

The Integrated Resource Framework

Kathleen Bessos

Paul Leak

Simon Steer



Workshop

- Context
- Some Recent Analysis
- Test Sites
- (Easy) Questions



Starting Point for the IRF... *It's not just about Finance Departments*

“Clinicians & Care Professionals.. have a crucial role... It is they who commit resources.”

“Governance structures need to allow them freedom to act and to ensure there is accountability for their actions.”

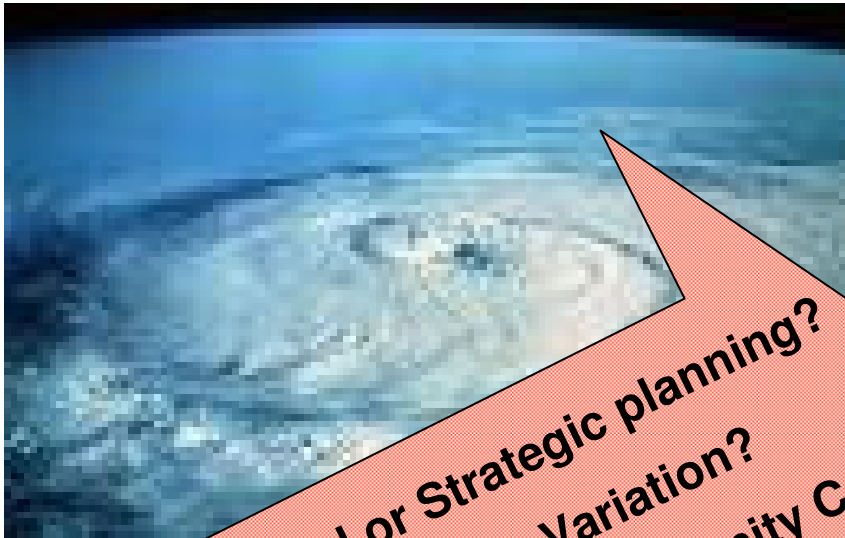
“Finance needs to be structured in a way that supports this.”

**Prescription for Partnership
Audit Commission Dec 2007**



Context:

Recognising The Perfect Storm



Marginal or Strategic planning?
Performance or Variation?
Bottom line or Opportunity Cost?
Administration or Stewardship?

- Demographic pressures
- Economic pressures
- Historic patterns of; investment; management and resource use.

Context: Scottish Health & Social Care System

- Inter-dependency
- Chasms
 - *Health & social care;*
 - *Community & Institutional care*
- **Variation “The key word!”**



Context: Triple Aim

To:

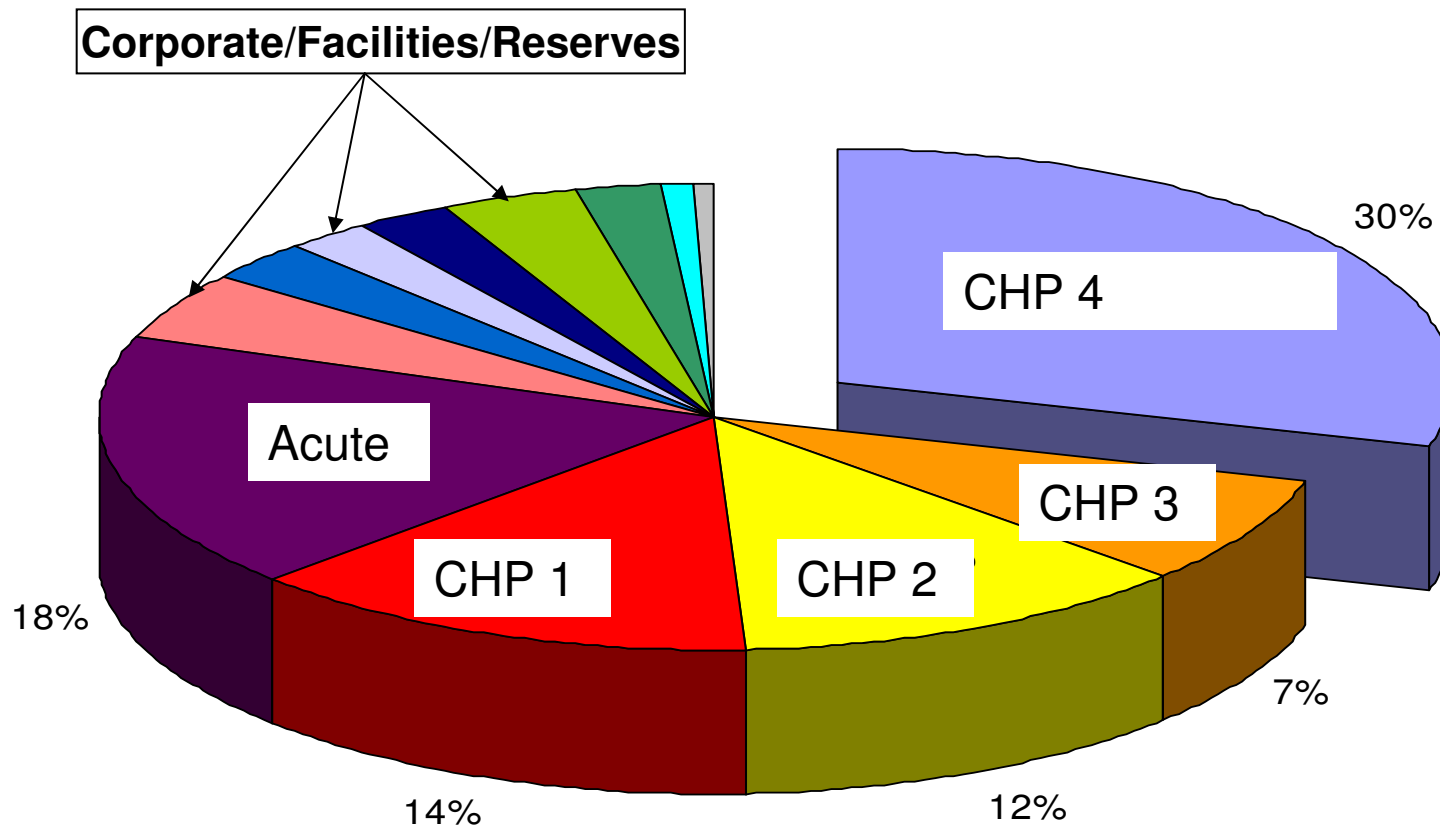
- Improve population Health
- Improve individual experience
- Reduce costs

Requires:

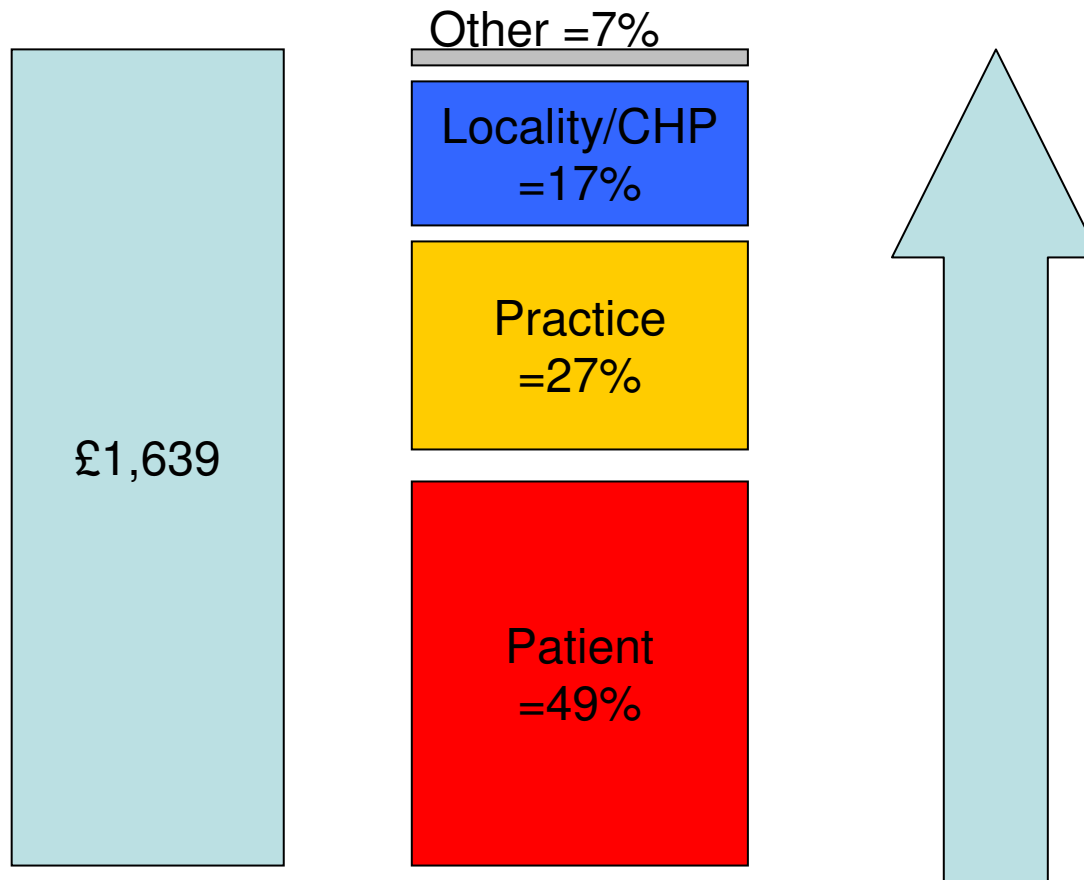
- | | |
|------------------------|---------------------|
| • Defined Population | Stage 1: Mapping |
| • Per Capita Resources | Stage 1: Mapping |
| • Care Integrator | Stage 2: Test sites |



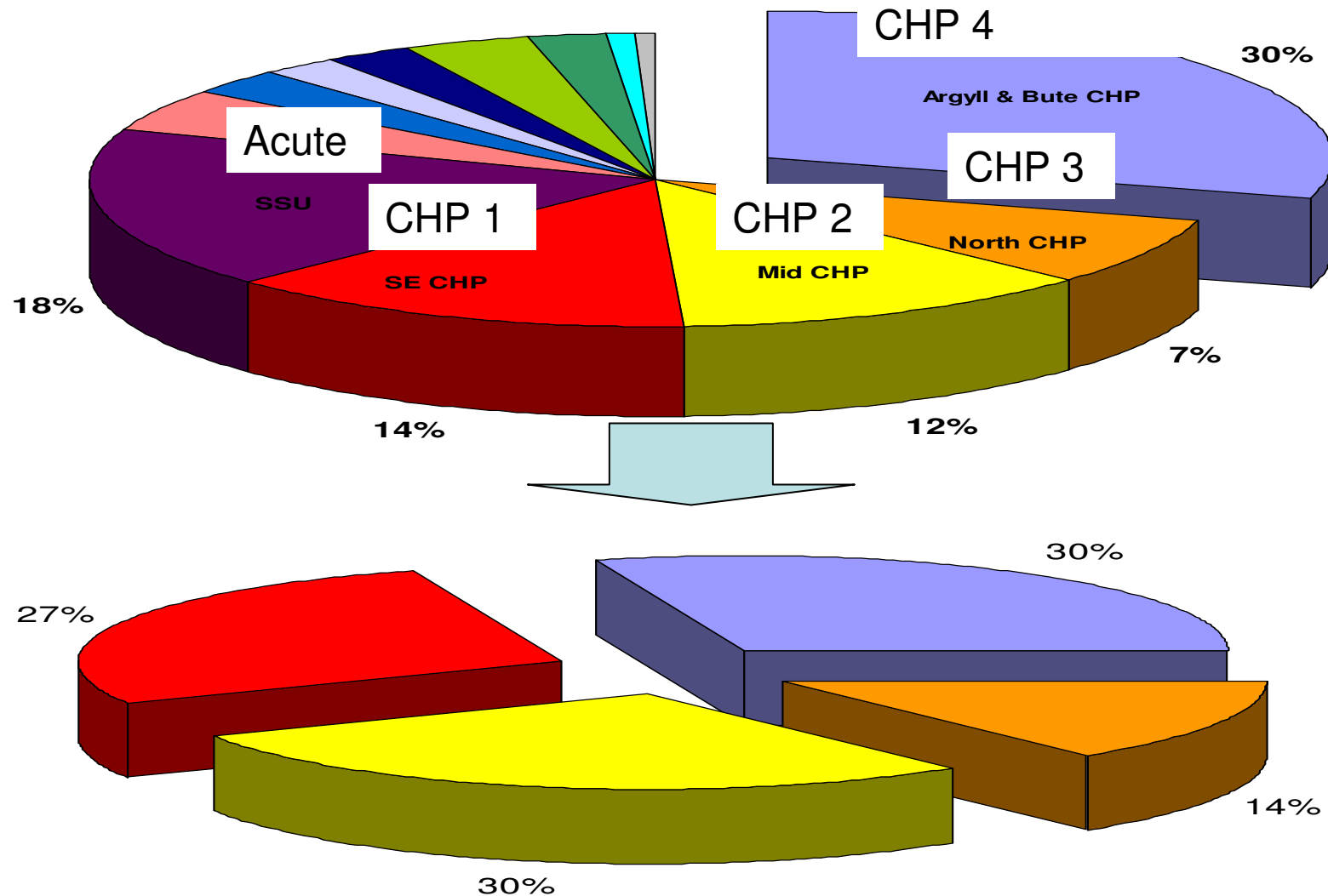
Mapping A Cash Limited Budget



Analysis of Spend



Board Spend Mapped to CHP Populations



Phase 1. Mapping

Test sites should know:

- Per Capita Health and Social Care expenditure
 - Practice/Locality/CHP;
 - By care type;
 - Balance of Care.
- Patient level hospital activity and costs
 - Per capita hospital expenditure for care groups;
 - Per capita hospital expenditure by age/sex;
 - Site/Specialty analysis



After Mapping:

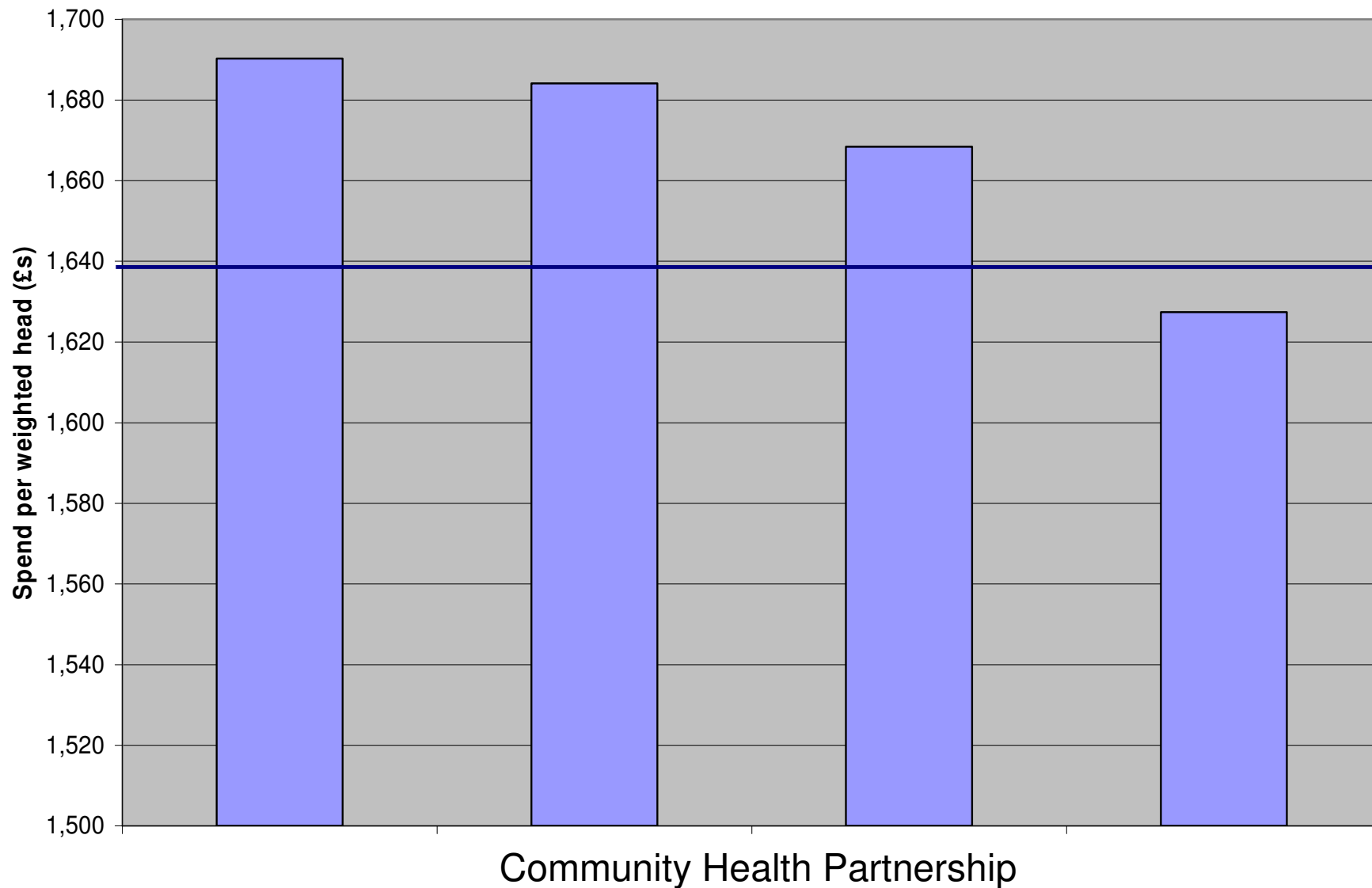
- What does it look like?
- Do you like what you see?
- Does it fit with (stated outcomes and are the patterns defensible?)
- Do you want to do something different?
- Can we redesign the bicycle whilst still pedalling?***



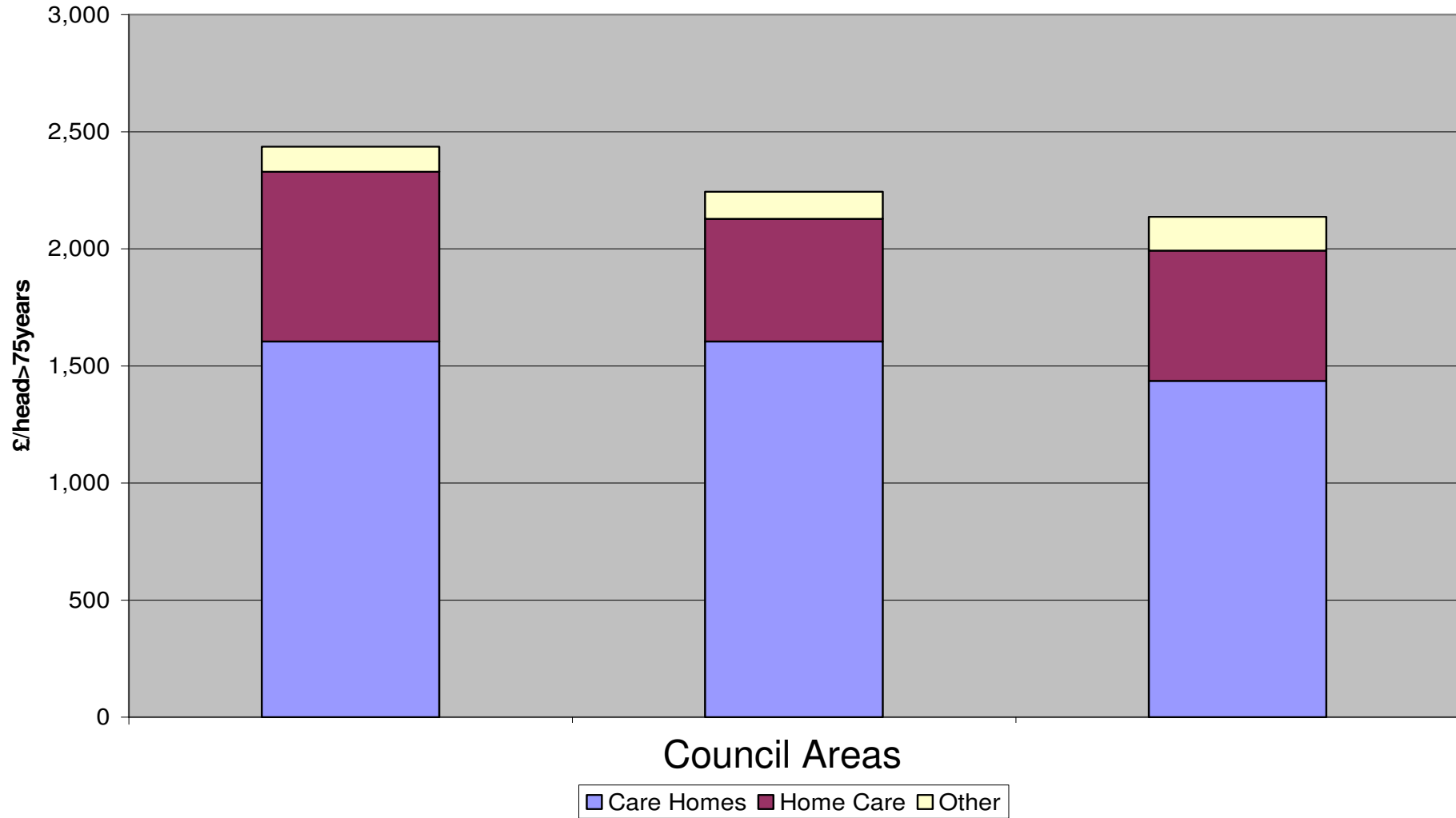
Recent Outputs

Early analysis of allocative equity and efficiency based on non coterminous localities and high level LA budget analysis

Variation: CHP Expenditure per person (2009/10 weighted)



