

EAST AYRSHIRE COUNCIL

CABINET - 2 DECEMBER 2009

INTEGRATED RESOURCE FRAMEWORK PROGRAMME

Report by Executive Director of Educational and Social Services

1. PURPOSE

- 1.1** To provide information on the Integrated Resource Framework Programme.
- 1.2** To advise of the involvement of East Ayrshire Council as a phase 2 pilot site through Community Health Partnership arrangements and
 - (i) To obtain Cabinet agreement for a partnership approach to service redesign
 - (ii) To seek endorsement of the East Ayrshire Integrated Resource Framework Project initiation Document.

2. BACKGROUND - The Integrated Resource Framework

- 2.1** East Ayrshire Council through our Council Wide Strategic Self Assessment and specific work programme in respect of Social Work Sustainability have recognised the significant and increasing service pressures on our social care services to meet assessed need. There is a risk that in the future growth in need will outstrip growth in funding and a consequential need for the Council to take action to address this. Through our Shared Services Programme we have recognised the potential benefits of working with partners particularly the NHS and neighbouring Councils in service redesign to obtain both service improvements and also efficiencies.
- 2.2** Local Authorities and NHS Boards currently make significant investment decisions that determine the way that health and adult social care services are shaped and delivered to meet the needs of our communities. The dual pressures offered by demographic change and economic challenge make the effectiveness and efficiency of those decisions ever more important. It is particularly crucial to have an agreed local approach for ensuring that existing and future resources can be realigned to support new models of care.
- 2.3** A planning approach characterised by a focus on opportunities in the margins, whilst rolling forward budgets based on historic spend patterns, will not keep pace with challenges on this scale. Instead, partners must be in a position to make investment choices informed by a comprehensive understanding of current resource and activity patterns, across the whole system. The aim of the Integrated Resource Framework (IRF) is to support partners to achieve this goal.

- 2.4** The IRF is being developed by the Scottish Government, NHS Scotland and COSLA, through the National Shifting the Balance of Care Delivery Group, in response to the shared strategic objective to shift the balance of care by working in a more integrated way within the NHS and across health and social care. More effective integration can improve people's experience of services, and enable better models of care to be provided without necessarily incurring additional cost.
- 2.5** The ideas behind the Integrated Resource Framework are fundamental. The framework enables partners to answer the questions,
- How are we using our resources?
 - What are our resources achieving?
 - How can we plan and invest our resources in a different, more effective way to support shifts in the balance of care?

3 OPPORTUNITIES FOR EAST AYRSHIRE

- 3.1** Over the last year East Ayrshire Council in partnership with NHS Ayrshire & Arran, and South and North Ayrshire Councils, have started using the IRF approach to map our resource use and activity to locality level. The Head of Service Community Care and the Executive Head of Finance and Asset Management have represented East Ayrshire Council in these discussions. The next phase of the development process presents an opportunity for practitioners and managers to shape and test new models of integrated care.
- 3.2** By understanding what resources are available and ensuring that those resources follow the person to where they can add most value, we intend to evidence a sustainable change in the quality of care and outcomes for service users and carers. Whilst the first phase of the IRF programme has been about resource mapping, the real benefits will only be seen in the next phases of analysis of effectiveness of service activity and service redesign.
- 3.3** Reports to Cabinet on Social Work Sustainability in June and October 2009 highlighted service and resource pressures in respect of the current models utilised in delivering care and support to people with complex needs.
- 3.4** It was indicated at that time that we require to work with partners to review across the Community Health Partnership how these supports can be resourced. In line with our Shared Services principles of partnership working across Ayrshire we had developed and been successful in a bid to the Scottish Government that Ayrshire will be a test site for the Integrated Resource Framework with East Ayrshire focusing and receiving national support to consider issues in respect of complex care.

3.5 Areas of interest which the Ayrshire partnerships will focus were identified as:

- East Ayrshire – low volume high cost packages of care;
- North Ayrshire – children’s services – particularly, intensive care packages;
- South Ayrshire – older peoples services
- Ayrshire & Arran wide – self management (particularly COPD)

The intention is that learning in each of the programme areas will be shared across Ayrshire and nationally.

