unspecified	1	52	52

Moray Patient Data Mar 11-Feb 12



Moray Patient Data Mar 11-Feb 12

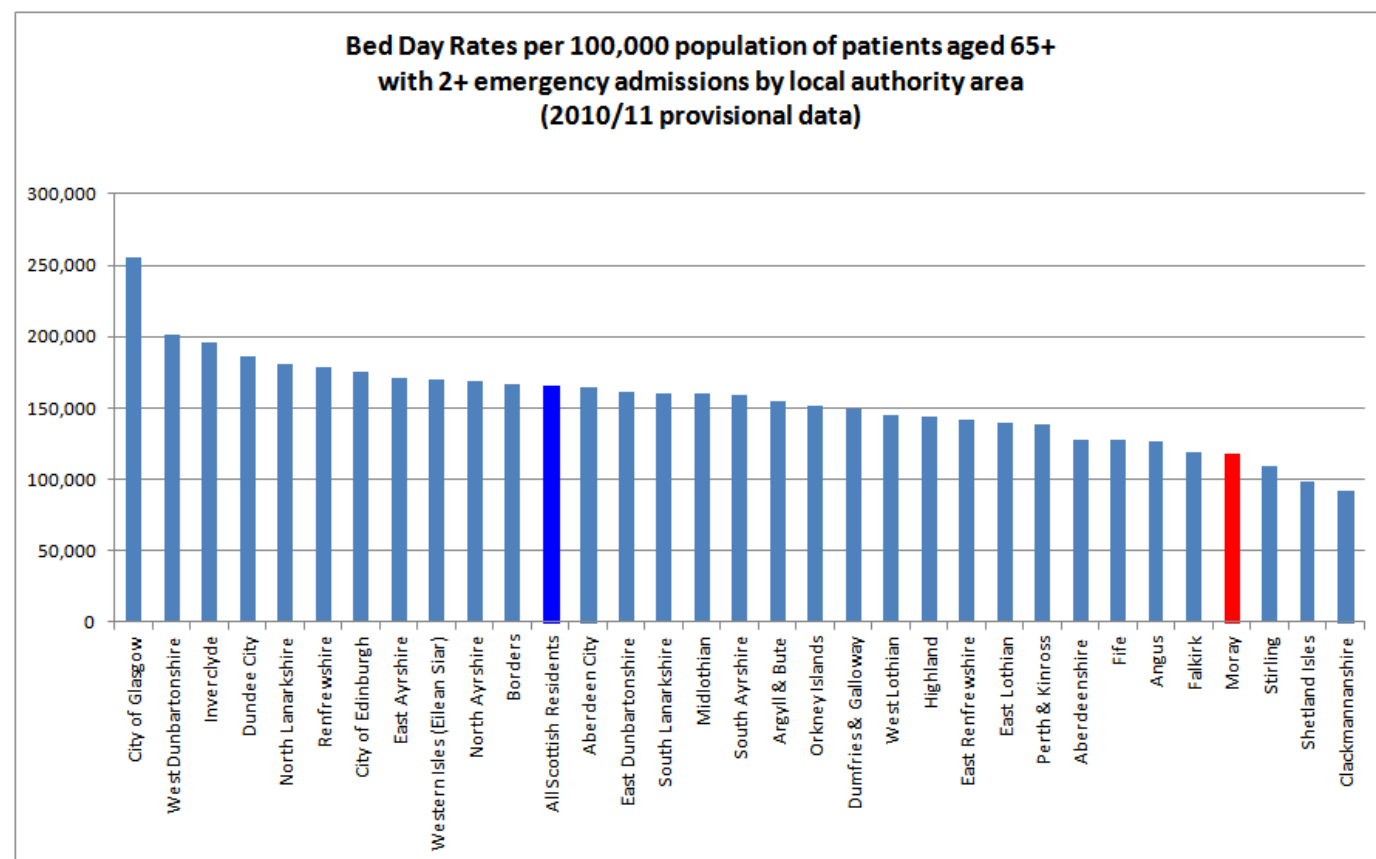
The condition that seems to stand out from the data is 'Urinary Tract Infection, Site Not Specified' (73) of these most were admitted to Dr Gray's and were registered with the following practices: -

Emergency admissions (75+) with 'Urinary Tract Infection, Site Not Specified'

Registered GP Practice	Count of CHI	Sum of Bed Days
Ardach Health Centre	9	184
Elgin Community Surgery	3	251
Fochabers Medical Practice	2	4
Forres Health Centre	11	212
Keith Medical Group	2	8
Linkwood Medical	13	211
Moray Coast Medical Practice	6	267
Rinnes Medical Group	3	9
Roths Medical Centre	1	20
Seafield & Cullen Medical Group	4	29
The Maryhill Practice	15	186
Varis Medical Practice	4	76
<b>Total</b>	<b>73</b>	<b>1457</b>

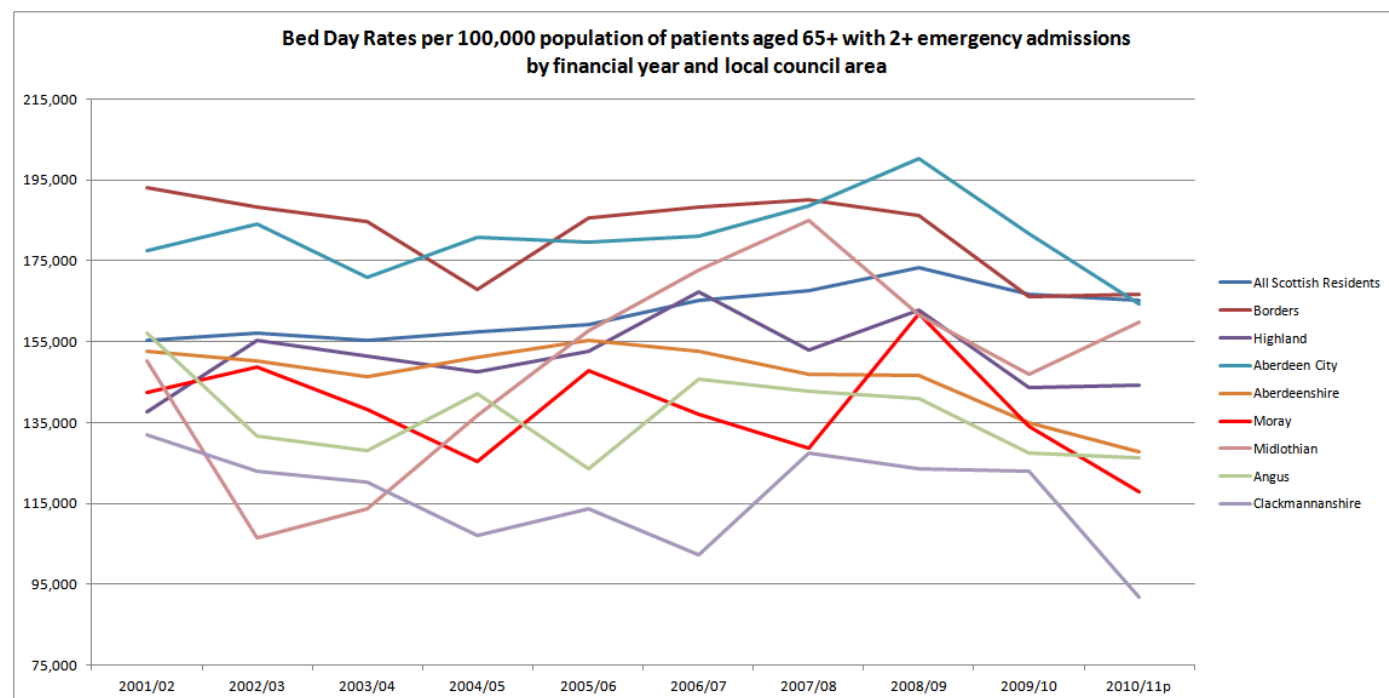
Moray Patient Data Mar 11-Feb 12

1.3.4.3. Multiple Emergency bed day rates – over 65s



Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

Moray's performance in relation to the bed day rates for multiple admissions is better than for all emergency admissions and Moray is 4<sup>th</sup> lowest in Scotland. Performance has been erratic over the last 10 years and tends to follow the national emphasis (of HEAT targets) falling when a target is due and rising when there is no target.



Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

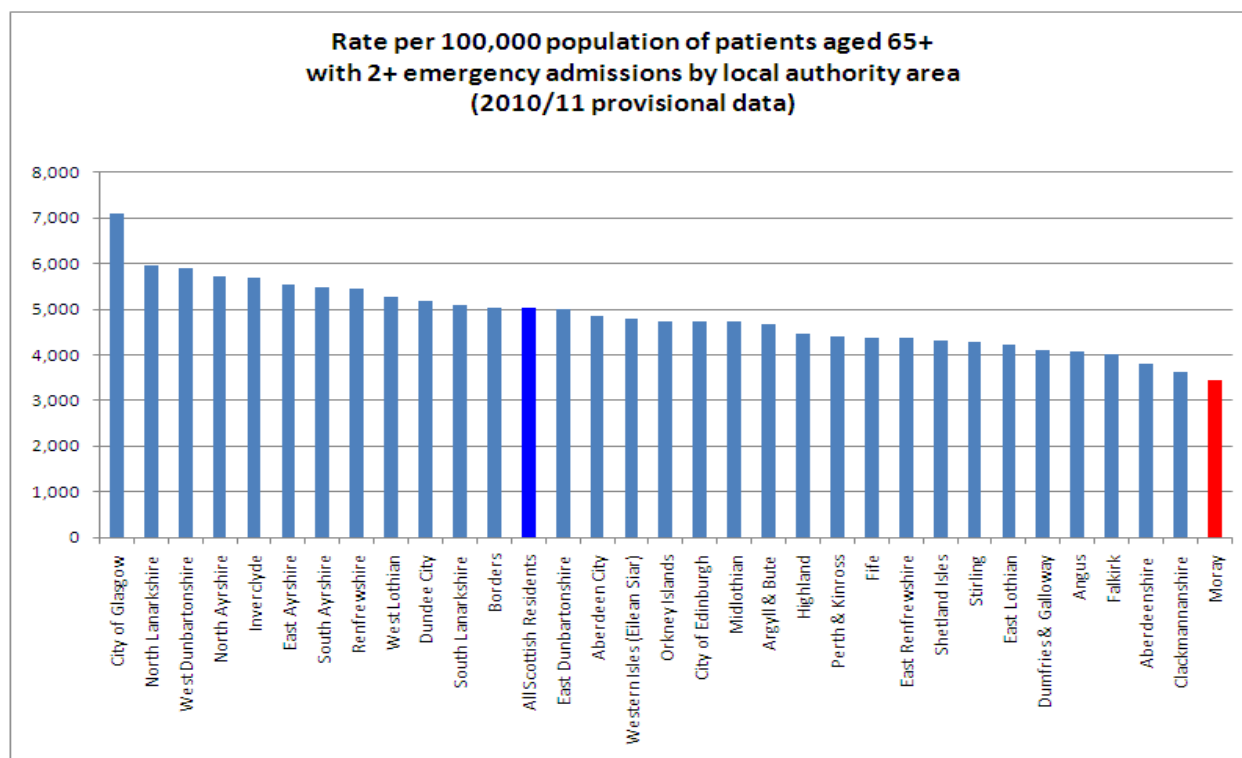
### 1.3.5 Multiple emergency admissions

Older people admitted regularly to hospital as an emergency are more likely to be delayed there once their treatment is complete. This, in turn, is particularly bad for their health and independence. Hence the push to reduce the number of older people with multiple emergency admissions to hospital.

Reducing multiple admissions would demonstrate the positive effect of alternatives such as more proactive care and management of conditions in the community. It would also lead to a general improvement in the health of over 65s.

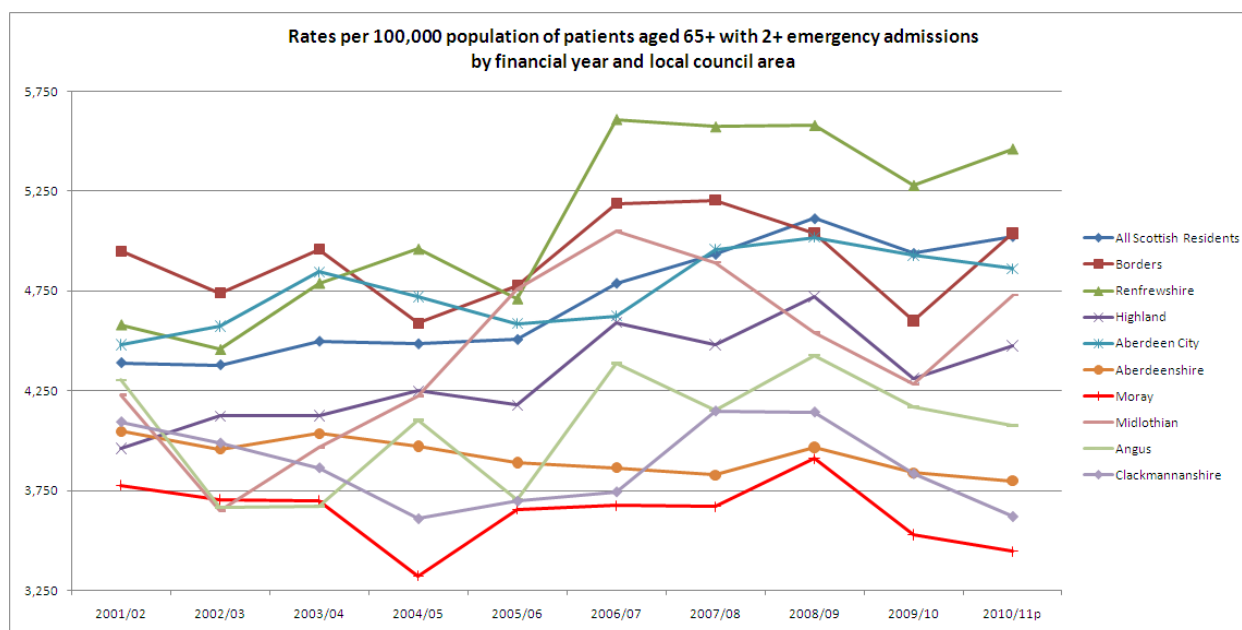
It would also demonstrate the outcome of early interventions. These include anticipatory care and joined-up community and health care services designed to address the challenges of an increasingly ageing population with long-term conditions and complex needs. Some admissions cannot be avoided. But the more comprehensive the alternatives to hospital care, the less likely we make the need for hospital admissions.<sup>135</sup>

<sup>135</sup> <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicators/hospitalAdmissions>



Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

Moray has had the lowest rate of multiple admissions for this age group in Scotland since 2007/08 and the rate in 2010/11 was less than half that of City of Glasgow.



Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

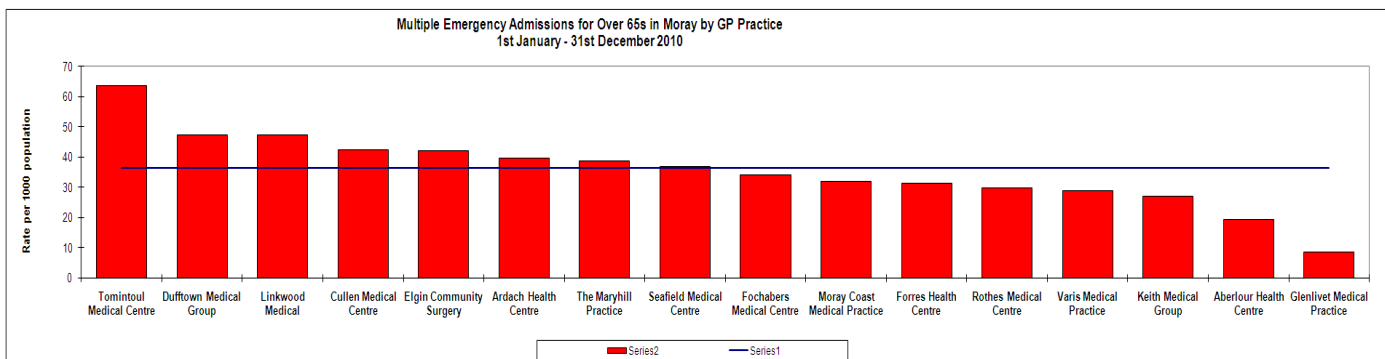
Moray has had the lowest rate of the current comparators and neighbours since 2004/05

## Multiple Emergency Admissions for over 65s in Grampian and Moray

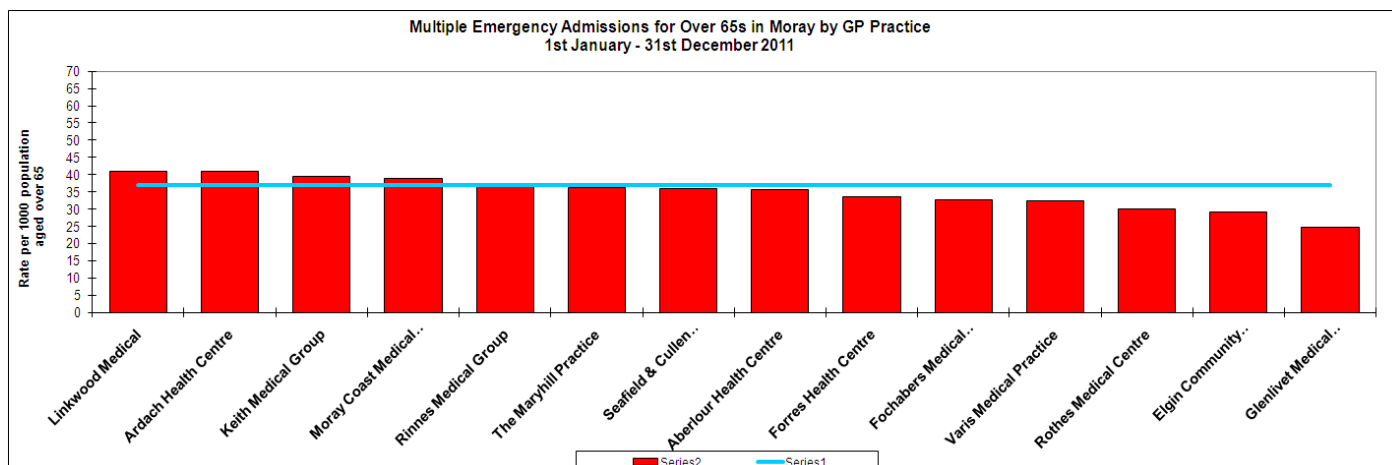
	1st January 2010 – 31st December 2010		1st January 2011 – 31st December 2011			
CHP/Locality/GP Practice	No of Patients with 2 or more Emergency Admissions	Rate per 1000 population	No of Patients with 2 or more Emergency Admissions	Rate per 1000 population	No of Emergency Admission Events	Av No of admissions per multiple admission patient
<b>Grampian</b>	<b>3906</b>	<b>44.6</b>	<b>3925</b>	<b>44.2</b>		
<b>Aberdeenshire</b>	<b>1575</b>	<b>40.2</b>	<b>1610</b>	<b>40.2</b>		
<b>Aberdeen City</b>	<b>1733</b>	<b>53.8</b>	<b>1701</b>	<b>53.0</b>		
<b>Moray</b>	<b>592</b>	<b>36.4</b>	<b>614</b>	<b>37.0</b>	<b>1576</b>	<b>2.57</b>
<b>Speyside</b>	<b>95</b>	<b>29.6</b>	<b>119</b>	<b>36.7</b>	<b>306</b>	<b>2.57</b>
Aberlour Health Centre	13	19.2	25	35.6	62	2.48
Dufftown Medical Group	24	47.4				
Glenlivet Medical Practice	1	8.5	3	24.6	10	3.33
Keith Medical Group	40	27.0	59	39.5	149	2.53
Rothies Medical Centre	9	29.8	9	29.9	23	2.56
Tomintoul Medical Centre	8	63.5				
Rinnes Medical Group			23	36.9	62	2.70
<b>Buckie/Cullen/Fochabers</b>	<b>156</b>	<b>38.6</b>	<b>153</b>	<b>37.6</b>	<b>393</b>	<b>2.57</b>
Ardach Health Centre	81	39.7	83	40.8	210	2.53
Cullen Medical Centre	28	42.5				
Fochabers Medical Centre	31	34.1	30	32.6	71	2.37
Seafield Medical Centre	16	36.9				
Seafield & Cullen Medical Group			40	35.9	112	3.12
<b>Elgin</b>	<b>257</b>	<b>39.7</b>	<b>248</b>	<b>37.4</b>	<b>637</b>	<b>2.57</b>
Elgin Community Surgery	30	42.0	22	29.0	51	2.32
Linkwood Medical	84	47.3	74	41.1	192	2.59
Moray Coast Medical Practice	51	31.9	64	38.9	159	2.48
The Maryhill Practice	92	38.6	88	36.4	235	2.67
<b>Forres</b>	<b>84</b>	<b>30.0</b>	<b>94</b>	<b>33.0</b>	<b>240</b>	<b>2.55</b>
Forres Health Centre	43	31.4	47	33.6	120	2.55
Varis Medical Practice	41	28.7	47	32.3	120	2.55

Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Psychogeriatric admissions.

Tomintoul had the highest rate of patients with 2 or more emergency admissions per 1000 population of over 65s in Moray during 2010 but since the merger of Tomintoul with Dufftown to create the Rinnes practice it shows the Rinnes practice as below the Moray average and only the Moray Coast, Keith, Linkwood and Ardach as above the average. It also shows that the practices have less of a spread in the rate (between highest and lowest of 41.1 to 29.9) than in 2010 (63.5 to 19.2) yet the average has risen slightly from 36.4 to 37.0 per 1000 population aged over 65. In looking closer at the number of emergency admission events and linking them to patient numbers and practices the rate per multiple admission patient is fairly consistent over Moray – around an average of 2.57 admissions, however there are a couple of practices above 3 per patient (Glenlivet and Seafield & Cullen). The percentage of the total with just 2 emergency admissions per patient was 66%, 29% had 3-4 emergency admissions, 4% had 5-6 emergency admissions, and 1% had 7-14 emergency admissions.



Emergency Admissions for over 65s – Moray 2010 Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Psychogeriatric admissions.



Emergency Admissions for over 65s – Moray (Jan 12) Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Psychogeriatric admissions.

Just less than 60% of multiple emergency admissions were living with relatives or friends and just less than 14% were living alone. Over 43% were registered as 'Patient non-injury' and just less than 35% were registered as 'no additional detail'. The average age of multiple admission patients was just over 78.

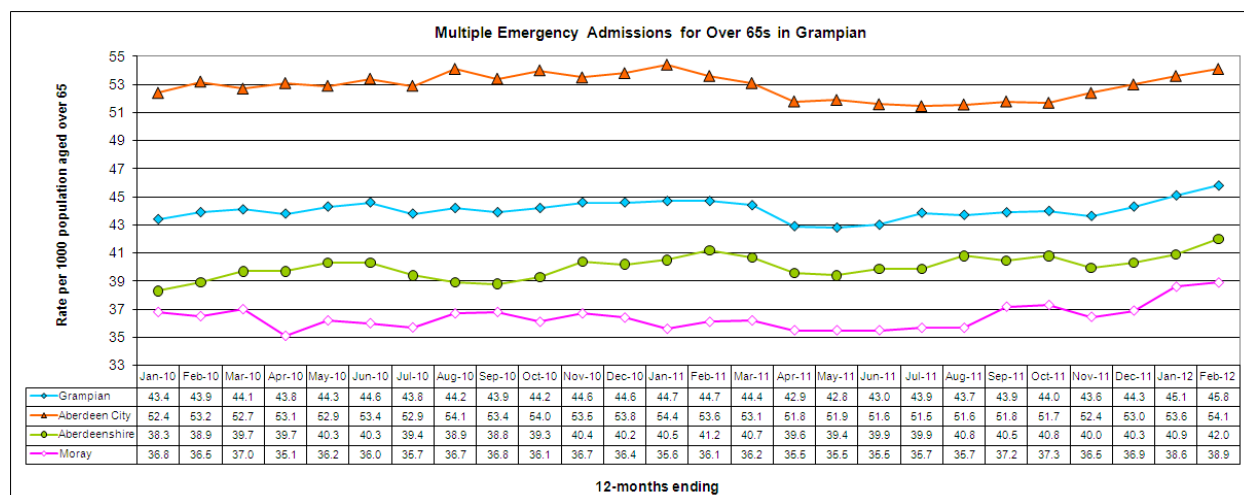
The majority of multiple emergency admissions went to Dr Gray's with Aberdeen Royal Infirmary receiving 9.2%. Moray Community Hospitals received over 9.4%.

