

The Integrated Resource Framework

Integrated Resource Framework

Context - a perfect storm



- Demographic pressures
- Economic pressures
- Planning in the margins of historic activity

Marginal or strategic planning?
Performance or variation?
Bottom line or opportunity cost?
Administration or stewardship?

Integrated Resource Framework Context

Policy

- Partnership working across health and social care
- Shifting the Balance of Care
- NHS Quality Strategy
- Reshaping Care for Older People

Two planning disconnects

- Within health – between primary/community and acute
- Between health and social care

Need to shift resources to support shift towards better, more appropriate care – and better outcomes

IRF....What is it?

- Do you really know how you use your resources?
- Do you like what you see?
- Is there a better way?
- How can you move from where you are now to the better way of doing things?

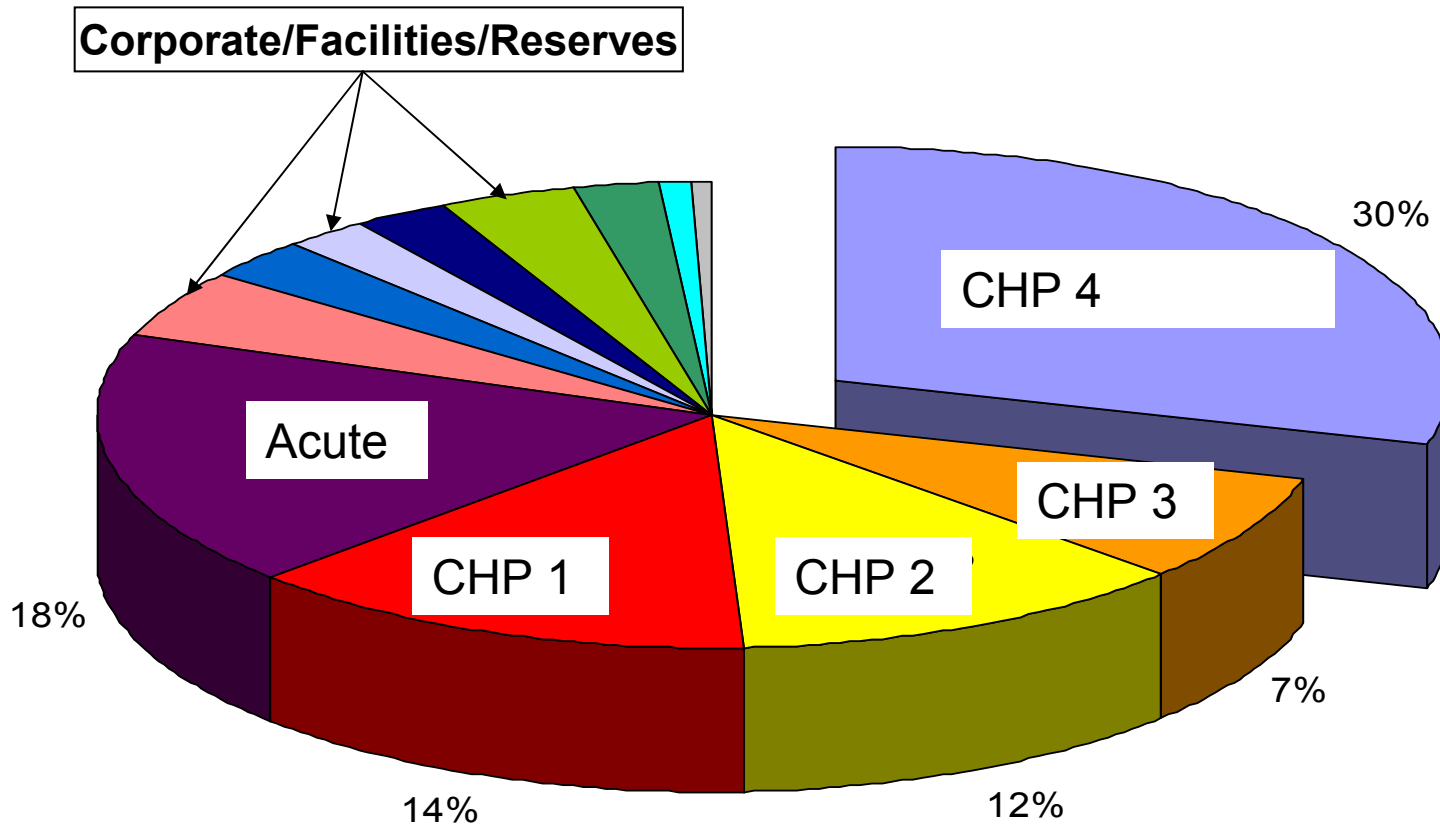
Integrated Resource Framework

Some supposedly simple questions:

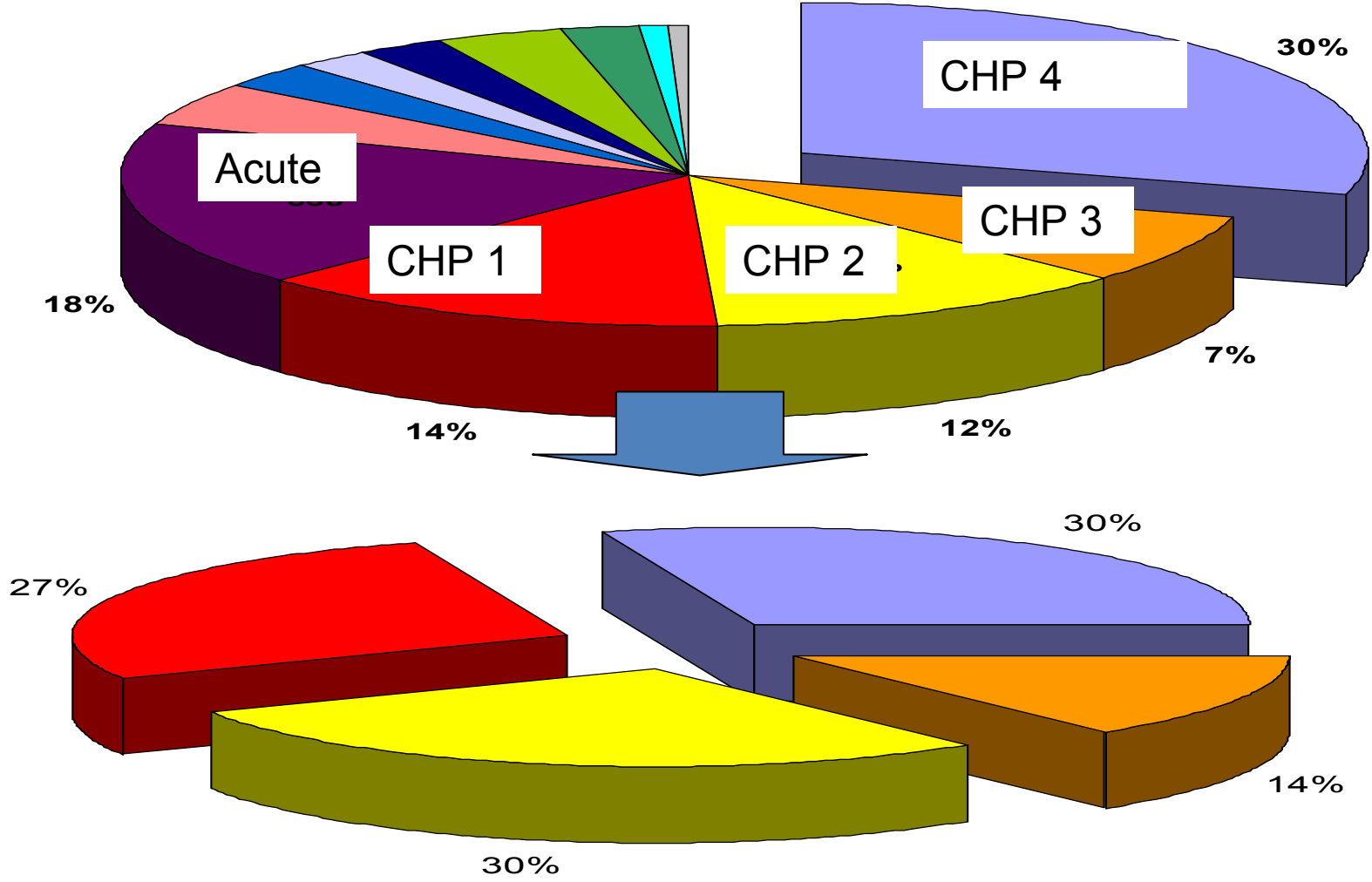
- Do you know how much you spend per head on people over 75 yrs?
- Across Health and Social Care?
- Is there variation:
 - by locality?
 - by GP?
 - in the type of care provided?
 - in outcomes?

