Integrated Personal Commissioning

An Improved Approach to Care and Support

Our Stories

Integrated Personal Commissioning

Nottinghamshire County Council

NHS

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Integrated Personal Commissioning (IPC)

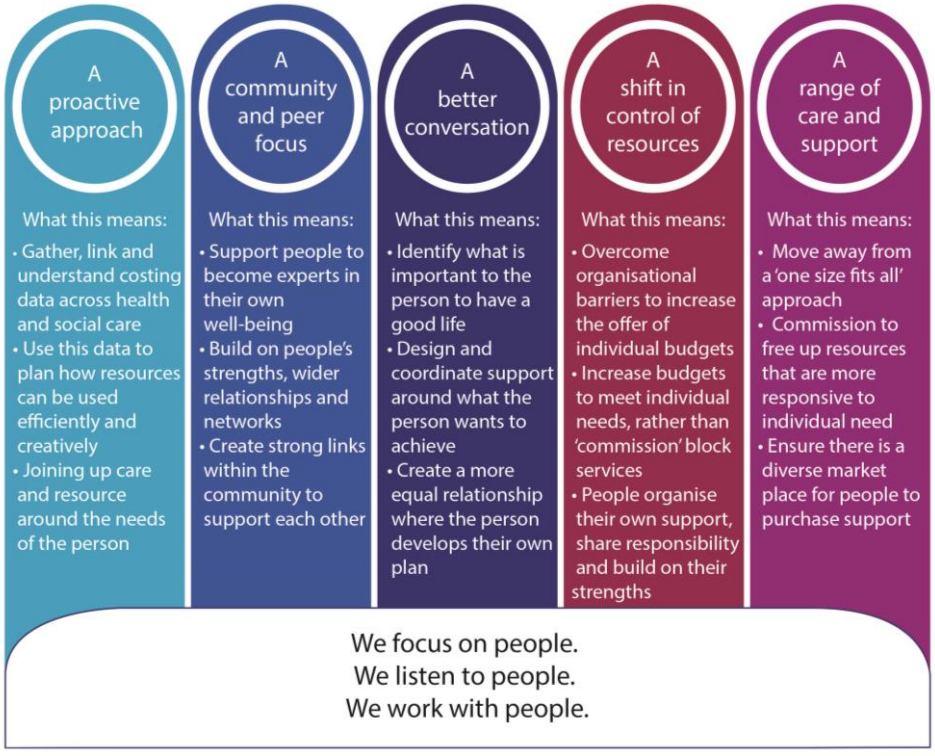
Background:

Nottinghamshire Clinical Commissioning Groups (CCGs) and Nottinghamshire County Council became an Early Adopter of Integrated Personal Commissioning (IPC). This is a national partnership programme between NHS England and the Local Government Association to drive personalisation forward across Health and Social Care. IPC supports the aims of the Sustainability and Transformation Plan in Nottinghamshire and the programme will be developed and aligned with it.

What is IPC?

Integrated Personal Commissioning (IPC) is an improved person-centred approach to your care and support, joining up Health, Social Care and other services. It is a key part of a national strategy for the NHS Five Year Forward View to promote healthy communities and support disabled people and those with long-term conditions to manage their own health, care and wellbeing.

In Nottinghamshire the IPC programme is being delivered through 'five key shifts':



What are the benefits of IPC?

- Better quality of life for people with complex needs and their carer's, with greater involvement in their care, because it has been designed around their personal needs and circumstances.
- Less crisis in people's lives that lead to unplanned hospital admissions.
- Better integration and quality of care, including better experiences for people and families

IPC Aims:

1. To improve your quality of life
2. To avoid a crisis or hospitalisation
3. To join up your support and develop a plan with you and that works for you

Who is being offered IPC?