Hospital	Total	% of total
Aberdeen Royal Infirmary	145	9.20%
Chalmers Hospital Banff	1	0.06%
Dr Grays Hospital	1270	80.58%
Fleming Hospital	16	1.02%
Jubilee Hospital	8	0.51%
Leancoil Hospital	6	0.38%
Seafield Hospital, Buckie	62	3.94%
Stephen Cottage Hospital	15	0.95%
Turner Memorial Hospital	49	3.11%
Woodend General Hospital	1	0.06%
Blank	3	0.19%
Grand Total	1576	

Moray Emergency Patient Data Jan – Dec 2011

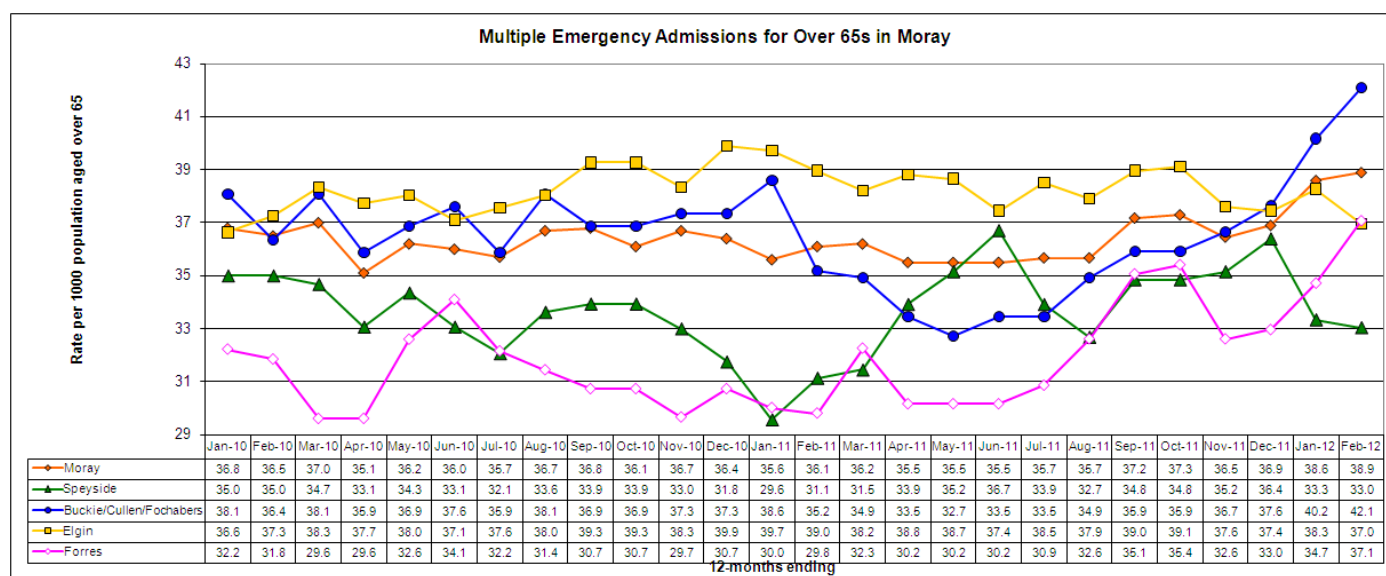
Compared to the other Grampian health partnerships, Moray was the lowest rate of multiple admissions per 1000 population aged over 65.





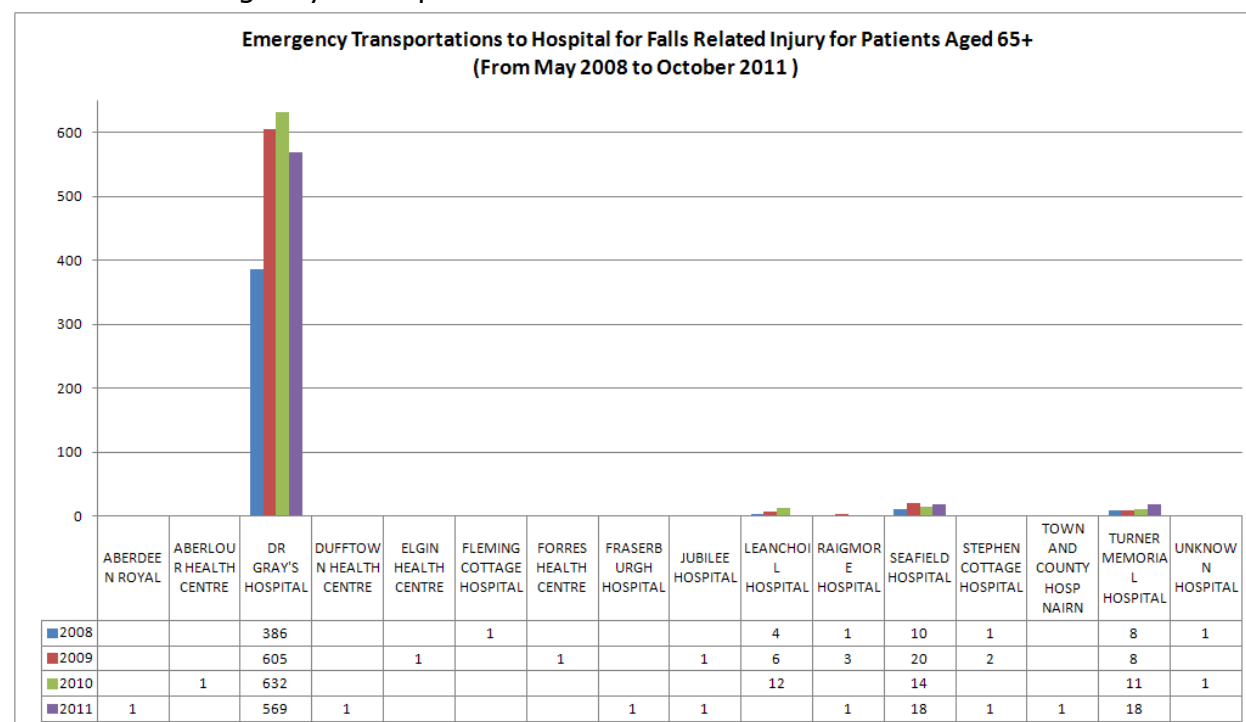
Emergency Admissions for over 65s – Moray (Jan 12) - Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Psychogeriatric admissions.

Within Moray the lowest area for multiple admissions was generally Forres and the highest over 2010/11 was usually Elgin. The trends for most areas have been erratic. However since May 2011 there has been a pronounced change with Forres and Buckie/Cullen/Fochabers with Buckie showing (with a couple of flat spots) a steady rise and Forres rising, taking a drop in November then rising again.



Emergency Admissions for over 65s – Moray (Mar 12) - Data Source: PAS. Includes admissions to hospitals in Grampian only. Does not include Psychogeriatric admissions.

## 1.3.6 Emergency Transportations



Based on JCS Workbook figures and data from A&E systems management at ARI

Over 93% of all emergency transportations for Falls Related Injury for Patients Aged 65+ have Dr Grays as the destination. The numbers have risen steadily over the four year period (2011 number shown here is not a complete year). In 2010 there were 632 falls related emergency admissions of people aged 65+. So of the total of emergency admissions to Dr Grays for this age group, over 12% were falls related. Other destinations in Moray accounted for just under 6% (5.5% of which went to Seafeld, Turner and Leancoil but very few went to Stephen). Only a small percentage (0.43%) were admitted out-with Moray. The A&E numbers are a minimum as there may be other falls related incidents diagnosed as something else (e.g. a head injury may have been as a result of a fall).

## 1.3.7 Reasons for Emergency Admissions

This data set came in after the other sets hence not reporting in the same time frame. In the multiple emergency admissions that were admitted from March 2011 – Feb 2012 over 44% of diagnosis entries are currently blank. Of the rest:

**Multiple emergency admissions – March 2011 – Feb 2012**

Diagnosis Code (ICD10)	Diagnosis Description	Number	Percentage
	Blank	743	44.71%
	not blank	919	55.29%
	Total	1662	100.00%
R00-R99	Symptoms, signs and ill defined conditions, not elsewhere classified	165	17.95%
I00-I99	Diseases of the circulatory system	159	17.30%
J00-J99	Diseases of the respiratory system	138	15.02%
K00-K93	Diseases of the digestive system	114	12.40%
N00-N99	Diseases of the genitourinary system	86	9.36%
C00-D48	Neoplasms	79	8.60%
S00-T98	Injury, poisoning and certain other consequences of	47	5.11%

	external causes		
E00-E90	Endocrine, nutritional and metabolic diseases	24	2.61%
D50-D89	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	23	2.50%
G00-G99	Diseases of the nervous system	23	2.50%
M00-M99	Diseases of the musculoskeletal system and connective tissue	21	2.29%
L00-L99	Diseases of the skin and subcutaneous tissue	16	1.74%
A00-B99	Certain infectious and parasitic diseases	10	1.09%
F00-F99	Mental and behavioural disorders	5	0.54%
H00-H59	Diseases of the eye and adnexa	3	0.33%
H60-H95	Diseases of the ear and mastoid process	3	0.33%
Z00-Z99	Factors influencing health status and contact with health services	3	0.33%
	not blank Total	919	100.00%

Moray Patient Data Mar 11-Feb 12

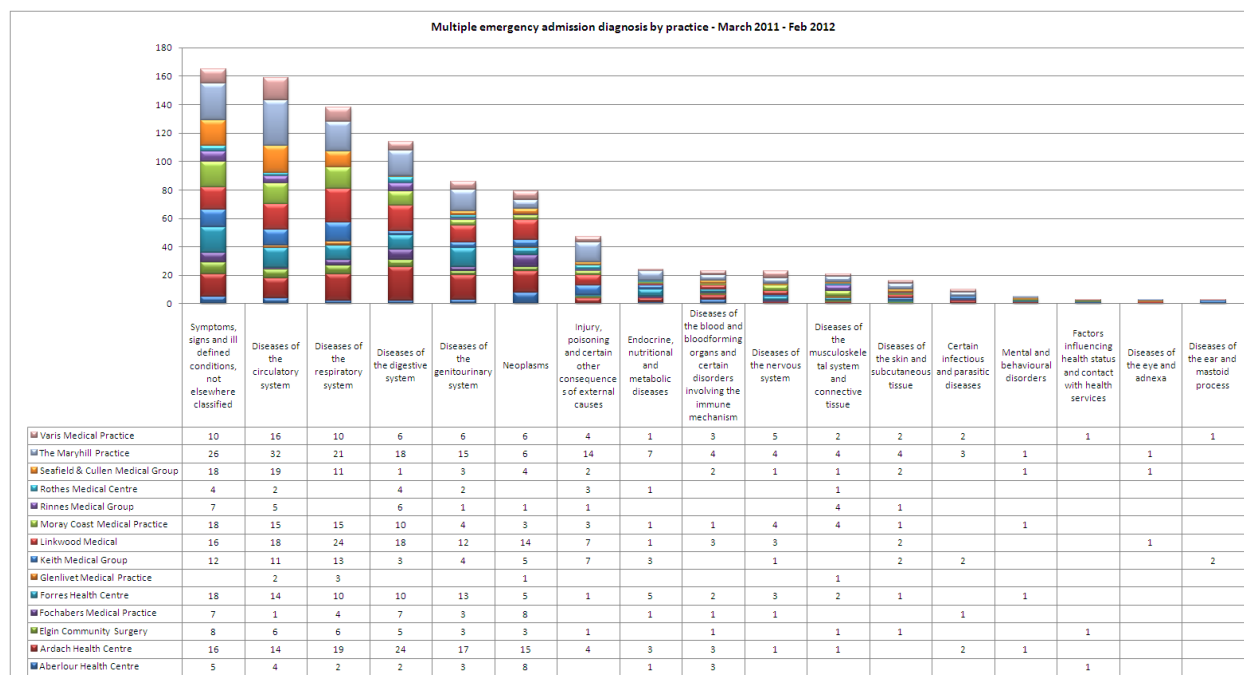
Of the conditions listed under 'Symptoms, signs and ill defined conditions, not elsewhere classified' the highest incidence in this data set was of 'Syncope and Collapse' (25), and 'Unspecified Chest Pain' (19).

Of the conditions listed under 'Diseases of the circulatory system' the highest incidence in this data set was of 'Congestive Heart failure' (29), 'Angina Pectoris' (18) 'Subsequent Myocardial Infraction of Unspecified Site' (17) and 'Atrial Fibrillation And Flutter' (16).

Of the conditions listed under 'Diseases of the respiratory system' the highest incidence in this data set was of 'Chronic Obstructive Pulmonary Disease With Acute Lower Resp Infection' (35), 'Unspecified Acute Lower Respiratory Infection' (28) and 'Chronic Obstructive Pulmonary Disease With Acute Exacerbation, Unspecified' (26).

Of the conditions listed under 'Diseases of the digestive system' the highest incidence in this data set was of 'Noninfective Gastroenteritis And Colitis, Unspecified' (10), 'Constipation' (9) and 'Acute Pancreatitis' (9). Numbers were lower but the list of diseases was more extensive. Of the conditions listed under 'Diseases of the genitourinary system' the highest incidence in this data set was of 'Urinary Tract Infection, Site Not Specified' (59) and 'Acute Renal Failure, Unspecified' (14).

Of the conditions listed under 'Neoplasms' the highest incidence in this data set was of 'Malignant Neoplasm Of Prostate' (5). Numbers were lower but the list of diseases was more extensive.<sup>136</sup>



Moray Patient Data Mar 11-Feb 12

The condition that seems to stand out from the data is 'Urinary Tract Infection, Site Not Specified' (59) of these, most were admitted to Dr Gray's and were registered with the following practices: -

Multiple emergency admissions with 'Urinary Tract Infection, Site Not Specified'

Registered GP Practice	Total
Ardach Health Centre	12
Elgin Community Surgery	3
Fochabers Medical Practice	2
Forres Health Centre	10
Keith Medical Group	3
Linkwood Medical	9
Moray Coast Medical Practice	4
Rinnes Medical Group	1
Seafeld & Cullen Medical Group	3
The Maryhill Practice	10
Varis Medical Practice	2
<b>Total</b>	<b>59</b>

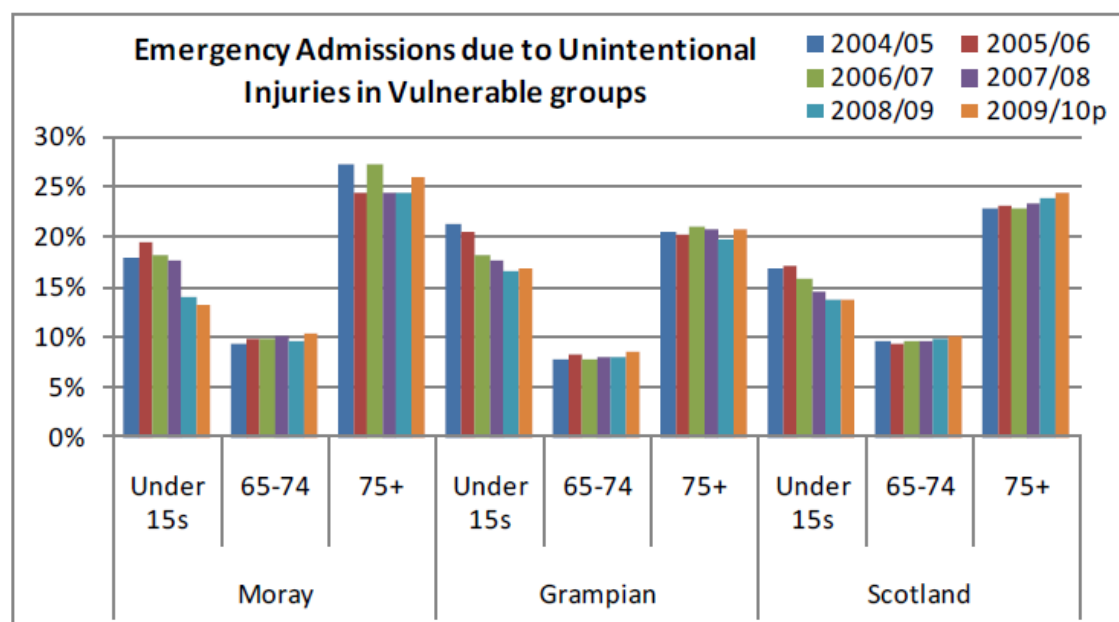
Moray Patient Data Mar 11-Feb 12

### 1.3.8 Other reasons for emergency admissions - "unintentional injury"

Unintentional injuries are a common cause for emergency hospital admissions among adults. The term "unintentional injury" is preferred to "accidents" as the latter implies events are inevitable and unavoidable whereas a high proportion of these incidents are now regarded as being preventable. Unintentional injuries can occur in any age group, but children and the elderly are more vulnerable.

The chart below shows that the largest proportion of this type of admission is in the 75+ age group, accounting for about 25% in Moray and nationally but slightly less in Grampian at about 20%. The 65-74yrs age group accounts for a further 10% in Moray and nationally and about 8% in Grampian.<sup>137</sup>

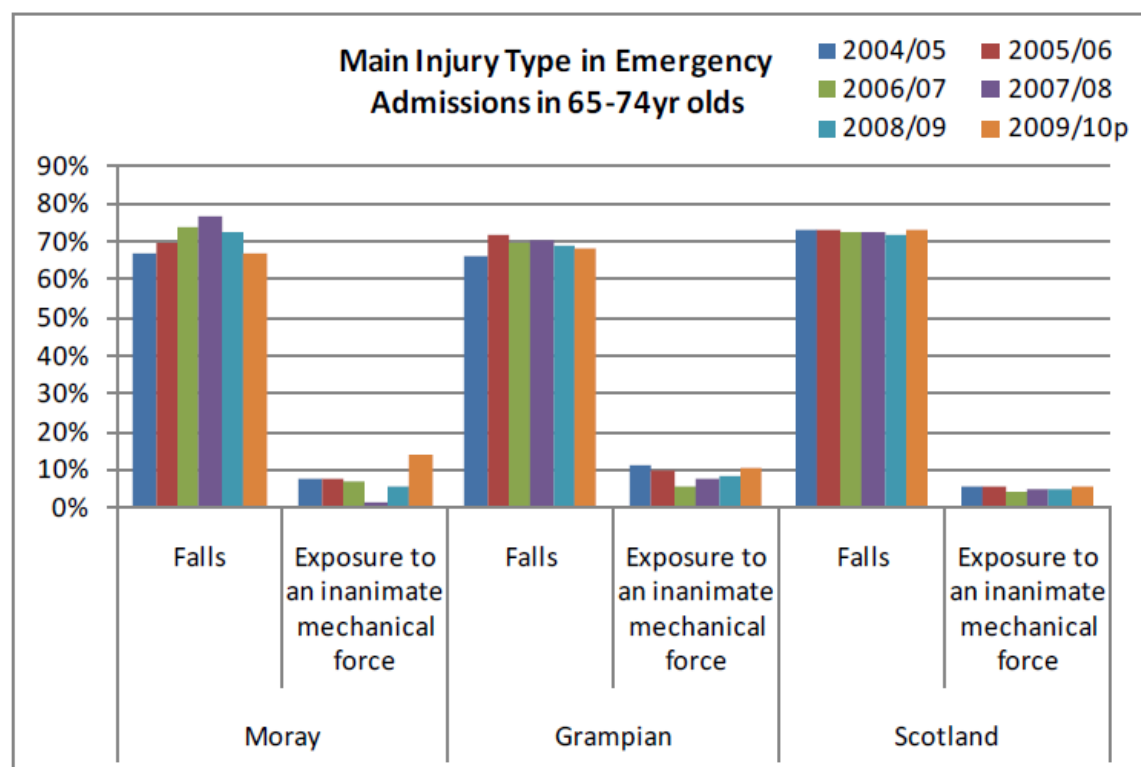
<sup>137</sup> Source: Moray Healthier Strategic Assessment 2009/10



Emergency Admissions due to Unintentional Injuries in Vulnerable Groups  
Source: Moray Healthier Strategic Assessment 2009/10

Between 2004/05 and 2009/10 there has been little net change in the proportion of admissions of people aged 65-74yrs and 75yrs+.

The most common injury type in 65-74yr olds is falls, this time accounting for about 70% of all injuries resulting in an emergency admission.



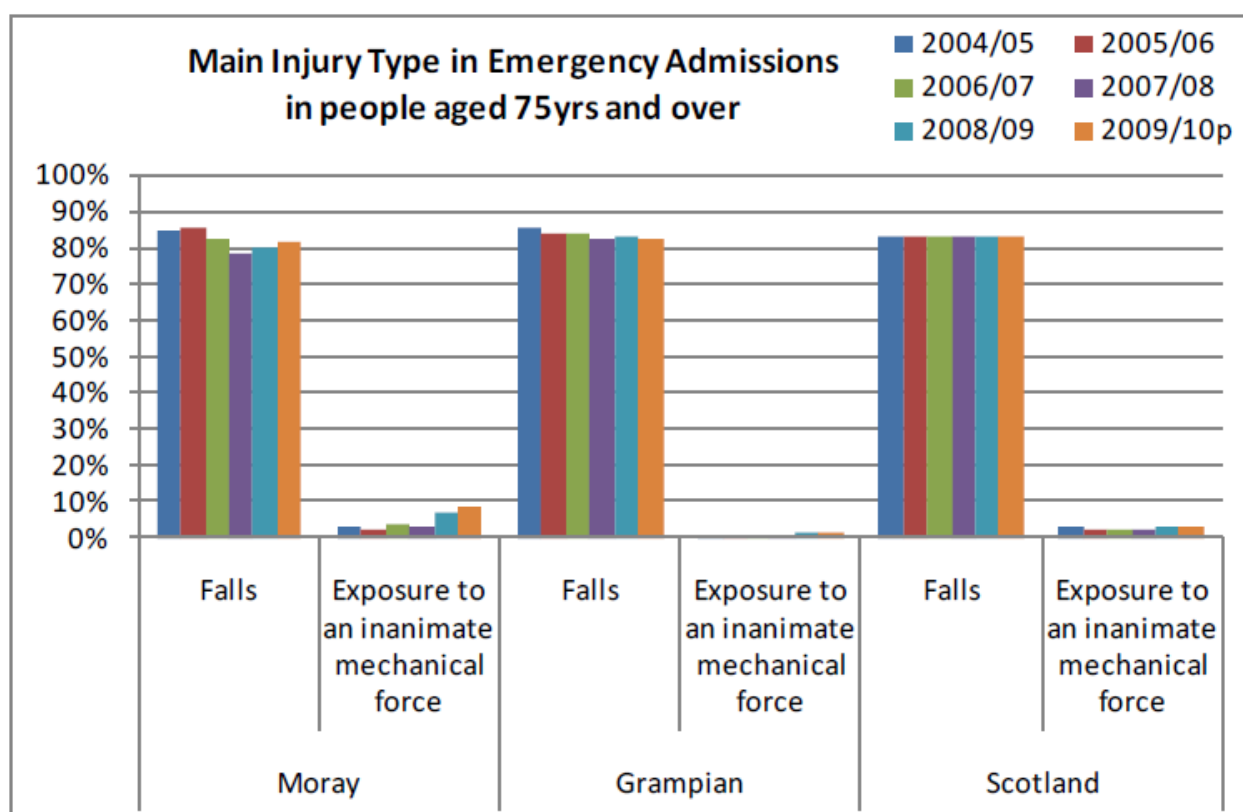
Main Injury Type Emergency Admissions in 65-74yr age group  
Source: Moray Healthier Strategic Assessment 2009/10

The next most common injury type is exposure to an inanimate mechanical force (hit or hurt by something 'not living' - like a knife, ball, machinery) which accounts for about 14% of injuries in Moray, 10% in Grampian but only about 5% nationally.<sup>138</sup>

The proportion of emergency admissions due to a fall rose in Moray between 2004/05 and 2007/08 to nearly 80% but has since dropped back to under 70%.