What is Mapping?

A £500m Cash Limited Budget

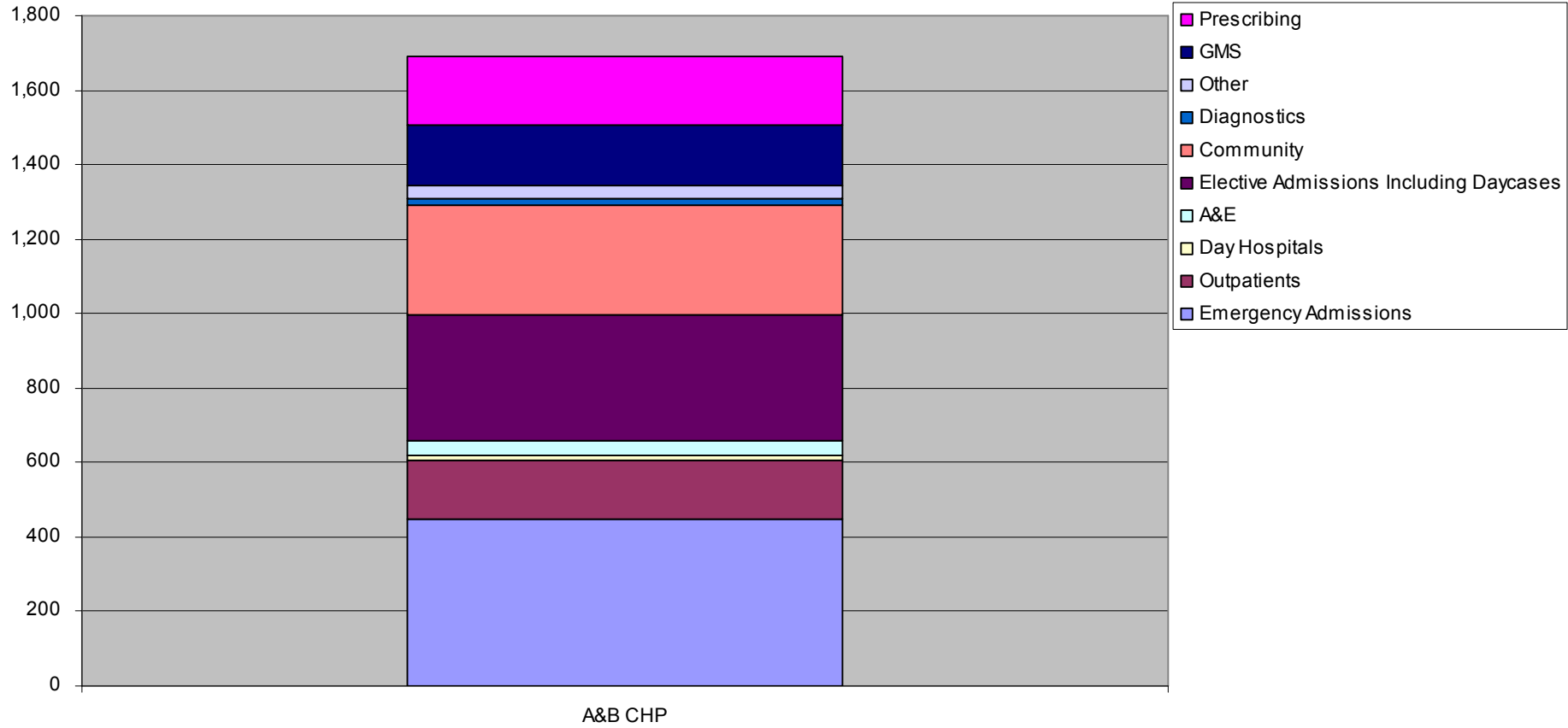


Board Spend Mapped to CHP Populations

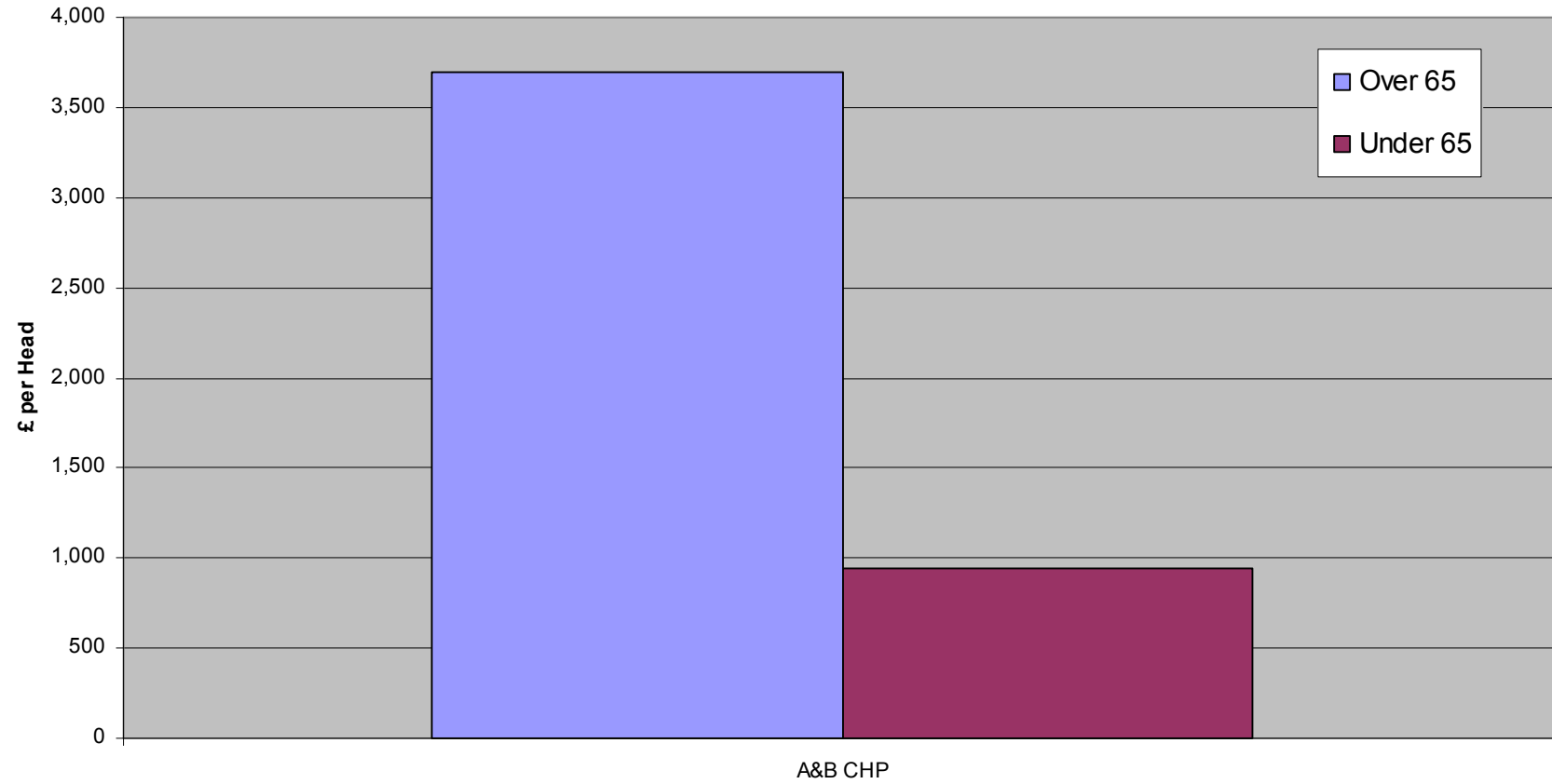


Recent Outputs