3.6 In the October Sustainability report a commitment was given to bring back a report to Cabinet in December 2009 to detail the IRF Development Plan for East Ayrshire.

From an East Ayrshire perspective it is a requirement that implementation of revised service models and working arrangements through the Integrated Resource Framework (IRF) are in place within a timeline that will impact on the 2010/2011 financial year.

3.7 The East Ayrshire Project Initiation Document is attached in full as appendix 1.

The purpose of the **project** is:

To deliver improvements in services and through this better outcomes to adults with complex care needs in East Ayrshire through development of partnership working.

The anticipated organisational outcomes will be:

- Resources allocated in line with relative need
- Increased sustainability of service delivery
- Efficient utilisation of resources and best value evidence based models of care introduced
- Approaches to link resources to the individual’s care pathway examined and identified.

3.8 To deliver these outcomes specific areas of consideration will be in respect of Resource, Service and Organisational management.

RESOURCE MANAGEMENT

- Understanding of Full resource Commitment within the partnership and any known variables
- Detail of Known Resource Pressures and Commitments.

SERVICE MANAGEMENT

- Evaluation of service models including where appropriate cost/benefit analysis
- Comparison of Response to Relative Need
- Partnership Management Models

ORGANISATIONAL DEVELOPMENT/ MANAGEMENT OF TRANSFORMATIONAL CHANGE

- Shared understanding of involvement of people in planning and managing their own health and social care needs (Personalisation / self management/ Co-creating Health)
- Shared understanding and Ownership of risk

3.9 Success Criteria for Project

Success of the project will be demonstrated through:

- New evidence based models identified
- Implementation and Organisational development/ change management phases planned and agreed by key stakeholders
- And most significantly sustained improvements in the lives of those people in our communities with complex care needs.

4. FINANCIAL IMPLICATION

- 4.1** At a project level the Scottish Government has indicated that £0.2m will be available to the full Ayrshire partnership in both 2009/2010 and 2010/2011. The costs of the East Ayrshire Project will be met from within this funding and existing staff costs.
- 4.2** In respect of wider financial implications the success of service redesign in adult services to meet increasing demand for services is fundamental to the delivery of sustainable social work services.

5. POLICY / LEGAL IMPLICATIONS

- 5.1** The Integrated Resource Framework promotes directly the local and national Shifting The Balance of Care Policy.

New models of service delivery will be designed to deliver sustainable services within the requirement of the Council to meet duties within legislation particularly the Mental Health care and treatment (Scotland) Act 2003 and The Same as You? (2000) policy for services to people with Learning Disabilities.

6. RISK MANAGEMENT IMPLICATIONS

- 6.1** As indicated above there is a real risk that without service redesign the growth in need will outstrip the growth in resources and this threatens the sustainability of essential services.

6.2 The service redesign programme requires to consider risk in respect to the needs of individuals, community safety and organisational risk in relation to resources and reputation.

7. COMMUNITY PLANNING IMPLICATIONS

7.1 The Community Planning Partnership has lead role for delivery of the Health and Wellbeing theme of the Community Plan. The proposed partnership in developing the Integrated Resource Framework and implementation of subsequent findings presents an opportunity to demonstrate the real operational impact of Community Planning.

8. EQUALITIES IMPACT

8.1 Enhancing and supporting services to people with community health and social care needs, promotes the equalities agenda.

8.2 As recommendations for service redesign emerge they will be subject to Equality Impact Assessment.

9. RECOMMENDATIONS

9.1 It is recommended that Cabinet.

- (i) agree the partnership approach to service redesign;
- (ii) endorse the East Ayrshire Project Initiation Document as detailed at Appendix1; and
- (iii) note the contents of the report.