The initial target groups for IPC in Nottinghamshire are:

- Children and young people with complex health needs
- Adults who are eligible for NHS Continuing Healthcare funding
- Adults who are not eligible for NHS Continuing Healthcare, but may receive a package funded by Health and Social Care (rather than be fully funded by the NHS)
- Looked After Children accessing Child and Adolescent Mental Health Services
- People with learning disabilities with high support needs
- Children and Young people in transition to adulthood
- People on fast track
- People who are entitled to Section 117 aftercare under the Mental Health Act
- Carers to give them a break from their caring role

The plan in the next two years is to develop an offer for:

- People with multiple long-term conditions, especially older people with frailty
- People with significant mental health needs
- End of life care

What are the key features of IPC?

- Clear and timely information and advice
- A co-ordinated approach that is transparent and empowering
- Access to a range of peer support and community based resources
- Active participation in conversations and decisions about your health and well being
- Being at the centre of planning your support and the chance to agree the desired health and wellbeing outcomes

Where a Personal Budget (PB) is given:

- An indication should be given of how much money is available for healthcare and support
- The amount of money should be sufficient to meet the identified needs and outcomes
- Options should be offered to manage the budget
- A person should be able to spend the money to meet their outcomes in ways and at times that make sense to them

A key part of IPC is to offer choice and control. This can be done through a personal budget.

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Nottinghamshire County Co-production Group

Our thoughts..

"It's the first time we've seen real change in 20 years."

"It's working to a common end with professionals."

"Just being able to talk about my situation with people who care and understand has helped."

If you would like to get involved or find out more, please contact Self Help UK on 0115 911 1662

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IPC is already making a big difference to people's lives. This is being achieved by:

- working in partnership with people
- having better conversations
- understanding what's working or not working
- learning what people want to achieve
- giving people more control to organise their own support

One route to achieve these aims has been via the development of 'My Life Choices'- a Nottinghamshire County Co-production group, currently co-facilitated by Louise Urch (Outreach and Development worker from Self Help UK) and Keymn Whervin (Lived Experience Worker from NHS England).

'My Life Choices'

The Nottinghamshire County Co-production group has now been running since September 2017, with monthly meetings held at various venues across the county. The group is made up of committed, motivated people who either receive Personal Budgets themselves for long term conditions, or who care for someone in receipt of a budget. It enables their valuable individual life experiences to be recognised and used to positively shape the future of Integrated Personal Commissioning.

Attendance of the Co-production meetings is on a voluntary basis and numbers have been steadily increasing, whilst still remaining a welcoming group. Group members report that some of the benefits of being involved include peer support and the confidence, skills and knowledge they have gained during the process.

To Date...

The group has been involved in a variety of projects, including;

- working collaboratively to create a group name and brand themselves
- sharing their ideas and experiences at IPC steering groups and community capacity development meetings
- co-designing key principles of self-care
- educating others using their experiences of employing Personal Assistants
- co-designing personalised support plans and training staff on this topic

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Personal Budgets

MANAGING A BUDGET

- **A Notional budget**: no money changes hands, the local authority or the NHS manages the budget and arranges care and support.
- **A 3rd Party budget**: an organisation independent of the person, the local authority and NHS commissioners manages the budget and is responsible for ensuring the right care is put in place, working in partnership with the person and their family to ensure the agreed outcomes can be achieved.
- **A Direct Payment**: the budget holder has the money in a bank account or an equivalent account, and takes responsibility for purchasing care and support.

A budget can include a combination of these approaches. The budget may be held by the person or by someone else acting on their behalf.

What are the benefits?

The underlying principles of a budget are that an individual will;

- Be able to choose the health and social care outcomes they want to achieve (in agreement with health/social care professionals)
- Know how much money they have for their care and support
- Be enabled to create their own care and support plan
- Be able to spend the money in ways and at times that make sense to them (as agreed in their care and support plan)
- Be able to choose how their budget is held and managed

Types of budget

PERSONAL BUDGET (Social Care Budget)

This is a budget that is funded by the local authority for individuals with eligible care and support needs.

N.B. A personal contribution may be needed following a financial assessment.

INTEGRATED BUDGET (Joint Health and Social Care funded Budget)

A budget that includes funding from both the local authority and the NHS for individuals who are eligible for joint funding from Health and Social Care, including aftercare under Section 117 of the Mental Health Act.