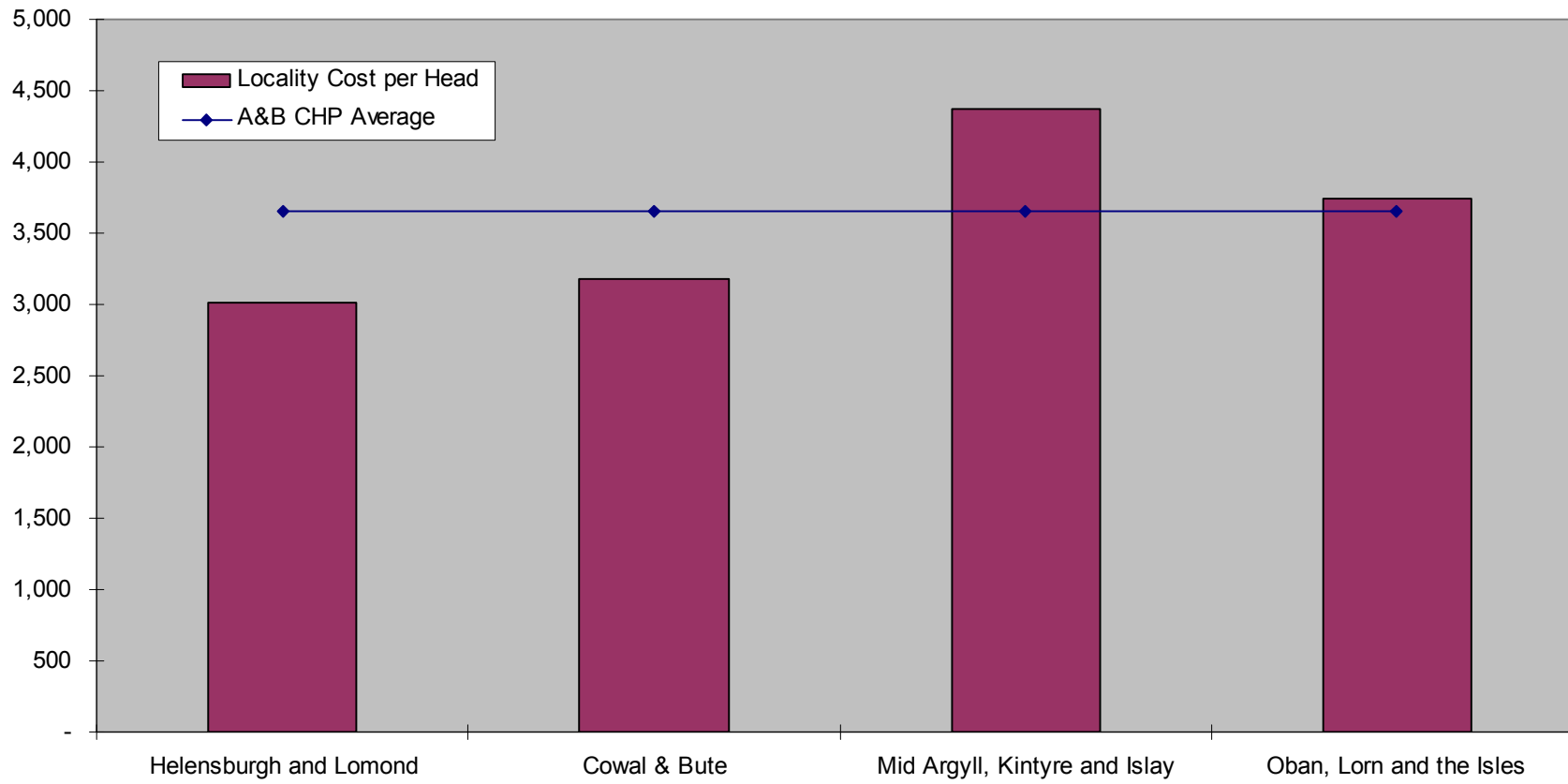
Argyll & Bute CHP Spend per Weighted Head of Population by CHP



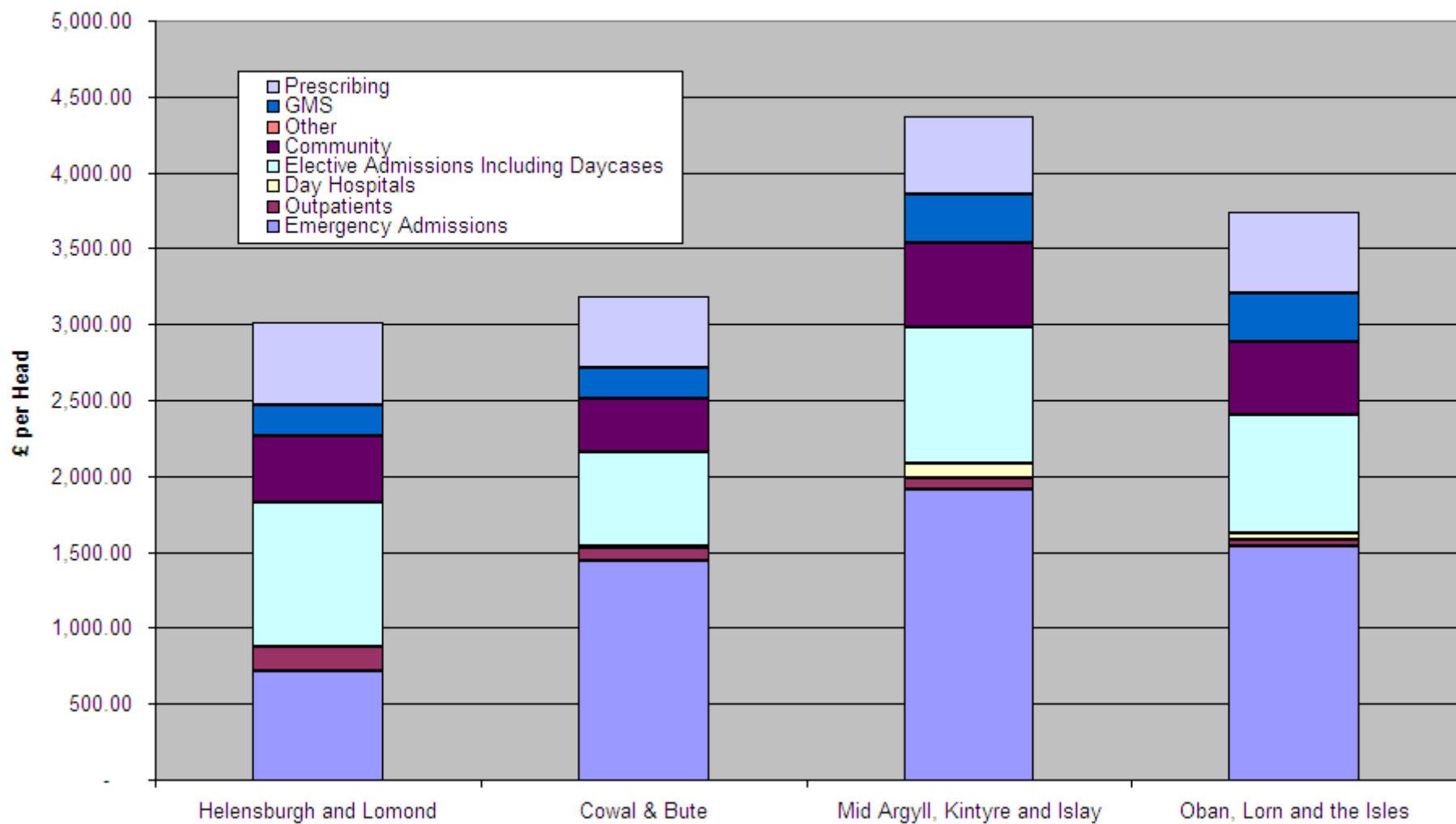
A&B CHP Spend per Head of Population by Ageband