Graham Short
Executive Director of Educational and Social Services

20 November 2009

BACKGROUND PAPERS

The Integrated Resource Framework: Planning and Investment for Future Care:
Prospectus for potential test sites, Scottish Government 2009
Social Work sustainability Reports to Cabinet 2nd July 2008, 22nd October 2008, 4th
February 2009, 3rd June 2009, 21 October 2009

IMPLEMENTATION OFFICER:

Eddie Fraser: Head of Service Community Care

Project Initiation Document
EAST AYRSHIRE COMMUNITY HEALTH PARTNERHIP-
SUPPORT TO ADULTS WITH COMPLEX AND INTENSIVE NEEDS

A project within phase 2 of the
Integrated Resource Framework Programme
For Ayrshire & Arran

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<p>1</p>	<p>Introduction</p> <p><i>Purpose</i></p> <p>The purpose of the project is:</p> <p>Deliver improvements in services to adults with complex care needs in East Ayrshire through development of partnership working. The anticipated outcomes will be:</p> <ul style="list-style-type: none">• Resources allocated in line with relative need• Increased sustainability of service delivery• Efficient utilisation of resources and best value evidence based models of care introduced• Approaches to link resources to the individual's care pathway examined and identified.
<p>2</p>	<p>Project Initiation Document Sign Off</p> <p>Approval and sign off of the PiD will establish:</p> <ul style="list-style-type: none">• Agreement and commitment to the project management approach to define and deliver the Implementation Plan <p>As co-sponsors of this project, we accept this document.</p> <p>Eddie Fraser, Head of Service Community Care; LA Lead for Project</p> <p>Jim Crichton; Director of Mental Health Services; Health Lead for Project</p>

<p>3</p>	<p>Aims and Objectives</p> <p>Aim: To deliver improvements in services for adults with complex care needs in East Ayrshire in partnership with key stakeholders</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Develop an understanding of full resource commitment within the partnership and any known variables • Detail of known resource pressures and commitments. • Evaluation of service models including where appropriate cost/benefit analysis • Comparison of response to relative need including Interval of Relative Need (IORN) and the results of other available needs assessment processes across service areas • Enhance preventative and rehabilitation provision to reduce need for critical/high volume service input • Develop joint models of support and treatment in the community • Shared understanding and involvement of people in planning and managing their own health and social care needs (Personalisation / self management/ Co-creating Health) • Develop a shared understanding and ownership of risk and agree risk levels that all agencies will work with across the partnership
<p>4</p>	<p>Scope of Project</p> <p>The project will span the wide remit of East Ayrshire Mental Health and Learning Disability Partnership (EAMHLDP) including the full needs and resources associated with the Partnership.</p> <p>Project Overlaps/Links</p> <p>The project is fully integrated with East Ayrshire Community Health Partnership through the EAMHLDP which is an established group in the structure. The EAMHLDP is the designated Integrator for the project and has responsibility through the CHP for delivering on key indicators in the SOA and actions within the Improving Health and Wellbeing Section of the Community Plan. The project will link with the Joint Improvement Team (JIT) in relation to learning from their involvement in and knowledge of work in the field across Scotland. The project also links directly to sustainability programmes in the partner agencies and Joint Services Programme.</p>

	<ul style="list-style-type: none"> • Comprehensive analysis of current resourcing arrangements for complex care packages including learning disabilities, mental health and autistic spectrum in East Ayrshire by NHS and EAC. • Agreed knowledge of and understanding of demand and demography and timescales identified through the project • Development of alternative evidence based approaches for managing complex care packages • Detailed costing of alternative approaches • Detailed analysis of staffing and other non financial resource requirements • Cost benefit analysis of preferred alternative approaches • Risk assessment of proposed models in respect of future resource implications for partners • Development of transition arrangements for implementation of alternative delivery models • Parallel delivery of organisational development and transformational change management programmes to key partners and stakeholders.
7	<p>Key Milestones</p> <ul style="list-style-type: none"> • Sign-off of this document (PiD): November 2009. • Submit to Scottish Government by 27th November 2009. • Share information with Ayrshire partners December 2009 • Establish an Implementation Plan for project by mid Feb 2010 • Share information with Ayrshire partners Feb 2010 • Submit to Scottish Government by end Feb 2010. • Begin implementation of new arrangements by April 2010. • Quarterly reporting of progress through CHP and single agency reporting arrangements.
8	<p>Approach (<i>Management and Planning</i>)</p> <p style="text-align: center;">RESOURCE MANAGEMENT</p> <p>Understanding of Full resource Commitment within the partnership and any known variables</p> <p>The breakdown of information for Phase 1 of the Integrated Resource Framework will be further analysed and expanded upon to detail across agencies the total envelope of resourcing and how this is utilised at present.</p> <p>This will include participation and engagement of Service managers / Finance Staff / Human Resource Staff and other stakeholders as requested.</p>

Detail of Known Resource Pressures and Commitments.

