



East Ayrshire CHP Committee – 22 March 2010

- Subject:** Integrated Resource Framework Programme
- Purpose:** To provide an update of progress made with the East Ayrshire IRF, one of four projects within phase 2 of the programme in Ayrshire & Arran.
- Recommendations:**
- Approve the approach as outlined within this report
 - Receive regular updates in terms of progress
 - Otherwise 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 the East Ayrshire IRF. The project Initiation document (PID) has previously been approved by East Ayrshire Council Cabinet on 2nd December 2009 and CHP Committee on 1st February 2010. The CHP Forum has also considered papers on the IRF in East Ayrshire on 2nd December and 10TH February 2010.

1.4 The Integrated Resource Framework seeks to enable the realisation of some of the goals of Shifting the Balance of Care (Scottish Government, 2008), through fostering closer integration between health and local authority. A number of sites across Scotland have been supporting the development of the framework by undertaking a broad ranging review of their service provision across health and local authority, and how this could be improved. The development work comprises 2 phases:

- Phase 1: Explicit mapping of patient and locality level cost and activity information for health and adult social care, to provide a detailed understanding of existing resource profiles for partnership populations;
- Phase 2: Protocols that describe agreed and transparent methods to allow resource to flow between partners, following the patient to the care setting that delivers the best outcomes.

1.5 The work reported on here relates phase 2.

The PID for the East Ayrshire Phase 2 project outlines the identified objectives and key deliverables, along with a timetable for their achievement: the focus of this work is adults with complex needs, encompassing clients known to mental health and learning disability services within health and local authority. The stated objectives were:

- 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

2. Opportunities for East Ayrshire

2.1 The IRF project provides a fundamental opportunity to look afresh at the resources deployed in relation to complex clients known to mental health and learning disability services within the locality. In support of the above work, a pro-forma was disseminated to local authority and health staff within the relevant teams, with a request that team members use it to identify all clients they would consider 'complex' on their caseload.

- 2.2 Team members were asked to complete these forms on an individual basis, and to detail all of the inputs being received by the identified individual, in terms of health, local authority, and third sector. Provision of this information was intended to provide a starting point for exploring resource commitment and pressures, and development of possible alternative responses, in line with the PID objectives.
- 2.3 By taking this approach to complexity, the project has recognised that high service costs lie not only with those individuals who are supported by high-cost care packages, but also with those whose complexity is such that it places significant demands on services in a variety of potentially 'hidden' ways.
- 2.4 In order to explore these hidden aspects of care delivery, and explore potential new ways of responding more efficiently and effectively to the needs of all clients, the initial pro-forma will be followed up with a more detailed questionnaire, intended to allow the development of a comprehensive overview of the services received by the identified individuals. The scope of the information being gathered, combined with the timescales available for this piece of work, recommended a targeted approach in order to ensure that the project aims were delivered on.

To this end, 3 postcode areas have been identified, within which all individuals highlighted via the initial data collection exercise will have additional information gathered on them. These are:

- KA3 1 (Kilmarnock, Altonhill, Knockinlaw, Longpark, Beansburn, Hillhead);
- KA6 7 (Patna, Dalmellington, Bellsbank, Waterside, Rankinston, Drongan)
- KA5 6 (Catrine/Mauchline/Sorn)

- 2.5 The first 2 areas are those which had the greatest number of individual clients identified within them via the initial data collection exercise (and were identified as being associated with considerable service input as a result), while the 3rd has been deliberately targeted by the project team for the following reasons:
- There is a cluster of eight high cost care packages all approximately within a three mile radius, half of which fall within the KA5 6 areas (the remainder being in KA5 5). . Two separate providers currently provide the support to these individuals.
 - Catrine has been identified as the Pathfinder Healthy Weight Community in East Ayrshire, one of eight sites across Scotland. It was selected due to its supportive infrastructure for the programme as well as a combination of health and social needs. For the same reasons, the area is very relevant for the kind of natural community supports to be explored within this project. Linking to the Health Weight project may also prove relevant.
- 2.6 As well as clients falling within these 3 postcode areas, all those in receipt of a high-cost care package (>£90k) will have the same information gathered about them. This detailed information regarding client supports will be used to inform general discussions with relevant staff groups (local authority and health), in order to capture their views as to how services could work differently, and with a greater

emphasis on partnership working in the interests of the client. Following on from this, more focused discussions will also take place with all those individuals who complete forms for the identified clients, in order to explore the feasibility of any solutions/developments identified, using the clients they had identified as a reference point for the discussion.

2.7 It is also intended to explore the following regarding their applicability to the IRF agenda:

- Self directed care – use of In Control monies
- The role of (and expectations regarding the role of) providers (third sector)
- Use of existing joint commissioning arrangements – Joint Protocol monies
- Development of natural community supports (and the possible role of Local Area Coordinators within this)
- Existing assessment processes
- Implementation of care management
- Implementation of data sharing across health and local authority
- Workforce issues and development opportunities
- Organisational and strategic development opportunities

2.8 Application of the Joint Improvement Team Learning Disability Commissioning Pathway to a subset of the individuals identified within the overall exercise will also be a considered, as a means of exploring commissioning options.

2.9 A variety of work across Scotland will also be of relevance to the project, however of particular interest is the Public Social Partnership (PSP) pilots¹, specifically those involving Aberdeen Council and local service providers for people with a learning disability; and that involving East Renfrewshire Council and Partners for Inclusion. The PSP pilots are looking at means of exploring how such partnerships can best function and deliver value for money, and the projects mentioned are of particular relevance as they involve people with learning disabilities, and with mental health problems. In addition to these projects, successful models of support delivered elsewhere will be identified and compared to existing local practices.

3 Resource Implications

3.1 Ongoing project costs (staff, other support costs) are currently being accommodated within £0.2m funding made available to each of the 4 IRF test sites across Scotland. In terms of broader financial implications for partner organisations, it is intended to have available following project completion a report with explicit recommendations regarding developing new models of service delivery.

3.2 The nature of these recommendations is entirely dependent on the data gathered within the project; however it is anticipated that some short term recommendations may be more about using existing resources differently in order to realise achievable change, while others will require a more long term approach to delivery,

¹ More information can be found on the PSP pilots can be found at www.pspscotland.co.uk

as well as (possibly) additional exploratory work to be undertaken.

4 Risks

- 4.1 The focus of the IRF project on the efficient and effective use of resources provides a means of addressing existing risks regarding ongoing and future resource constraints within health and local authority.
- 4.2 The risks faced by individual clients, in terms of their existing needs and the possibility of these escalating, are also a pivotal concern. Developing services that engage proactively and proportionately, and that work with communities themselves to develop their capacity to foster wellbeing and natural supports, will be key to achieving the goals of the IRF.

5 Community Planning Implications

- 5.1 The aims of the East Ayrshire Community Plan (Improving Health and Wellbeing theme) are very much consonant with the work of the IRF, and it is anticipated that much of the activity encompassed within the former will be relevant to and could be further promoted by the latter.

6 Impact Assessment

- 6.1 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.

7 Recommendations

- 7.1 It is recommended that the CHP committee
 - Approve the approach as outlined within this report
 - Receive regular updates in terms of progress
 - Otherwise note the content of the report

**IRF Project Team (D Jarrett, J. McCreath, J Kerr)
(Modified by CHP Facilitator 9/3/10)**