



## East Ayrshire CHP Forum – 21 April 2010

- Subject:** Integrated Resource Framework Programme
- Purpose:** To provide an update of progress made with the Children with Complex needs Ayrshire-wide IRF, one of four projects within phase 2 of the programme in Ayrshire & Arran.
- Recommendations:** CHP Forum to receive regular progress reports and note the content of the report.
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### 1. Background

- 1.1 In December 2008, the 4 statutory partners within the Strategic Alliance agreed on the development of an Integrated Resource Framework for Ayrshire & Arran. Phase 1 commenced in April 2009 and contained macro-level financial analyses across health and social care total budgets for each of the three Local Authority areas. This information was provided to the CHP in August/September 2009.
- 1.2 Having successfully bid to become one of four phase 2 test sites across Scotland, four projects were identified to be delivered through the respective CHPs in Ayrshire & Arran. 3 projects are Local Authority led and the fourth health led.
- 1.3 This paper provides an update on progress with Children with Complex needs Ayrshire-wide IRF
- 1.4 North Ayrshire Council leads on behalf of NHS Ayrshire and Arran the phase 2 pilot for children with complex needs.
- 1.5 This pilot also includes East and South Ayrshire Councils and the NHS. A project group lead by Carol Kirk, Corporate Director of Education (North Ayrshire Council) has been set up and this is co chaired by Joanne Sharp, Health Care Manager NHS Ayrshire & Arran. Kay Gilmour, Head of Service- Community Support for East Ayrshire Council and Chair of the East Ayrshire OLG for Children and Young People is also a member of this group.

1.6 The pilot is based on the following set of core principles:

**Outcome focused** – supporting the delivery of measurable improvements in access quality and safety and improving the service user experience.

**Personalised** – enabling resources to follow the service users through health, education and social care systems, thereby enhancing public confidence in service delivery.

**Evidence Based** - using clinical / care / intervention activities and financial information, together with quality improvement and health inequalities information, as well as economic information, good practice and guidance as the basis for decision making and gaining professional commitments.

**Integrated** – using partnership resources flexibly at CHP/locality level to support person-centred intervention and packages of care with the full involvement of all partners; Working together to prevent care breakdown between partners due to crisis or unplanned emergency.

**Sustainable** – using best value principles to support decision-making and to prioritise the use of all resources and investments.

**Early Intervention** – ensuring there is a clear focus on preventative problem solving approaches and emotional resilience and that children and young people are diverted from formal measures of provision and protection.

1.7 The IRF development will process 2 main components:

- The explicit mapping of service user cost and activity information for children's services in health, education and social services in order to provide a detailed local understanding of existing resource profiles for populations.
- Protocols that describe agreed and transparent methods to allow this resource to flow within the NHS and also between NHS Boards and Local Authorities, thereby following the service user and ensuring that they have the intervention, which will deliver the best outcome. The proposal is to develop worked examples of protocols for realigning resources to support pathways, which effectively shift the balance of care.

## 2. Purpose

2.1 To examine the level and deployment of resources for health and care needs across NHS Ayrshire & Arran, Social Services and Educational Services within the three local authorities, in order to target these resources in an effective and integrated manner in keeping with the principles of shifting the balance of care and taking into account best practice in integrated assessment and in development.

## 3. Scope

3.1 The Scope of the project is as follows;

- To agree and define what is meant by 'complex needs'

- To identify the total spend on children’s health and care needs in all settings;
- To identify the total unmet need in children’s health and care needs
- To identify individual spend on a sample group and establish tariff scores to inform future planning;
- To determine where there is duplication or inequality of provision;
- To work towards integrated provision and aligned or conjoined budgets; and
- Clearly outline the shift of resources from high-end services e.g. residential services to community support services, working in an integrated setting/arrangement.

## **4. Methodology**

4.1 The methodology is detailed below;

- Identify children’s demographic information illustrating complexity and population projections related to children across the three local authority areas.
- Gather total spend on children’s health and care needs across the three settings of Health Services, Social Services and Educational Services;
- Gather total unmet need on children’s health and care needs across the three settings of Health Services, Social Services and Educational Services;
- Identify 60 children across the three authorities who have complex needs and map the spend on their care and health provision;
- Examine how priorities are set and decisions made which incur spending; and
- Consider how more integrated pathway and integrated deployment of the full resource can reduce duplication and make best use of resources.

## **5 Structure and Reporting**

5.1 The Children’s Integrated Resource Framework Project Group is responsible for the identification and implementation of the Children’s complex needs IRF work.

5.2 The Children’s Integrated Resource Framework Project Group will be lead by North Ayrshire Council working with South and East Ayrshire Councils and NHS Ayrshire and Arran. The project group will report to the Integrated Resource Framework Steering Group.

## **6 Current Work In Progress**

6.1 A definition of children with complex needs has been agreed by the project group.

The NHS, East Ayrshire, South Ayrshire and North Ayrshire Councils are currently identifying their total children's budget spend.

- 6.2 NHS, East Ayrshire, South Ayrshire and North Ayrshire will meet together week commencing 22<sup>nd</sup> February 2010 to discuss 20 per Local Authority (60 in total) children with complex needs. A risk log has also been prepared.

## **7 Key Milestones**

- 7.1 The key milestones for the project are detailed below;

- IRF stakeholders engagement event: 13 November 2009
- Sign-off of this document (PiD): late November 2009
- Submit to Scottish Government by 27<sup>th</sup> November 2009
- Finalise draft implementation plan and risk log – end December 2009
- Undertake JIT Partnership toolkit assessment end February 2010
- Establish transitional modelling with adult services January 2010
- Establish an Implementation Plan for project by mid Feb 2010
- Submit to Scottish Government by end Feb 2010
- Begin implementation of new arrangements by April 2010
- Update previous JIT Partnership toolkit assessment end April 2011

## **8 IRF Communication**

- 8.1 There needs to be successful engagement across the three Ayrshire CHPs with regard to the IRF work for children with complex needs. Each CHP Committee and CHP Forum will require to determine how frequently they wish an update.
- 8.2 There is also a need to ensure clear communication of proposed models with East Ayrshire who lead the adult modelling work

## **9 Impact Assessment**

- 9.1 This is an internal document for CHP Committee Forum & OLG members and as such does not require an impact assessment. However, any actions flowing from it may require impact assessment by respective officers.

## **10 Recommendations**

- 10.1 CHP Committee to
- receive regular progress reports
  - note the content of the report

Report previously submitted to North Ayrshire CHP Committee on 4/2/10

(Updated by CHP Facilitator 9/3/10 and 1/4/10)