The largest net change is an increase of 6% in the proportion of emergency admissions in Moray due to exposure to an inanimate mechanical force. In Grampian and nationally there have been virtually no net changes.

Again the most common injury type is falls accounting for over 80% of emergency admissions due to unintentional injury in those aged 75yrs and over.<sup>139</sup>



Main Injury Type in Emergency Admissions  
Source: Moray Healthier Strategic Assessment 2009/10

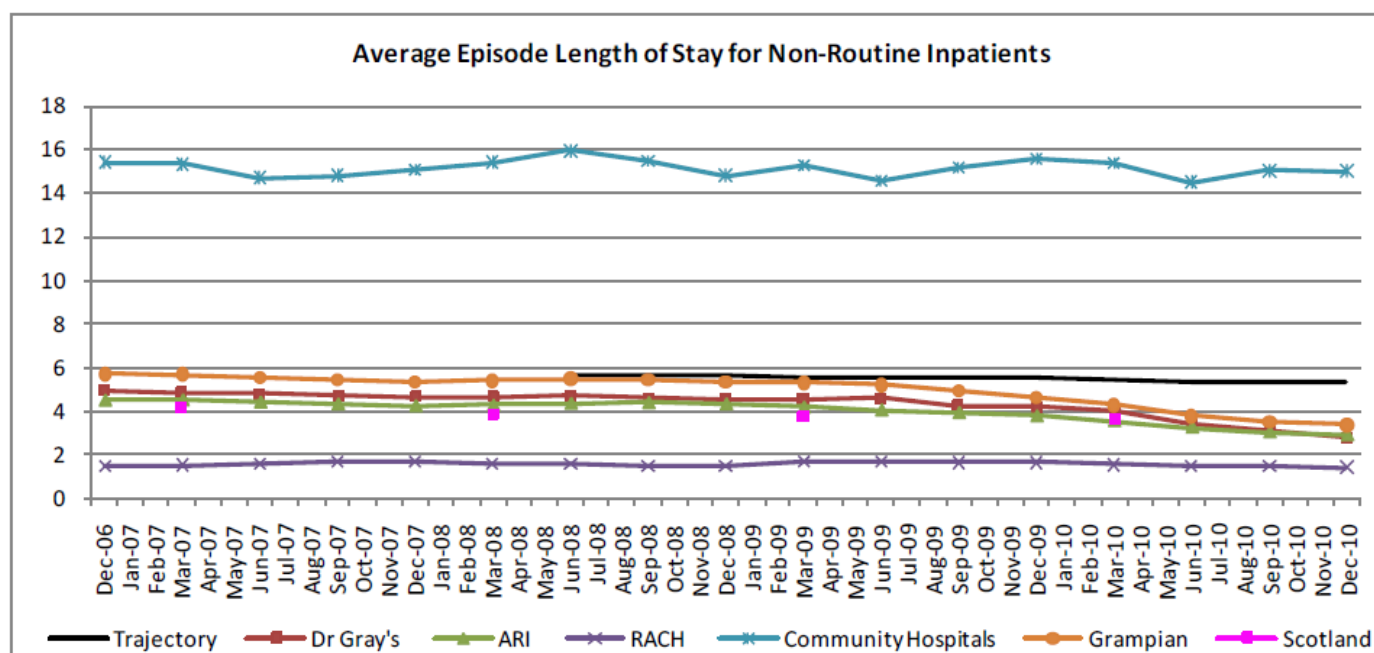
### 1.3.9 Average length of stay for emergency admissions

Between 2008/09 and 2010/11 there was a HEAT target to reduce the average length of stay for acute inpatients discharged following an urgent, emergency or other non-routine, unplanned admission. This included emergency transfers and is based on average length of stay per hospital episode not continuous stay.

The graph below shows that the average episode length of stay in Dr Grays for non-routine admissions has been marginally higher than Aberdeen Royal Infirmary (ARI) for the period shown but in December 2010 it fell to very slightly below ARI. Both have been slightly lower than Grampian for the whole period though all are marginally higher than the national average.

Grampian has had an average length of stay lower than the trajectory since it was introduced in June 2008 and of 10 NHS boards to meet their trajectory for the year ending 2010, NHS Grampian did so by the largest margin.<sup>140</sup>

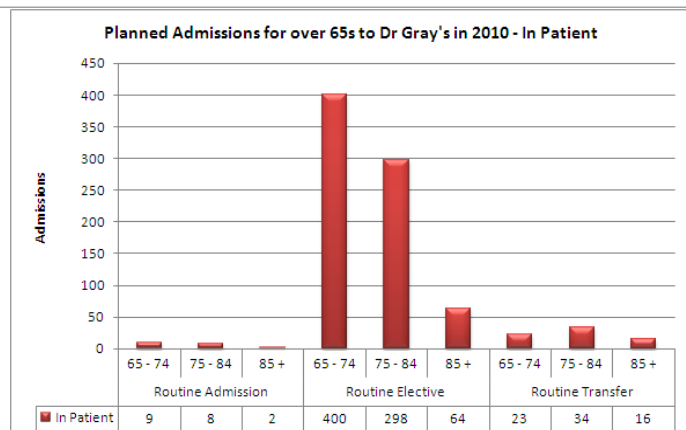
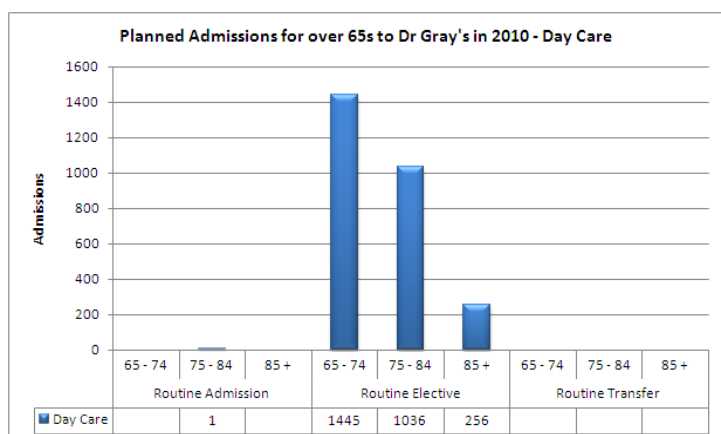
<sup>139</sup> Source: Moray Healthier Strategic Assessment 2009/10



Average Episode Length of Stay for Non-Routine Admissions  
Source: Moray Healthier Strategic Assessment 2009/10

### 1.3.10 Planned Admissions and Length of Stay

There were a total of 3,592 planned admissions of over 65s to Dr Gray's in 2010. Of which there were 20 routine admissions (0.56%), 3,499 elective admissions (97.41%) and 73 transfers (2.03%). 76.22% of all admissions were to 'Day Care' with 23.78% to 'In-Patients'.



Source: Data extracted from PAS by discharge date in 2010 - Av LOS over 65 in DGH

The average length of stay as a planned or emergency admission in 2010 was 7 days. Those admitted as routine transfer had the longest average of 13 days.

Average Length of Stay (Days) as an Inpatient at Dr Gray's in 2010				
Admission Type	65 - 74	75 - 84	85 +	All 65+
Emergency Admission	6	9	9	8
Routine Admission	3	12	7	7
Routine Elective	4	6	6	5
Routine Transfer	15	12	15	13
Total	6	8	9	7

Source: Data extracted from PAS by discharge date in 2010 - Av LOS over 65 in DGH

The average length of stay by ward in 2010 was 5 days with the 9M\*DG ward having the longest average length at 17 days.

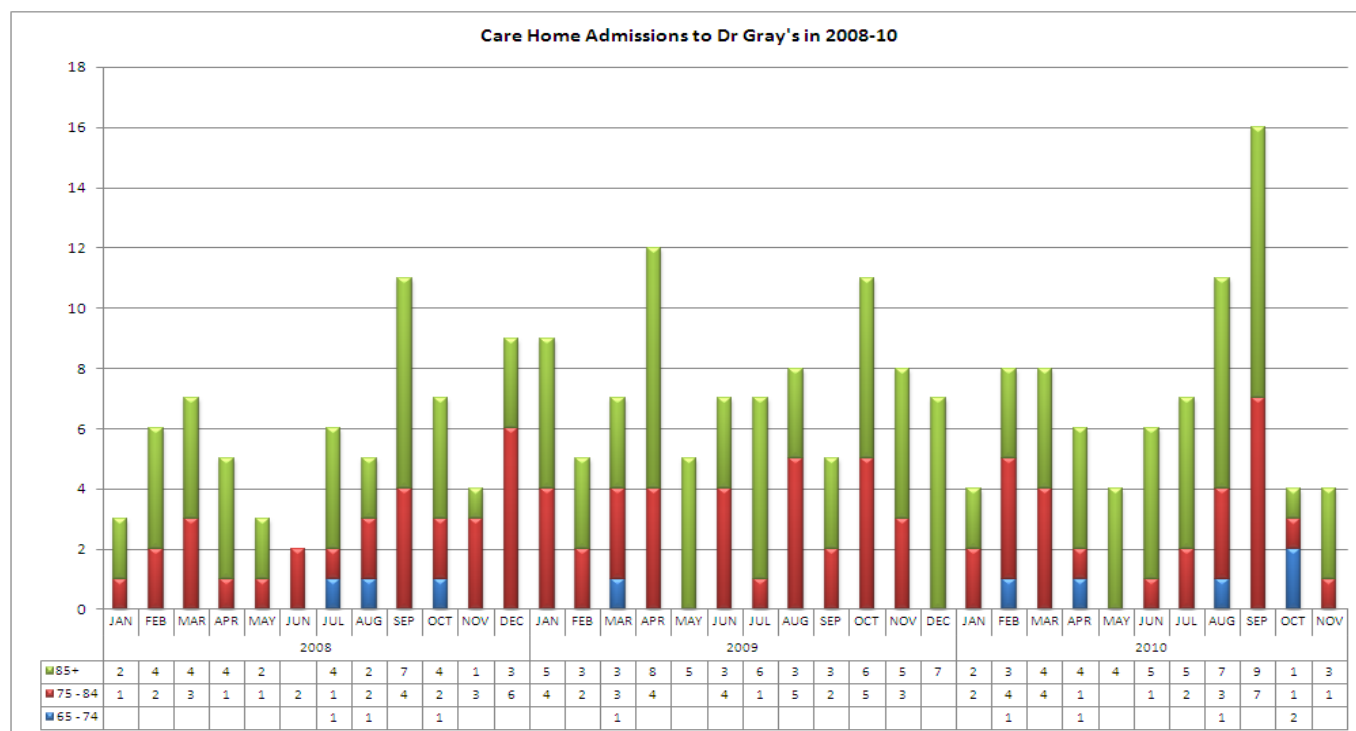
Average Length of Stay (Days) by Ward for over 65s				
Ward	65 - 74	75 - 84	85+	All 65+
1*DG	0	0	0	0
5*DG	4	6	7	6
6*DG	5	6	7	6
7*DG	6	7	8	7
8*DG	2	3	3	3
8HJU*DG	3	3	3	3
9M*DG	19	16	15	17
10*DG	4	4	5	4
AE*DG	1	2	2	2
AMAU*DG	1	1	1	1
VAN*DG			0	0
Total	4	5	5	5

Source: Data extracted from PAS by discharge date in 2010 - Av LOS over 65 in DGH by ward

### 1.3.11 Care Home admissions to Dr Gray's

In 2008, 2009 and 2010 there were totals of 68, 91 and 78 care home admissions to Dr Gray's Hospital. The number of 65-74 admissions is very low in all years which would be expected. The average per month over the 3 yrs was 6.77. The numbers in September of 2010 peaked to 16 in the month (136% over the average).





### 1.3.12 Total Discharges with diagnoses

In Grampian in 2009 there were 47,665 discharges of which 22,264 (46.71%) were elective admissions and 25,401 emergency admissions (53.29%) i.e. over half were not planned admissions. The first 8 out of 20 chapters make up 77.8% of admissions in this age group. The first 4 out of 20 chapters make up 51.2% of admissions in this age group.

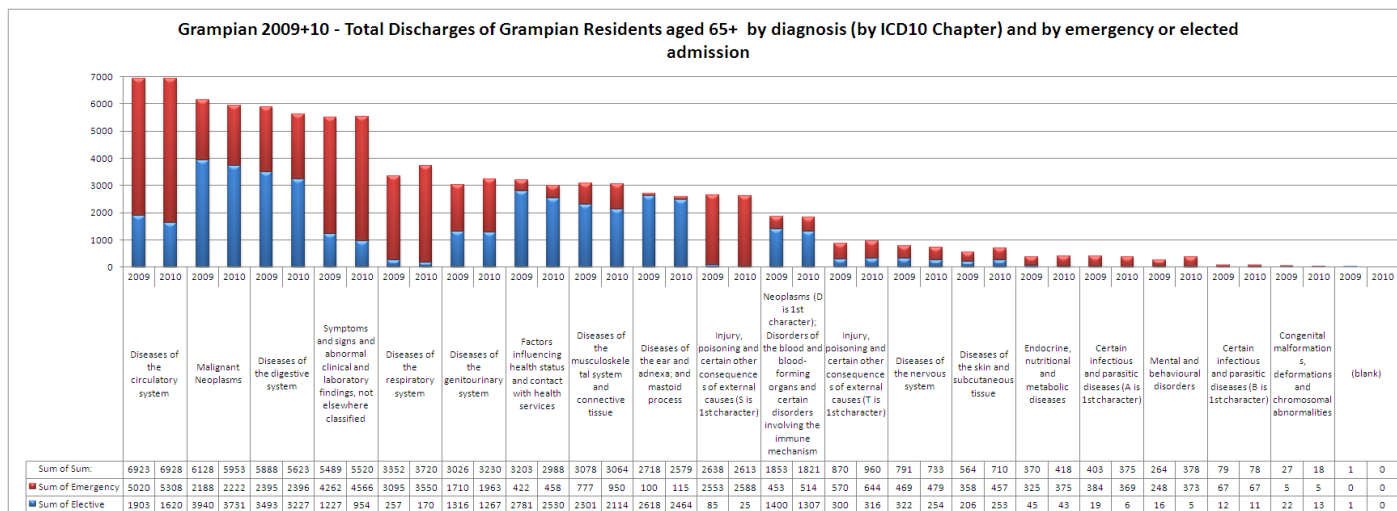
In Grampian in 2010 there were 47,709 discharges of which 20,310 (42.57%) were elective admissions and 27,399 emergency admissions (57.43%) i.e. the proportion of non planned admissions rose by 4.14% between 2009 to 2010. The first 8 out of 19 chapters make up 77.6% of all admissions in this age group. The first 4 out of 19 chapters make up 50.4% of all admissions in this age group.

In Moray in 2009 there were 8,421 discharges of which 4,348 (51.63%) were elective admissions and 4,073 emergency admissions (48.37%) i.e. just over half were planned admissions. The first 8 out of 19 chapters make up 78.9% of all admissions in this age group. The first 4 out of 19 chapters make up 50.3% of all admissions in this age group.

In Moray in 2010 there were 8,462 discharges of which 3,946 (46.63%) were elective admissions and 4,516 emergency admissions (53.37%) i.e. the proportion of non planned admissions rose by 5% between 2009 to 2010 thus tipping the balance to over half being non planned admissions and thus following a similar patten to the rest of Grampian in being less proactive/preventive?

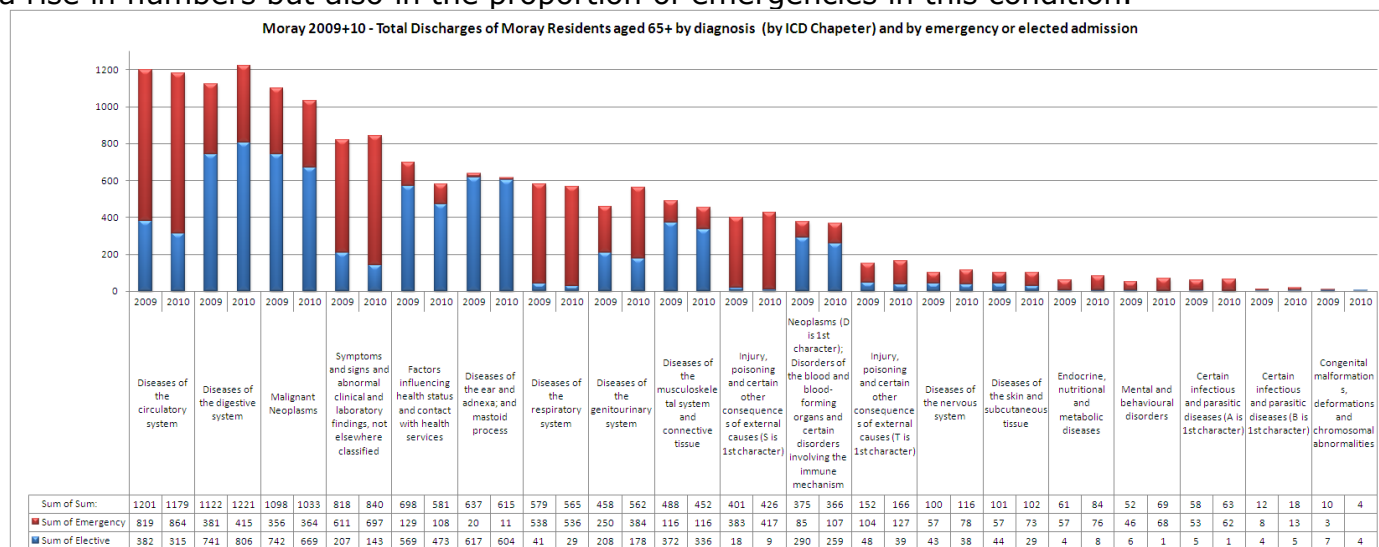
The first 8 out of 19 chapters make up 77.9% of all admissions in this age group. The first 4 out of 19 chapters make up 50.5% of all admissions in this age group.

In looking at the ICD (International Classification of Diseases) coding of this information and looking at each in the balance of emergency and elective admission it can be seen that there are various categories that are predominantly emergency e.g. diseases of the circulator system, respiratory system.



Both in Moray and in Grampian the 'Diseases of the circulatory system' have the highest numbers followed by 'Malignant Neoplasms' and 'Diseases of the digestive system' though not in the same order, followed by 'Symptoms and signs and abnormal clinical and laboratory findings, not elsewhere classified'.

In the case of the highest and fourth highest conditions these and Diseases of the Respiratory system seem to have the largest number and a high proportion of emergency admissions. Other categories like injury can be expected to have a high emergency proportion. Looking at categories where there is usually an even balance between the emergency and the elective e.g. Diseases of the genitourinary system there seems (in particular in Moray) to be not only a rise in numbers but also in the proportion of emergencies in this condition.



### 1.3.13 Discharged patient transport

In 2011 – there were only 10 discharged patients delivered home from Dr Grays by ambulance and the average age was 76. There were 9 patients aged 65 or over and 1 was aged 64. Six were taken to destinations in Elgin.

### 1.3.14 Summary

With processes and procedures changing constantly, and the complexity of the whole care system it is a difficult balance to achieve when one process/risk assessment trips over another i.e. what you win on the swings you lose on the roundabouts e.g. balancing the risk of a hospital infection with the risk of a multiple emergency admission by discharging as soon as possible and avoiding delayed discharges. There is no doubt that what the GPs do and what the G-med do will directly affect Dr Gray's and vice versa hence again the theme of

prevention rather than cure would certainly be ideal, hence early referral to Physiotherapy, Occupational Therapy, Falls teams, Continence team.

At time of writing and in looking at 2009 the issues of ward closures (due to infection) and the pressures it puts on the hospital and staff and also the risk to patients of not closing wards would seem to be a rising issue in the face of the level of admissions and pressure of people attending A&E as a first point of contact. This coupled with rising elderly population and tighter budgeting would put more pressure on beds available.

## **2 Community hospitals**

### **2.1 Overview**

Five community Hospitals exist in Moray in the towns of Forres, Buckie, Aberlour, Dufftown and Keith providing 102 inpatient beds in total delivering a range of acute and intermediate care services for local areas.<sup>141</sup>

Primary community services are built around the Community Hospitals with Community based health and social care teams co-located where possible. This can be referred to as a Community Resource Hub. However the Elgin/ Lossiemouth population has no community hospital or resource hub. This was raised during consultation. Community Hospital areas are less likely to need intermediate care in a care home environment<sup>142</sup>

Each Community Hospital has a palliative care suite which provides palliative/terminal care to local individuals. Most people choose to stay at home with the support of DN's, MacMillan Nurses and Community Care Assistants and Marie Curie workers but for some of the smaller communities it is part of the culture for the individual to be admitted to hospital for end of life care. However there is no resource in Elgin/Lossiemouth. The acute hospital can provide the care but the environment of a busy medical ward is not appropriate and one of the community hospitals is seen as not close to home for individuals<sup>143</sup>.

Progress since the last strategy has seen the shift of care from hospital based care to the community with the number of continuing care beds decreasing; at time of writing there were three continuing care beds in the Community Hospitals in Moray.

The provision of community hospital beds is not well aligned to the population clusters. They provide a range of services to their local populations including Intermediate care and rehabilitation, palliative care, assessment, treatment, out patient services and a minor injuries service.

In 2000 a "Virtual Medical Ward and Care Home Network" was developed where all medical beds in Moray are used flexibly to better connect the community hospitals infrastructure and support the flow of patients and ease the bed pressures in Dr Grays Hospital. Eighty of the Community Hospital beds are seen as an extension of the 60 medical beds in DGH. Patients could move between hospitals no matter who their GP was and were able to be placed in the most appropriate setting.

Step-down/Step-up beds in the nursing home environment are also used when available with the support of the DN and GP before returning home. This development sought to relieve the pressure in the system across Moray.

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<sup>141</sup> Source – Moray Community Hospital Stats 2010-11

<sup>142</sup> Living Longer Living Better – An Older Peoples Strategy for Moray

<sup>143</sup> Living Longer Living Better – An Older Peoples Strategy for Moray

At present the geriatric service provides orthogeriatric liaison, outpatient clinics, and specialist support to the community hospitals at Keith, Aberlour and Dufftown. All Community Hospitals have minor injuries units.

#### 2.1.1 Leancoil Hospital

Leancoil was built in 1892 to serve the population of Forres and the surrounding area. It is supported by the General Practitioners from the local GP Practices - Forres Health Centre and Varis Medical Practice.

The hospital was forced to transfer patients to other units throughout Moray in January 2011 because of an electrical failure and did not reopen until December 2011 with 9 beds (providing medical care, rehabilitation, assessment, palliative/terminal care, convalescence and respite care) after some extensive renovations to the building. During its closure there were concerns for its permanent closure and more than 2,000 people signed a petition to retain it. There is also a minor injuries/casualty department.

Leancoil hospital has an outpatient clinic suite and hosts a number of clinics including: General Medicine; General Surgery; Obstetrics and Gynaecology; Ophthalmology; Dermatology; Orthopaedics; Diabetes (nurse led); Smoking Cessation (nurse led); Chronic Dressings (nurse led); Ante/Post natal (midwife led); Falls prevention (physiotherapy led)

Other Services available within the hospital include: Occupational Therapy; Physiotherapy; Speech and Language Therapy; Podiatry; Dietetics; Pharmacy; X-ray

The community district nursing team for the Forres area are based at Leancoil Hospital. In addition, the local care manager and social services team is based at the hospital. Mental health services have an outreach service based on site, and the local Quarriers' Epilepsy Worker has an office on site.