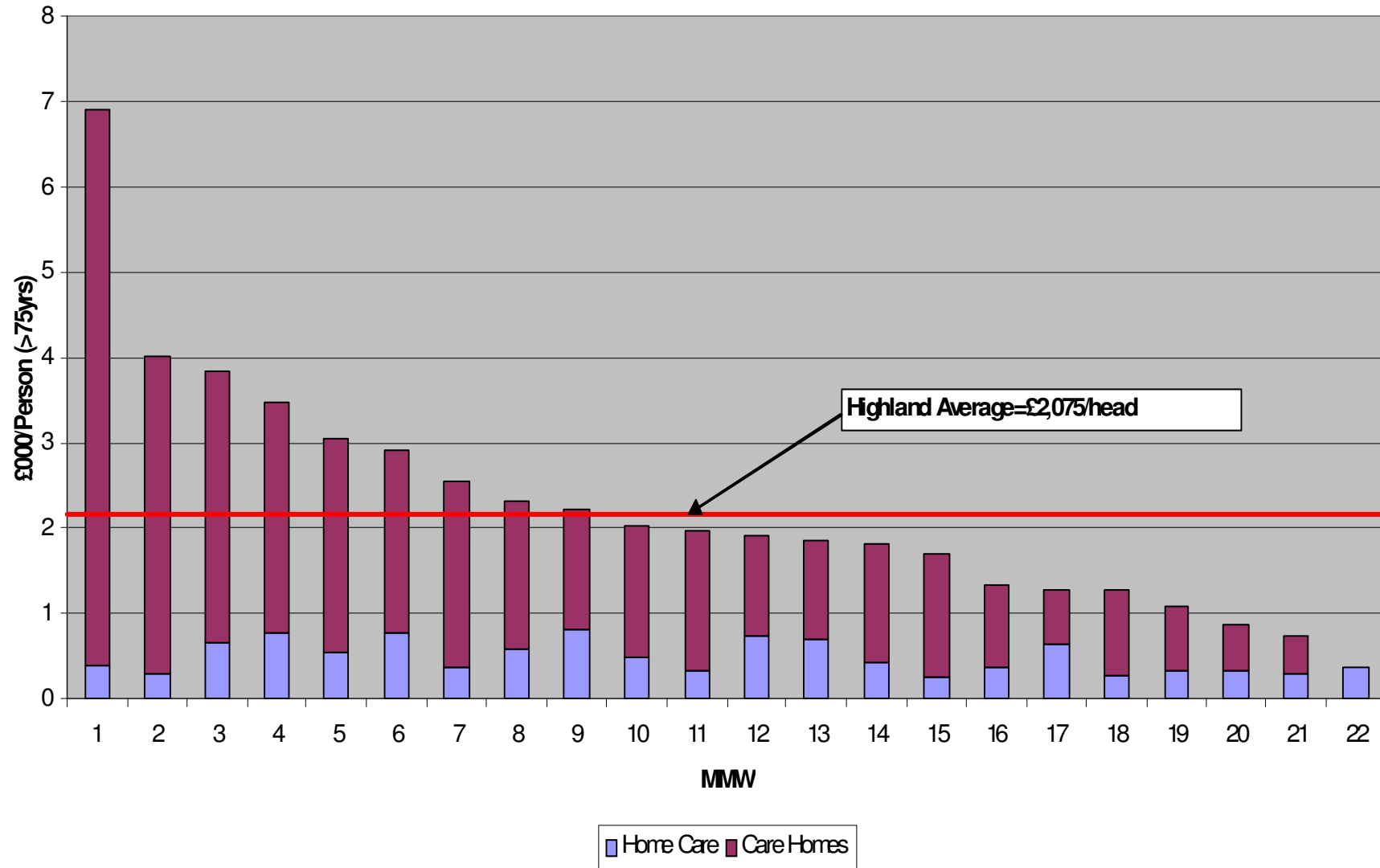
Variation: 2008/09 Older persons SW expenditure per person >75years



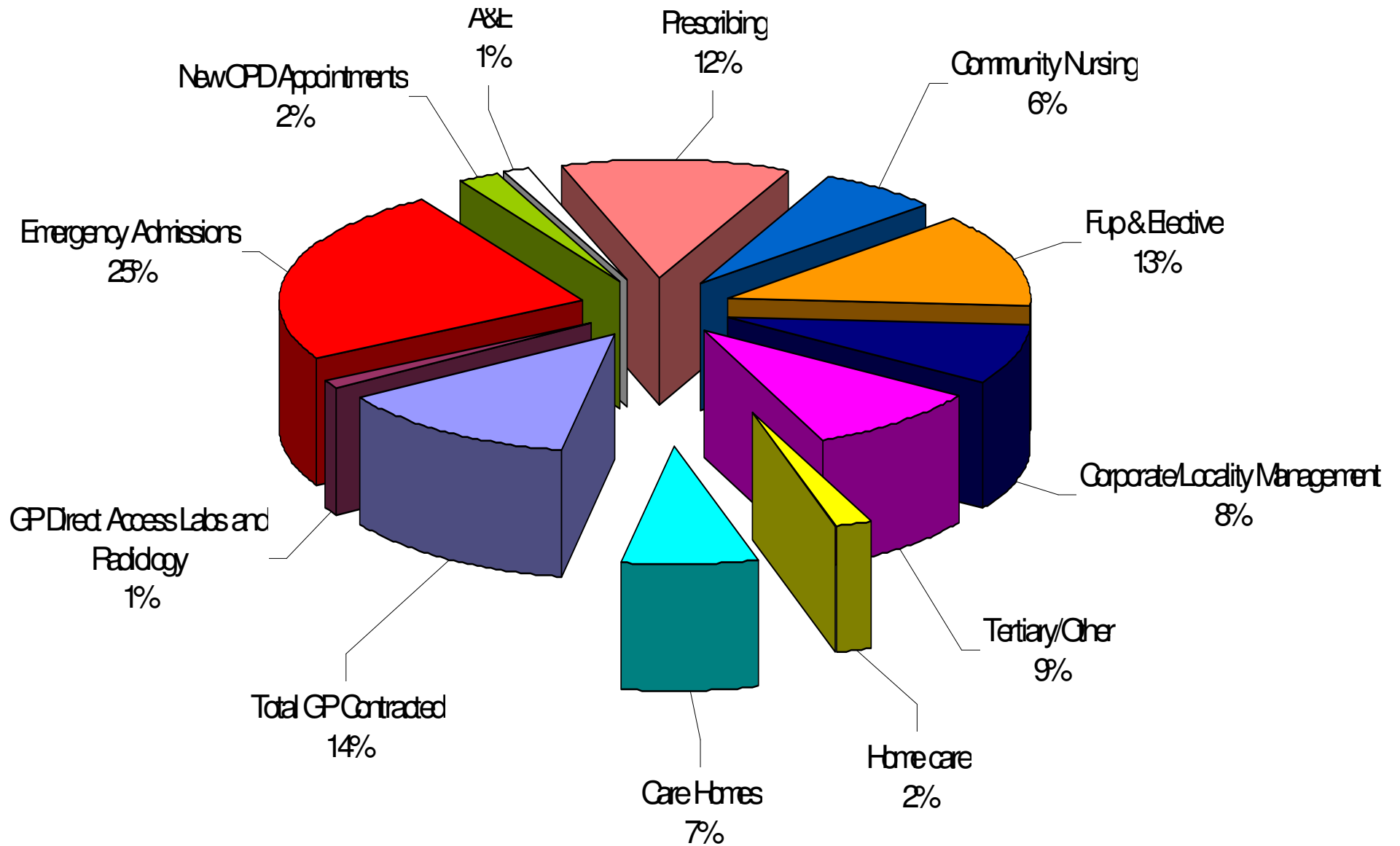
Care home/ Home care=2.1 (2007/08 National average=1.7 (LGF4a, LFR3))