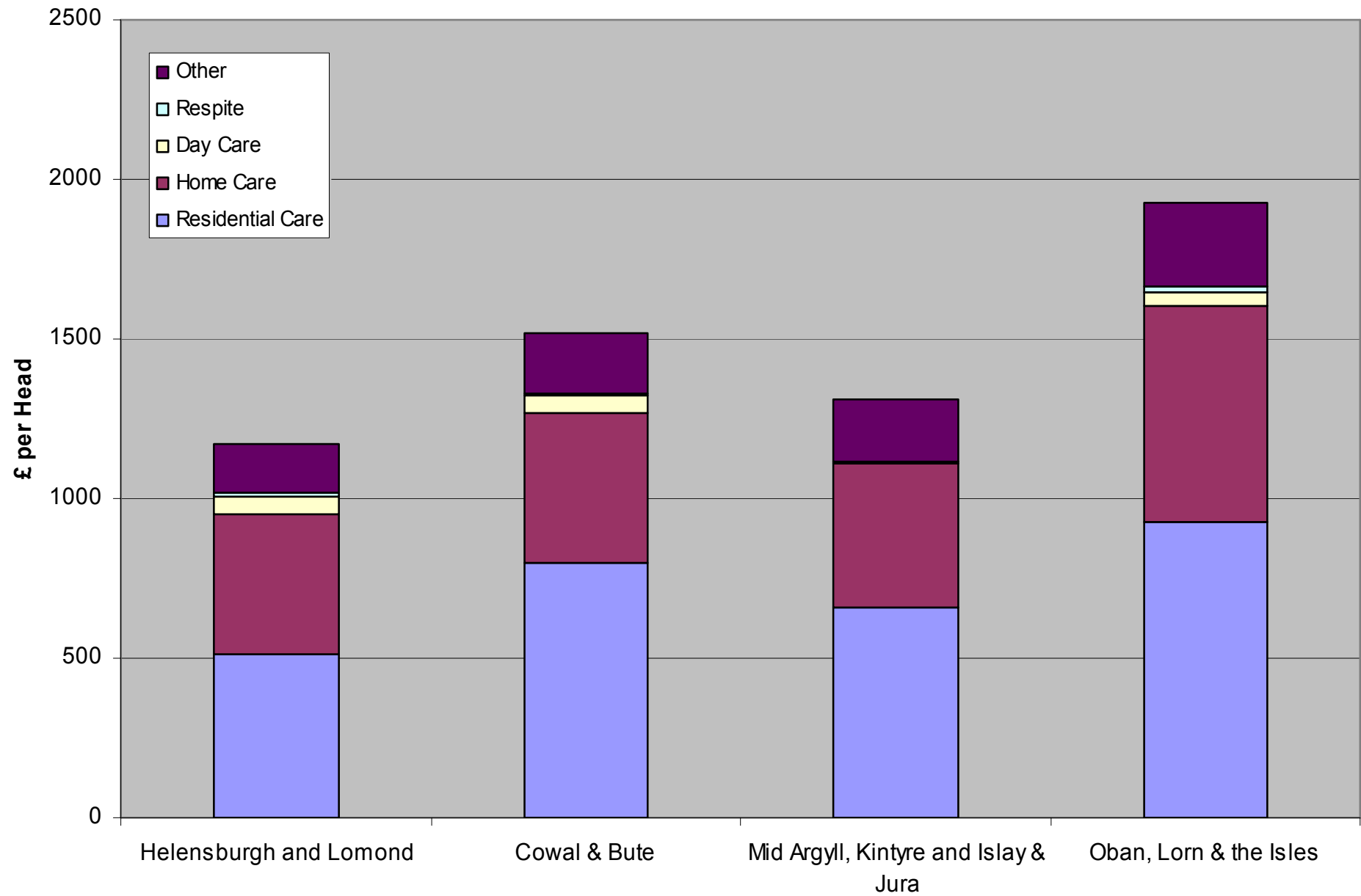
A&B CHP Locality Spend per Head Over 65s



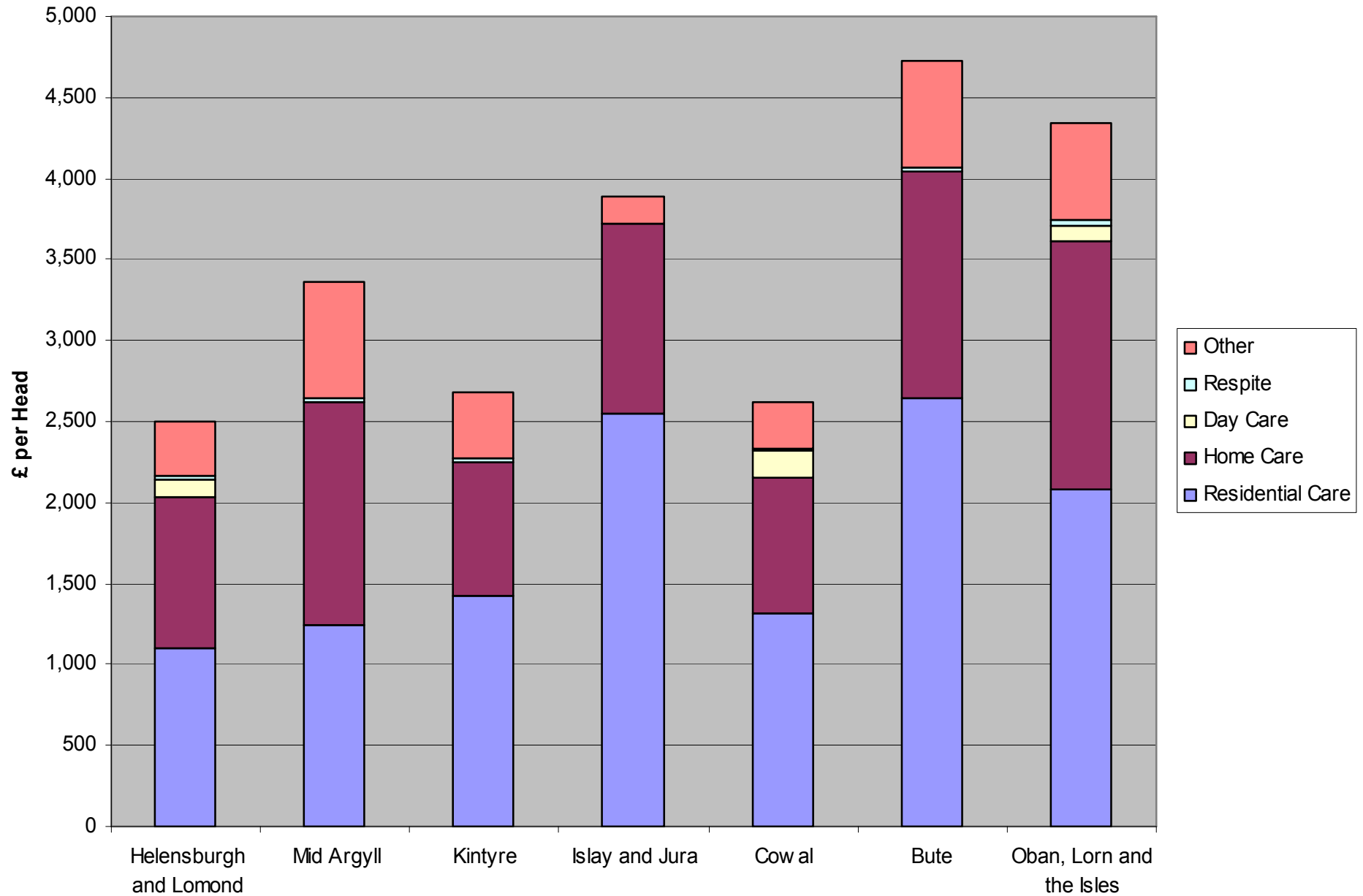
A&B CHP Spend Per Weighted Population (65+) by Expenditure Type