#### 2.1.2 The Stephen Hospital

Is situated in upper Speyside and serves the inhabitants of Dufftown and the surrounding area. The hospital consists of two wings - one built in 1890, and the other added in 1984. Attached to the hospital is a purpose built health centre, built in 1976.

Stephen Hospital has 17 beds providing medical care, rehabilitation, assessment, palliative/terminal care, and convalescence. This accommodation is provided as single rooms, double rooms and one 4 bedded ward. All rooms have en-suite facilities. There are 2 rooms with dining areas and a quiet room which also combines as a visitor's room. Staff accommodation also exists within the hospital building and is used by medical and nursing students.

The hospital also has a busy minor injuries/casualty department.

Other Services: Occupational Therapy; Physiotherapy; Speech and Language Therapy; Podiatry; Dietetics; X-ray

Other Services / Agencies Using Site: Dufftown Health Centre

#### 2.1.3 Fleming Hospital

Fleming is situated in the town of Aberlour some 20 miles from Elgin. Fleming Hospital was purpose built and is physically adjoined to the local health centre providing GP, community

nursing and other primary care services. As well the adjoining GP practice, there are 2 other practices that have admitting rights to the hospital, Rothes and Glenlivet.

Fleming Hospital has 10 beds providing medical care, rehabilitation, assessment, palliative/terminal care, convalescence and respite care. The hospital also has a minor injuries/casualty department. General medical and surgical outpatient clinics are held on site.

Other Services: Occupational Therapy; Physiotherapy; Speech and Language Therapy (as required); Podiatry (as required)

Other Services / Agencies Using Site: Aberlour Health Centre

#### 2.1.4 Seafield Hospital

Seafield serves the GP populations of the Ardach Health Centre, Cullen Medical Centre and Seafield Medical Centre - approximately 14,500 people.

In 1911, Rathven Parish Hospital was opened to care for the sick poor of Buckie and surrounding parish of Rathven. Further buildings were added in 1919, 1930 and 1964. By this time the hospital was known as Seafield Hospital and admitted both adults and children. The building was extensively refurbished in 2001 and new front doors were added in 2004.

Seafield Hospital has 25 beds providing medical care, rehabilitation, assessment, palliative/terminal care, convalescence and respite care. There is also a minor injuries/casualty department.

Other Services: Occupational Therapy; Physiotherapy; Speech and Language Therapy; Chiropody; Dietetics; Pharmacy; X-ray; Audiometry; Othoptics

Out-patient Clinics: Surgical; Medical; Diabetic; Ophthalmic – Fields; Audiometry; Hearing Aid Repair; Dermatology; Ante-natal; Gynaecology; Orthopaedic; Oncology; GP Minor Surgery

Other Services / Agencies Using Site:

- Muirton Ward, 20 beds, Mental Health Services
- Psycho-geriatric Day Unit
- Acute Day Services
- Seafield Medical Centre
- Accommodation for students

#### 2.1.5 The Turner Memorial Hospital

Many changes and expansions have occurred following the original opening in 1880. The most notable dates have been the addition of the two Kynoch Wards in 1893, and the extensions and renovations completed in 1926 and 1992.

The Hospital provides services for the population of Keith, Fife-Keith, Newmill, Drummur, Rothiemay and the surrounding areas (approximately 8000 people).

Turner Memorial Hospital has 19 beds providing medical care, rehabilitation, assessment, palliative care and convalescence.

Other Services: Physiotherapy; Chiropody; Dietetics; Pharmacy; Radiology; Occupational Therapy; Speech and Language Therapy

Consultant Led Clinics: General Surgery; Obstetrics and Gynaecology; ENT; Orthopaedics; Ophthalmology; Psychiatry; Paediatrics; Othoptics

Other Services / Agencies Using Site:

- Keith Health Centre
- The Bungalow, Mental Health Services
- The Annexe, Keith Community Nursing Team

Locality	Community hospital	Minor Injury Unit	General practitioner beds	YPD person	Psycho-geriatric	Palliative care etc	Geriatric Long Stay
Speyside	Fleming , Aberlour	Yes	10	1 (in E12)			
	Turner Memorial, Keith	Yes	19				
	Stephen Hospital	Yes	17				1 (in E12)
Buckie/Cullen /Fochabers	Seafeld, Buckie	Yes	25		20 (Muirton)		
Elgin	No community hospital						
Forres	Leancoil, Forres	9-5	Opened with 9 following an 11 month closure				
<b>Moray</b>			<b>80</b>	<b>1</b>	<b>20</b>		<b>1</b>

In Seafeld the GP beds were increased to 25 at the beginning of January 2010. Following the reopening of Leancoil Hospital in Forres the bed compliment (which had been reduced to 15 as of June 2010) is now 9.

## 2.2 Quality

High levels of activity inevitably lead to bed pressures and capacity issues in DGH and the community hospitals with red alerts (two beds or less available) being a daily occurrence. This has a significant impact on the quality and effectiveness of care delivered for example it increases the risk of hospital acquired infection.<sup>144</sup>

Elgin/Lossiemouth older people have an increased length of stay in Community Hospitals and have the potential to become a "delayed discharge" in the Community Hospital.

Out of area placements in community hospitals can have a negative therapeutic impact on the recovery of the individual.

GP's in the Community Hospitals find it harder to look after individuals with complex needs whom they are not familiar with.

<sup>144</sup> Living Longer Living Better – An Older Peoples Strategy for Moray

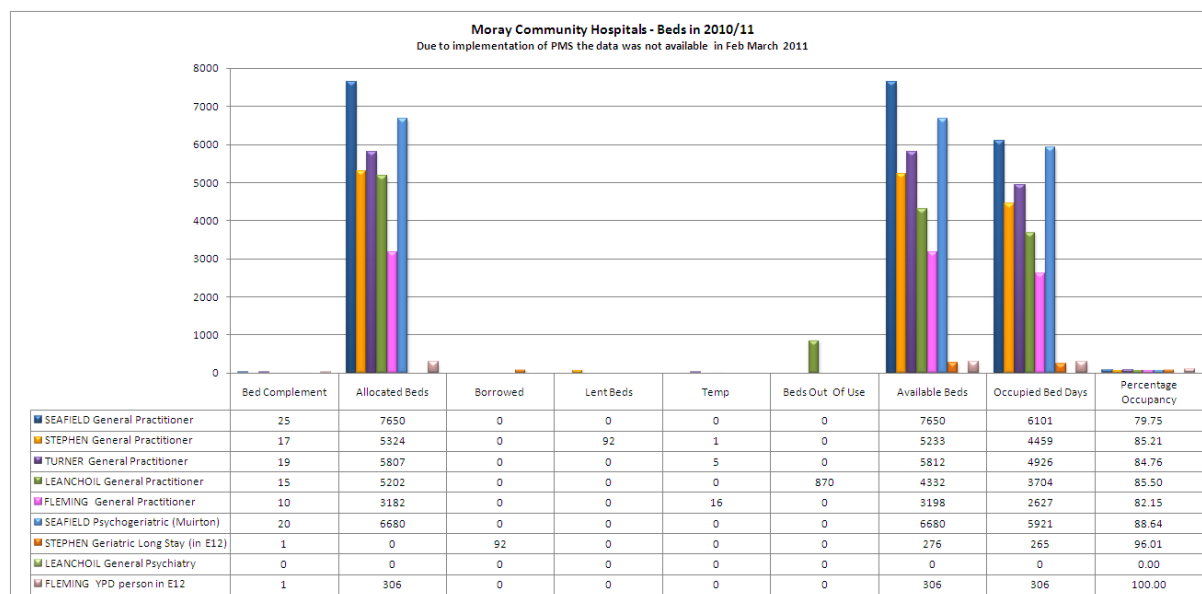
The community hospital waiting list from DGH averages 8-10 people waiting at any one time. Elgin/Lossiemouth patients wait the longest as local patients are given priority by local Community Hospital teams. Weekly consultant sessions from Dr Grays Hospital to support the Community Hospitals have not been possible due to lack of support in Forres and an overstretched service.

For results of the in-patient survey see under Dr Gray's, Quality, Inpatient Patient Experience Survey. The only community hospital that appears on this survey is Seafield, the reason for this is that they do not publish results lower than 20 answers and Seafield is the only community hospital whose patient returns are over this number.

## 2.3 Demand

### 2.3.1 Bed Activity

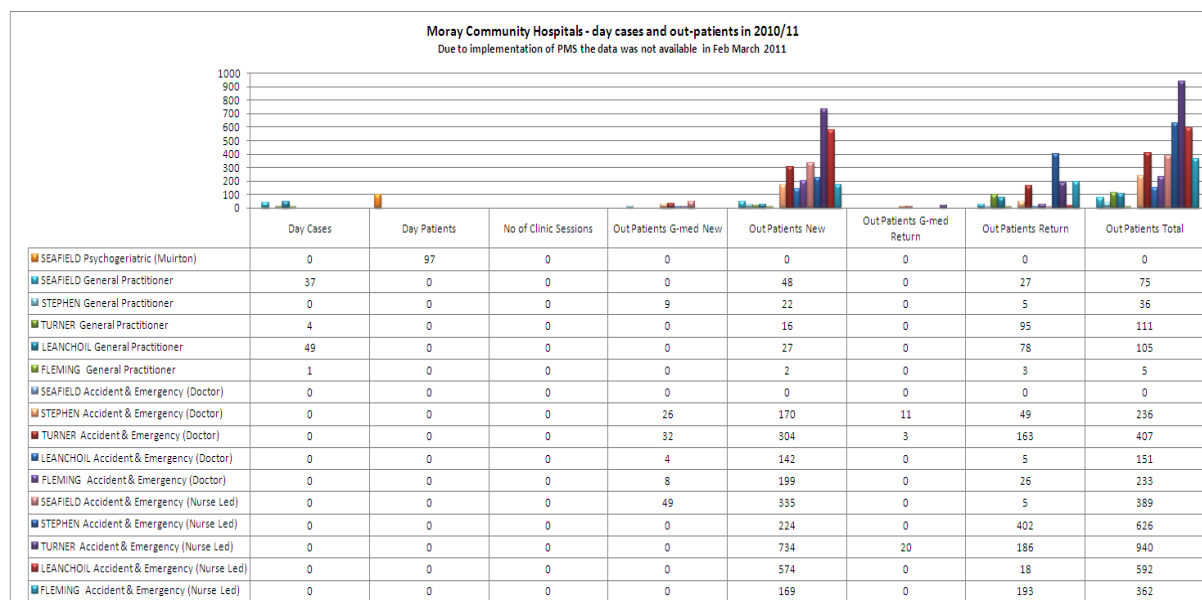
The following graph shows the bed activity over 2010/11, (excluding Feb or March due to the implementation of the PMS system), in each hospital and category of use within the hospital. The percentage of occupancy is higher on the individual long stay cases and in Seafield-Muirton but of the general practitioner beds Leancoil is showing the highest occupancy percentage at 85.5% while Seafield is showing the lowest at 79.75%



Source – Moray Community Hospital Stats 2010-11

The longer term patient allocations of beds are reflected here in the turnover being 0 and the average length of stay not populated (i.e. remained in the hospital) while the turnover and length of stay in Muirton is expectedly much longer than the General Practitioner allocations. In relation to general practitioner beds in Leancoil the turnover interval and length of stay was lowest while the turnover interval was highest in Fleming and the average length of stay was highest in Stephen.

### 2.3.2 Day cases and outpatients



Source – Moray Community Hospital Stats 2010-11

With the exception of Leancoil and Seafield General Practitioners there are very few day cases and day patients are only apparent in Seafield - Muirton. There appears to be no registered Clinic Sessions at any hospital.

Of the nurse led A&E the highest total outpatient numbers were through Turner (940) with the fewest through Seafield (389 – less than half the number). Also the largest nurse led outpatient returns was in Stephen (402).

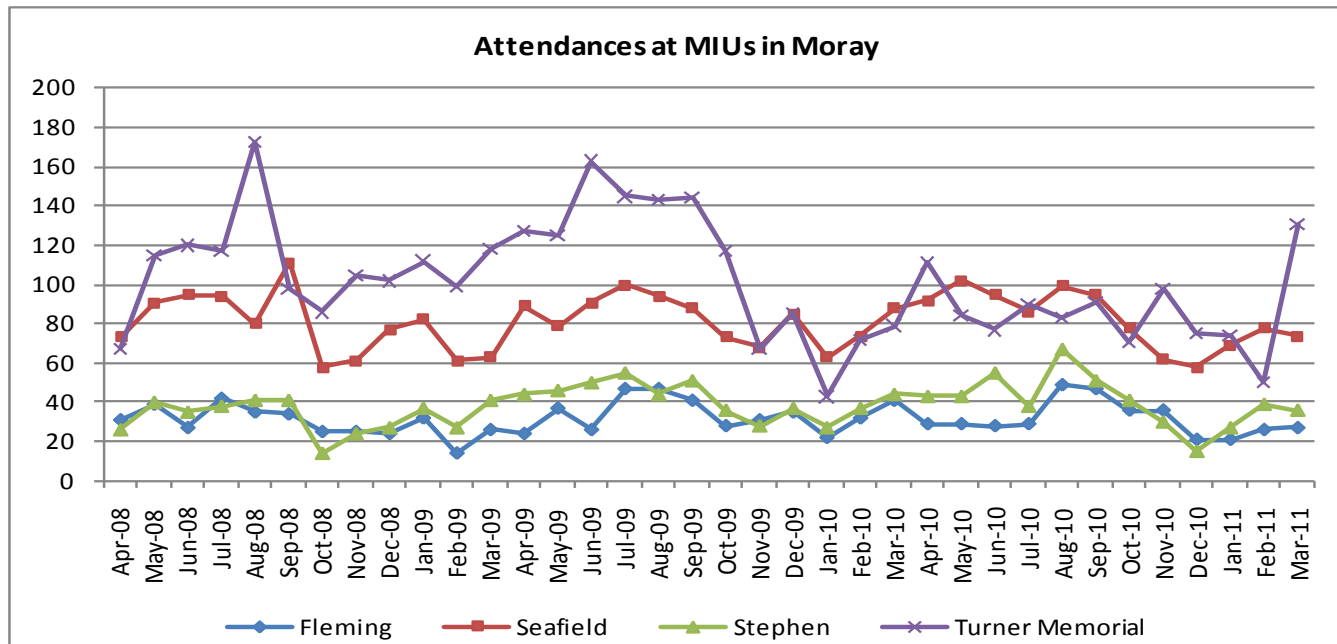
Of the doctor led A&E there were no out patients at Seafield, the highest total outpatient numbers were through Turner who had the largest number of new and return out patients.

Of those attributable to the General Practitioner outpatients sections, Turner had the highest total outpatients and return patients while Seafield had the highest numbers of new out patients.

### 2.3.3 Minor Injury Units

Minor Injury Units are located all the community hospitals. They are designed to treat patients who require urgent care for a minor injury. They allow treatment for a range of ailments including sprains, burns and simple fractures. Most are open 24 hours a day. There is also a community hospital in Forres, Leancoil Hospital but this is temporarily closed for most of 2011 hence not appearing in the graph below. The graph is not specific to 65+.





Source – Moray Community Hospital Stats 2010-11

Over the last 3 years there have been net increases in the number of attendances at Fleming, Seafield and Stephen Hospitals of 7%, 4% and 24%. In contrast Turner Memorial Hospital has seen a net reduction of 21%. The level of attendances is similar at Fleming and Stephen Hospitals and generally less than half the level of attendance at Turner Memorial and Seafield Hospitals. Following the reduction at Turner Memorial, the level of attendances there is similar to Seafield Hospital.

Over 65s

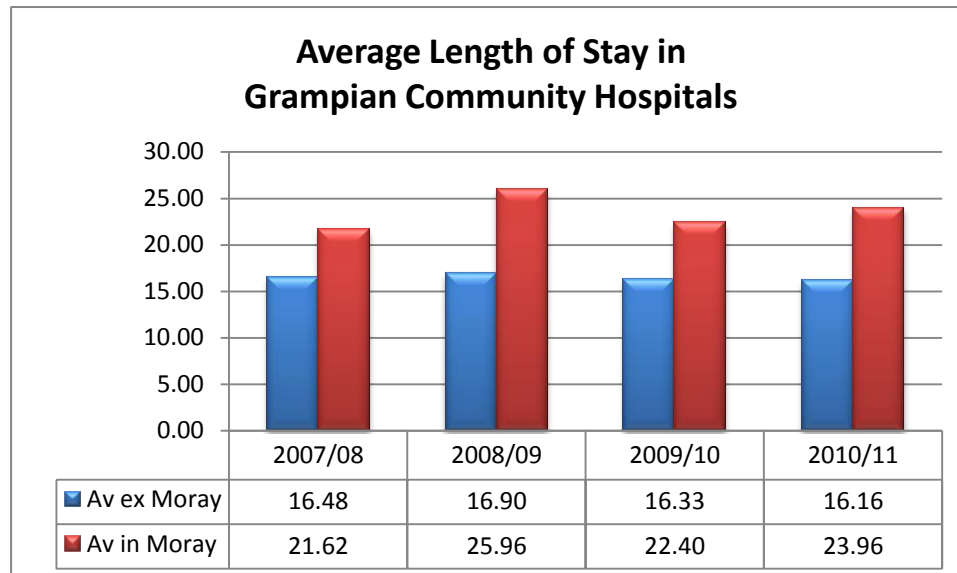
<b>MIU Attendances 2010-2011 (65+)</b>	
Seafield Hospital	389
Stephen Cottage Hospital	862
Turner Memorial Hospital	1347
Leancoil Hospital	743
Fleming Cottage Hospital	595

Source – Moray Community Hospital Stats 2010-11

There was a total of 3936 MIU Attendances in 2010-11 with Turner Memorial Hospital dealing with over 34% of these.

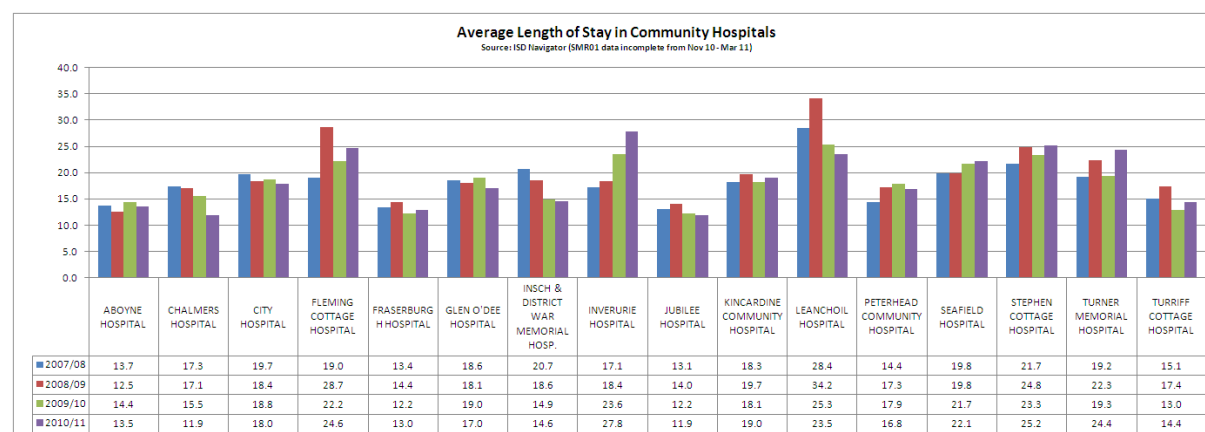
### 2.3.4 Length of Stay

The reasons behind the length of stay are covered under the 'Dr Gray's' sections: 3.1.9 and 3.1.10



Source: ISD Navigator (SMR01 data incomplete from Nov 10 - Mar 11)

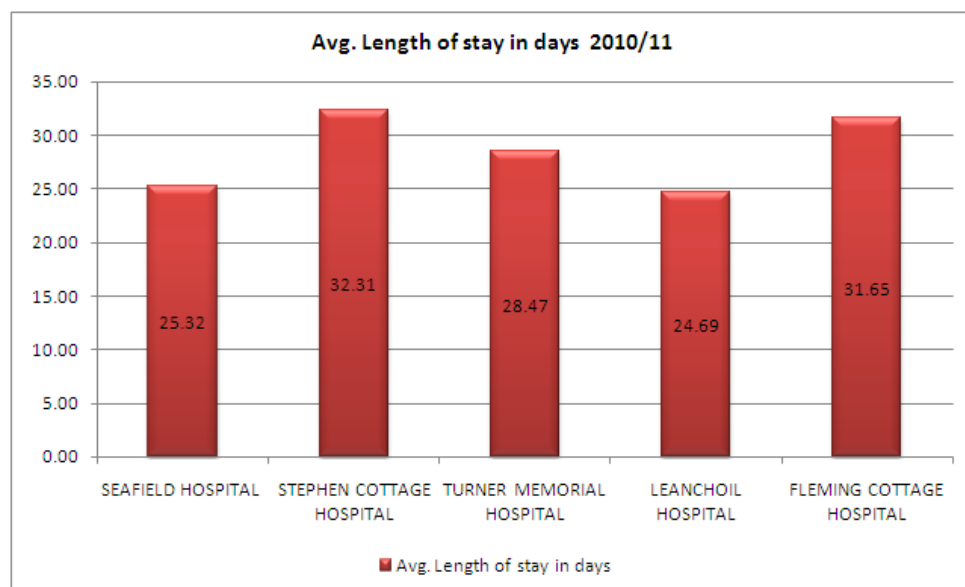
The average length of stay in Moray Community Hospitals in 2010/11 was approximately 48% higher than their counterparts in the rest of Grampian (this is an average of an average which is not ideal but serves a purpose in this case to show Moray as generally higher.) The non Moray hospitals in the Grampian area ranged in 2010/11 from 11.9 to 27.8 with only one hospital over 20.0 (Inverurie) and Moray ranged from 22.1 to 25.2. This is not specific to over 65s.



Source: ISD Navigator (SMR01 data incomplete from Nov 10 - Mar 11)

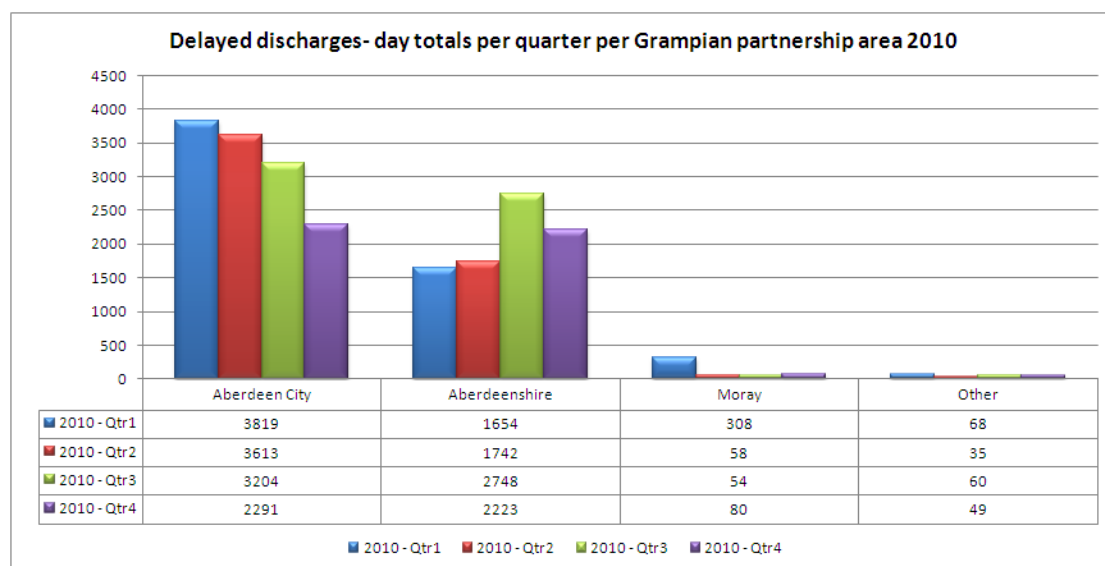
The highest average length of stay in Moray Community Hospitals in 2010/11 was in Stephen hospital with a length of stay of 25.2 days and the shortest was in Seafeld with an average of 22.1 days. In 2008/9 Leanchoil and Fleming were the highest at 34.2 and 28.7 days respectively.