SW Older Persons Spend

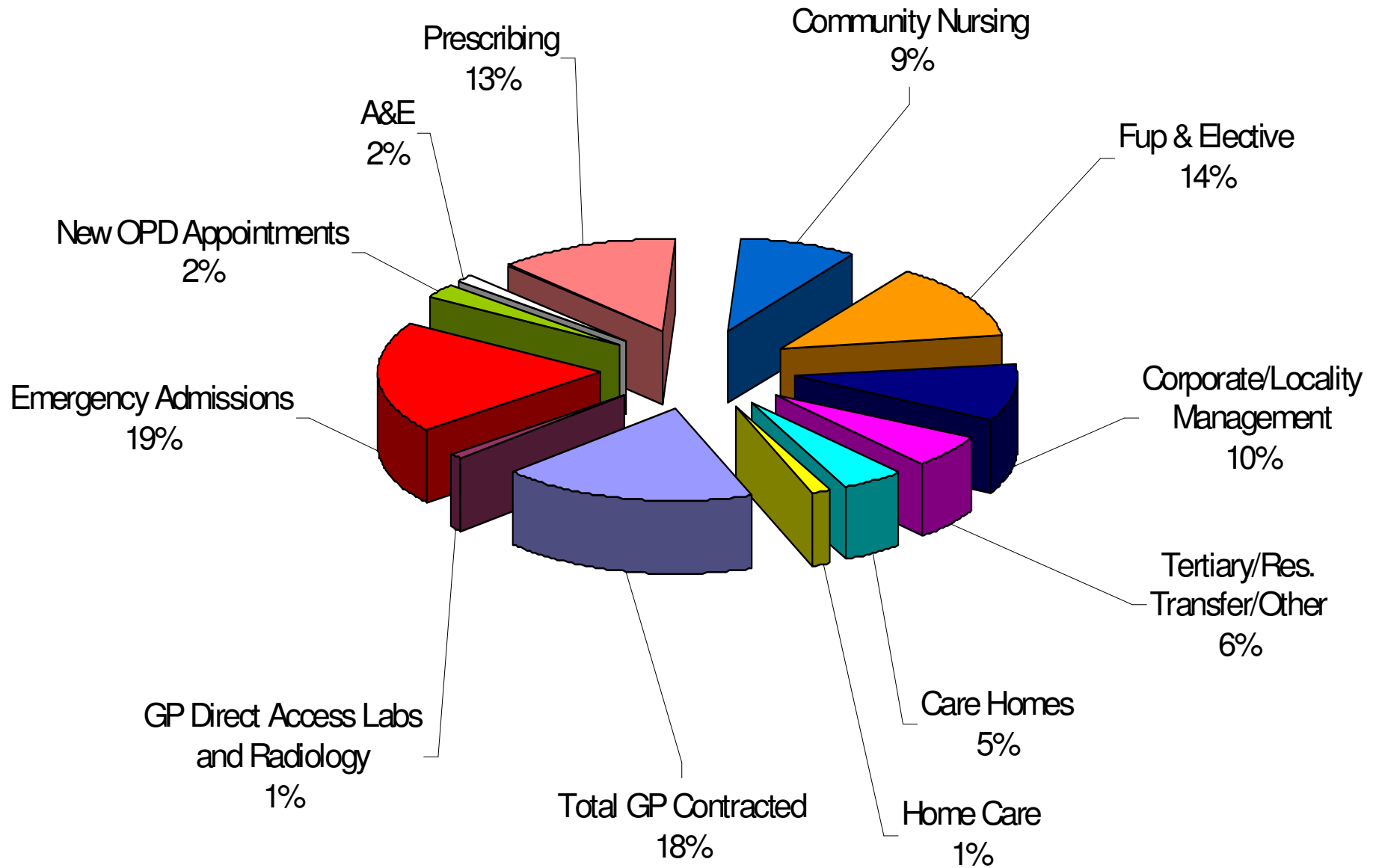
Highland Council Social work 2006/07 Spend/head (>75yrs) for Multi-Member Wards