PERSONAL HEALTH BUDGET (Fully-funded Health Budget)

A budget that is wholly funded by the NHS for individuals who are eligible for NHS Continuing Healthcare, including children and young people.

CARERS PERSONAL HEALTH BUDGET

A budget that is wholly NHS funded to provide a carer with assessed eligible needs to take a break from their caring role, to support their health and wellbeing.

What difference can they make?

The stories in this book show the kind of choices people can make if they have a budget and the positive impact it can have on their health and lives.

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Lesley's Story
(Mum of Jack)

Before:

- care package was limited and did not suit Jack as he saw different people
- Jack likes to be very active and enjoys sports but his family lacked the flexibility and equipment to meet his social needs
- Jack's family felt that his health and social care needs were not being met

After:

- the family has control over their budget and can tailor Jack's needs to his preferences
- employment of a PA provided Jack with stability and familiarity
- purchase of a mobile hoist gave more freedom and flexibility
- Jack has become more settled since moving away from agency care
- Jack and his family go out regularly and are more united

Lesley says…
"Having a Personal Health Budget has opened up a whole new world for Jack and our family."

Introduction

Jack lives at home with his parents and twin sister. He is disabled and has multiple healthcare needs. Jack has a great interest in transport and loves to keep active visiting places of interest. He attends college and is a very keen swimmer.

Situation

As a child, Jack's parents worked full-time as well as caring for Jack. Lesley worked during the day and Jack's father worked at night in order to provide round-the-clock care for Jack. This was a very difficult time for Jack's family as they were trying to do nearly everything for Jack themselves as well as coping with full-time employment. They felt that Jack's needs were not being met because he needs to socialise and be active. There was very little time when the family could be together. Jack also liked to receive care from people he is familiar with.

What Happened

During the transition of care from Children's to Adult services, Jack was assessed for Continuing Healthcare (CHC) funding and was deemed to have a primary healthcare need. His family were offered a Personal health budget (PHB) and provided with good information and advice, including what they could be used for. The family took this option and were allocated a single point of contact to support them in the development of a support plan.

"Managing the budget is very easy but it is very important to have a single point of contact in case you need any advice"

Initially, the family's PHB was used to fund an agency to support Jack with his day-to-day personal need but this didn't work well. The agency was unreliable, with inconsistent staff turning up at different times or not at all.

It was then suggested that the PHB could be used to employ a Personal Assistant (PA). After discussion and CCG agreement, Lesley became Jack's PA. Jack now has more stability in his life.

The budget is also be used for activities which Jack loves to do. The budget has given us more control and is enabling Jack to be more involved and active in the community.

"Our PHB has really enhanced our family life".

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My Story

(on behalf of Caroline)

OUTCOMES:

- Sense of control
- Flexibility
- Improved health and wellbeing

Personal Health Budgets enable better outcomes, improve outcomes and are more cost effective.

Cost before: £719/week

Cost after: £474/week

Introduction

Caroline (53) lives with her husband. She was diagnosed with Muscular Sclerosis whilst living away from Nottinghamshire. She returned home a few years later after becoming increasingly isolated and unhappy with her care provider.

Caroline relies on support with her activities of daily living and needs verbal prompts due to short term memory problems. She also experiences episodes of altered consciousness and requires medication to be administered at these times.

Situation

Our experience of care and support was somewhat indifferent prior to a visit from Lewis (CHC PHB Manager) and Andrea (Social Worker) to discuss integrated personal budgets. We always felt that we were never in control of 'the care package'. To some degree we always felt that organising Caroline's care was never in our hands and as good as the care agency was we felt that everything was channeled towards them (the agency).

When we embarked on the personal health budget route we felt comfortable from the start. Both Lewis and Andrea gave us plenty of detail and an assortment of information that reassured us. It was not a minefield of do's, don'ts and "let me check that out". They both had a very good way of explaining things to us without being complicated.