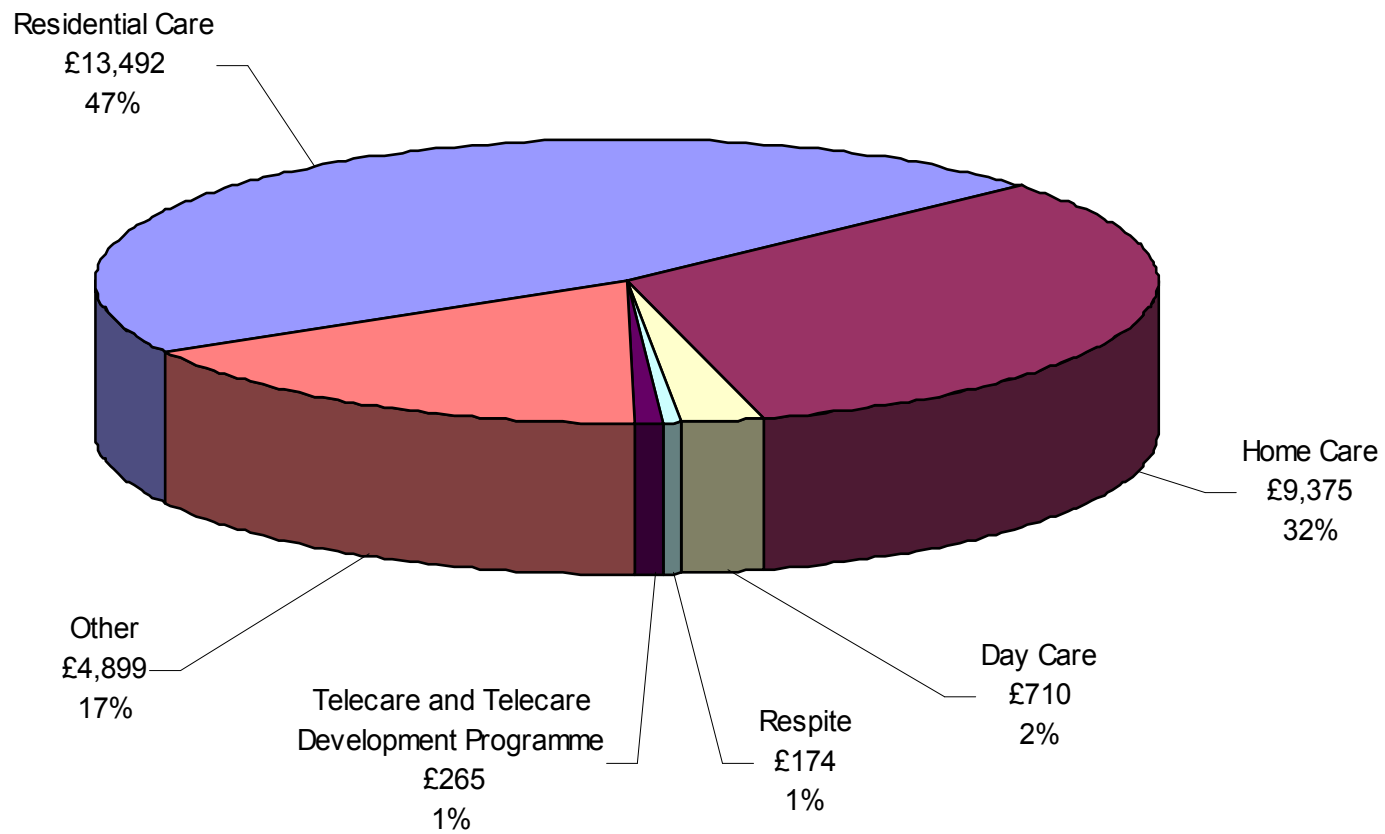
Argyll & Bute Social Care Spend per Head of Population 75+