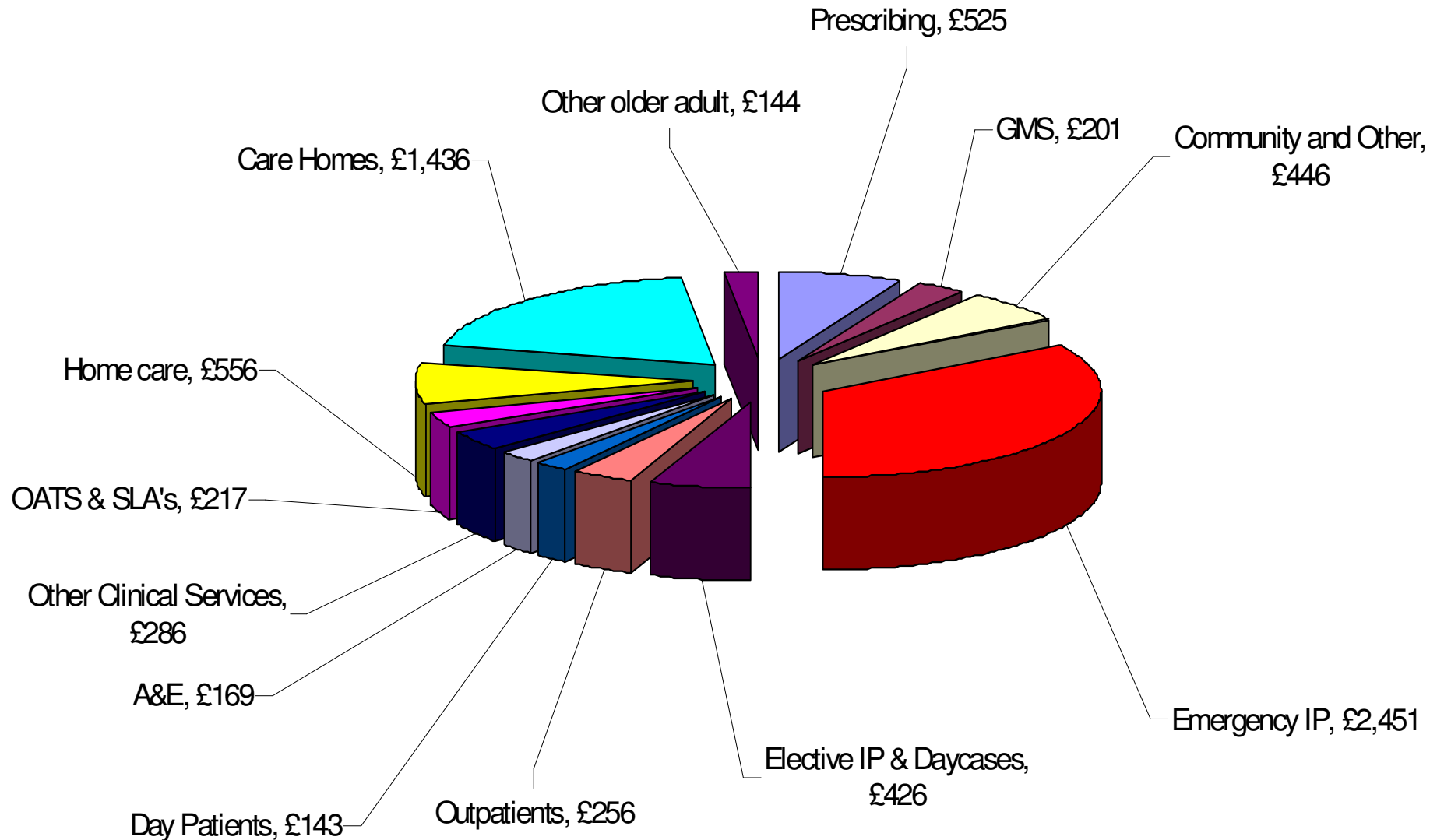
1 CHP



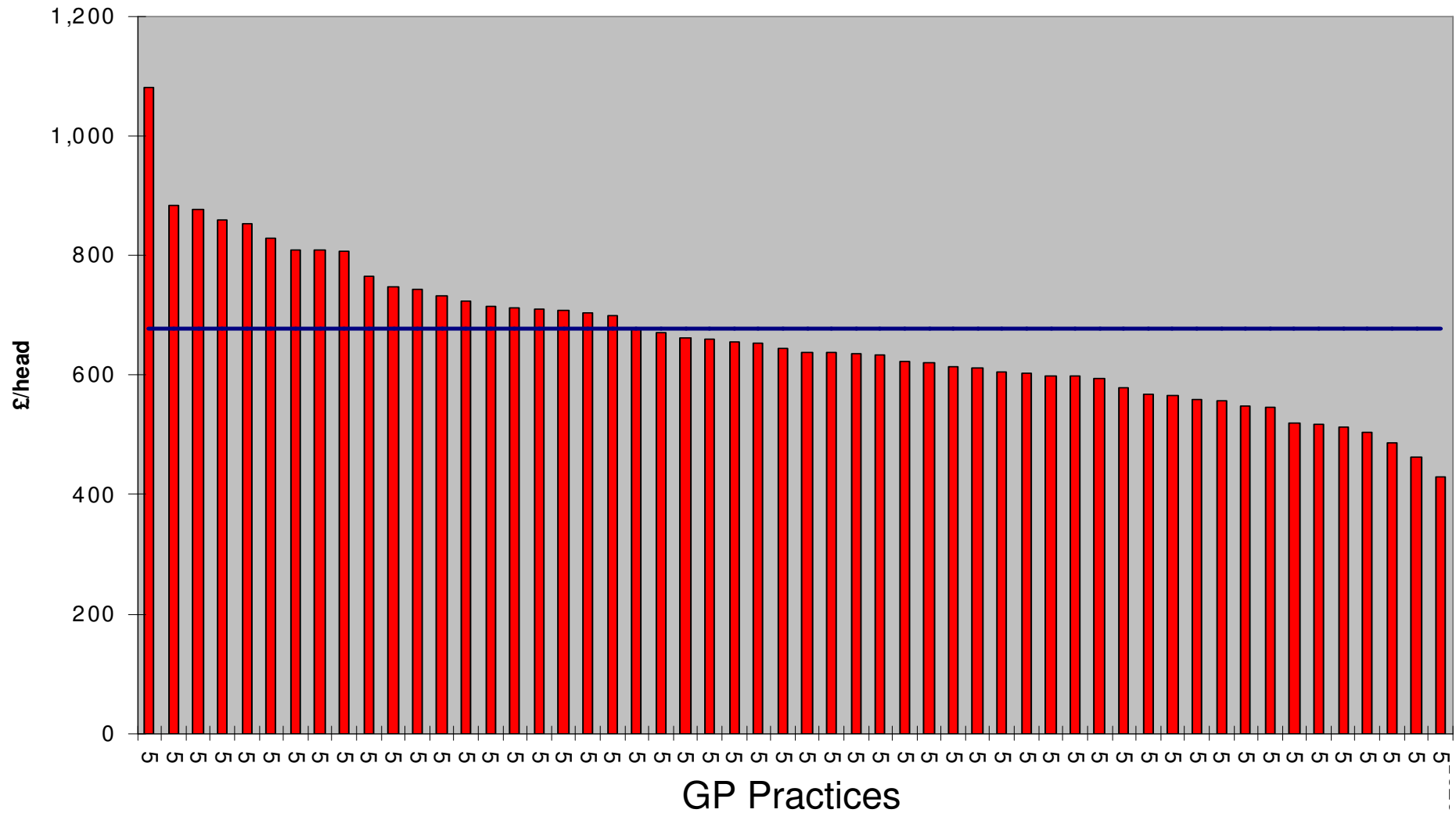
2 CHP



A CHP Spend/head >75yrs 2008/09

