

**INTEGRATED PERSONAL COMMISSIONING  
and  
PERSONAL HEALTH BUDGET LOCAL OFFER**

**1. INTRODUCTION**

- 1.1 Integrated Personal Commissioning (IPC) is a programme for the NHS to offer personalised care and support to a variety of individuals with long term conditions or with learning disabilities who could benefit. IPC is a new approach to person-centred health and social care that endeavours to put people in control of their health and healthcare, to enable them to live well at home and to encourage integration of care at an individual level. This approach creates the opportunity for personalised care planning, which is at the heart of the IPC programme, involves joint-working between individuals, families and professionals to set personalised health outcomes and to shape services around people. The broad prospectus of IPC is to shift focus from ‘what’s the matter with you’ to ‘what matters to you’.
- 1.2 Integrated personalised commissioning is about coordinated person centred care with the individual in control and it can also involve the individual holding a personal health budget to commission their own health and care to meet their assessed health and care needs. “A personal health budget is an amount of money to support a person’s individual health and wellbeing needs, as agreed between the individual and their local NHS team.” The person’s health and well being needs will be set out in a personalised care plan which will be developed by the person together with a care professional. How the budget will be used to support the health and well being needs will be set out in a person led support plan agreed by both the person and the local professional team. “
- 1.3 Forward View into action: Planning for 2015/16 states “To give patients more direct control, we expect Clinical Commissioning Groups (CCGs) to lead a major expansion in 2015/16 in the offer and delivery of personal health budgets to people, where evidence indicates they could benefit. CCGs should engage widely and fully with their local communities and patients, including with their local Healthwatch, and develop plans to expand personal health budgets (beyond Continuing Healthcare) within their published local Joint Health and Wellbeing Strategy.” These plans are also described elsewhere as the Local Offer.
- 1.4 Somerset is part of the South West Integrated Personalised Commissioning (SWIPC) Programme, launched in the Five Year Forward View. Somerset CCG is working in partnership with Somerset County Council to develop a local IPC Programme. The goals of this programme are:

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- To support people with complex needs and their carers to have a better quality of life and to achieve the outcomes that are important to them and their families
- To prevent crises in people's lives that lead to unplanned hospital and institutional care
- To encourage better integration and quality of care to meet the needs of individuals

1.5 The 'Five Year Forward View' indicated the cohorts of people who should be considered for Personal Health Budgets and Somerset is looking at these groups and other groups identified through the Joint Strategic Needs Assessment to consider where improved health outcomes can be optimised with a view to implementing integrated personal commissioning and personal health budgets that incorporate the **five essential features** (recently published). These features will mean that people:

- *know upfront how much money they have available for healthcare and support*
- *be enabled to choose the health and wellbeing outcomes they want to achieve, in dialogue with one or more healthcare professionals*
- *be involved in the design of their care plan*
- *be able to request a particular model of budget that best suits the amount of choice and control with which they feel comfortable*
- *be able to spend the money in ways and at times that make sense to them, as agreed in their plan*

### **New Models of Care**

1.6 Somerset was awarded Vanguard PACS status; led by Yeovil Hospital through its Symphony Programme. Two of the workstreams within the Symphony Programme are focussed on personal care planning, and care co-ordination for people with complex long term conditions; supported by a Complex Care Hub and Health Coaches in GP surgeries in South Somerset. The Somerset IPC programme will work with the South Somerset Symphony programme and Complex Care hub to introduce the concept of IPC and personal health budgets for people with long term conditions and complex health needs. This will be in line with the vision of the IPC programme and the Symphony programme to improve outcomes for people with three or more long term conditions and enable them to be in control of their health needs and to maintain their independence and improve their quality of life.

### **Opportunities for Joint Commissioning and Integrated Care**

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- 1.7 Somerset CCG and Somerset County Council are already working in partnership to transform the way services are commissioned in Somerset from April 2017, through the Somerset Together programme. In addition a pooled budget already exists for provision of health and care for people with Learning Disabilities (LD) and there is a joint focus on ‘whole person’ care e.g. improving uptake of personal budgets for people with a learning disability to enable person centred care and more innovative approaches to enable people with a learning disability to achieve their aspirations. This provides a strong basis for the CCG to aspire to linking up local authority Personal Budgets (PBs) and Personal Health Budgets (PHBs).
- 1.8 Somerset CCG currently has 57 PHBs in place for people eligible for NHS funded continuing care. If the pooled budget direct payments managed by the local authority are also taken into account then numbers exceed 500, although these are Integrated Budgets rather than Personal Health Budgets. There is local ambition to significantly increase provision of PHBs/PBs to two to three thousand over the next two to three years.
- 1.9 The roll out of Personal Health Budgets in Somerset is led by the Director of Quality Safety and Governance for Somerset CCG and supported by the Somerset IPC Steering Group (multi-stakeholder group).

