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Relevant Voluntary Organisations
Care Development Group Members

Your ref:
Our ref: GKG/1/4/2/5

17 September 2002

Dear Colleague

RESOURCE USE MEASURE (RUM) IMPLEMENTATION

Introduction

A project team to develop a "resource allocation tool" was established on the recommendation of the Chief Nursing Officer's group on free nursing care. Following Minister's decision early in 2001 to establish the Care Development Group to take forward the provision of free personal care the remit of the project team was widened to cover personal care needs. Development of what is now called the "Resource Use Measure" has continued, and, following work with practitioners in 29 sites across 24 Local Authority areas, the project team's report was submitted to Ministers at the end of July.

I am writing to advise you that Ministers have accepted the recommendations of the report on developing the Resource Use Measure tool, and they now wish the tool to be implemented across Scotland. I enclose a full version of the report and annexes.

In developing the RUM, we have engaged extensively with practitioners in most areas of Scotland and acknowledge the vital contribution of those practitioners and their managers. This circular advises community and health care interests more generally of the report and the arrangements for implementation. The timetable is set out in Appendix 1 of the report. We anticipate full implementation from April 2003 and will be working on shadow implementation with a small group of sites from October 2002, and a further group from January 2003.

What is the RUM?

The RUM is a standardised tool that will group individuals according to their level of relative need following a Single Shared Assessment.

We envisage the RUM being used on three levels.

At an **individual level** it could be used to:

- provide a standardised measure of relative need.

At a **local level** it could be used to:

- promote effective use of resources within and across caseloads, teams and services;
- allocate local resources to promote equity of access to and provision of resources;
- manage unmet need and inform service planning and development.

The roll-out of RUM is consistent with pursuit of best value across the public sector.

At a **national level** it could be used to:

- help, over time, ensure fair access to services through equitable allocation of resources;
- monitor performance outcomes, for example from the collection of aggregate data.

In addition, in the early stages of its development the RUM was intended to determine access to free personal and nursing care, ensuring the equitable allocation of national resources. Since the implementation of free personal and nursing care, the need for this approach has modified. In particular there is now a need to distinguish between lower and higher levels of relative need, especially for those who may qualify for the higher nursing payment in care homes. We envisage that by working with key stakeholders during the implementation phase of the RUM an indicative threshold could be determined.

Resources

There will be a small time commitment for practitioners in completing the RUM. Experience from pilot sites indicates that the final version of the tool should take less than 10 minutes per individual, once the practitioner is familiar with its application. The benefits practitioners and their managers gain at local level from an ability to use and aggregate the standardised information provided by the RUM should help offset this.

The final RUM questionnaire, with the means of calculating the RUM score and thus the categorisation of the individual, is attached to the report at Annex 2. This will enable practitioners to use the tool in practice.

Next Steps

We are now entering the implementation phase, with the expectation that the tool will be in use across Scotland from April 2003. Discussions with key stakeholders on taking forward

implementation will be arranged within the next few weeks, and we then expect shadow implementation in a limited number of sites to begin in October.

Enquiries

Enquiries about this circular should be addressed in the first instance to; Brenda Kerr, Joint Future Unit, Scottish Executive, Health Department, Community Care Division 2, 3rd Floor East Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG (telephone: 0131 244 3744). Further copies are available by telephoning Brenda Kerr on the above number or e-mailing brenda.kerr@scotland.gsi.gov.uk This circular will also be available on Scottish Health on the Web: www.show.scot.nhs.uk/sehd/publications/ccd.htm and the Joint Future Unit Website <http://www.scotland.gov.uk/health/jointfutureunit>.

Yours sincerely

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