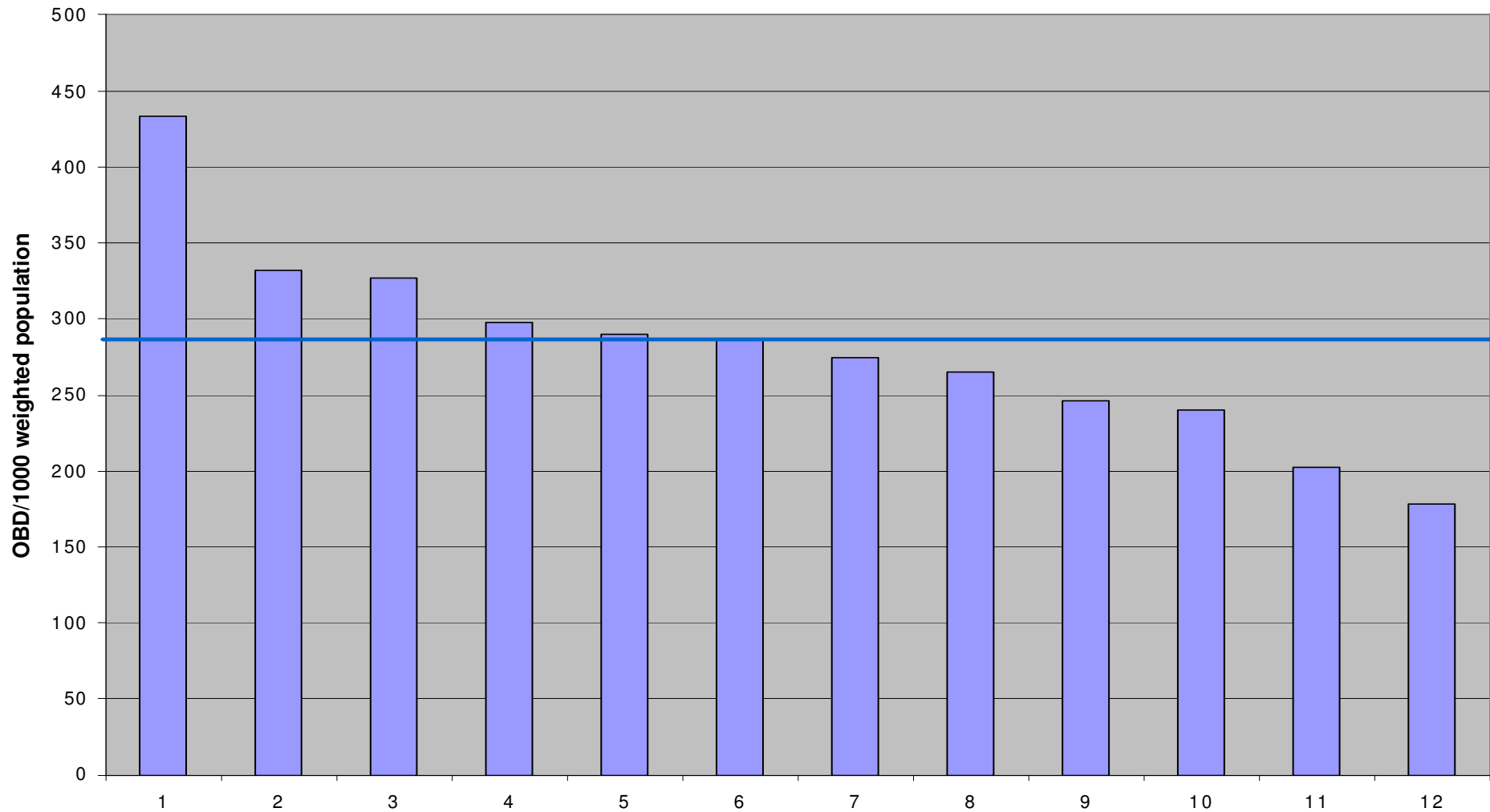


GP Direct Impact



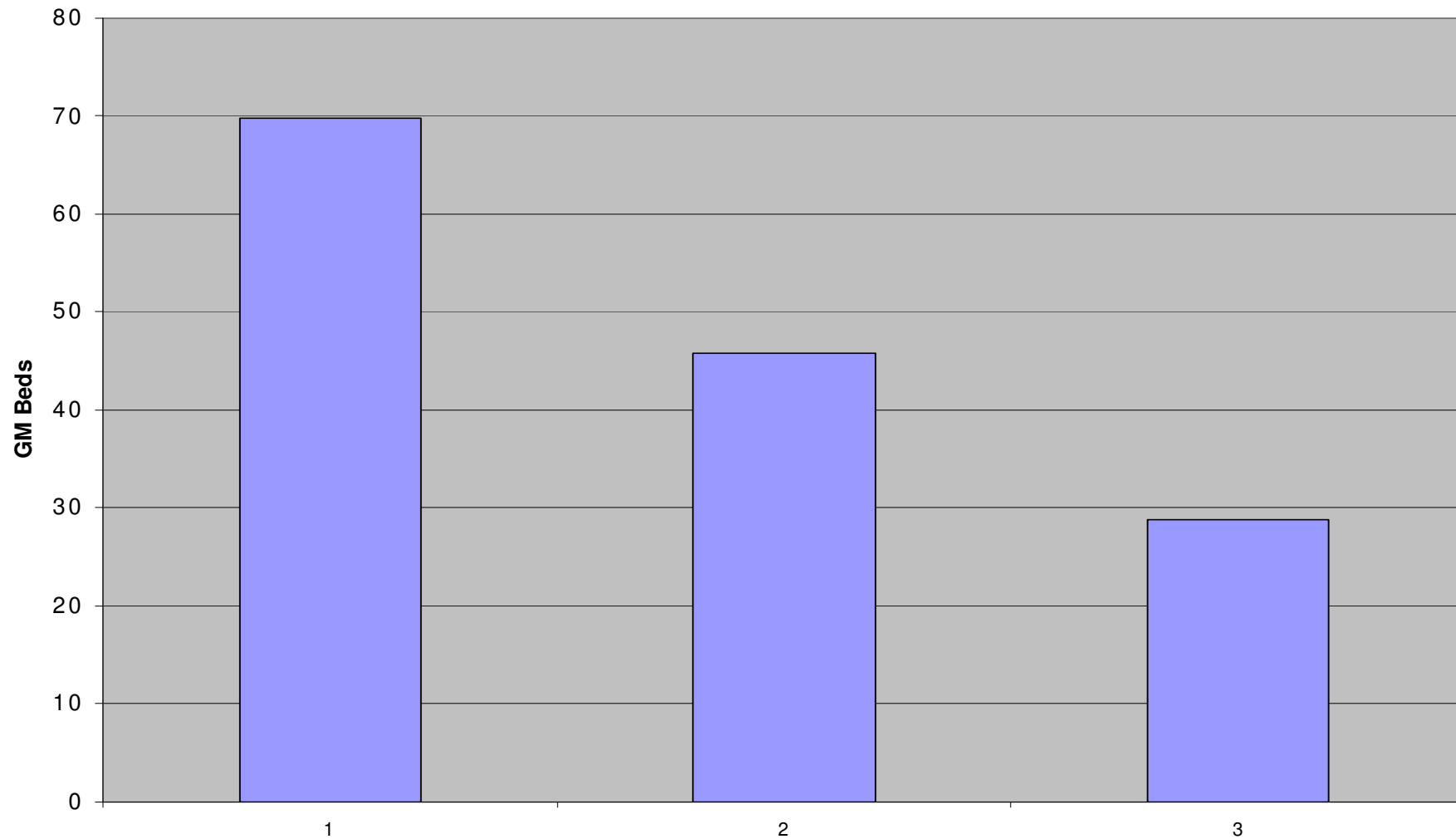
What Difference?