A range of pressures are known to agencies, this may include service pressures such as numbers of young people in transition, numbers of people in hospital or number of people being supported by elderly carers. It may also include know financial constraints.

This will include participation and engagement of Service managers / Finance Staff / Human Resource Staff and other stakeholders as requested.

SERVICE MANAGEMENT

Evaluation of service models including where appropriate cost/benefit analysis

Evidence based work requires to be undertaken in respect of evaluation of all service models, with initial focus on the most intense approaches that require the delivery of 24 hour support, at high staff/care recipient ratios.

This will include participation and engagement of Service managers / Finance Staff / Human Resource Staff and other stakeholders as requested.

Comparison of Response to Relative Need

Initial consideration is required in respect of comparisons of care models across service areas, it is suggested the Interval of Relative Need (IORN) and other established needs assessment tools may provide a vehicle for this work

This will include participation and engagement of Service managers / Finance Staff / Human Resource Staff and other stakeholders as requested.

Partnership Management Models

Consideration is required in respect of future effective and efficient management models for the partnership. This will include consideration of:

- Management of referrals
- Allocation of tasks
- Management of Resources
- Administrative Supports

This will include participation and engagement of Service managers / Finance Staff / Human Resource Staff and other stakeholders as requested.

ORGANISATIONAL DEVELOPMENT/ MANAGMENT OF TRANSFORMATIONAL CHANGE

Shared understanding of involvement of people in planning and managing their own health and social care needs (Personalisation / self management/ Co-creating Health)

Development requires to be undertaken across agencies to explore understanding of personalisation / self management, provide information on evidence of best practice and agree a shared understanding of future models for East Ayrshire.

This will include participation and engagement of Frontline staff/ Clinicians/ Service managers / People who use services / carers / advocacy / elected members / NHS board members

Shared understanding and Ownership of risk

Support to people with complex care needs in all settings involves evaluation of risks. Developing models of care require shared understanding of risk in relation to rights, responsibilities and equity.

This will include participation and engagement of Frontline staff/ Clinicians/ Service managers / People who use services / carers / advocacy / elected members / NHS board members.

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Roles and Responsibilities

Project Sponsors:

Eddie Fraser- Head of Service: Community Care

Jim Crichton- Director of Mental Health Services

Responsibilities:

- Agree the project management approach and aims, objectives and scope of project
- Provide strategic direction and support to the project team as required
- Resolve escalated project issues and risks if required
- Support the implementation of the outcomes of the project
- Secure investment from their organisations
- Support transformation change and develop ownership at all levels

Project Lead:

Alison Findlay- Senior Manager

Linda Boyd- Health Care Manager

- Establish and chair meetings of the project team
- Coordinate key project work streams and allocate tasks
- Coordinate the flow of information between team members, project sponsors and other stakeholders
- Report project progress to project sponsors and key stakeholders
- Present final report on key deliverables to Project sponsors/ stakeholders for approval and subsequent implementation
- Support transformation change and develop ownership at all levels

Project Team Members:

Mental Health and Learning Disability Partnership (MHLDP)

- Compile all pertinent information related to their area of work and relevant to the project
- Take on relevant tasks in order to progress the work of the project
- Liaise/ consult with key staff in developing project proposals
- Assist in developing final report
- Engage in implementation and organisational development phases of the project
- Support transformation change and develop ownership at all levels