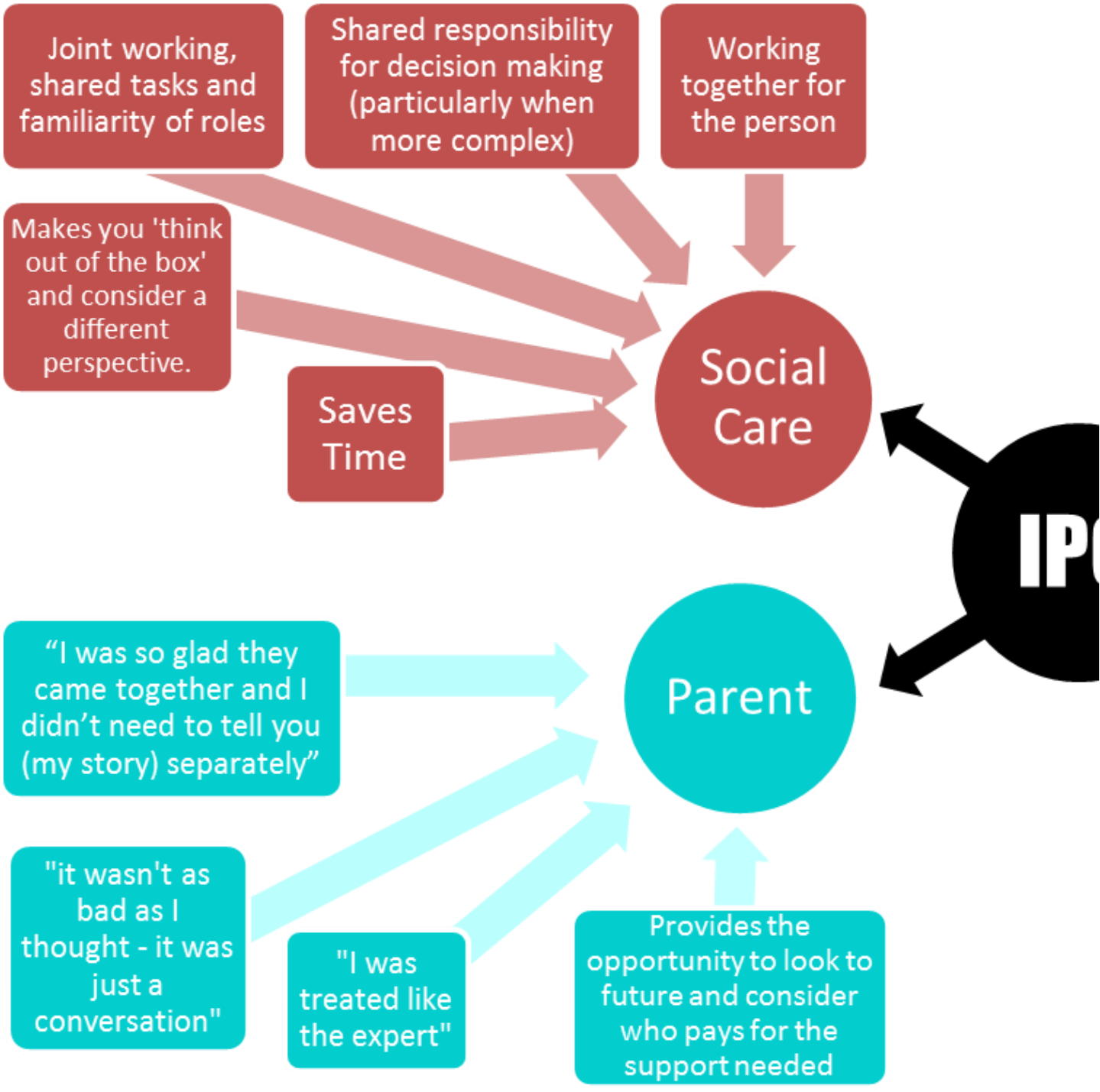
What happened

Health and Social care (in our case) worked very well together - they definitely listened and took on board our wishes for the support plan. We had no worries or major concerns during the planning of this support. Any questions we had were readily answered so it was a worry free transition as far as we were concerned.

