

AGENDA ITEM

**REPORT TO HEALTH AND
WELL BEING BOARD**

25 NOVEMBER 2015

REPORT OF CATALYST

Integrated Personal Commissioning Briefing Update

1 Purpose of the Report

1.1 The purpose of this report is to:

- Provide a general overview of the Integrated Personal Commissioning Programme (IPC)
- Provide an outline of the development and progress of the programme
- Provide recommendations to receive further updates as the programme progresses

2 Background

2.1 The joint IPC bid was agreed by Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG), North Tees Hospital Foundation Trust (NTHFT), Stockton on Tees Borough Council (SBC) and Catalyst and awarded in late 2014 as a natural continuation of the development of integrated services in the borough through excellent and creative partnerships to ensure better health & social outcomes for all, especially those facing greater challenges than others.

2.2 The CCG and its partners have identified people aged over 65 with Long Term Conditions (LTCs) in Stockton-on Tees to be the main cohort for the demonstrator programme, with an initial smaller cohort of people with respiratory conditions in particular COPD being targeted at first.

2.3 Stockton-On-Tees has an estimated population of over 33,000 people aged over 65 and projections from the Joint Strategic Needs Assessment suggest that there will be an additional 5,203 people over 65 in 2021. Research shows that older age is associated with an increased incidence of multiple long term conditions and a growing number of functional and cognitive impairments. It is estimated that 58% of those aged 60 and over report having a LTC with 25% of over 60s having two or more LTCs. Stockton-On-Tees has identified a cohort of approximately 7500 patients with Long Term respiratory conditions.

3 The IPC Model

3.1 IPC is based on five core elements:

1. A proactive approach to improving an individual's experience of care and preventing crises
2. An individual will have a different conversation with the people involved in their care and will be focused on what is important to the individual
3. A shift in control over the resources available to an individual, their carer and family
4. A community and peer focus to build the individuals knowledge, confidence and connections
5. A wider range of care and support options tailored to an individual's needs and preferences

4 Programme Structure

4.1 In March 2015 representatives from the partner organisations came together for a Strategic Planning Workshop facilitated by Think Local, Act Personal (TLAP) and NHS England, to enable the development of a vision for IPC in Stockton and identified and created the governance structure (IPC Steering group). The steering group comprises of senior leaders from the key stakeholders and wider partners;

- CCG
- SBC
- Catalyst
- NTHFT
- Healthwatch
- North East Commissioning Support (NECS)
- Voluntary sector
- GP's
- NHS England Regional IPC Lead

4.2 A project plan was devised and a programme manager appointed to oversee 4 work streams;

1. Model of Care/Cohort
2. Community Assets
3. Corporate Communication
4. Finance.

4.3 National support has been provided from NHS England, Deloitte Touché have provided finance support, Coalition for Collaborative Care have provided model of care support and community assets support and People Hub have supported co-production, peer network development and brokerage support.

5 Model of Care

5.1 The proposed model of care is based on the premise that with the right support, individuals with significant health and care needs are often better placed than statutory bodies to design and integrate their own care. The proposed care model will

include personalised care and support planning, independent advocacy, peer support and brokerage with a strong emphasis on co-production. People will be able to take as much control as they want including a clear offer of integrated personal budgets for those who will benefit.

5.2 Stockton on Tees's approach has the person at the heart of IPC; we are working to an asset based community development approach, building our care model from the bottom up from within and our initial cohort leading on the co-production.

5.3 Catalyst led on the commissioning of a VCSE organisation to recruit, develop and support the cohort and start to build peer networks. Age UK Teesside was commissioned in July 2015 to establish the cohort and manage the contract. We have an initial cohort that is contributing their views throughout all of the work streams within the programme to ensure that we retain user expectations at the centre of the programme. Age UK Teesside are being supported nationally by People Hub to ensure we have effective co-production and peer network models as part of IPC.