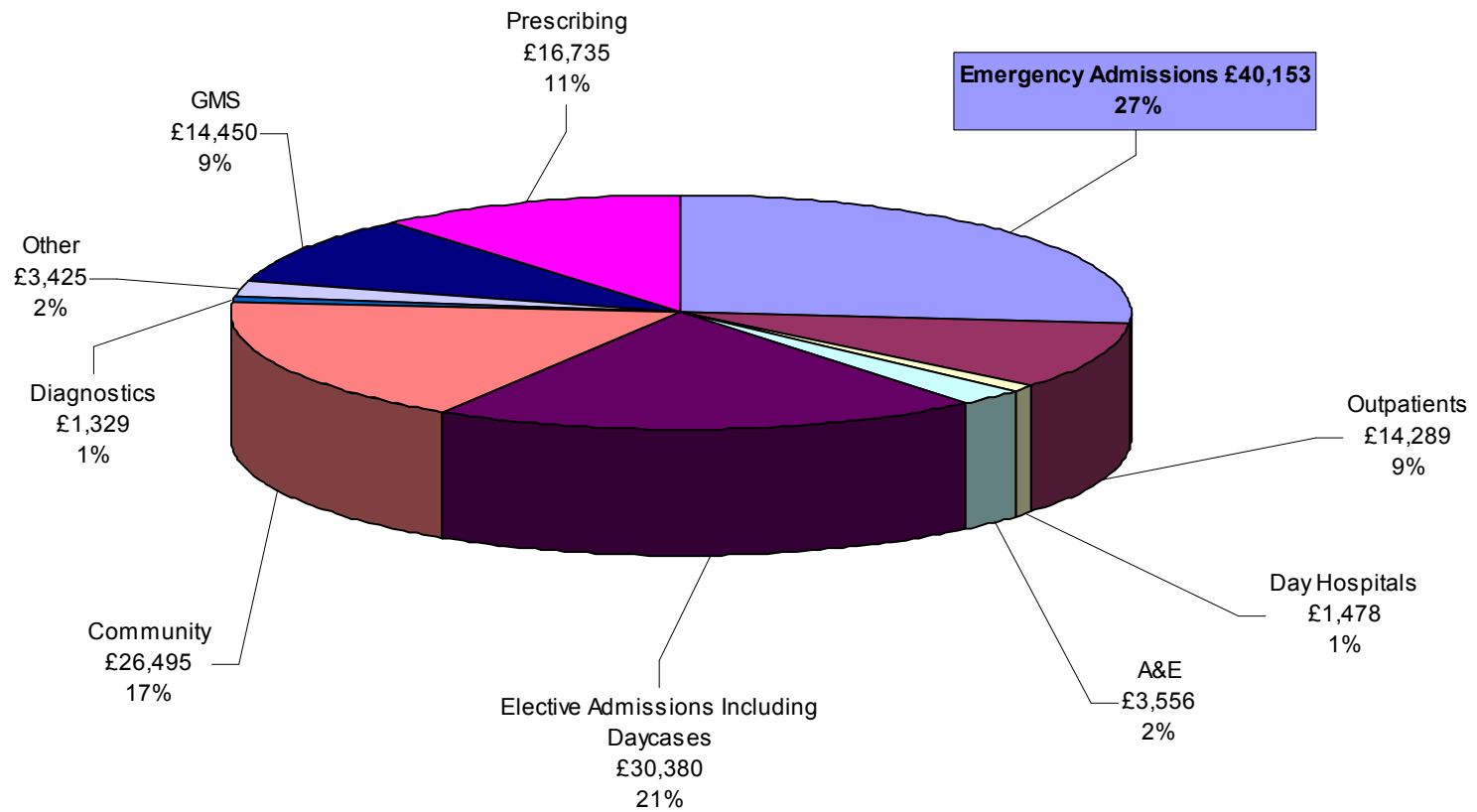
A&B CHP Cost per Head of population 75+



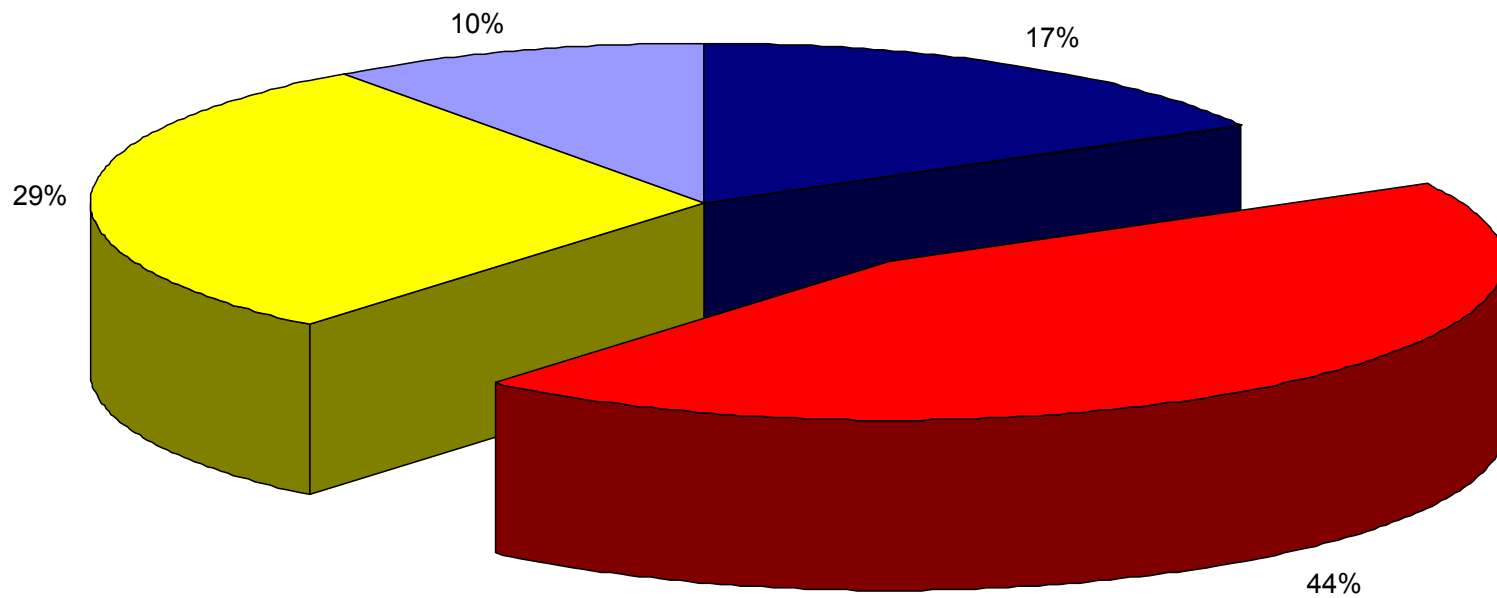
A&B Council Over 75s Social Care Spend 2009-2010
£'000