Our personal budget plan is still in its infancy but Caroline, for the first time, now feels that she has been listened to and is in control of her care. She is content in the fact that the plan revolves around her needs and enjoys the flexibility that it gives her.

"All good at present."

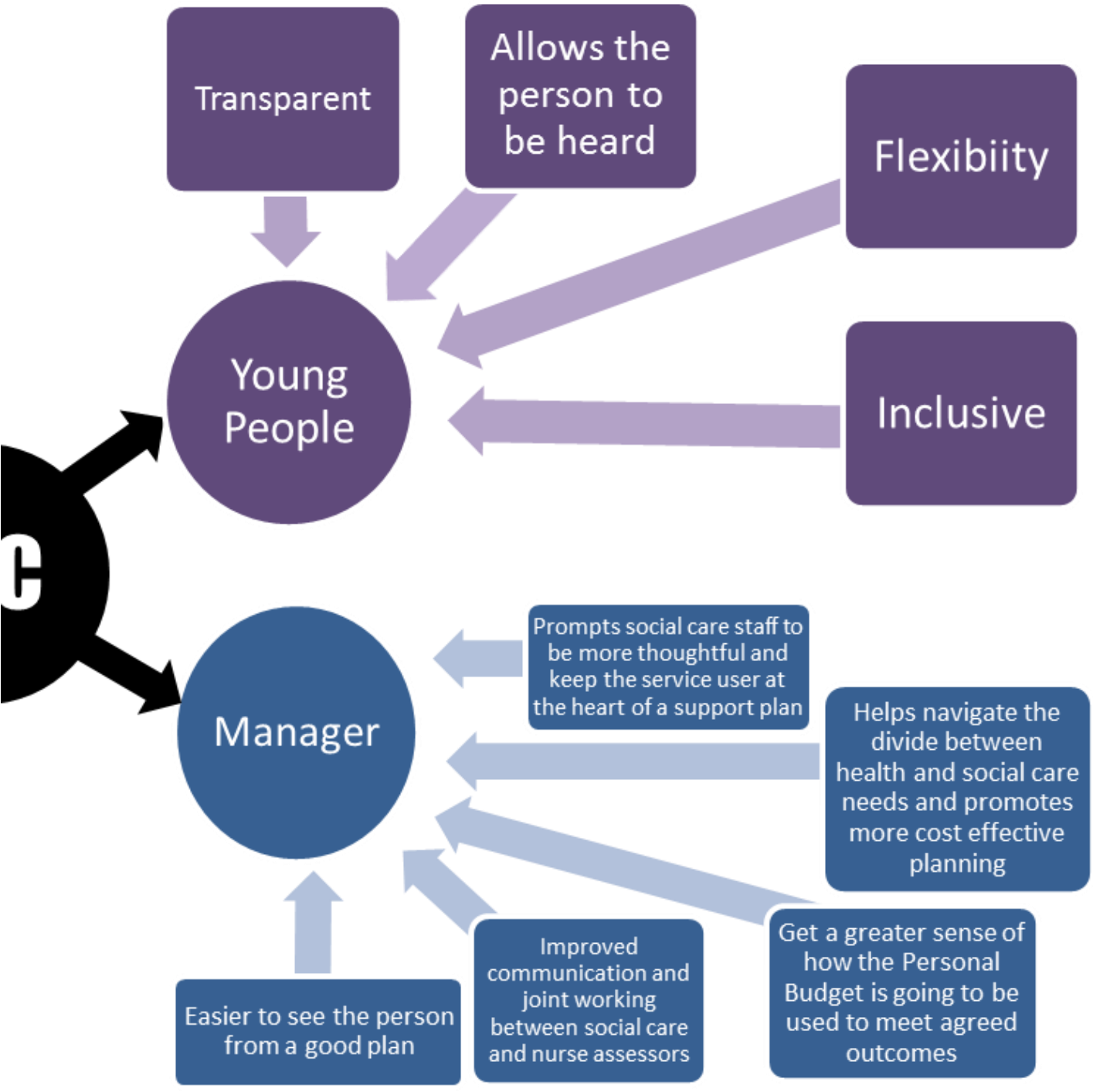
A 360° View - What do peo



BENEFITS

No new forms or steps
Holistic
Person centred

ple really think about IPC?



