1. AGENDA ITEM

REPORT TO HEALTH AND WELL BEING BOARD

Integrated Personal Commissioning Briefing Update November 2017

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 to date
- 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 7488 patients with Long Term respiratory conditions. In October 2017 the cohort was expanded to include people aged over 65 with diabetes (both type 1 and type 2) and this equates to an additional 4501 people.

3 The IPC Model

3.1 IPC is based on NHS England's "five key shifts"[1]:

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. Care Model
2. Community Assets
3. 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.

[1] https://www.england.nhs.uk/commissioning/ipc/

5 Care Model Work stream

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. 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. Age UK have developed 3 'testing' cohorts over the past 8 months which have allowed all elements of 'IPC' to be tested and developed. The cohorts have tested the care planning process, personal budget process, community development process and review process. The learning through the testing cohorts has impacted on the mobilisation and development 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.

5.5 We are part of the IPC National Collaborative Development Group (CDG) on Person Centred Support Planning.

Key Achievements;

- The creation of a single care plan for individuals has been a prime focus of the project in Stockton and has received national recognition. A person centred 'Stockton Care Plan' has been developed that will be integrated across both health and social care. It has currently been agreed that it will be used by GP Care Co-ordinators, adult social care, acute respiratory services, CIAT and it will be developed throughout the care pathway.
- An eligibility checker and IPC documentation has been developed and IT solutions are currently being sourced to develop online versions of the eligibility checker and the care plan.
- Clinical input has been vital to the care model development and the work stream now has a strong clinical presence including primary care GP leads, respiratory physiotherapists and respiratory consultants.
- The GP clinical lead for Stockton is also leading the National Clinical Network for IPC.
- Stockton was successful in bidding for licences for the Patient Activation Measure (PAM) tool and this is now being implemented through the GP Care

co-ordinators. Through the Better Care Fund we are aligning both programmes and exploring how we can implement PAM in the MDS and wider services.

- In early 2017 a peer support and brokerage service will be commissioned to support the 'scaling up' of IPC and provide Information advice and guidance, care planning support, personal budget support and care plan review support.
- A co-production group has been established for people with lived experience to have a strong voice throughout the development of IPC.

6 Community Assets Work stream

6.1 An integral part of IPC is the development of community assets and the development of co-production throughout the programme.

6.2 We are part of the IPC National Collaborative Development Group (CDG) on Community Capacity and Co-Production including taking the role of Co-Chair of the group.

Key Achievements;

- A mapping of the VCSE sector has been undertaken to identify gaps in support for the IPC cohort and also to undertake an early market development scoping with the sector.
- Local Area Co-ordination (LAC) is currently being explored and aligning to the Better Care Fund on increasing community capacity and community assets to support self-management.
- A peer support group for people with respiratory conditions is currently being developed with VCSE organisations and funding has been identified to support the implementation of the group with an expectation that this will become self-funded with the use of personal budgets.

7 Communication Work stream

7.1 A communication plan has been developed through the steering group. The initial key focus was to provide key stakeholders and partners with the developments, progress and challenges within IPC, this focus has now widened to also include how we communicate IPC to the wider workforce and public domains.

Key Achievements;

- A stakeholder e-bulletin is issued on a fortnightly basis to keep stakeholders informed of the progress, development and challenges of IPC.
- The communications working group in collaboration with the co-production group created user friendly marketing to explain IPC. The branding 'My Voice, My Choice' was created as the name for IPC in Stockton on Tees.

- The co-production group of service users has designed new literature to improve the 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 on Tees.
- A video explaining IPC is currently being created and this follows a person's journey of IPC and how this has impacted on their life. It also depicts the impact on the wider workforce and how this has changed the ways in which frontline staff work to become more person centred and to give patients more choice, thus creating better outcomes for people.

8 Finance Work stream

8.1 Current financial models can tend to reward NHS and social care for activity and crisis services. The IPC model builds 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 has significantly widened 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 Deloittes Touché on the development of the national finance model. This work has been completed and the model has 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.

8.5 We are part of the IPC National Collaborative Development Group (CDG) on Cohort Identification and Person-level costing.

Key Achievements;

- We have developed information sharing agreements with all partners and they are all in place in order to develop the finance model. We have also developed information sharing agreements for patients who have a care plan in order to 'track' and monitor the financial impact of their care pan and personal budget.
- A linked data set has been created for acute services, continuing health care, community services and mental health and sample data is being used for primary care and social care.
- Nationally we have been recognised for our work in overcoming Information governance and we are the only demonstrator site to locally try to solve some of these issues. We plan to link health and social care data using pseudonymisation software that we have tested and we have applied to NHS Digital's Data Access and Advisory Group (DAAG) for approval to link the pseudonymised data, we are currently awaiting a response form NHS Digital.
- We are working closely with providers to explore costing pathways and where services can be reformed to respond to demand and adapted to meet the cohort's needs and outcomes.

9 Measuring the Change

9.1 The National IPC Evaluation team have supported us around measuring the outcomes of IPC and have created three evaluation metrics. We have quarterly structured conversations with the National IPC team where we measure 'enabler' metrics as part of IPC. In addition to this on a monthly basis 'activity' metrics are submitted to NHS England and most recently 'outcome' metrics. The National evaluation team have worked closely with Stockton on Tees to be the first site to pilot the implementation of the 'outcome' metrics.

9.2 In addition to the National evaluation requirements we carry out quarterly reviews with the testing cohorts and with their consent we are able to monitor their activity and financial costs through the finance work stream.

10 NESTA 100 Day Challenge

10.1 The Stockton on Tees demonstrator site was approached by NHS England to be part of a radical transformation programme delivered by NESTA.
The National IPC team requested that 2 sites work with NESTA on an intense programme of work to look at integrating frontline teams and to challenge how we can deliver IPC at scale. Stockton on Tees was chosen as the only site to take part in this due to our commitment to IPC but also due to us being the site furthest ahead nationally in developing and delivering IPC.

10.2 This challenge has enabled us to again align IPC and BCF together to address integration across the over 65s with a particular focus on LTCs, frailty and the Discharge to Assess Model.

10.3 A Leadership team has been established and we are currently in the design phase of the challenge which will be launched in January 2017.

11 Challenges

11.1 Information Governance

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. Although we have found local solutions this still remains a barrier to the pace of the development of IPC both locally and nationally.

11.2 'Scaling up' IPC

Health and social care integration is a key focus both locally and nationally and IPC provides the operating framework to lead on this and deliver quality person centred care. It provides a framework to align integration programmes such as the Better care Fund and new models of care. It is a challenging process that requires strong relationships, investment, resource and flexibility from all partners.

In order for us to 'scale up' to our ambitious targets of achieving over 2000 care plans and 400 budgets (either individual personal health budgets or integrated budgets) we need to prioritise IPC locally and ensure that we continue to make effective progress.

12 Next Steps

12.1 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.

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

13 Recommendation

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

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