Argyll & Bute NHS IRF Planned Spend 2009/2010
£'000

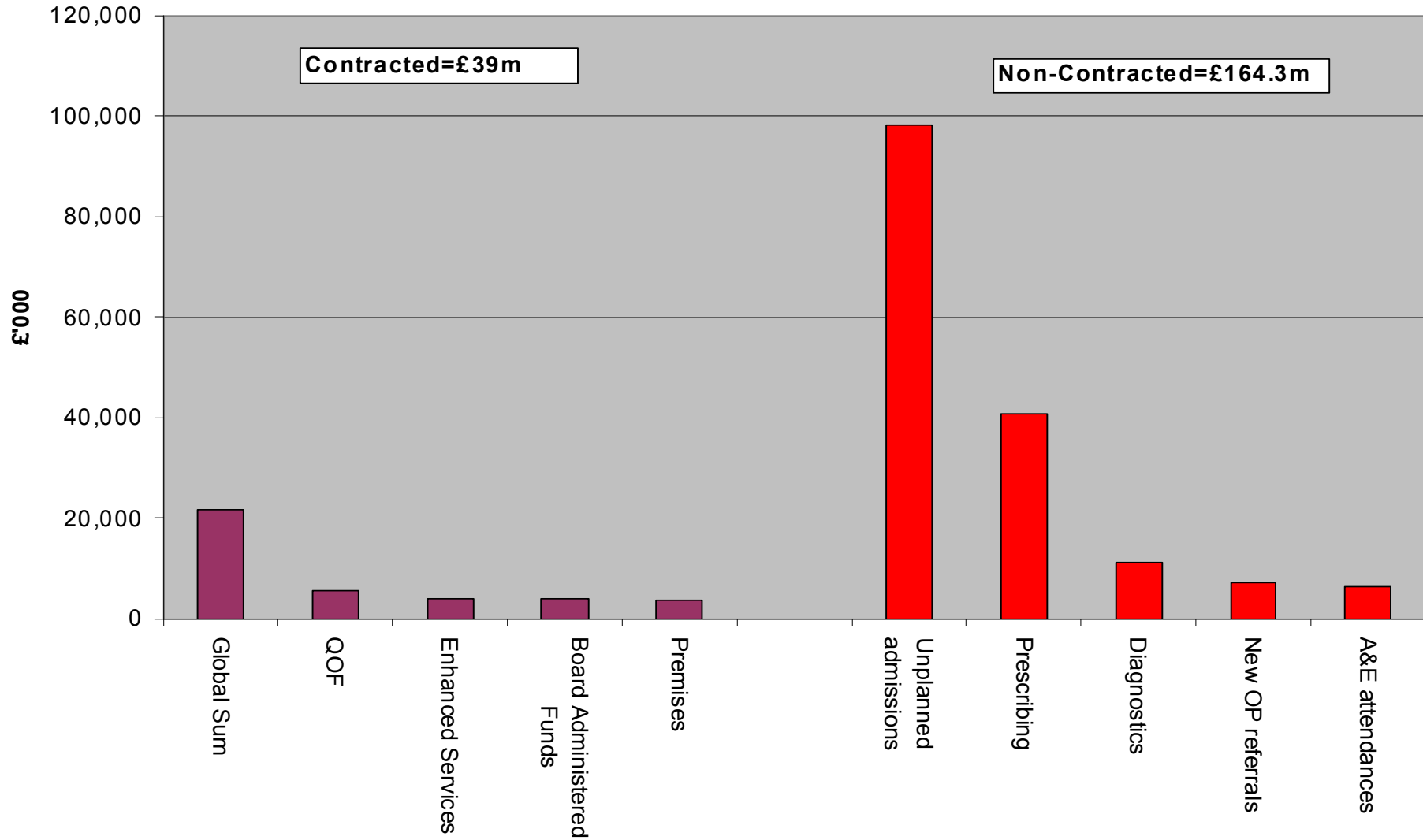


Current system: Practice direct Impact

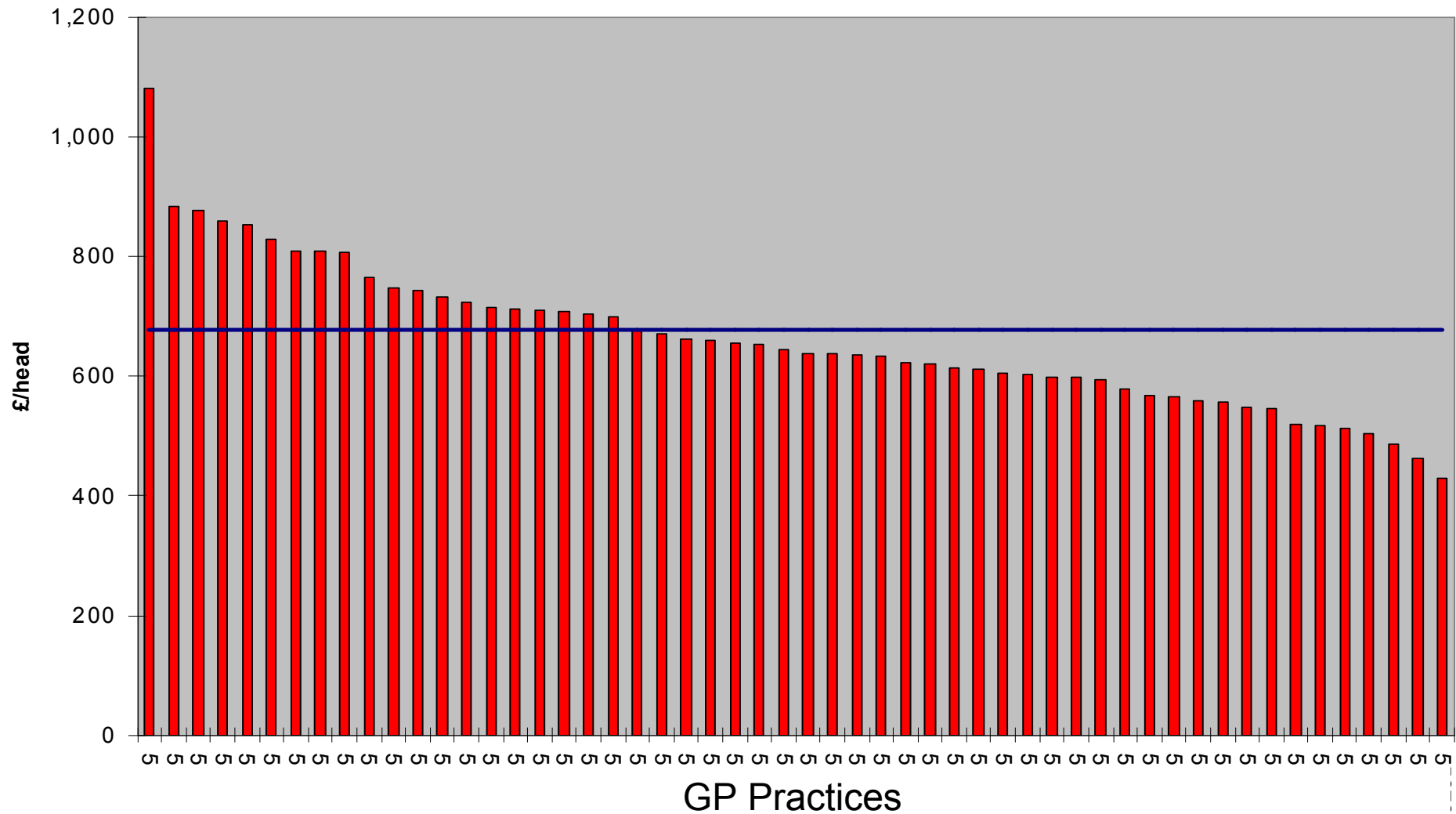


■ Total GP Contracted ■ Total GP Direct Impact ■ Other Clinical ■ Non Clinical

2008/09 Practice Direct Impact (£203.4m)