CHALLENGES

Process differs for adults and children
Need a way to increase the network
How do we make it more accessible and meaningful?

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Lucy's Story

OUTCOMES:
(individual and family)

- Consistent carers who know her
- Daily support to stretch and improve mobility
- Pain management
- Being able to get out
- Better support
- Sense of control
- Improved health and wellbeing

OUTCOMES:
(community & services)

- Fewer complications
- Less likelihood of hospital admission
- Cost savings

Lucy says…
"The PHB gives me control, makes me the boss, and lifts a weight of George's shoulders."

Cost before:
£3,700/week

Cost after:
£1,814/week

Introduction
Lucy (22) lives with her partner. She has a spinal injury and autonomic dysreflexia. When Lucy was 19 she had meningitis and suffered from Locked-In Syndrome whilst in hospital. She spent 18 months in hospital and specialist rehabilitation. She has a ventilator and needs catheter management.

Situation
After a long search, home care was provided by a Healthcare Agency but, despite a long wait for discharge, it was not well planned. The couple felt the process was hurried and a personal health budgets was neither discussed nor offered.

The staff provided by the agency came from all over and often turned up late. Lucy never knew who would turn up, had lots of different people in her home and there was a lack of both cover and co-ordination. Lucy was scared when George was absent - she felt the staff didn't listen to her wishes and lacked the confidence to carry out some of the care. George regularly covered shifts and supported staff who didn't know Lucy. He became ill whilst trying to coordinate and the couple began to struggle.

Additionally, Lucy's pain increased and her mobility deteriorated after her physiotherapy was terminated and this prevented her from getting out of her home. This all had a negative impact on Lucy's health and wellbeing.

What happened
The couple was offered a PHB and employed PAs with help from a support service to manage the recruitment, employment contract and payroll. The CCG agreed that Lucy could employ George, and he provided 4 shifts a week as a paid carer. The other shifts are covered by the PAs and with them all being trained at the Spinal Unit. Lucy also uses her PHB to purchase physiotherapy to improve her mobility and reduce her pain. George is committed to ensure he does the exercises with her on a daily basis.

Lucy feels more positive now George is supported and George was surprised how quickly the PHB process happened. The couple stress that the benefits should be explained to patients but highlight that support is critical to make the necessary choices. It has given them options and, more importantly, it means that that Lucy can get out.

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Phil's Story

Lessons Learned:
Opting for a direct payment allows for flexible planning and puts people in control of organising their care and support as and when they need it. In this case, it has resulted in a speedy discharge from hospital.

Margaret reports… "He (the PHB co-ordinator) asked the right questions and really listened to what we said to help us find the right solutions…Being in control makes you feel better and takes a lot of the worry about money away".

Introduction

Phil is 66 years old he lives at home with his wife who is his main carer. He has a diagnosis of epilepsy, which occurred following the treatment of non-Hodgkin's lymphoma. His complex health needs fluctuate and can be unpredictable from day to day. His condition results in regular hospital admissions.

Situation

Phil has been fully funded for the last couple of years but his wife began to struggle with his care. He had experienced pneumonia and his on-going health was deteriorating steadily. Phil was ultimately referred to the emergency team for morning support. This was originally planned for a period of 10 days but continued for 4 months. He was also referred for a weekly respite day at a local hospice.

What happened

In the following months, Margaret asked for a review. The nurse assessor carried out a thorough assessment and PHB. They met with a PHB coordinator and were given the opportunity to explore the options available and some that might not have been considered.