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

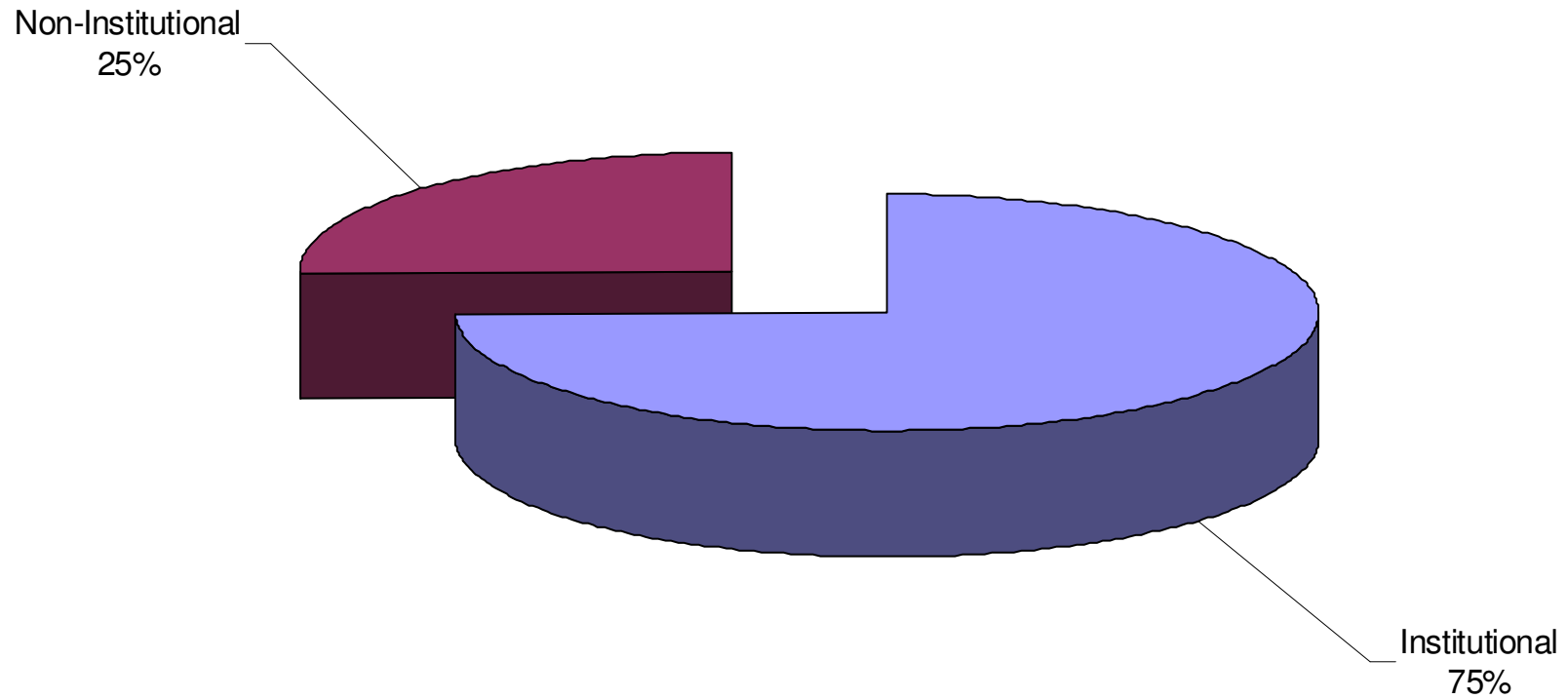


A 40 Bed Ward

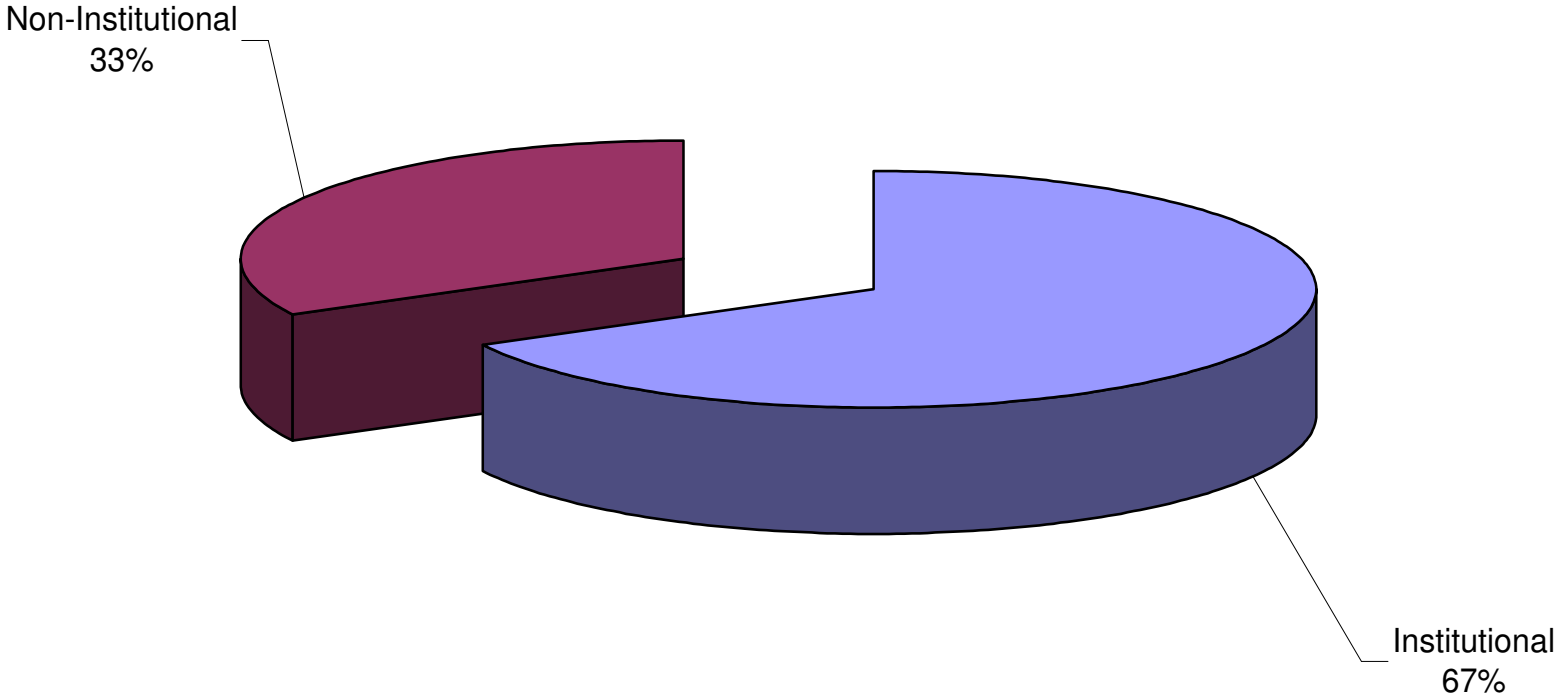
Hospital GM Capacity Planning



CHP #1 Balance of Care >75yrs 2009/10

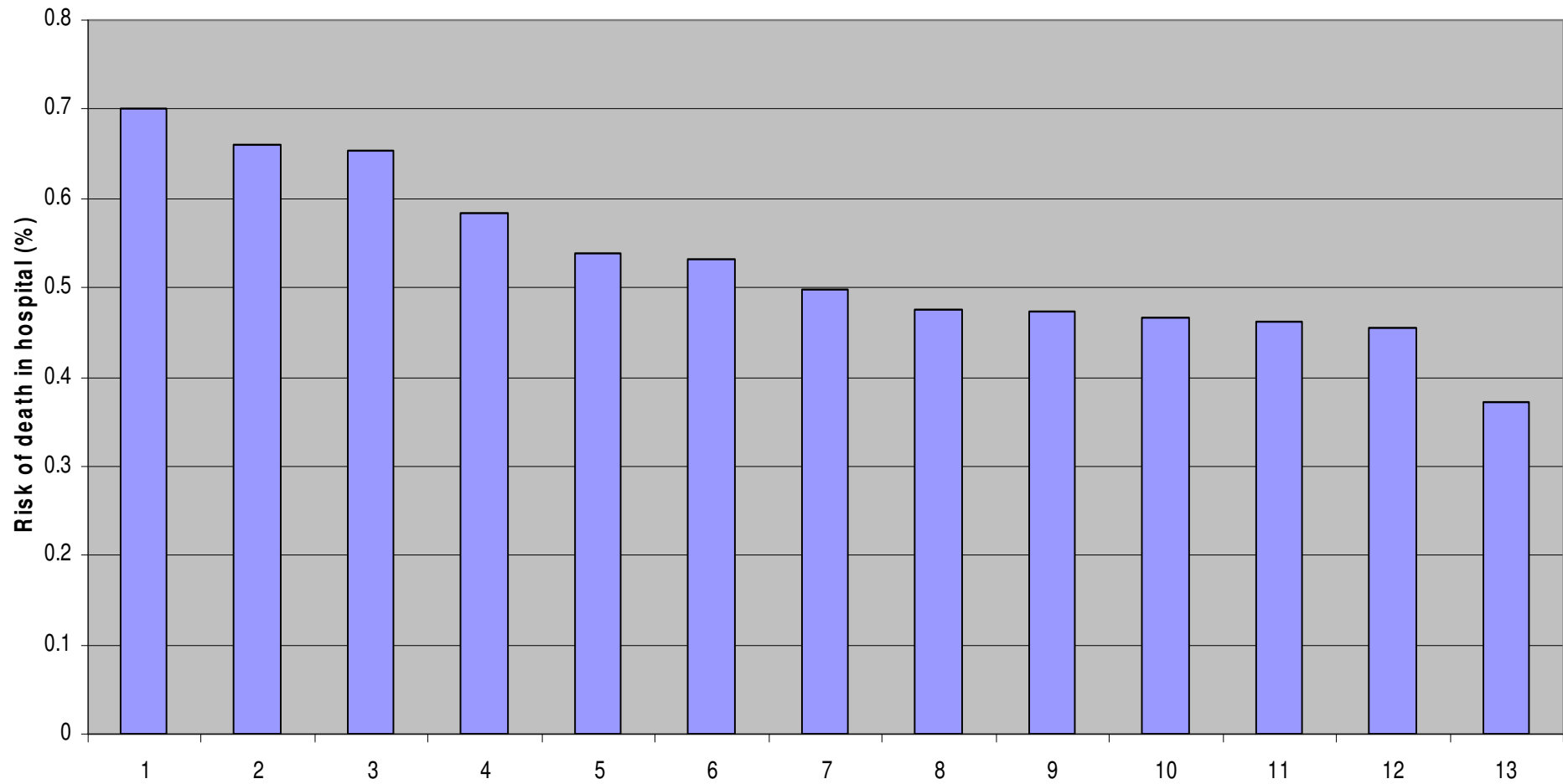


A SW Area Older Persons Balance of Care 2008/09



Variation: Individual Experience

Risk of death in hospital in 2007/08



Phase 2

“New” Financial Frameworks

- Tariffs for hospital care
- Total CHP budgets
- Programme Budgeting

- Pooled Budgets
- Lead Commissioner
- Transactional agreements

- All feasible under current Scottish legislation



Fundamentally...

- The best Integration is Local: Find local solutions to local problems

Leutz (2005)

- Success depends on local leadership

(Hudson et al 2002)

Leutz W. (2005) Reflections on integrating medical and social care: five laws revisited. *Journal of Integrated Care* 13 (5), 3–11.

Hudson et al (2002) *National Evaluation of the Use of Section 31 Partnership Flexibilities of the Health Care Act of 1999.*



Test Sites

Highland

Tayside

Lothian

Ayrshire & Arran



What does success look like?

Preparation

Agreed Financial models embedded into Partner Financial and Performance management arrangements :

- Defined Population;
- Total control over resources for defined population;
- Flexibility to determine how resource is used;
- Assumption of financial risk;
- Shared Incentives to promote SBC.



Johri 2003
Kodner 2006

What does success look like?

Implementation

Evidence of:

- Improved outcomes;
- Shifts in the Balance of Care;
- Improved clinical engagement;
- Improved equity of access;
- Improved efficiency (Allocative/Utilisation).



Three Networks

- Phase 1 Mapping
- Phase 2 Support
- Social Care Reference Costs



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