The average length of stay from ISD sources differs from the Moray Community Hosp Stats with Stephen Hospital appearing to have an average length of stay of 32.31 days and Leanchoil having the lowest rate with 24.69 days.



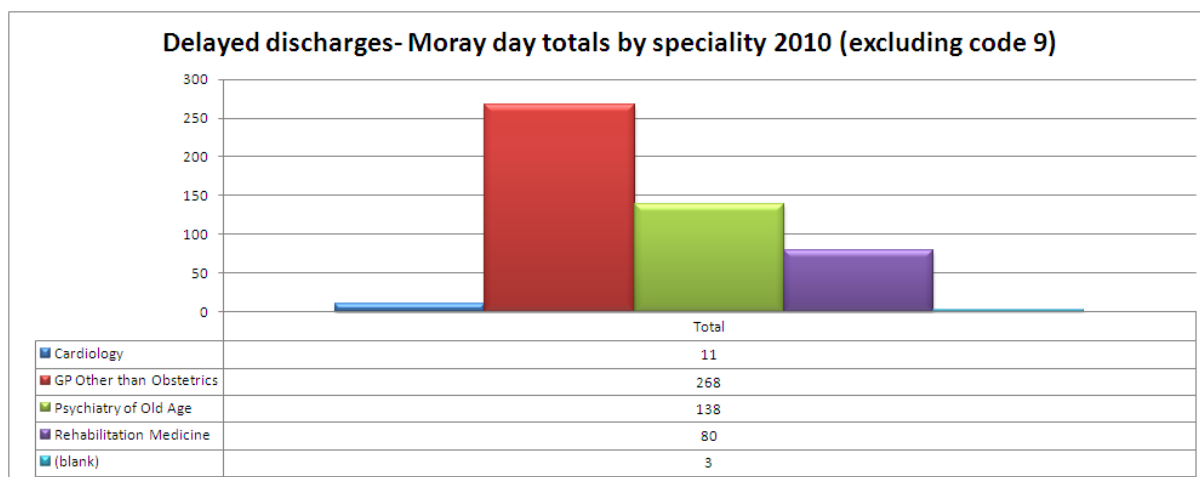
Moray Community Hospital Stats 2010-11

### 2.3.5 Delayed discharges



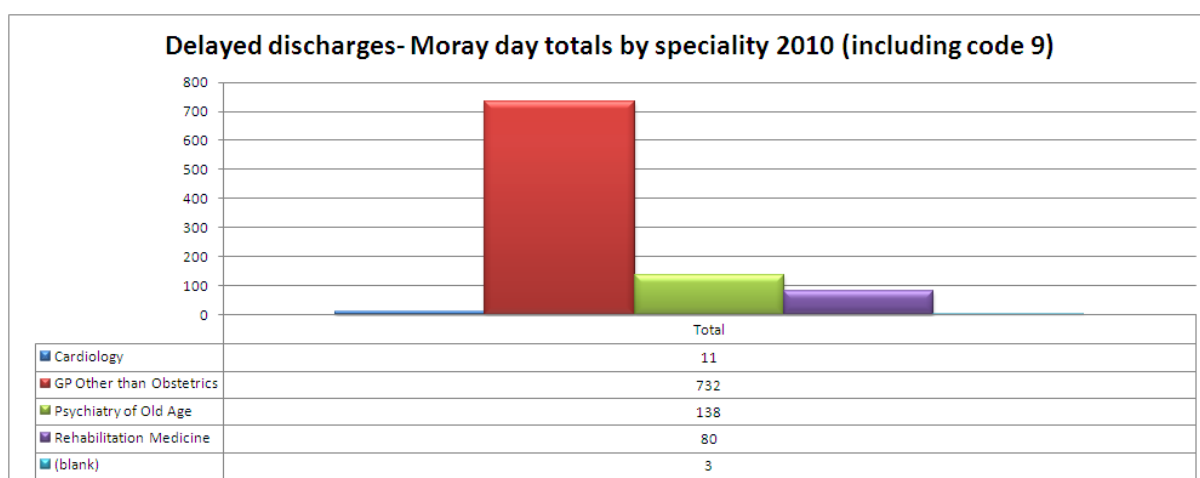
Source: NHSG Discharged 2010 report

There was a total of 500 delayed discharge days in Moray in 2010 excluding code 9's (Code 9s are patients delayed due to awaiting place/bed availability in a specialist residential facility where no facilities exist or due to requirements of the Adults with Incapacity Act) and 964 including code 9's

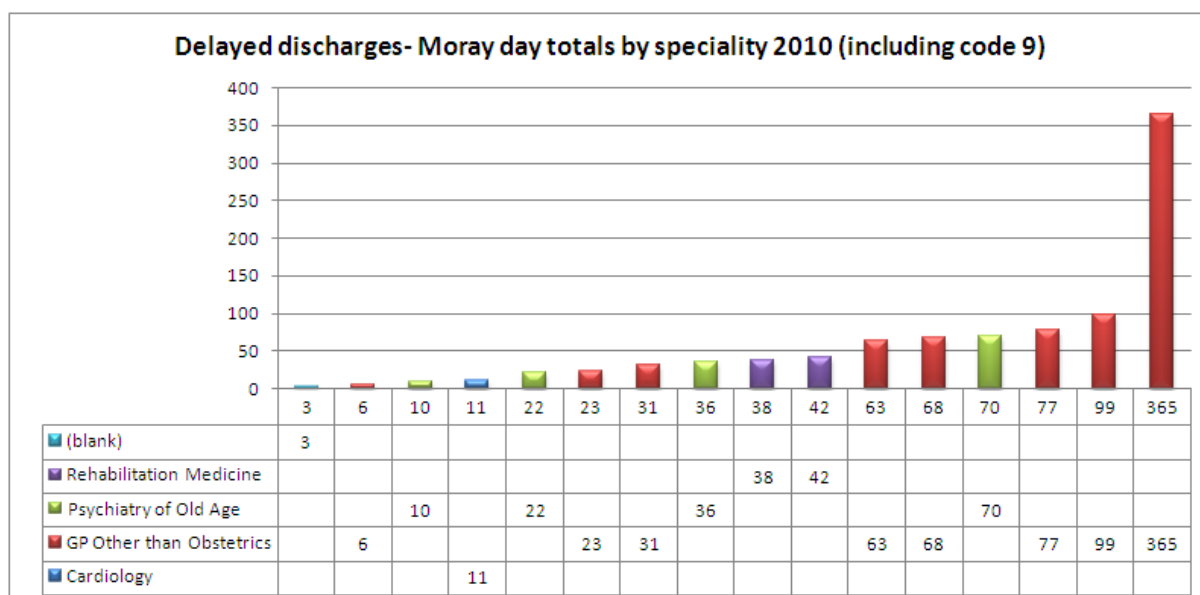


Source: NHSG Discharged 2010 report

The categories with the highest number of delayed discharge days (including or excluding code 9) was 'GP other than Obstetrics', then 'Psychiatry of Old Age'



Source: NHSG Discharged 2010 report

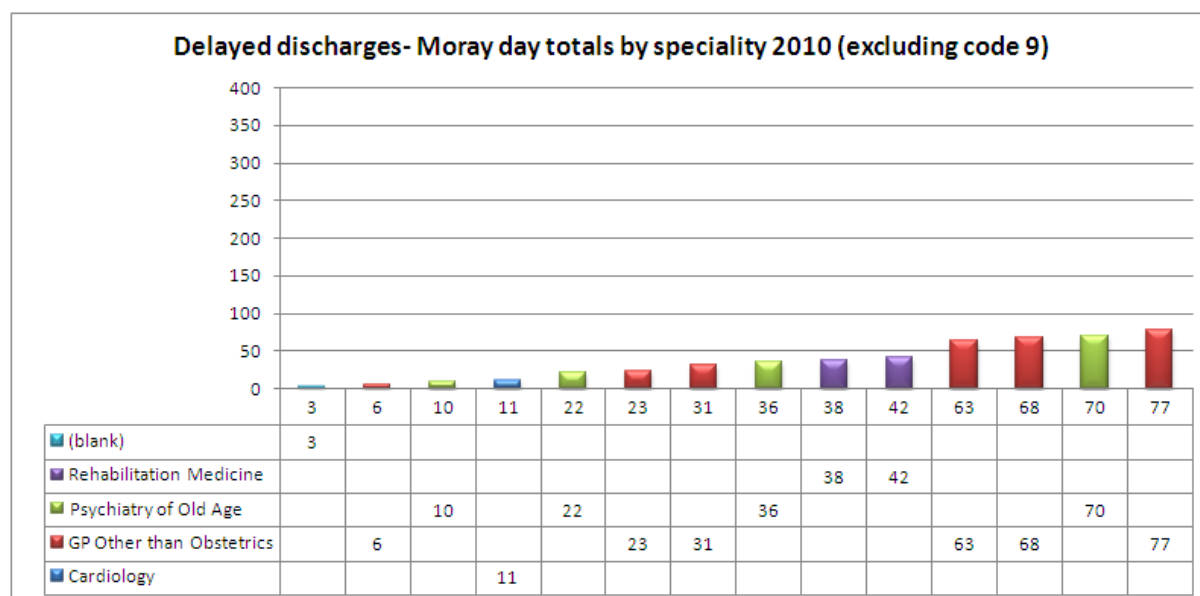


Source: NHSG Discharged 2010 report

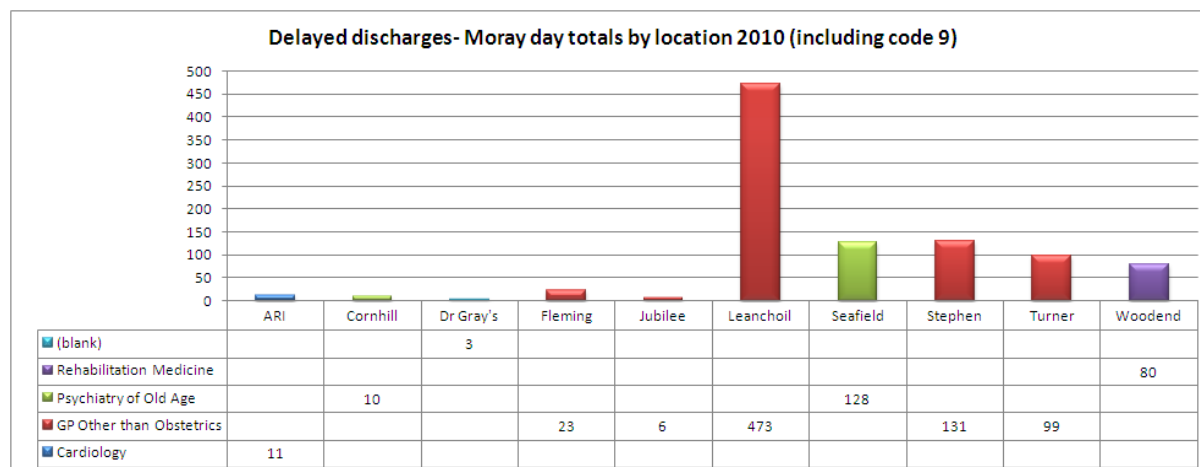
Of the total of 964 (including code 9's) delayed discharge days in Moray in 2010 these were attributed to 16 individual cases. 4 were within the new 2 week target. 2 were in the 3-4 week time frame, 4 were in the 5-6 week time frame and 6 were above the old 6 week target. Of those over the old 6 wk target the social codes were '9'(2 also had '51X'), '24C', '25E', '33', '24B'.

Of the total of 500 (excluding code 9's) delayed discharge days in Moray in 2010 these were attributed to 14 individual cases. 4 were within the new 2 week target. 2 were in the 3-4 week time frame, 4 were in the 5-6 week time frame and 4 were above the old 6 week target. Of those over the old 6 wk target the social codes were '24C', '25E', '33', '24B'.

- 24C - Awaiting place availability in Nursing Home (not NHS funded)
- 25E - Awaiting completion of social care arrangements - In order to live in their own home - awaiting procurement/delivery of equipment/adaptations fitted
- 24B - Awaiting place availability in Independent Residential Home
- 51X - Adults with Incapacity Act
- 33 - Not found!
- 09 - No secondary code - cases that partnerships are unable to, for reasons beyond their control, secure a patient's safe, timely and appropriate discharge from hospital.
- 24DX, 24EX or 42X - patients awaiting place/bed availability in a specialist facility where no appropriate facility exists within the NHS Board area.
- 71X - patients exercising statutory right of choice - where an interim placement is not possible or reasonable.
- From July 2010 Census, Adults with Incapacity Act delays over 6 months (secondary code of 51X) should be included on this form.

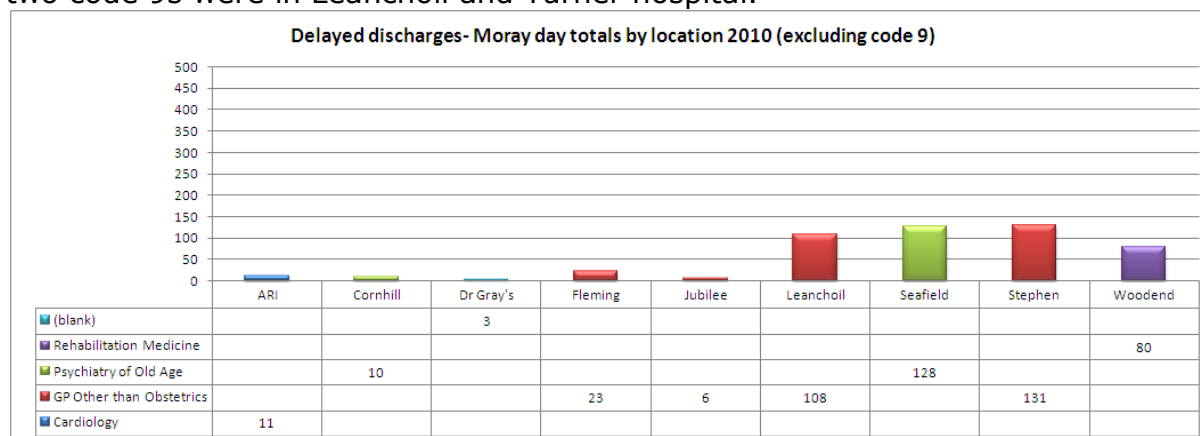


Source: NHSG Discharged 2010 report



Source: NHSG Discharged 2010 report

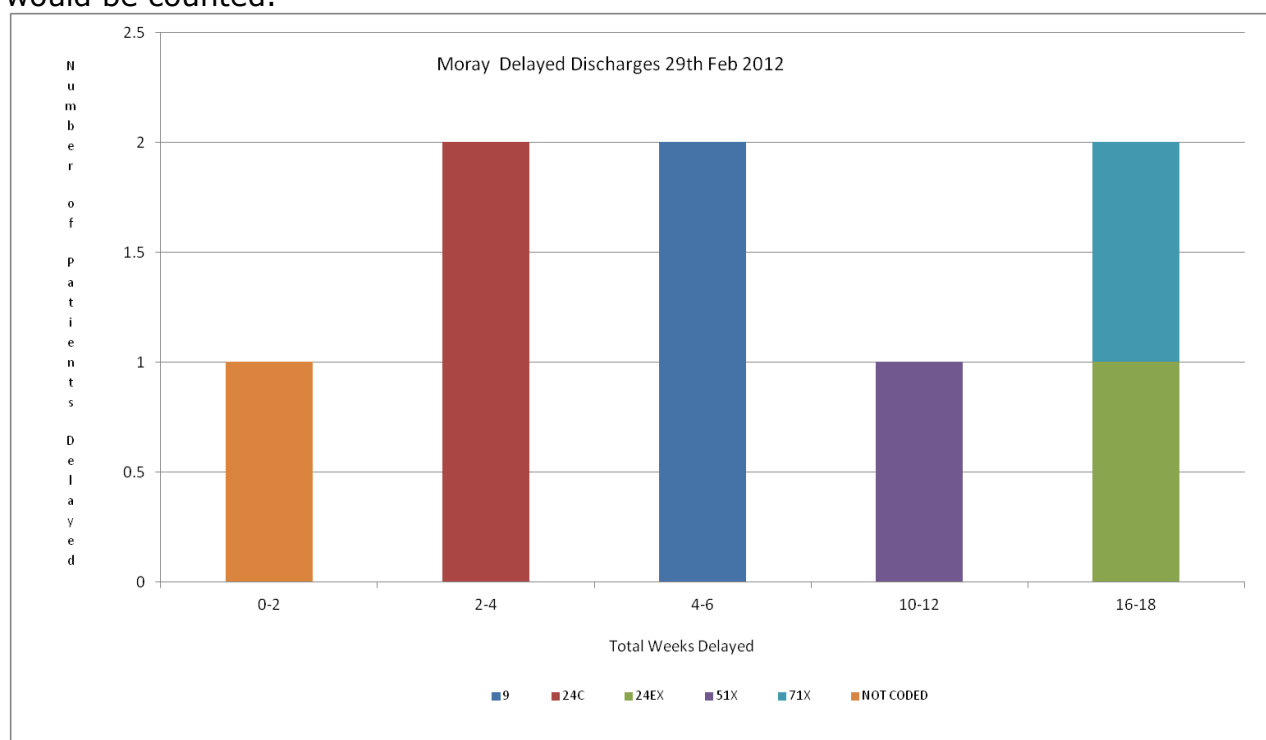
The location of the majority of delayed discharges days were in the Community Hospitals and in particular in Leanchoil, Seafield and Stephen and come down to a case by case basis. The two code 9s were in Leanchoil and Turner hospital.



Source: NHSG Discharged 2010 report

Nationally Moray is one of only 2 authorities (the other is East Ayrshire) that have reported 0 people waiting more than 6 weeks for 2008-2011. In 2011 there were 11 authorities that reported 0 people waiting more than 6 weeks. Only one of our comparators' is also reporting 0 and that is Angus. Throughout Scotland, the numbers of patients waiting longer than 6 weeks have varied in the last years: - 2008 – 459; 2009 – 228; 2010 – 273; 2011 – 344 so it looks like meeting 4 or 2 week targets in the future will be a challenge for the majority of CHPs. This is currently managed on a case by case basis in Moray and guidelines on cases to include/exclude are complex.

At the end of February 2012 Moray had a total of 8 patients with delayed discharges, the 5 above 4 wks were complex cases and would be discounted/not included on the delayed discharge return/Edison also the 2 in the 4-6wks (Code 9, 51X and 71X) and the remaining 3 would be counted.



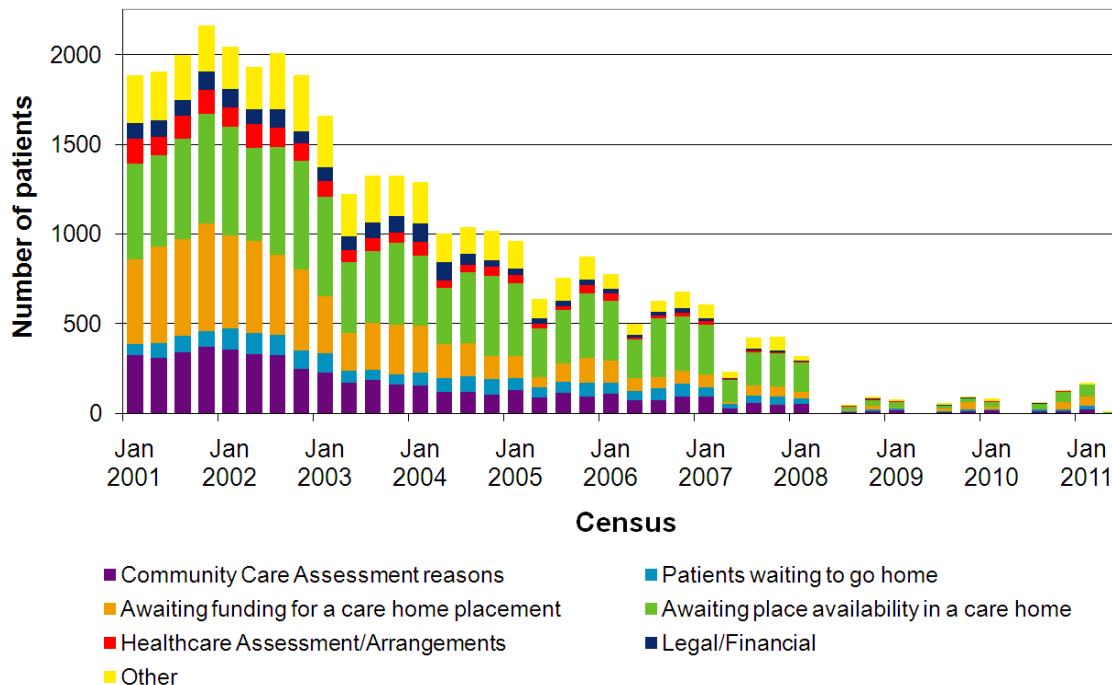
Source : NCSG – 29/02/2012

In comparison Aberdeenshire had 24 patients with delayed discharges, 7 of which were complex cases and 27 were non complex and would be counted. Of the 27, 5 were over 6 wks, 6 were 4-6 weeks, 6 were 2-4 wks and 10 were 0-2 wks. Aberdeen city had 81 patients

with delayed discharges, 16 of which were complex cases and 65 were non complex. Of the 65, 7 were over 6 wks, 13 were 4-6 wks, 20 were 2-4 wks and 25 were 0-2 wks.

Nationally the delayed discharges have fallen over the last 10 years.