Phil and Margaret receive the PHB as a direct payment. The support plan was agreed by the NHS but they are in control of organising the necessary care and support themselves. Support planning was vital and the PHB allowed for flexibility.

Margaret says the biggest benefit is that she can arrange an increase in care and support quickly and money can be accrued for such emergencies and returned if not used. This has resulted in speedy discharges from hospital and quicker recovery. Margaret allows for these circumstances to avoid crisis episodes and feels this wouldn't have been possible on a budget provided solely by an organisation.

For Phil, the most positive aspect of the budget has been his wheelchair. He used to work as a nurseryman and enjoyed visiting country parks but it was impossible to push his chair on the tracks. Margaret pushing the wheelchair also meant she talked to the back of his head. The PHB enabled him to purchase an adapted motorized-wheelchair that can go off road and be controlled by him.

The couple feel the PHB has been of great benefit, removes the anxiety of "what if" and gives Phil some freedom.

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A Brother and Sister's Story

OUTCOMES:

- To have consistent carers that knew them well
- To be able to maintain carers
- To be in control of the times of visits and have greater flexibility in how the care was organised
- To have greater flexibility in when they could go out
- To be able to access the community, not just the day centre

Annual transport costs before: £63,500

Annual transport costs after: £38,500

Introduction

Both siblings age 34 and 31, have very complex health needs. This includes the need for significant amounts of equipment, such as oxygen. They live with their parents, who undertake a significant amount of the care.

Situation

Mum gets up at 4am every day to begin the extensive task of organising medication. Being in control of this is important to her and it takes priority.

During the day, both siblings attend '*Every Sensations*' day centre and also receive respite care at Scope. Transport is arranged to take them to '*Every Sensations*' turns up at varying times and causes the family problems.

The family had a traditional commissioned package with a care provider. They felt they didn't have any control over the care that was being provided.

How did they meet their outcomes?

They now use a mixed package.

- They have their day care and respite care organised by the NHS.
- With the direct payment they employ a team of PAs. This means that mum is in control of the care and can organise it flexibly.
- They have also replaced the commissioned transport package for their journeys to and from the day centre and place of respite. This package would always have to be booked for specific times/days and the family wanted to have more flexibility with the transport so they could also access community settings. They used their PHB to lease an adapted vehicle which would be able to accommodate all of the equipment needed due to the health conditions of the young people. In addition to this they employ their own driver and escort, both of whom are fully trained in all aspects of their health needs. The family can now use the vehicle to access the community and for the family any time they wish.

This means an increase in choice and control as well as ensuring the young adults have highly trained carers with them.

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Andrew's Story

OUTCOMES:

- To continue to improve his abilities through rehab
- To be back home – a familiar and comfortable and environment
- To spend time and mix with people his age
- To get back out in his community

Cost before: £1,600/week

Cost after: £1,000/week

Introduction

Andrew is 28 years old. In 2013, he was in a road traffic accident that resulted in a fractured skull and resulting brain damage. He remained in hospital for eight weeks before being discharged to an intensive support unit for seven months of rehabilitation.

Following this he moved to a nursing home and continued to receive rehabilitation including; physiotherapy, occupational therapy and speech and language therapy. His parents visited him for 2 hours every day despite the hour long round trip.

Situation

Andrew suffered from low mood whilst living in the care home. Furthermore, staffing issues worried his family and affected his therapy sessions. Wanting the best for their son, they felt having more control would improve his rehabilitation and, researching on the internet, found out about personal health budgets. The family decided to use the PHB to bring Andrew home.

What happened

His family continues to undertake the majority of his care as they didn't want a lot of people coming into the home but opted for a direct payment to further support Andrew.

They used his PHB to:

- Purchase physiotherapy and rehabilitation that is well suited to Andrew
- Employ 2 PAs that were chosen by the family and of his age to support with his personal care and to help him get out

They wanted Andrew to have as much interaction with others to keep his brain busy and working. The more people he saw and the more he went out meant more rehabilitation and knew this would help his recovery.