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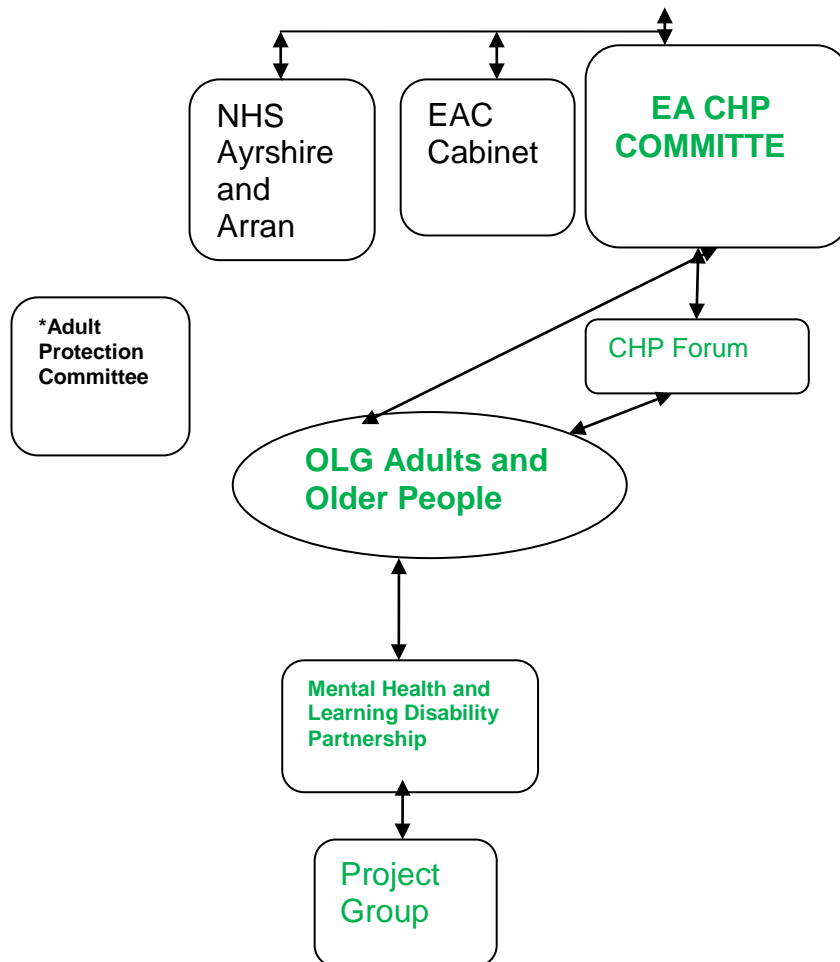
Other Stakeholders

- Service users and their families
- CHP Lead officers and OLG members
- CHP Subgroup members
- CHP Committee Members
- CHP Forum Members
- Elected members
- NHS Board Members
- Relevant EAC and NHS staff

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Communication Plan/Reporting Structure

See Diagram below for reporting structure



**Stakeholder relationship particularly in relation to managing and communicating risk*

	<p><i>Project team to meet on a monthly basis and report to Officer Locality Group (OLG) and onward to CHP Forum and CHP Committee as part of an established 8 weekly meeting cycle.</i></p> <p>Communication Plan Project communication will be delivered through the existing Community Health Partnership Communication Plan. Regular systematic briefings will take place with all stakeholders via a range of mechanisms including existing meetings cycles, the CHP electronic portal, cascaded presentations to key staff groups through the MHLDP and existing service user and community engagement approaches.</p>
<p>12</p>	<p>Resourcing Requirements</p> <p>Additional capacity will be required to:</p> <p>Complete a programme of Care Package Reviews on a multi-agency basis-</p> <p>Staff time and admin support £10,000</p> <p>Complete an evidence based evaluation of care models Complete an evidence based evaluation of service delivery models</p> <p>Research, data collation and analysis £20,000</p> <p>Support Professional Organisational Development/ transformational change management Support capacity and skills development Develop and implement new approaches across organisations</p> <p>Secondment of two team leaders (LA and NHS) For six month period £60,000</p>
<p>13</p>	<p>Success Criteria for Project</p> <ul style="list-style-type: none"> • New evidence based models identified • Implementation and Organisational development/ change management phases planned and agreed by key stakeholders