## **2 WHO CAN HAVE A PHB?**

### **Current position**

- 2.1 Somerset CCG currently has systems and processes in place to facilitate provision of personal health budgets for people (adults and children) with continuing healthcare needs. Brokerage of these budgets and any payroll requirements are jointly commissioned, with the local authority brokerage service for Personal Budgets, from Enham Trust.
- 2.2 There is already a plan to provide personal health budgets for people with end of life care fast track continuing care funding. The CCG end of life project worker is leading a project to establish PHBS for end of life fast track patients.
- 2.3 Somerset has already invested significantly in the development and production of a personalised care planning document ‘My Life Plan’. In addition almost 200 people have attended personalised care planning training, including circa 100 clinicians. This approach has been developed through the House of Care model for improving coordination of care and outcomes for people with long term conditions and will provide the basis for developing IPC and personal health budgets offer for people with long term conditions.

### **Future plans**

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- 2.4 Somerset CCG has ambitious plans to offer PHBs to many more people over the next five years and is developing a phased approach with workstreams and associated leads.
- 2.5 An expectation of personalisation and person centred care and the use of PHBs will be included in the commissioning arrangements in Somerset from 2017-18 called 'Somerset Together', which will pull together all health and care services for the area in an overarching contract.
- 2.6 In the meantime, it is anticipated that Phase 1 of our local offer for IPC and PHBs will include the following workstreams:
- Continuing Healthcare – all eligible people are offered a personal health budget
  - End of Life – facilitating earlier discussion, through personalised (advance) care planning approach for individuals in the last year of life; so that a PHB is considered and if appropriate can be prepared in readiness for when the individual and health professional agree it is needed.
    - Fast Track PHB at end of life may also be available for those in the last 12 weeks of life if previous arrangements have not been made.
  - Learning Disabilities
    - Somerset has developed an ambitious Transforming Care Plan for people with learning disabilities (LD); increasing the personalised offer to people with LD, and those with behaviour that challenges; and improving health and wellbeing outcomes
    - joint work focussed on young people with LD in transition from children's to adults' services
  - Long Term Conditions – it is hoped to pilot a number of PHBs for people with dementia, stroke, and/or other conditions in association with the Yeovil Symphony Programme (Vanguard) Complex Care Hub.
  - Social Prescribing – IPC and Personal health budgets can build on the creative support packages that are being developed in Somerset through:
    - GP practice in Yeovil working with a local charity and the Symphony Programme
    - Mendip Connections – Community Health Connectors
    - Symphony Programme Enhanced Primary Care – Health Coaches in GP surgeries

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2.7 Phase 2 is likely to follow in one to two years and may include:

- Young people with diabetes, particularly aged 15-25. Data shows this cohort to have much higher usage of health services, and it is recognised that supporting these young people in a way that works for them may prevent poor control of their diabetes and help prevent the serious complications associated with the condition.
- Young people with mental health problems such as depression – addressing conditions such as depression early can prevent people having a life-long struggle with the condition

2.8 Ultimately in Phase 3 ‘Somerset Together’ might:

- adopt a set of principles which trigger consideration of a PHB, allowing total flexibility to commissioners and providers to facilitate PHBs where it benefits the individual and is affordable. IPC and PHBs should be considered through the Somerset Sustainability and Transformation Programme when services are being transformed and care provided closer to home.
- Personal Health Budgets and joint personal budgets across health and social care for children with special educational needs and disabilities will be explored within Education, Health and Care plans (EHCP).

### **How many?**

2.9 It is Somerset’s ambition, working with service providers, to deliver PHBs at scale subject to assurance of appropriate governance, safety and quality systems and processes.

## **3. BROKERAGE**

3.1 Somerset CCG has jointly procured brokerage services with Somerset County Council from Enham Trust for personal health budgets and local authority direct payments (including payroll facility). As numbers of personal health budgets increase there may be a need for additional brokerage support and this may be facilitated in a number of different ways depending on the complexity of brokerage required. It may be useful to have a framework agreement for brokerage services.

3.2 Use of brokerage services ensures best value for personal health budgets and provides support to the individuals to use their PHB to achieve their agreed health outcomes and support with any employment of carers or personal assistants and commissioning of personalised care.