His family can now ensure Andrew is benefiting from his care and support and can adapt elements as needed thus ensuring he has every opportunity to get better. Andrew is also happier now he is home. Without doubt, Andrew has and is continuing to benefit from this.

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From Home to Hospital

(a workers story)

Her Dad contacted me afterwards and thanked as he had found the 'pre-op' visit very beneficial.

Background

I was working with a young woman, who was transitioning from children's to adults services. On a home visit to see the parents, they informed me that she was going into hospital and would be attending a 'pre-op' appointment the following week.

As the young lady has very complex needs I supported them to write a 'Traffic Light' plan, which was shared with the hospital liaison nurse.

Outcome

Having spoken with the Liaison Nurse and made them aware of the 'pre-op' date, they were able to meet with the young lady and her parents and put the parents at ease. This was also beneficial to the hospital staff as it meant they could pre-plan and have the equipment that the young woman depends on in place. As such, the planned procedure was able to take place as the ward and staff were prepared for the admission.

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*Betty's Fast Track Story

(* names have been changed)

Her Son says..
"We could not be happier... The whole process has made it easier for her to return home to where she wanted to die,"

"I cannot believe how well my mum has taken to the carer – she has become part of the family."

Situation

Betty was assessed for fast track care whilst in hospital. To go home, she needed regular care throughout the day but was reluctant to have agency care from different carers and readmission was likely.

What Happened

Contact was made with a live-in care provider. They visited Betty in hospital and assessed her home. Betty had a bed delivered and installed downstairs to create a bedroom space for the live-in carer. Additional support was provided by District and Macmillan Nurses.

After a few days, a home visit was arranged to ensure the care package was meeting her needs. On arrival, she was sleeping peacefully and her son was delighted with the service. She had grown fond of her carer and trusted in her. In the days that followed and through choice, her carer moved her own bed downstairs in order to be close to hand.

Betty deteriorated daily but with everything in place for her to pass away at home and without the worry of returning to hospital.

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Eric's Story

This is a very good example that demonstrates how an integrated approach can ensure positive outcomes for an individual and also encourage different ways of working together across health and social care.

Introduction

Eric is a 73 year old gentleman with MS and is reliant on carers to support him with his daily health and social care needs. He has full capacity and is able to let people know what his wishes are.

Background

In May 2014, Eric was admitted to hospital. After being discharged from hospital Eric went into a residential placement as professionals felt his previous care package wasn't meeting his needs and had resulted in a grade 4 pressure ulcer.

Eric remained in residential care for over 3 years, despite being very unhappy in this setting and being desperate to return home.

Plan

Following a joint Health and Social Care review where Eric again expressed his wish to return home, his social worker looked at how an integrated approach might help. She made contact with the PHB manager and asked how they could begin to work together to explore the options for Eric. A Multi-Disciplinary Team meeting took place with Social Care, Occupational Therapy, the Clinical Lead from the residential unit and the Nurse Assessor from Continuing Healthcare. They discussed the risks but focused on how they could be managed and thereby supporting the transition back from residential care to home.

Eric was involved in the process from the beginning. The social worker and PHB manager met with Eric and it was agreed that the best option would be for Eric to have his own team of PA's to support him at home. Eric played an active role in recruiting and interviewing his staff. A Third Party Integrated Budget was organized meaning an independent organisation became the legal employer of Eric's PA's.

What Happened

A further Multi-Disciplinary Team meeting was held to plan for the transition home. A clear time line was established and a date was set. Occupational therapy organised for the necessary equipment to be available within the home and ensured the PA's were familiarised. Both Social Care and Health recognised that a short period of double funding was needed to facilitate this transition and the PA's were able to shadow staff within the residential home.

Space for thoughts, actions, contacts and notes

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Space for thoughts, actions, contacts and notes

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More Information

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Web: https://www.england.nhs.uk/ipc/

Web: https://www.england.nhs.uk/personalised-health-and-care-framework/

Web: https://www.nhs.uk/pages/home.aspx

Web: https://www.selfhelp.org.uk/