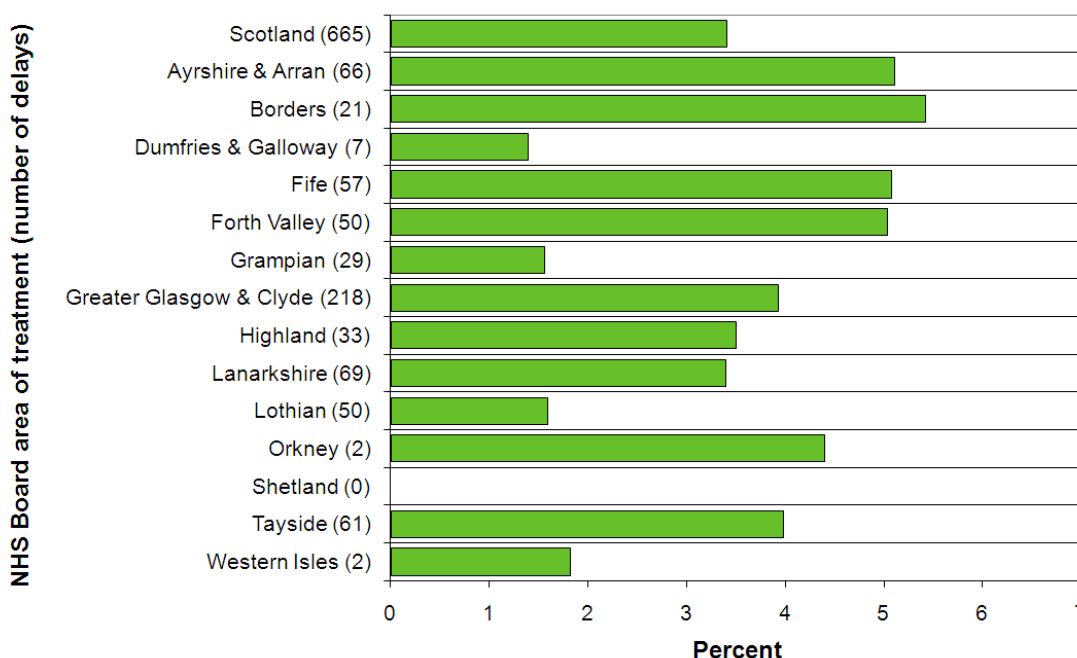
NHS Delayed Discharges that are out with the six week discharge planning period by principal reason for delay:



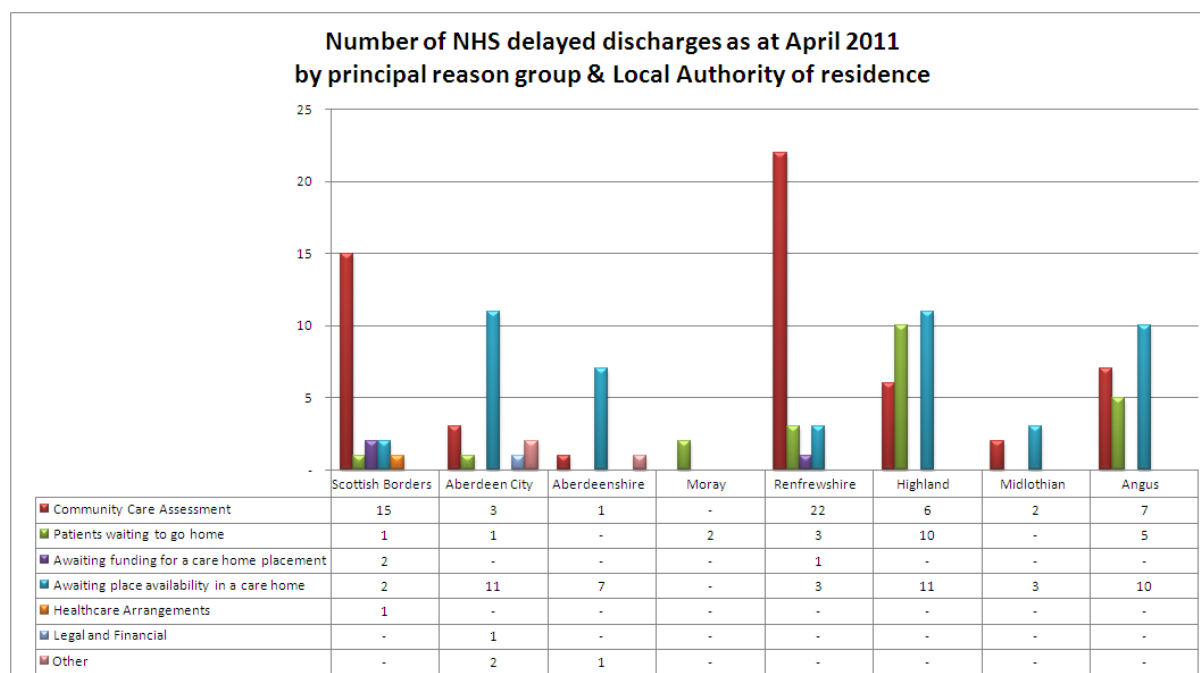
Delayed discharge Census Jan 2001 to April 2011

In the April 2011 Delayed Discharge Census the most common reasons for delayed discharge were Community Care Assessment reasons, Awaiting place availability in a care home, and Patients waiting to go home. By NHS board the delayed discharges expressed as a percentage of occupied beds was 3.4% in Scotland and 1.6% in Grampian. The highest percentage was in the Borders with 5.4%

### Delayed Discharges expressed as a percentage of Occupied Beds

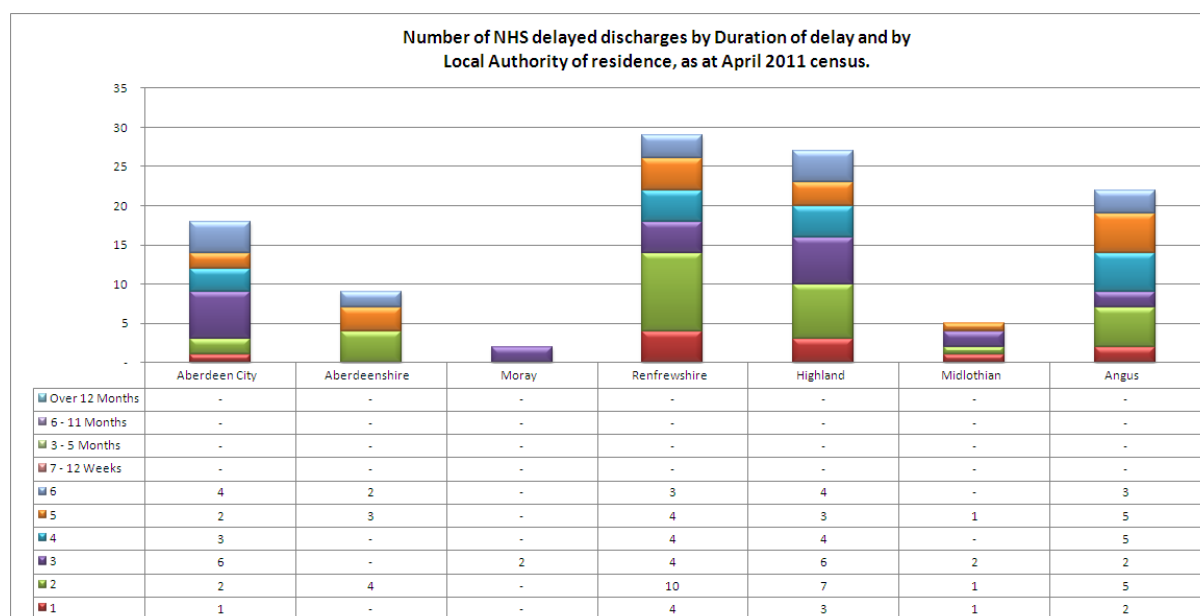


Delayed discharge Census Jan 2001 to April 2011



Source: Delayed discharge Census Jan 2001 to April 2011

In April 2011 the only reason for delay was Patients waiting to go home



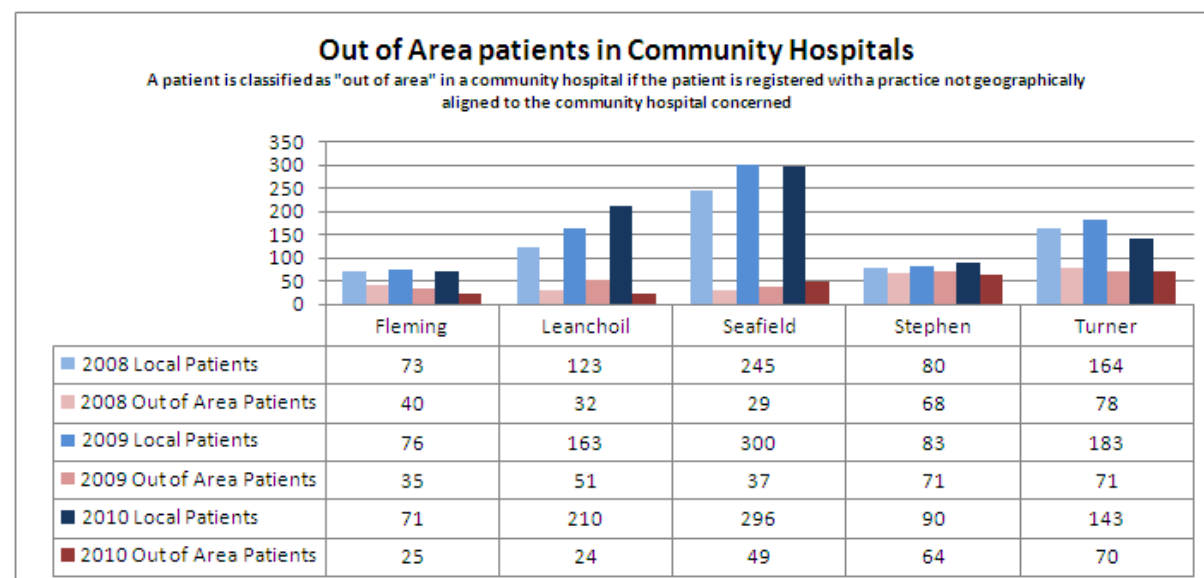
Source: Delayed discharge Census Jan 2001 to April 2011

In April 2011 the delay in Moray for both patients was 3 wks at that point.

### 2.3.6 Out of area patients

Out of area placements in community hospitals (Elgin/Losiemouth individuals) are not close to home for older people and can have a negative therapeutic impact on the recovery of the individual, with the family/carers (often being elderly/frail themselves) having issues around transport and visiting arrangements.

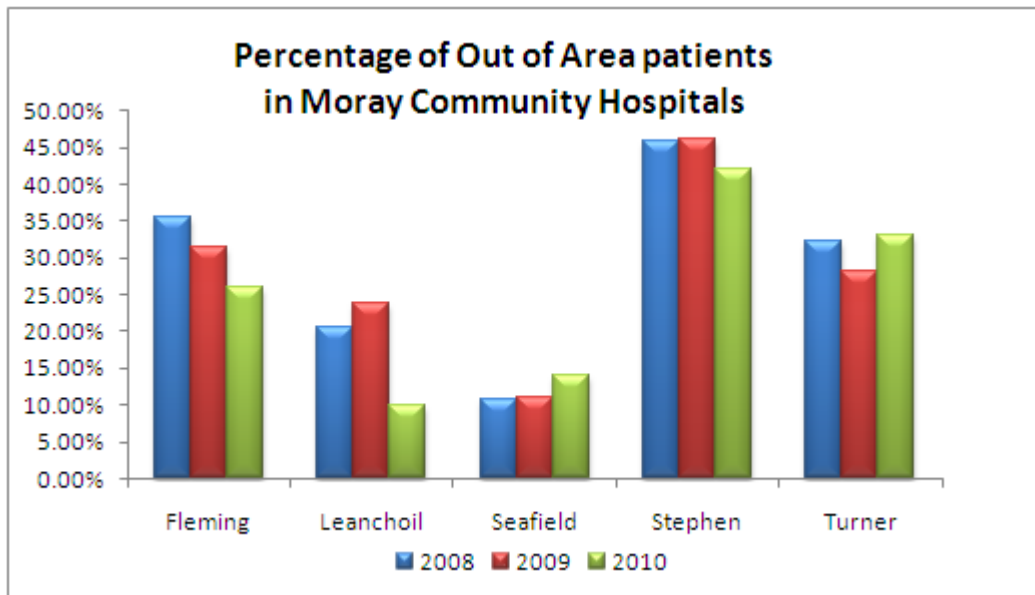




Source: JCS Workbook

A patient is classified as "out of area" in a community hospital if the patient is registered with a practice not geographically aligned to the community hospital concerned. The following are the aligned community hospital to practice.

<b>GP Practice</b> Source: JCS Workbook	<b>Hospital</b>
Aberlour Health Centre	Fleming
Roths Medical Centre	Fleming
Forres Health Centre	Leancoil
Varis Medical Practice	Leancoil
Ardach Health Centre	Seafield
Seafield Medical Centre	Seafield
Cullen Medical Centre	Seafield
Fochabers Medical Centre	Seafield
Glenlivet Medical Group	Stephen
Dufftown Medical Practice	Stephen
Tomintoul Medical Centre	Stephen
Keith Medical Group	Turner



Source: JCS Workbook

In the three years Stephen hospital retained the highest out of area percentage (42% in 2010) of its total patient population (not specific to 65+) this was mainly due to it being used as an extension of Dr Grays for particular types of patients (orthopaedics). The percentage in Fleming and Leancoil also dropped.

### 2.3.7 NHS Continuing Care

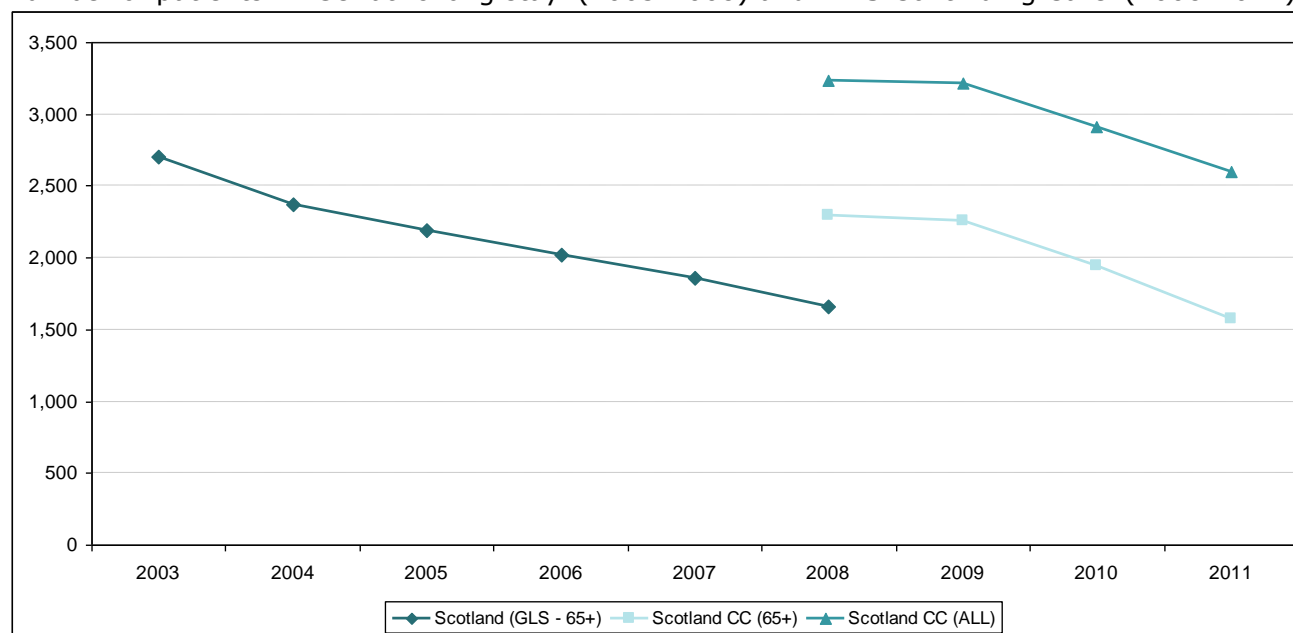
NHS continuing health care is a package of continuing health care provided and solely funded by the NHS. The NHS, and not the local authority or individual, pays the total cost of that care. NHS continuing health care may be for prolonged periods but not necessarily for life and entitlement should be subject to regular review. NHS Continuing Care may be provided either in a hospital, in a hospice or in a care home.<sup>145</sup>

Nationally as at March 2008, just over 3,200 adults were receiving NHS Continuing Care, 71% of these patients were aged 65 or over. The total number of patients receiving NHS Continuing Care has declined between 2008 and 2011 by 636 (20%). The number of patients aged 65 or over who were in receipt of NHS Continuing Care has declined by 32% over the equivalent period to around 1,600 patients as at March 2011.

Between 2003 and 2008 national information on long stay hospital patients aged 65 and over (Geriatric Long Stay) was collected and published by ISD Scotland based on the SMR01 and SMR50 returns. In 2003 there were around 2,700 long stay patients across Scotland. This declined to around 1,700 in 2008.

<sup>145</sup> National Commissioning Framework for Care Homes 2012-15

# Number of patients in 'Geriatric long stay' (2003-2008) and 'NHS Continuing Care' (2008-2011)



Source: National Commissioning Framework for Care Homes 2012-15 - Generic Long stay (GLS) for over 65's only based on SMR01 & SMR50 records held by ISD. Replaced with the Continuing Care census in September 2008.

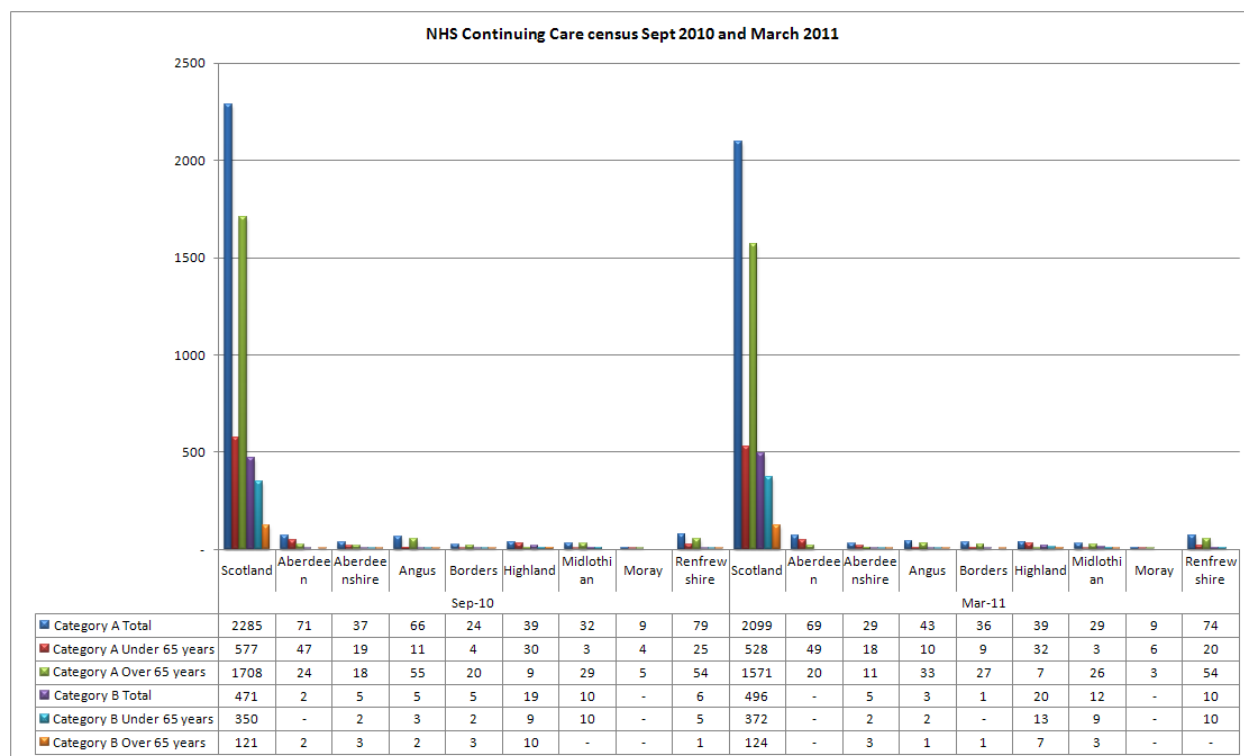
Category A patients receive NHS Continuing Health Care as a result of a decision made under the terms of the Continuing Health Care guidance and may be provided in a hospital ward or be provided on a contractual basis in a hospice or care home.

Category B patients do not specifically meet the criteria for NHS Continuing Health Care but have been in hospital for over one year and no estimated date of discharge has been set.<sup>146</sup>

In Scotland 74.75% of the total category A continuing care patients are over 65. In Moray the numbers are so small that percentages are meaningless so of the 9 category A patients 5 are over 65.

In Scotland 25.69% of the total category B continuing care patients are over 65. In Moray there are no category B patients of any age group.

<sup>146</sup> National Commissioning Framework for Care Homes 2012-15 & NHS Continuing Care Census Sept 2010 and March 2011



National Commissioning Framework for Care Homes 2012-15 & NHS Continuing Care Census Sept 2010 and March 2011

### 2.3.8 Occupancy of Community Hospitals

High levels of activity inevitably lead to bed pressures and capacity issues in DGH and the community hospitals with red alerts (two beds or less available) being a daily occurrence. This has a significant impact on the quality and effectiveness of care delivered for example it increases the risk of hospital acquired infection.<sup>147</sup>

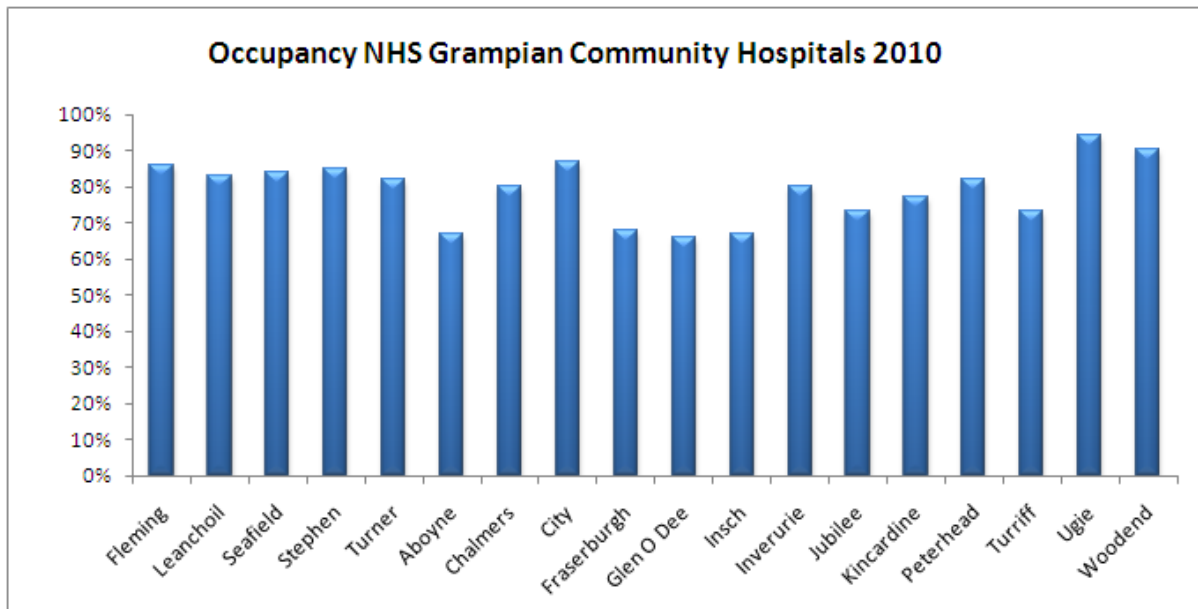
Elgin/Lossmouth older people have an increased length of stay in Community Hospitals and have the potential to become a "delayed discharge" in the Community Hospital.

Out of area placements in community hospitals (Elgin/Lossmouth individuals) are not close to home for older people and can have a negative therapeutic impact on the recovery of the individual, with the family/carers (often being elderly/frail themselves) having issues around transport and visiting arrangements.

GP's in the Community Hospitals find it harder to look after individuals with complex needs whom they are not familiar with.

The community Hospital waiting List from DGH averages 8-10 people waiting at any one time. Elgin/Lossmouth patients wait the longest as local patients are given priority by local Community Hospital teams. Weekly consultant sessions from Dr Grays Hospital to support the Community Hospitals have not been possible due to lack of support in Forres and an overstretched service.

<sup>147</sup> Living Longer Living Better – An Older Peoples Strategy for Moray



Source – Moray Community Hospital Stats 2010-11

The average occupancy of the Moray Community Hospitals in 2010 was 84% compared to the rest of Grampian which was 77%. This may be a direct result of the longer length of stay.

## 2.4 Summary

Developing Community Hospitals: A Strategy for Scotland xvii (2006) describes the unique relationship between community hospitals and their local population and sets out their contribution to delivering community-based primary care led services. Key strengths of community hospitals are that they provide local access to a wide range of services on a 24-7 basis and they promote a multi-disciplinary, multi-agency approach to healthcare that maximises the opportunities for partnership with the local community and voluntary sector. Community Hospitals are the building blocks of extended community care teams. Community Hospitals need to respond to their ageing population and build community resource hubs around the needs of their population within extended community care teams. The future role of Community Hospitals needs to be addressed locally.