#### **4. FUNDING**

- 4.1 The CCG has an allocated fund for CHC PHBs only. Somerset's Sustainability and Transformation Programme will lead on identifying funding for PHBs through service transformation as new models of care are developed whilst managing the impact and risk on existing services. This will need to be facilitated through existing and future contractual funding streams; and fits well with the outcomes based commissioning plans of Somerset Together.
- 4.2 Somerset has a pooled budget (local authority and health) for adults with learning disabilities and the introduction of IPC is expected to significantly improve the quality and outcomes for this group of people, promoting person centred care and improved behaviour support plans.
- 4.3 There is evidence that IPC can achieve savings for the public sector whilst also improving outcomes for people and improving quality of life. A review of CHC budget versus actual PHB spend in 2015/16 showed over £400,000 was saved against a £2.6million. Different patient cohorts may achieve differing results however, this indicates that when care is personalised, significant savings can be achieved whilst improving patient experience and outcome.

#### **5. MANAGING CHANGE**

- 5.1 As outlined above, Somerset CCG will extend Personal Health Budgets through Integrated Personal Commissioning to individuals in a planned way to ensure that learning is captured.
- 5.2 The CCG will report on its IPC/PHB plans and performance in 2017/18, updating its Local Offer as appropriate. The report will include learning from early implementation; progress against plan and a rationale for any changes to the CCG's local offer.
- 5.3 At this point, the CCG has outlined its long term plan as:
- Committing to a longer term ambition for expanding Personal Health Budgets to all who could benefit
  - Working in partnership with the Sustainability and Transformation programme and with key stakeholders, e.g. service users, Healthwatch, NHS organisations and other providers, local authorities and the third sector to identify where Personal Health Budgets would be most beneficial for the local population
  - Increasing Personal Health Budget scope and uptake figures
  - Developing processes for measuring progress and capturing learning to demonstrate improved outcomes for each patient cohort, and value and reduction inequality.

- 5.4 The CCG expects to further develop the baseline data set and in particular work with partners on linking datasets.

### **Change strategy and management**

- 5.5 An IPC Lead Manager has been identified within the CCG who co-ordinates the Somerset IPC Steering Group and liaises with the various workstream/cohort leads.
- 5.6 As an organisation, the CCG has adopted the Institute of Health Improvement methodology and has provided training for staff. This methodology supports the use of continuous improvement cycles known as PDSAs (Plan Do Study Act) to make small incremental changes which can be collaboratively or individually designed, reviewed, and built on.
- 5.7 The CCG will aim to provide further training to health staff across NHS providers and primary care in person-led personalised care planning; and motivational interviewing; to support the cultural changes required to deliver personalised, collaborative health and social care.
- 5.8 Communication and engagement will form an important part of enabling more people to have Integrated Personal Commissioning and a communications plan will be developed by the Somerset IPC Steering Group. Once approved, an 'easy read' version of this Somerset CCG Local Offer will be published on the CCG website.
- 5.8.1 It is expected that a multi-stakeholder launch/awareness raising event would be a key engagement opportunity to be held in late autumn, bringing together a wide variety of health and social care staff and also service users and carers and Practice PPG representatives. This would raise awareness of the CCG PHB / IPC programme and engage local providers and stakeholders in designing delivery. We will also hold similar events for relevant patient groups as each IPC and PHB patient workstream develops
- 5.8.2 Further updates could be provided through existing health forums; other meetings; and e-communications.
- 5.8.3 Anyone who feels they would be interested in having Integrated Personal Commissioning and/or a Personal Health Budget should discuss it with their care professional.

### **Equality**

## **6 IMPLEMENTATION**

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- 6.1 Somerset has already established the principle of person-led care planning and continues to provide staff with training in the facilitation of Personalised Care Plans. Somerset has also co-produced with staff and the public 'My Life Plan' which is the document used to record the personalised plans.
- 6.2 A methodology and an IPC Lead Manager has been identified, together with Leads for each of the areas of focus for this work.
- 6.3 Somerset CCG and Somerset County Council will sign a Memorandum of Understanding with IPC/NHS England which will enable provision of additional project resources and support to ensure phased delivery of personalisation in Somerset.
- 6.4 The Somerset IPC Steering Group will oversee implementation of the IPC workstreams and work in collaboration with Somerset organisations and through the leadership of the Somerset Sustainability and Transformation programme to develop and implement our local offer for integrated personalised commissioning and personal health budgets

**References:**

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