5.4 Our programme is built through co-production and has effective leadership from each of the organisations involved. As our Model of Care develops, we will see cultural change both in the workforce, the way people manage their own health and wellbeing and importantly in the market, influencing commissioning processes. We will ensure that those people that are seldom heard, some of the most isolated people in our area are involved, particularly through our strong and vibrant relationship with the voluntary sector.

6 Community Assets

6.1 An integral part of IPC is the development of community assets and the development of co-production throughout the programme. Catalyst are leading on this work stream and have organised co-production workshops with national support from the Coalition for Collaborative Care.

6.2 Utilising the 'step model' approach the VCSE and wider community will develop peer support networks, grow an inclusive community and prepare the sector for market developments and develop non-traditional methods of supporting and implementing personal budgets.

6.3 We are working with the national team and TLAP on a market development offer for the sites that will support current and future commissioning in respect of IPC and integrated personal budgets. This will allow new and innovative providers to enter the market either as providers of direct services or advocacy.

7 Corporate Communication

7.1 A corporate communication plan has been developed through the steering group. The key focus is to provide key stakeholders and partners with the developments, progress and challenges within IPC.

7.2 The cohort is co-producing with the work streams a descriptive narrative and glossary to improve understanding of IPC and the language that is used. This will aid understanding of the IPC concept, processes and implementation as IPC evolves

and how this is communicated with the wider community, highlighting again the importance of the partnership approach being taken in Stockton.

8 Financial Model

8.1 Current financial models can tend to reward NHS and social care for activity and crisis services. The IPC model will build on existing national and local development work on new financial models, for example the long term conditions year of care early implementer programme, and NHS England and Monitor payment innovation sites. The IPC programme will now significantly widen this activity to include local authority services, and substantially accelerate its use. It will also consider the inclusion of all NHS spend including specialised commissioning.

8.2 The IPC financial model attempts to shift incentives towards prevention and coordination of care, by testing an integrated capitated payment approach. The attraction of a capitated payment is that it can align financial accountability and the outcomes that matter to people.

8.3 The IPC financial model aims to remove existing financial barriers to prevention and integration, by aligning the two personal budget systems (health and social care) and make integrated budgets possible. However, financial risk will continue to be pooled across individuals and populations by commissioners so no individual service user would face an arbitrary cap on the unplanned service they needed. Most importantly the overall IPC approach will focus on what works for individuals, their families and their carers – not what works best for existing systems and institutions.

8.4 As part of the national IPC programme and recognition as an innovative site Stockton –on Tees was asked by the national Project Board to work with Deloitte Touché on the development of the national finance model. This work was completed in the summer and is now being rolled out at national level so that all sites can develop their individual approach to integrating social care and health care spend and creating a linked data set.

9 Measuring the Change

9.1 RAND Europe have been commissioned by the national support team to work with each site to develop a Logic Model and continue to develop our metrics. We have created a logic model and evaluation methods are currently being explored. We are working with NHSE officers to explore evaluation methods such as PAM (Patient Activation Measures) and POET (Personal Outcomes Evaluation Tool- created for evaluating personal health budgets) in order to measure the impact and outcomes of IPC.

10 Challenges

10.1 Information Governance

10.1.1 Information Governance (IG) has continued to be a barrier both locally and nationally in the prevention of creating a linked data set and progressing with the development of integrated assessment and pathways. The finance work stream is working collaboratively with the national IG lead to overcome some of these issues and share our learning with other sites. As part of the Better Care Fund and IPC SBC has recruited an IG lead in order to support and overcome the IG issues and barriers that both programmes are experiencing.

10.2 Key Stakeholder Engagement

10.2.1 The IPC steering group have noted that not all key stakeholders are actively engaging in the programme and providing the support and resources that are required to develop the programme. It is imperative that all key stakeholders are equally committed to the development and implementation of the IPC programme.

11 Next Steps

11.1 Each of the work streams are reviewing their action plans and the steering group is reviewing the overall action plan in order to develop the programme through the next phase.

11.2 The programme team is working closely with both the regional lead and national team from NHSE in order to progress within IPC.

12 Recommendation

12.1 The HWBB is asked to receive further updates over the life time of the project.

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