The Elgin Lossiemouth population lacks a “community resource hub” equivalent to the resource that other local areas have in their community Hospitals – a community based unit providing a blend of community support services incorporating rehabilitation and assessment, that maximises the potential for older people to live independently and which has strong links to their locality enabling community resilience. Solutions may include a range of innovative services and facilities provided in partnership by trained staff teams from health and social care co-located under one roof creating a one stop shop for care, advice and support with links to a comprehensive geriatric service. Services may include<sup>148</sup>:

- Palliative Care bed - Community Nursing
- Short term Intermediate Care beds - LTC specialist nurses
- Day Facility (rehab/preventative role - Community Psychiatric Nurses
- Falls Management and stroke clinic - Carers Advice and support
- Health Promotion facilities - Assistive Technology suite

<sup>148</sup> Living Longer Living Better – An Older Peoples Strategy for Moray

## 3 Mental Health

### 3.1 Overview

Referrals to the Old Age Psychiatry Community Mental Health Teams (OAPCMHTs) must be made by general practitioners (GPs) or hospital doctors. All appropriate referrals are seen by the most appropriate OAPCMHT member for an initial assessment. Where a referral is regarded (pre-assessment) as inappropriate according to these criteria, it is discussed with the referrer and alternative recommendations made as necessary. Referrals for Dr Gray's Hospital inpatients should receive an initial assessment from Liaison Psychiatry. The OAPCMHTs accept referrals for pre-senile dementia cases ONLY from Adult Psychiatric Services.

OAPCMHTs will see, assess, and offer treatment to those who meet the following criteria: Patients who have passed their 65<sup>th</sup> birthday and are assessed by their GP as suffering or likely to be suffering from a mental disorder, including both functional and organic mental illness (see problem category list), WHICH interferes significantly with the patient's ability to cope with daily life, or interferes with other people's (e.g. family, friends and carers) ability to cope with daily life, AND /OR causes significant subjective distress to the patient or others.

How soon a referred patient is seen is dependent on the urgency of the case.

- Emergency referrals – an emergency consultation is arranged by telephone for the patient to be seen as soon as possible.
- Urgent referrals – patients are seen within a week. Cases include severe BPSD, psychosis, self-harm or risk of suicide, severe depression, self neglect and severe distress. If the urgency can be avoided by attending to care needs, for example instituting or increasing personal care, the case will be classed as routine and handled accordingly.
- Routine referrals – patients are seen within 4 weeks. Referrals are discussed at weekly team referrals meetings and allocated to an appropriate team member
- Delirium referrals – For patients presenting in delirium there is usually evidence that it is the direct consequence of a general medical condition, drug withdrawal or intoxication, which will require medical management. However, where there are severe behavioural problems a patient can be referred to the Old Age Psychiatry service.<sup>149</sup>

#### 3.1.1 Cost of Community Mental Health Care Services

<b>Mental Health – Old Age psychiatry team</b>	<b>Details</b>	<b>Gross Actual £ 2010/11</b>	<b>Percentage for each area</b>
Mental Health Respite - OAP		£ 109,647	13.64%
Mental Health Day Care		£ 84,662	10.53%
Mental Health Domiciliary Care	Excludes direct payments	£229,950	28.60%
Alzheimers	Contract	£200,963	24.99%
Advocacy	NEAS contract generic contract	£122,394	15.22%
Mental Health Homecare		£41,887	5.21%
Mental Health Clydeville - Day Service	Building running costs only	£14,652	1.82%
	Total for old Age psychiatry team	£1,600,175	

<sup>149</sup> Old Age Psychiatry service referral criteria

Source – Moray accountancy figs - March 2011

### 3.1.2 Hospital based inpatient provision for Older People's Mental Health Services

Inpatient provision for Older People's Mental Health Services is provided in Elgin and Buckie:

- Ward 4 in Dr Gray's Hospital is an acute psychiatric ward providing 20 beds though not specifically for older people.
- Muirton Ward in Seafeld Hospital in Buckie provides 20 assessment beds

## 3.2 Demand

### 3.2.1 Old Age Psychiatry referrals

OLD AGE PSYCHIATRY											
OUT-PATIENT REFERRALS TO DATE											
APRIL 2011 to NOVEMBER 2011											
Consultant	Spec	Community Health Service	GP	Cons. at this Health Board/HCP	Cons from Health Board/HCP outwith this Health Board area	Self referral	Local / Regional Authority / Voluntary Agent	Other	Accident and Emergency Dept	Not Specified	Grand Total
Dr Osunrinade	OAP		98	13	2				1		114
Dr Todd	OAP		111	9	3				1	1	125
Grand Total		0	209	22	5	0	0	0	2	1	239
% of total			87.45%	18.41%	4.18%				1.67%	0.84%	

Old Age Psychiatry Referrals and Activity Summary & Breakdown

87.41% of all outpatient referrals in April 2011 – November 2011 were from GPs with 18.41% coming from within the Grampian Health Board/Care Partnership Area and only 4.18% coming from out with Grampian. A small number (1.67% were referred from A&E).

OLD AGE PSYCHIATRY								
ACTIVITY MONITORING APRIL 2011 - NOVEMBER 2011								
ACTIVITY BY TEAM								
	MEDICAL				NON MEDICAL			
	YEAR TO DATE ACTUAL				YEAR TO DATE ACTUAL			
	NEW		REVIEW		NEW		REVIEW	
	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA
Dr Lawrie	0	0	3	0	1	0	24	0
Dr Osunrinade	62	1	304	6	396	5	1649	56
Dr Todd	62	1	478	7	56	0	2504	67
TOTAL MORAY OAP	124	2	785	13	453	5	4177	123

Old Age Psychiatry Referrals and Activity Summary & Breakdown

The vast majority of old age psychiatry activity between April and November 2011 was non-medical patient reviews, accounting for 76% of activity. Most of the remaining activity was medical reviews (14%) with 10% of activity involving new patients.

OLD AGE PSYCHIATRY																
NHS GRAMPIAN T.I.P. ACTIVITY MONITORING APRIL 2011 - NOVEMBER 2011																
MEDICAL OUTPATIENT CONTACTS BY TEAM TO DATE																
	Consultant				ST4/ST5/ST6				Staff Grade				Grand Total			
	New		Review		New		Review		New		Review		New		Review	
Referred To	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA
Dr Lawrie	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3	0
Dr Osunrinade	59	1	236	6	0	0	0	0	3	0	68	0	62	1	304	6
Dr Todd	46	1	294	5	1	0	0	0	15	0	184	2	62	1	478	7
<b>Grand Total</b>	<b>105</b>	<b>2</b>	<b>533</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>252</b>	<b>2</b>	<b>124</b>	<b>2</b>	<b>785</b>	<b>13</b>

Old Age Psychiatry Referrals and Activity Summary & Breakdown

OLD AGE PSYCHIATRY									
NHS GRAMPIAN T.I.P. ACTIVITY MONITORING APRIL 2011 - NOVEMBER 2011									
NON-MEDICAL CONTACTS BY TEAM TO DATE									
	Occupational Therapy				Psychology				
	New		Review		New		Review		
Referred To	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA	
Dr Lawrie	0	0	1	0	0	0	0	0	
Dr Osunrinade	13	0	133	2	7	2	79	0	
Dr Todd	10	0	295	12	4	0	145	2	
<b>Grand Total</b>	<b>23</b>	<b>0</b>	<b>429</b>	<b>14</b>	<b>11</b>	<b>2</b>	<b>224</b>	<b>2</b>	

Old Age Psychiatry Referrals and Activity Summary & Breakdown

OLD AGE PSYCHIATRY													
NHS GRAMPIAN T.I.P. ACTIVITY MONITORING APRIL 2011 - NOVEMBER 2011													
NON-MEDICAL CONTACTS BY TEAM TO DATE (CONTINUED)													
	Community Nurse, Psychiatric Nurse & Staff Nurse				Nursing Assitant				Grand Total				
	New		Review		New		Review		New		Review		
Referred To	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA	Attend	DNA	
Dr Lawrie	1	0	21	0	0	0	2	0	1	0	24	0	
Dr Osunrinade	35	3	1314	51	341	0	123	3	396	5	1649	56	
Dr Todd	21	0	1711	31	21	0	353	5	56	0	2504	50	
<b>Grand Total</b>	<b>57</b>	<b>3</b>	<b>3046</b>	<b>82</b>	<b>362</b>	<b>0</b>	<b>478</b>	<b>8</b>	<b>453</b>	<b>5</b>	<b>4177</b>	<b>106</b>	

In the year Jan-Dec 2011, Old Age Psychiatry (OAP) medical staff (2 consultants and 0.5 specialty doctor) assessed 174 new patients and followed up 1175. OAP is a relatively small service and the workload compares favourably with the medical staff contacts for general adult psychiatry, which had 5 senior staff (at time of writing). Over the same period, general adult medical staff saw 337 new patients and 3796 reviews. Bear in mind OAP medical staff do a good number of home visits around the county from Tomintoul to the coast, which take longer, and the assessments generally take longer too as carers have to be involved in discussion. With a reasonable compliment of nursing staff - the Band 7s are the only ones to do new assessments, and when they do so, the medical staff still have to see them but do not



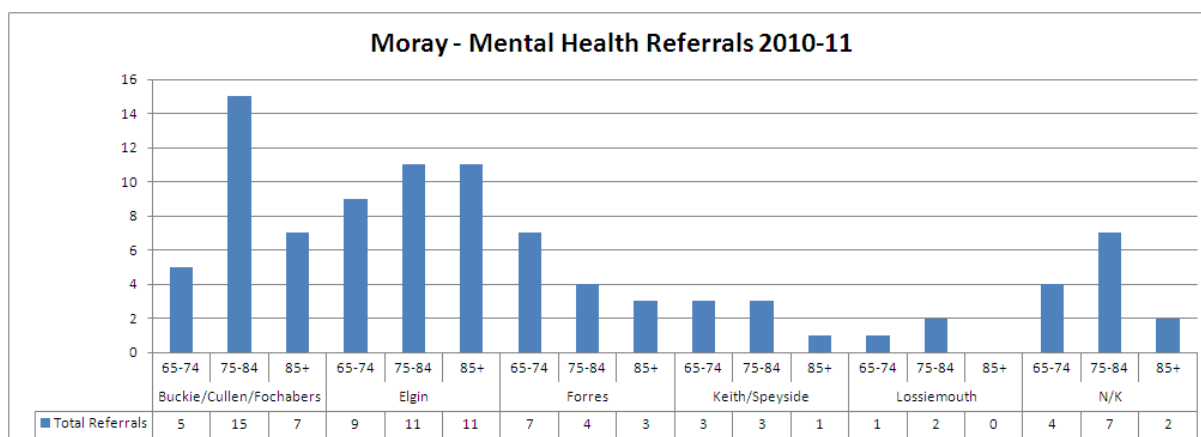
get credited with a 'new patient', therefore there is probably as much again concealed in the review data. The 2 old age consultants also provide overnight and weekend cover for the whole psychiatry service on average for 6 nights or weekend-days per month. The contacts during these frequent spells are not logged in the stats.

### 3.2.2 Community Mental Health Referrals in Care First System

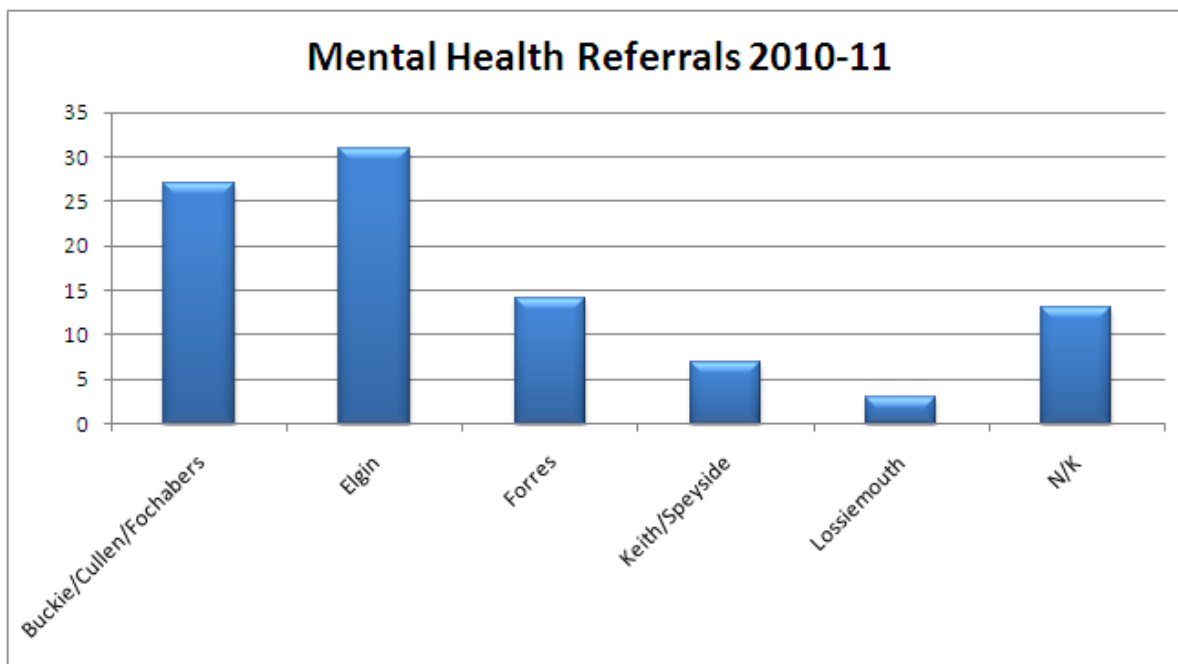
During 2010-11 there were 95 Mental Health referrals through care first, 30.53% of which were in the 65-74 age bracket, 44.21% were 75-84 and 25.26% were over 85. The largest single group in Moray was the Buckie group aged 75-84. There was no obvious pattern in the year. The rate per 65+ population was highest in Buckie with 6.68 per thousand and lowest in Keith/Speyside with 2.18 per thousand against the Moray average of 5.75 per thousand. Over 13 percent of referrals are unknown - that is clients who are deceased and are no longer allocated to an area.

Area	No of referrals	Population (Jan 2010)	rate per 1000
Buckie/Cullen/Fochabers	27	4043	6.68
Elgin/Lossie	34	6469	5.26
Forres	14	2799	5.00
Keith/Speyside	7	3212	2.18
Unknown	13		
All areas	95	16523	5.75

Business Objects report - 2011

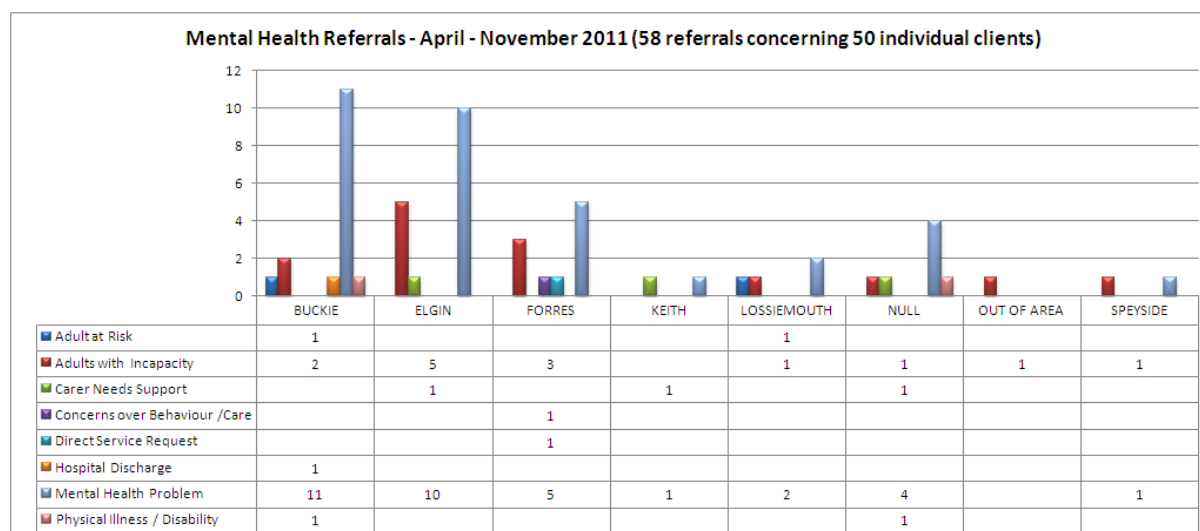


Business Objects report - 2011

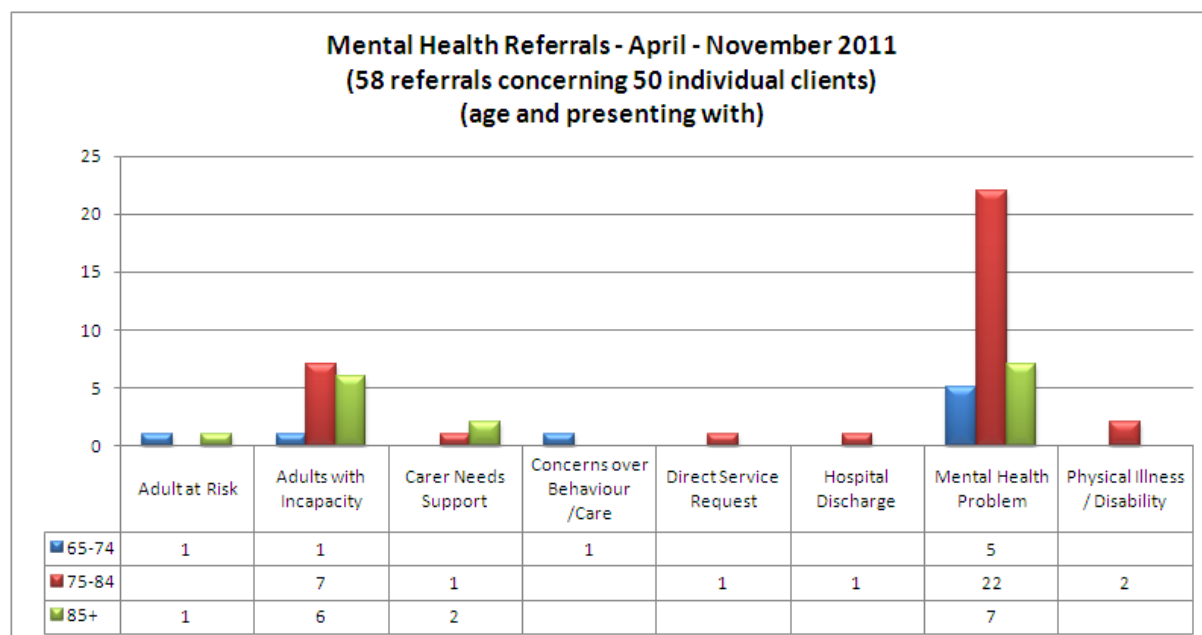


Business Objects report – 2011

In April 2011 – Nov 2011 there were 58 referrals from 50 clients, all referrals were received by Mental Health or Mental Health Officers with the majority being internal referrals (with a couple of re-referrals). The majority of contacts were from Hospitals (60.34%) and Solicitors (22.41%).



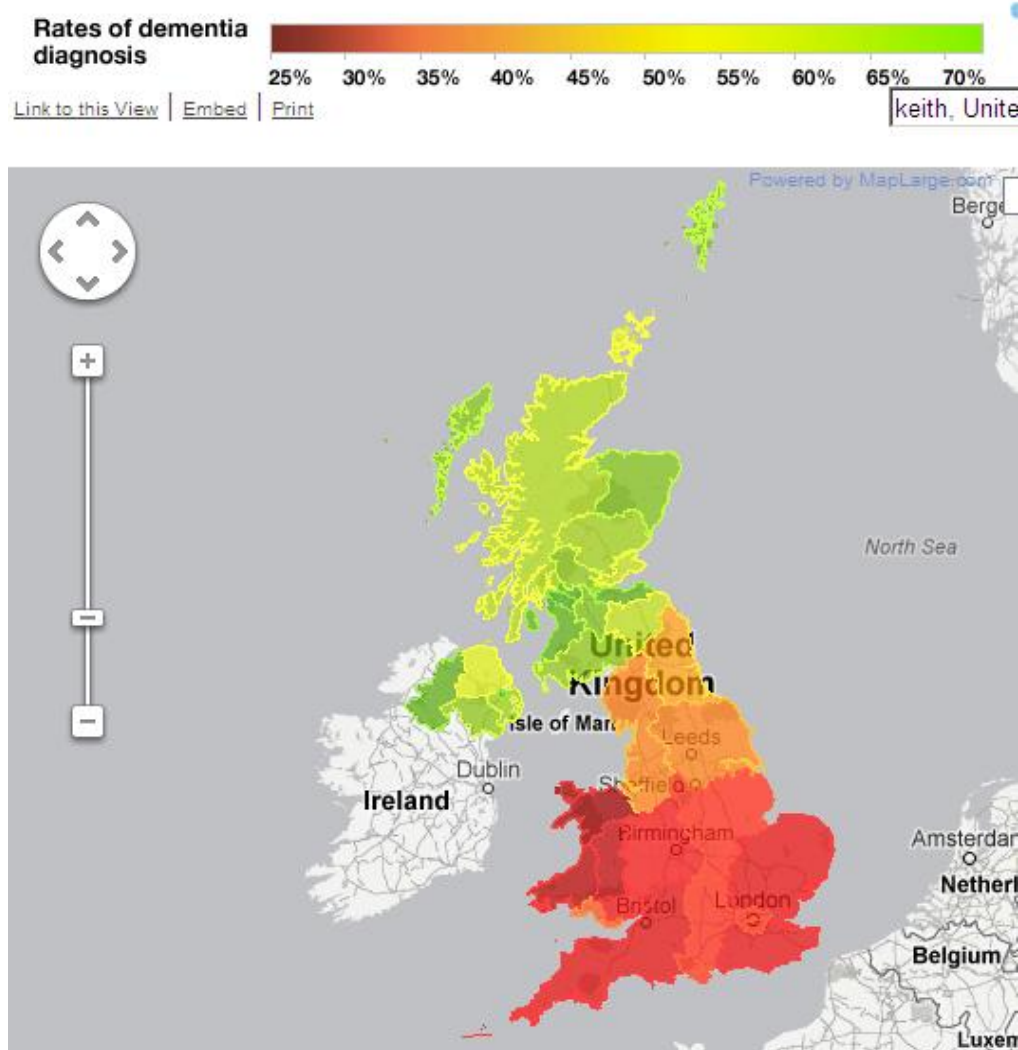
Business Objects from Carefirst



Business Objects from Carefirst

### 3.2.3 Dementia position in Scotland, Grampian and Moray

#### 3.2.3.1. Dementia position in Scotland



A recent publication by the Alzheimer Society highlights comparative dementia diagnosis rates across the UK by health area at March 2011. The following diagram highlights this

performance visually. The diagram, together with the underpinning data, can be accessed at <http://alzheimers.org.uk/dementiamap>.

The analysis is based on Eurodem prevalence rates. Using this measure, the average performance across Scotland sits at 64% of the expected numbers diagnosed. Recent research has indicated that Eurodem underestimates the levels of dementia in the 75 + population and hence NHS Scotland has recently moved to using EuroCoDe rates. EuroCoDe rates place the average performance across Scotland at 50% of the expected numbers diagnosed.

