Integrated Personal Commissioning and personal health budgets

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Integrated Personal Commissioning and personal health budgets

Integrated Personal Commissioning and personal health budgets are key pillars of the NHS Five Year Forward View. They empower people and communities to take an active role in their health and wellbeing with greater choice and control over the care they need.

Integrated personal Commissioning (IPC) is redesigning the ways the system will work for people with complex needs in England. It includes an integrated approach to personal budgets for people with health and social care needs.

A personal health budget is an amount of money to support a person’s identified health and wellbeing needs, planned and agreed between them, or their representative, and their local Clinical Commissioning Group.

Both are an increasing priority:

The NHS Mandate and Planning Guidance: Confirmed 50,000-100,000 people will have a personal budget including NHS funding by 2020.

CCG IAF: PHB count is included in the new assessment framework from June 2016 with quarterly reporting and benchmarking.

STPs: Plans are expected to include expansion plans for IPC/PHB. “IPC will be a mainstream model of care for people with highest health and care needs, planned and delivered in partnership with social care and the VCSE sector.”

Personalisation as essential counterweight to inherent monopoly of capitated provider models:

- Because PACSs and MCPs will be responsible for all or most of the services in an area, there is a risk that individual patients’ choices could be curtailed
- To counteract that possibility, PHBs and IPC will be far more important in the NHS by 2020.

*Source: NHS Confederation*
Personal health budgets: where are we now

- April 2012: All CCGs get power to make direct payments
- October 2014: Right to have in continuing care
- 2015-16: Planning guidance asks CCGs to make a local offer

<table>
<thead>
<tr>
<th>Year</th>
<th>PHB uptake</th>
<th>% of CHC</th>
<th>PHBs total</th>
<th>PHBs as direct payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>1,281</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 2013</td>
<td>806</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 2014</td>
<td>1,996</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 2015</td>
<td>4,695</td>
<td></td>
<td>3,757</td>
<td></td>
</tr>
</tbody>
</table>

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Client groups who will have a PHB in 2016/17

- NHS Continuing Healthcare: 60%
- Continuing care for children: 21%
- All other areas including: IPC, LD, wheelchairs: 19%
We will drive the pace of change to ensure that at least 50,000 people can benefit by 2020.

50,000 people will have a PHB by 2020 (a 964% increase)

Current trend: 14,000 PHBs by 2020

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Integrated Personal Commissioning (IPC)

Builds on personal health budgets and the success of personal budgets in social care

- Blends funding from health, social care and other services for people with complex needs enabling them to direct how the combined resources are used for the first time.
- Money will follow the individual. IPC is linking cost and activity data across health and social care so that resources can flow differently across the system to reflect people’s needs and preferences.
- Explicitly aims to harness community capacity, grow social capital and enhance the role of VCSE sector

Objectives

- People with complex needs and their carers have **better quality of life** and can achieve the outcomes that are important to them and their families through greater involvement in their care, with support designed around their needs and circumstances.
- **Prevention of crises** in people’s lives that lead to unplanned hospital and institutional care, by keeping them well, and supporting effective self-management
- **Better integration** and **quality of care**, including better user and family experience of care.

Target groups

- **Children and young people with complex needs**, including those eligible for education, health and care plans.
- **People with multiple long-term conditions**, particularly older people with frailty.
- **People with learning disabilities** with high support needs, including those who are in institutional settings (or at risk of being placed in these settings).
- **People with significant mental health needs**, such as those eligible for the Care Programme Approach or those who use high levels of unplanned care.
## IPC demonstrator sites

<table>
<thead>
<tr>
<th>Site</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stockton-on-Tees</td>
<td>People with multiple long term conditions</td>
</tr>
<tr>
<td>Barnsley</td>
<td>People with complex diabetes</td>
</tr>
<tr>
<td>Cheshire West and Chester</td>
<td>Children and adults with learning disabilities</td>
</tr>
<tr>
<td>Lincolnshire</td>
<td>People with dementia</td>
</tr>
<tr>
<td>Luton</td>
<td>People with dementia, then people with learning disabilities</td>
</tr>
<tr>
<td>Tower Hamlets</td>
<td>People with significant mental health and social care needs and children with complex needs</td>
</tr>
<tr>
<td>South West</td>
<td>All IPC target groups</td>
</tr>
<tr>
<td>Hampshire</td>
<td>Children and adults with learning disabilities</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>Older people with multiple long term conditions</td>
</tr>
</tbody>
</table>

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IPC will mean a fundamentally different experience of care and support for people with complex health and social care needs. It involves five key shifts in how people experience care and support, underpinned by changes in commissioning that enable money to be used differently.

- **A targeted approach** to delivering person-centred, integrated care for people with complex needs
- **A community and peer focus** to build knowledge, skills and confidence for self-care
- **A different conversation** about health and care focused on what's important to each person
- **A shift in control over the resources** available to people, carers and families
- **A wider range of care and support options** tailored to individual needs and preferences
Thank you