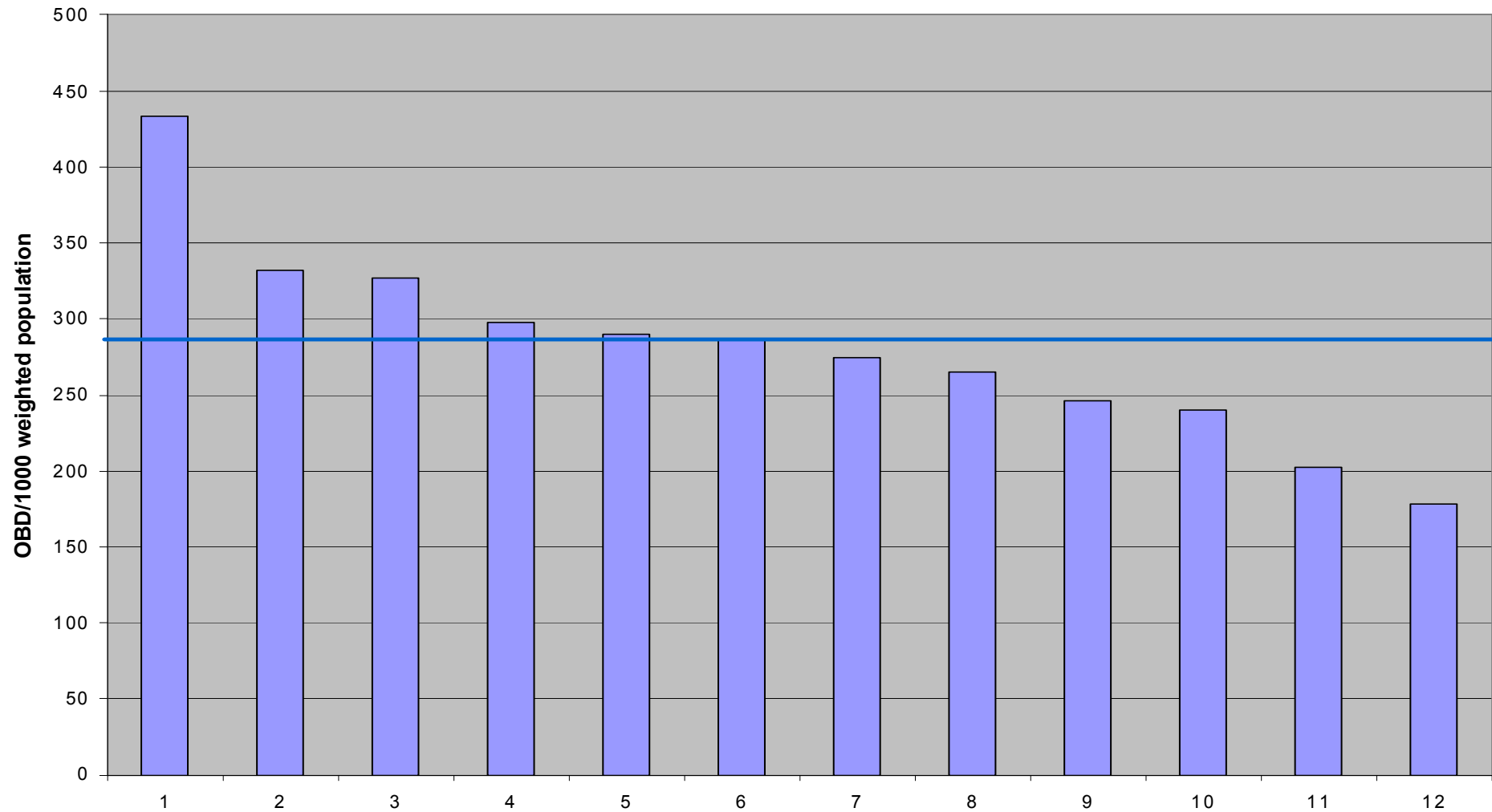


GP Direct Impact



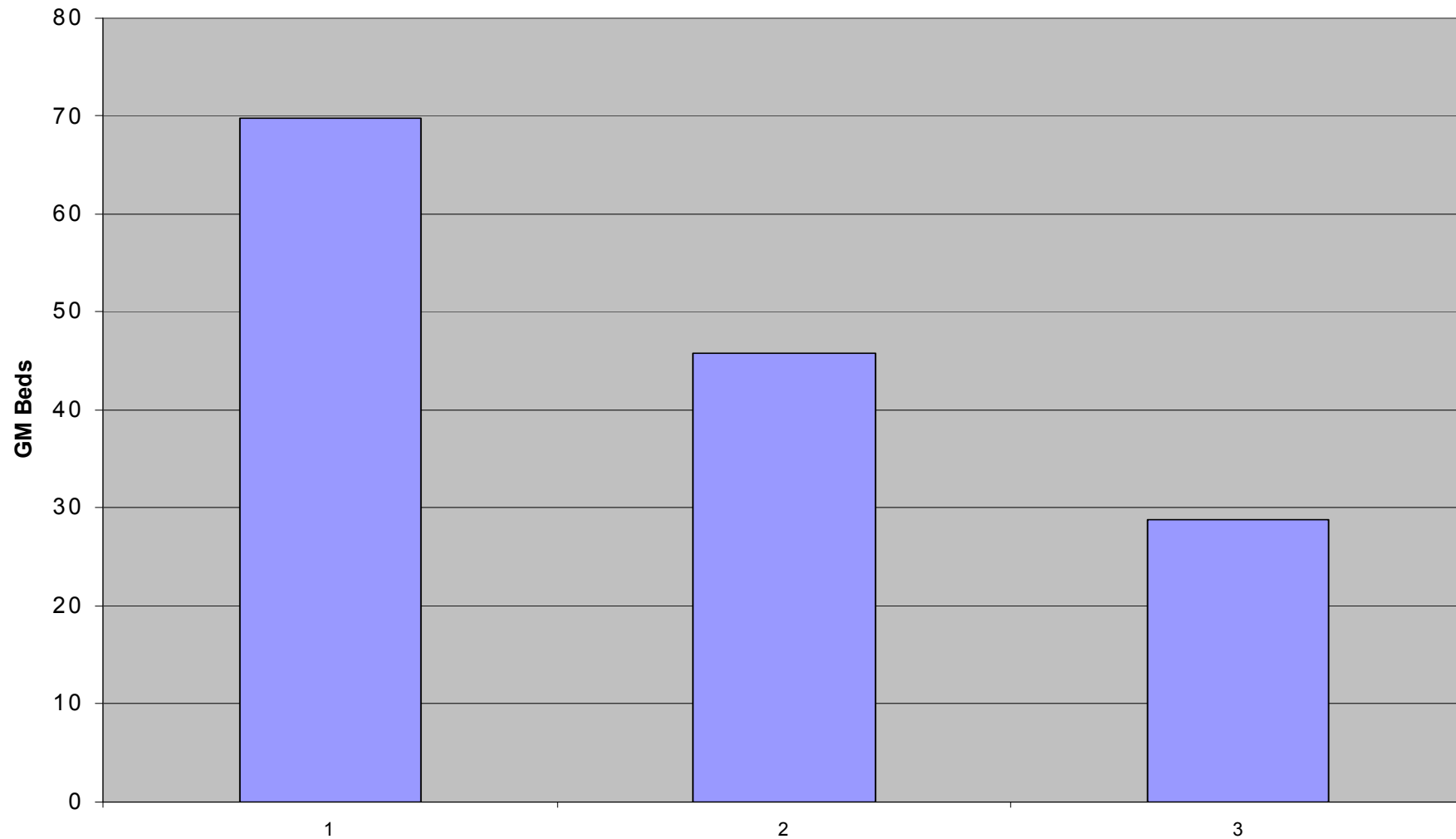
What Difference?

Acute General Hospital City Practice GM OBDs
(Average 2006/07-2007/08)



A 40 Bed Ward

Hospital GM Capacity Planning



Populations of Interest

- **The Strategic** *NHS/Council population, where the use of the total resource applying to a population, (in this case the per capita resource available to the over 75year old population of the NHS/Council area) will be the focus.*
- **A District** *population where we achieve co-terminosity around a locality (or localities) to allow a joint per capita financial envelope to be used for the adult (or 75+) population to be used with flexibility across the normal NHS/Council budget divides.*
- **Small tests of change** , *such as the innovative “virtual wards” in Nairn and Invergordon, will be supported across the Highlands and, where evidenced as positive, grown on.*
- **Lead Commissioner** *arrangements will be explored with a view to the Partners commissioning a whole service from each other, eg. Adult Mental Health Services*

Highland Populations of Interest

- **The Strategic** *NHS/Council population, where the use of the total resource applying to a population, (in this case the per capita resource available to the over 75year old population of the NHS/Council area) will be the focus.*
- **NHS Commissioning** *Developing plans for resource use in 2011/12*
- **A District** *population where we achieve co-terminosity around a locality (or localities) to allow a joint per capita financial envelope to be used for the adult (or 75+) population to be used with flexibility across the normal NHS/Council budget divides.*
- **Small tests of change**, *such as the innovative “virtual wards” in Nairn and Invergordon, will be supported across the Highlands and, where evidenced as positive, grown on.*
- **Lead Commissioner** *arrangements will be explored with a view to the Partners commissioning a whole service from each other, eg. Adult Mental Health Services*

Local Commissioning

- **July/August/September 2010**
 - Update /provide activity/cost information as required
 - Meet all CHPs to discuss information (Management teams and Committees)
- **October 2010**
 - Produce costed Commissioning Plans describing planned investment in community and acute services
 - Discuss commissioning plans with CHPs and Acute settings
- **October 2010 to April 2011**
 - Monitor capacity plan forecasts against actual activity and cost
 - Develop Highland Commissioning Competencies
- **April 2011**
 - “Go Live” with capacity plans informing NHS investment patterns?

Local District

- Quantify the total per capita resource available right across the Health and Social Care system, including an understanding fixed costs and overheads.
- Develop a detailed understanding of current activity , variation and associated costs and outline the changes that wish to be made to these patterns
- Develop specific commissioning plan(s) which describe the changes that will be made and forecast the resource that will need to move to reflect the new patterns of service.
- Timeframe: December 2010 for broad scope; April 2011 detailed plan for implementation and resource shifts
- (note: The initial focus is on the adult or >74yr population *depending on the feasibility of separating out an age banded budget* from general adult care spend.)

What are we aiming for?

- **Four options:**
(Care at home; Care Home; GP bed; Specialist Bed)
- **One phone call**
- **Seven outcomes?**
 - **Total unscheduled admission rates per 1000 population** (this could be focused by looking at the >74 population. Measure of admission avoidance)
 - **Total Occupied bed-days for >74s per 1000 population** (Measure of admission avoidance/supported discharge for general >75 population)
 - **Occupied bed-days for multiple admissions of >74s per 1000 at risk** (a measure of both admission avoidance and support available on discharge to a population by identified risk profile.)
 - **Rates of discharge from acute care to permanent care home care** (Measure of reablement, but cross references to 3 in terms of sustainability)
 - **Rates of care home use; mean length of care home stay** (could be linked to age on admission, and rate within age population eg. >74)
 - **Ratio of deaths at home to deaths elsewhere**
 - **Systematic serial feedback on local services from users and carers**

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