### 3.2.3.2. Dementia position in Grampian

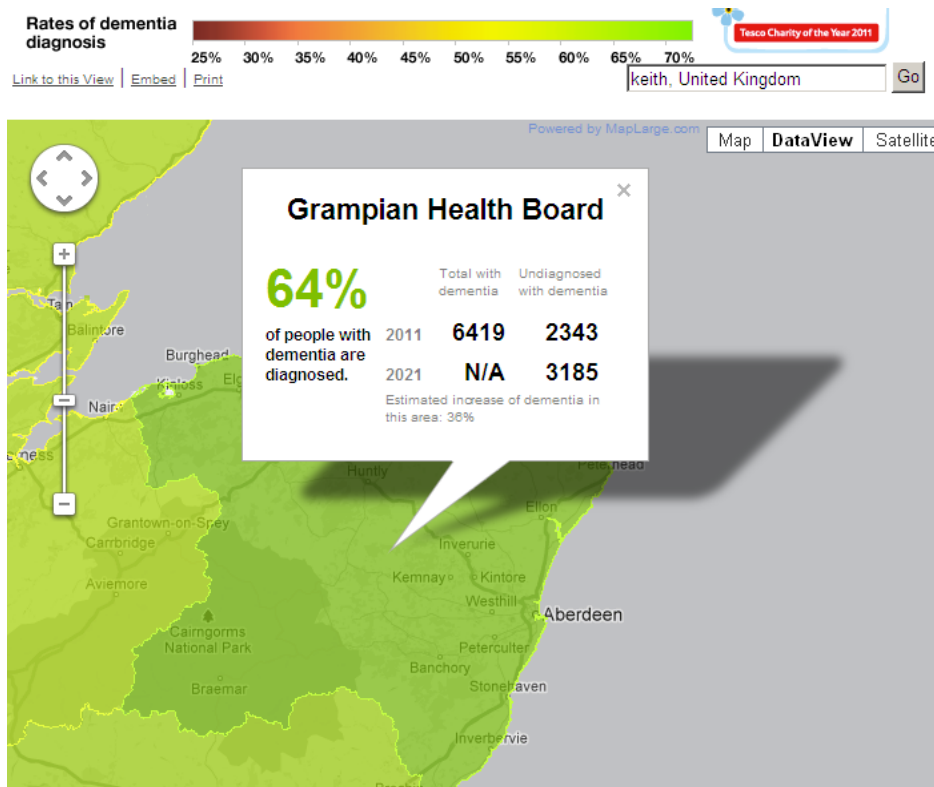
The following table highlights the overall UK position for all 14 territorial health boards. NHS Greater Glasgow and Clyde occupy the number one spot UK wide and NHS Scotland has nine of the top twelve performing health areas.

NHS Scotland Territorial Boards UK Ranking for Dementia Diagnosis Rates

Board	Overall Ranking (1= highest UK ranking 176=lowest)
NHS Greater Glasgow & Clyde	1
NHS Lothian	4
NHS Ayrshire & Arran	6
NHS Lanarkshire	7
NHS Shetland	8
NHS Western Isles	9
NHS Grampian	10
NHS Dumfries & Galloway	11
NHS Forth Valley	12
NHS Tayside	16
NHS Highland	17
NHS Fife	18
NHS Borders	22
NHS Orkney	33

Source: <http://alzheimers.org.uk/dementiamap>

In July 2011 Grampian had 64% of people with dementia diagnosed which is the same as the Scottish National Average.



Source: <http://alzheimers.org.uk/dementiamap>

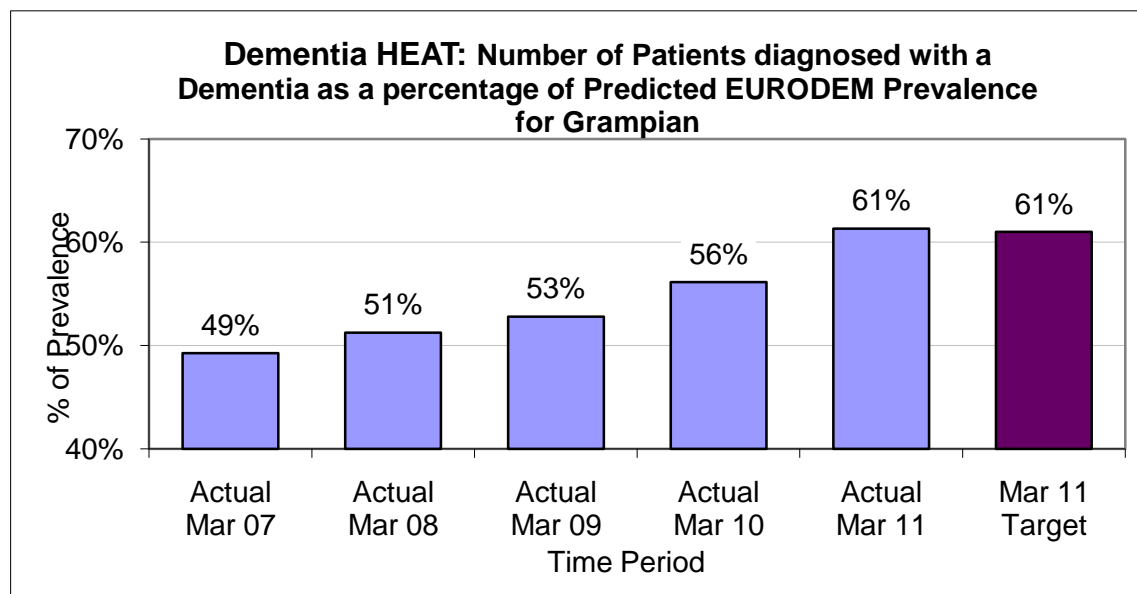
## Scotland dementia prevalence and diagnosis rates: Grampian

### Record Details

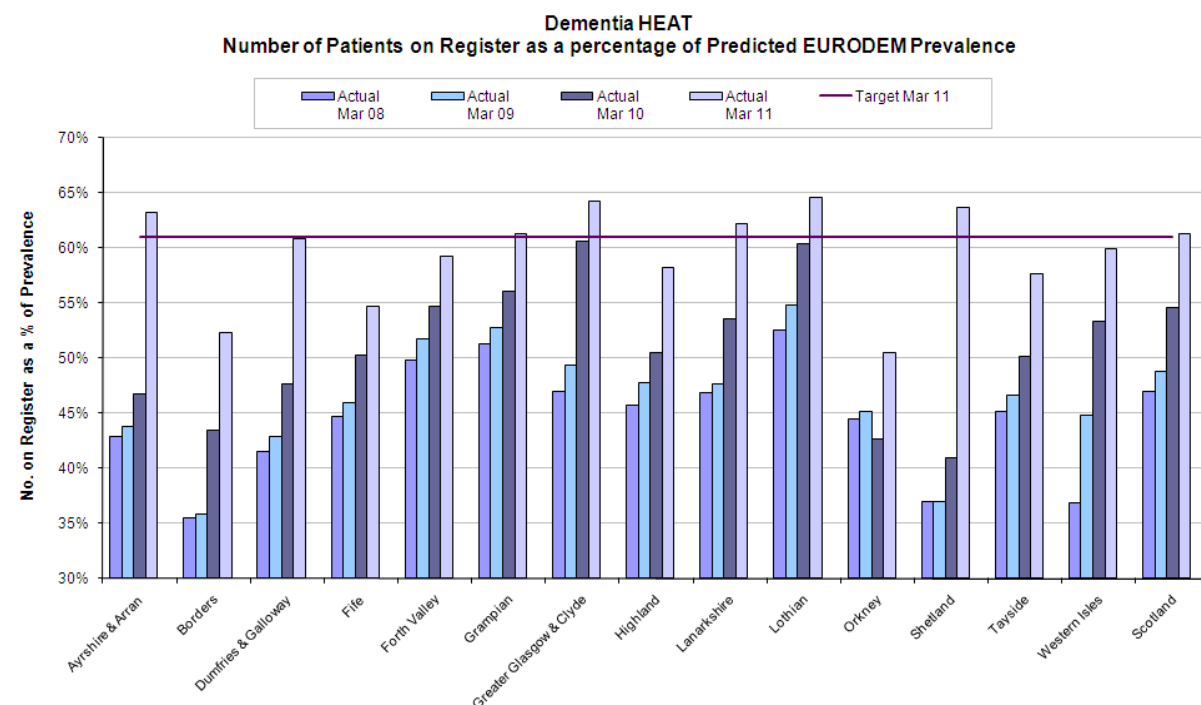
Area Name	Grampian
Type of local health area	NHS Board
Number of people with a diagnosis (2010)	3,732
Number of people with a diagnosis (2011)	4,076
Estimated number of people with dementia (2010)	6,253
Estimated number of people with dementia (2011)	6,419
Estimated number of people with dementia (2021)	8726
% increase in people with dementia (2011-2021)	36%
% of people with dementia with a diagnosis (2010)	59.7%
% of people with dementia with a diagnosis (2011)	63.5%
% increase in diagnosis (2010-2011)	3.8%
Number of people without a diagnosis (2011)	2343
Number of people with a diagnosis (2021)	5541
Number of people without a diagnosis (2021)	3185
UK ranking (1=highest 176=lowest)	10
Improvement ranking (1=most improved, 163=least)	24

Source: <http://alzheimers.org.uk/dementiamap>

In using the Dementia HEAT statistics the picture is a little different.



Published DEMENTIA HEAT up to March 2011



Published DEMENTIA HEAT up to March 2011

Published DEMENTIA HEAT up to March 2011							
Health Board	Number of patients on the Register				Actual Mar 11	Mar 11 Target	Predicted EURODEM Prevalence
	Actual Mar 07	Actual Mar 08	Actual Mar 09	Actual Mar 10			
Grampian	3,275	3,408	3,510	3,732	4,076	4011	6,650
Scotland	29,761	30,859	31,993	35,816	40,195	39578	65,595

Published DEMENTIA HEAT up to March 2011

<b>Published DEMENTIA HEAT up to March 2011</b>						
	<b>No. of patients as a % of EURODEM prevalence</b>					
<b>Health Board</b>	<b>Actual Mar 07</b>	<b>Actual Mar 08</b>	<b>Actual Mar 09</b>	<b>Actual Mar 10</b>	<b>Actual Mar 11</b>	<b>Mar 11 Target</b>
<b>Grampian</b>	49%	51%	53%	56%	<b>61%</b>	61%
<b>Scotland</b>	<b>45%</b>	<b>47%</b>	<b>49%</b>	<b>55%</b>	<b>61%</b>	<b>61%</b>

In the past Grampian have been ahead of Scotland (2<sup>nd</sup> in 2008) in the diagnosis of Dementia but with the recent push from the HEAT target the rest of Scotland and in particular Shetland and Ayrshire & Arran have improved their percentage of diagnosis thus Grampian has slipped to 6<sup>th</sup> in this respect despite the continuous improvement.

### 3.2.3.3. Dementia position in Moray

As part of the Moray Change Fund Application, investing in Dementia specific care services was deemed very valuable in creating care service improvements and would include a dementia worker to support people with dementia on hospital admission and their journey to discharge. Building capacity and increasing the knowledge/skills of dementia, enabling and supporting older people and their families to live with the condition and linking with other mainstream services.<sup>150</sup>

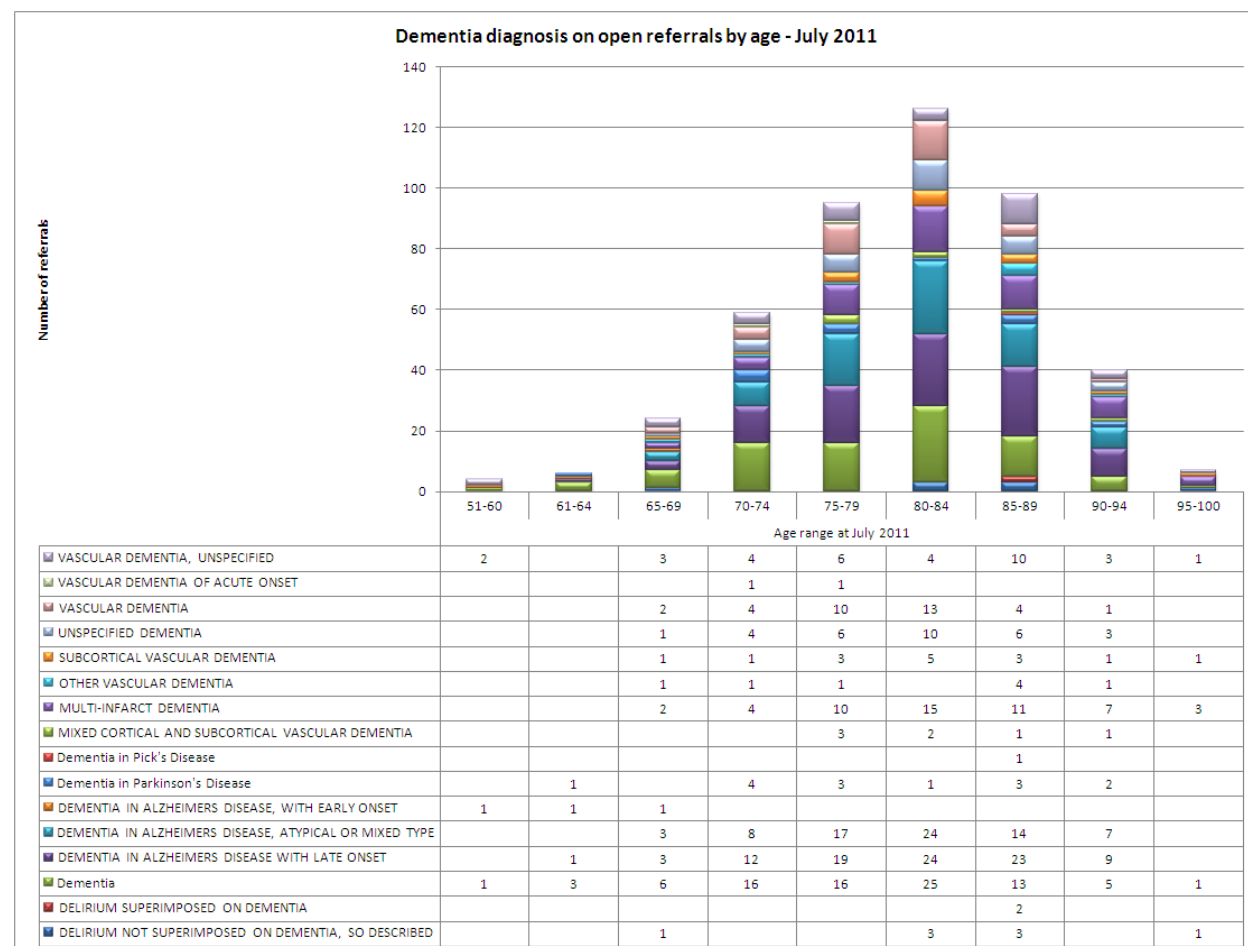
Grampian does fairly well it conceals the fact that the Moray component is not doing so well in the dementia diagnosis stakes - and this is not the failing of the mental health service as the rate limiting step currently relates to initial identification and subsequent referral.

In Moray there were 459 open dementia referrals as at July 2011 from 457 individuals (2 had two referrals).

The 65+ age group accounted for 449 open dementia referrals which is 97.82% of the total adult referrals. The age range with the largest number of referrals was the 80-84 age group with 126 open referrals (27.45% of the total adult open referrals and 28.06% of the 65+ open referrals).

The conditions with the highest prevalence in those aged 65+ in these open referrals were 'Dementia in Alzheimer's Disease with Late Onset' (90 diagnosed open referrals) and 'Dementia' (82 diagnosed open referrals) and 'Dementia in Alzheimer's Disease, atypical or mixed type' (73 diagnosed open referrals). In each of these three diagnoses the highest numbers recorded in the 80-84 age group.

<sup>150</sup> Moray Change Fund Application 28.02.2011



Source: Open referrals with Dementia by GP Practice – July 2011 report

GP Practice (Locality)	Practice List Size (01-Jan-11)	Practice List Size (01-Jan-11)	Open Dementia referrals (July 11)	Open Dementia referrals (July 11)	Rate per 100 population	Rate per 100 population	The percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months - according to QOF 2011 data
	All ages	65+	All ages	65+	All ages	65+	
<b>Speyside</b>	15,894	3243	72	71	0.45	2.19	
Aberlour Health Centre	3,220	702	19	19	0.59	2.71	69.2%
Glenlivet Medical Practice	722	122	2	2	0.28	1.64	0% (may not be recorded due to low numbers)
Keith Medical Group	7,351	1495	30	29	0.41	1.94	85.2%
Rothies Medical Practice	1,612	301	4	4	0.25	1.33	100.0%
Rinnes Medical Group	2,989	623	17	17	0.57	2.73	~76.92% (Dufftown only)
<b>Buckie/Cullen/Fochabers</b>	18,631	4065	94	90	0.50	2.21	
Ardach Health Centre	9576	2033	37	33	0.39	1.62	74.1% of 54 quoted in QOF
Fochabers Medical Practice	4100	919	19	19	0.46	2.07	79.2%
Seafeld & Cullen Medical Centre	4955	1113	38	38	0.77	3.41	76.74%
<b>Elgin (includes Lossie)</b>	39,740	6623	196	191	0.49	2.88	
Elgin Community Surgery	4359	758	22	22	0.50	2.90	81.0%
Linkwood Medical	11391	1800	49	49	0.43	2.72	73.4%
Moray Coast Medical	9169	1645	53	50	0.58	3.04	85.2%



Practice							
The Maryhill Practice	14821	2420	72	70	0.49	2.89	Not listed
<b>Forres</b>	15130	2852	97	97	0.64	3.40	
Forres Health Centre	7469	1399	51	51	0.68	3.65	69.8%
Varis Medical Practice	7661	1453	46	46	0.60	3.17	78.0%
<b>Total</b>	<b>89,395</b>	<b>16783</b>	<b>459</b>	<b>449</b>	<b>0.51</b>	<b>2.68</b>	

Source: Open referrals with Dementia by GP Practice – July 2011 report and QOF percentages on reviews

The rate of open dementia referrals per 100 of the 65+ population is highest in the Forres Health Centre and the Varis Medical Practice which may indicate either a higher prevalence in that area or a different area culture (e.g. earlier referral practices, though this is not reflected in the age of the referrals).

The average percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months - according to QOF 2011 data – in UK was 79.36%, in Scotland it was 81.57% and in Grampian it was 80.61%. The Moray Coast Medical Practice, Keith Medical Group and Rothes Medical Practice are currently above the Scottish National average.

The following Tenets were included in the Dementia Improvement plan 2012

1. More diagnoses should be made by GPs
2. GPs can prescribe AChEIs and do follow up
3. GPs need access to help to undertake screening and testing
4. The culture needs to move from its current state to "Dementia is Everyone's Business" based on "Framework for Excellence" and Dementia Standards"
5. Barriers and perceived barriers between primary care and the specialist psychiatric service for elders need to be removed
6. Much more needs to be done for informal carers
7. The number of inappropriate hospital admissions and readmissions for patients with dementia needs to decrease
8. Patients need to be given a diagnosis much earlier followed up by appropriate post diagnostic support
9. GPs need to achieve their relating QOF targets for diagnosis and review
10. The system of health & social care needs to become more "Dementia Friendly"
11. Patients with dementia should live in their own homes for longer and enjoy as full a life as possible for as long as possible
12. The links between Primary Care, OAP, Council staff including Day Services and the 3<sup>rd</sup> sector (especially Alzheimer Scotland) must be strengthened so that joint working becomes the norm.
13. There are existing systems to deal with emergencies in the community both in and out of hours.
14. OAP needs to work more closely with medicine for the elderly.
15. The links between this development and other change funded initiatives need to be clear and developed over time.
16. Developments of this type need to be fully evaluated.
17. Sustainability and future funding needs to be considered early.<sup>151</sup>

#### 3.2.3.4. Mental Health and Learning Disability

Generally the health of people with a learning disability has been improving over the years, as better health and social care has become available. As a result, many people with a learning disability now have the same life expectancy as people without a learning disability. However, as people with a learning disability get older, concerns about health are likely to increase. As well as the general problems associated with older age, people with Down's

<sup>151</sup> Dementia Improvement plan 2012

syndrome or profound and multiple learning disabilities may face more complicated health problems.

One of the main health concerns at this stage is dementia. Dementia is a general term used to describe a group of diseases that affect the brain, of which Alzheimer's is the most common. The risk of developing dementia is higher for someone who has a learning disability, and people with Down's syndrome are particularly at risk.<sup>152</sup>

### **3.3 Summary**

While the focus of services for older people tends to be mainly depression and dementia, older people can of course have other severe mental health illnesses which may require joint intervention by health, social care and other services.

As carers are twice as likely to suffer from physical and mental health problems as people with no responsibility and up to half of all carers who support spouses or partners with dementia suffer from depression.

Although the Grampian picture in relation to diagnosing dementia looks similar to Scotland there are fewer Moray specific stats and it is the opinion of certain members of the OAP team that Moray's performance in this field is lower. Referrals and client numbers give as the minimum number (what is known) and Alzheimer Scotland estimates are much higher so it is probable that it is somewhere in between that the true number lies. With a rising population and more people living longer there will be a rise in the number of mental health clients.

With all these things in mind, team working and support from management and other services, communication, anticipation of future needs and supporting both service users and carers become all-important. The identification and education of the public in how these conditions manifest themselves to remove the stigma and the taboos would greatly help not only those with the condition but those to contribute to the care.

## **4 Acute healthcare in Moray Summary**

Across all the sections of acute healthcare and across the other main health sections, the patient needs to be treated as a whole person rather than a condition. Good information and communications are a key factor and recognition that what the Acute section does has a knock on effect to Primary Healthcare and Community/Social Care. With the attempts to move to a more pro-active anticipatory approach then earlier referrals to a specialist and increased capacity in these sectors should give a better picture of the true conditions that will emerge e.g. in the case of UTIs early referral of the client or the carer to the continence team on a prevention /education type basis would potentially curb the number of elderly emergency admissions with advanced UTIs.

Emergency admissions and their resultant bed days are a big issue for A&E, the ambulance service and for the acute and community hospital bed pressures. Although delayed discharges are managed well in Moray the length of stay is higher than in many areas whether by culture or lack of appropriate facilities. Getting the optimum balance of these measures is difficult when targets seem to concentrate on one or other rather than on the measures as a group so a change of approach is necessary.

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<sup>152</sup> Source: <http://www.mencap.org.uk/all-about-learning-disability/health/later-years>

As surveys are undertaken to obtain the perspective of the service users with the aim to improve, where possible, the service provided, the inpatient survey is important, but in showing no change on those measures that received the least positive responses it becomes a pointless exercise or worse a waste of money.

## **D: Health and Social Care in Moray**

Across all the sections of Primary Health Care, Community/Social Care and Acute Healthcare, the patient needs to be treated as a whole person rather than a condition or a single need. Good information and communications are a key factor and recognition that what each part of the trio does has a knock on effect to the other two. Decisions on changes in any of the sections cannot be made in isolation with Moray being a component part of the Grampian NHS area and where it relies on services based in other areas such as Aberdeen City and Aberdeenshire.

As with all the sections the efficiency of information sharing and communication become the tools to pull teams together and to work smarter in all the aspects affecting Health and Social Care in Moray and Grampian.

Some of the main issues identified for Moray are:

- The identification of and support for carers both formal and informal to meet changing needs (additional options for care in the home).
- Recognition of the balance of risk, need, and independence of a frail elderly person)
  - including the balance of care (care homes; long term hospitalisation; care at home)
  - including delayed discharge; emergency admissions; length of stay; etc
  - including personal outcomes for both the clients and the carers
- Capacity building and the need for alternative approaches to providing traditional support that would also still meet the needs of a growing elderly (and perhaps more frail) population e.g. very sheltered housing as opposed to sheltered housing, telecare/telehealth as extending the independence of service users.
- The recognition that early diagnosis and treatment of dementia would not only increase the knowledge base on these conditions but potentially extends the time a patient may have lesser symptoms and therefore maintain the independence for longer and require less support. Also education of the public to lessen the stigma and the fear of these conditions and promote help in the community.
- A more co-ordinated approach to community nursing and community care (information and/or referrals hub) – with all intermediate care and referral type services having access to information e.g. Allied Health Professionals, Home from Hospital, Intermediate Care Team, Continence Team, Falls Team, Physiotherapy, Occupational Therapy etc. (At present there are many databases and spreadsheets with the same information being collected by different teams.)
- A more co-ordinated approach to transport with the emphasis on capacity building in the light of future changes in the eligibility of patients in the use of the patient transport system – although this is not mentioned in detail in this document it is the main subject matter of the on-going transport study.
- A more detailed evaluation of the use of Community Hospitals in Moray in relation to creating community hubs which would meet the needs of the community.

