Paper 4

EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP

COMMITTEE MEETING

MONDAY 4th APRIL, 2011

PROGRESS RE EAST AYRSHIRE IRF PROJECT

Report by East Ayrshire Project Leads

4th April 2011

1. BACKGROUND

1.1 As part of Phase 2 of the pilot across Ayrshire and Arran with respect to the Integrated Resource Framework, East Ayrshire was tasked with focussing on adults (aged 16 – 65) with learning disabilities and/or mental illness who were defined as having complex needs.

1.2 The East Ayrshire Project Initiation Document anticipated outcomes of the project as follows:

(i) Resources allocated in line with relative need
(ii) Increased sustainability of service delivery
(iii) Efficient utilisation of resources and best value evidence based models of care introduced
(iv) Approaches to link resources to the individuals care pathway examined and identified

1.3 The objectives were defined as follows:

(i) Develop an understanding of all resource commitment within the partnership and any known variables
(ii) Detail of known resource pressure and commitments
(iii) Evaluation of service models including where appropriate cost/benefit analysis
(iv) Comparison of response to relative need including Interval of Relative Need (IORN) and the results of other available needs assessment processes across service areas
(v) Enhance preventative and rehabilitation provision to reduce need for critical/high volume service input
(vi) Develop joint models of support and treatment in the community
(vii) Shared understanding and involvement of people in planning and managing their own health and social care needs
(viii) Develop a shared understanding and ownership of risk and agree risk levels that all agencies will work within across partnerships

1.4 A timeline was agreed for actions with regular reporting to the Ayrshire and Arran IRF Steering Group, the East Ayrshire Project Group and the East Ayrshire Mental Health and Learning Disability Partnership.

2 METHOD

2.1 A project team was established comprising two NHS and one EAC staff member. Critical to the success of the project was the fact all three members of staff were well established and respected locally by colleagues across organisations. They also had considerable hard and soft knowledge about operational and community cultures.

2.2 Commencing January 2010, the project team were located in a jointly owned and managed centre in North West, Kilmarnock. This not only placed them highly visible in a joint resource but also close to relevant NHS and Council services for the identified service user group.

2.3 All operational staff were asked to provide information relating to people they worked with who they considered to be complex based on several descriptors. 377 people were identified through this process which also highlighted a diversity of application with respect to the term “complex”.

2.4 The project team subsequently co-ordinated focus groups with a wide range of stakeholders including staff groups across agencies, independent sector providers and family carers. To date there has been no consultation with service users given the nature of the activity, the potential to raise unnecessary alarm and an agreed position that more clarity was required with respect to each agency’s direction of travel prior to commencing direct engagement. There were responses available from the council’s day service consultation which informed some of the process.

2.5 The project team also undertook research with respect to alternative service provision models, telehealth/care, contract and commissioning and local funding options.

2.6 The details of all the aforementioned activity was compiled into a substantial report which included financial information with respect to current commitments.

3 FINDINGS

3.1 This report concludes with a range of actions to be considered in terms of improving service provision in line with the Shifting the Balance of Care Improvement Framework aspirations of more preventative, community based care delivered by partnerships of organisations.

3.2 The actions have been discussed within the East Ayrshire Mental Health and Learning Disability Partnership and prioritised in line with local need and activity which is currently underway.

3.3 There are some areas where it is anticipated there will be quick results including expansion of the Resource Allocation Group to include NHS, Housing and Leisure Services providing an opportunity to consider a broader range of options than purely paid support, establishing a joint review process to enhance shared understanding and ownership of support packages, build on current co-location arrangements and progressing telehealth/care use for the mental health/learning disability service user group.

3.4 Other actions will be more incremental in terms of shifting cultures from being over protective to more capacity enabling, managing expectations of the community in terms of service levels and revising contractual arrangements with independent sector providers.

3.5 To that end an implementation plan has been developed which is Specific, Measurable, Achievable, Realistic and Time-based (SMART).

4. NEXT STEPS

4.1 It is proposed that the East Ayrshire Mental Health and Learning Disability Partnership progress the IRF Implementation Plan as a work stream within that governance arrangement.

4.2 NHS Ayrshire and Arran and East Ayrshire Council are jointly committed to resourcing the delivery of next steps which are further detailed in the attached action plan. The agreed direction of travel is:

- To take forward a process of joint reviews of patients with complex care needs to ensure that support packages enable safe, personalized and cost effective care, and are proportionate to identified need
- Build on the resource mapping we've undertaken by extending the Resource Allocation System in East Ayrshire and progressing individualised budgets, with individuals and families having more control of their own lives.
- Extending the Resource Allocation Group to include local health, housing and leisure representation.
- To work within a system of aligned budgets taking shared responsibility and ownership for jointly commissioning an effective framework of services.
- To move to greater devolved responsibility of the budgets to locality teams.
- Building on existing good practice in respect of co-location of services.
- Maximising opportunities presented by improvements in telehealth & telecare to provide service users with the least restrictive and intrusive support possible.

4.3 All stakeholders who contributed to the project and report outcome are appraised of the findings and next steps.

4.4 Direct engagement with service users, family carers and the wider community is now progressed.

The CHP Committee is asked to approve and support this process in order to ensure work commences in April 2011.

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