

# What is Integrated Personal Commissioning and where has it come from?

**“I have to fight for the services and healthcare that should automatically be available; life is difficult enough as it is without these barriers. This takes valuable time that I feel should be spent with my other children too”**

**Parent of a disabled Child – Demos  
Live Life to the Full Report**



**A RESOURCE FOR ALL THOSE INVOLVED IN  
THE PRODUCTION OF EDUCATION, HEALTH  
AND CARE PLANS**

# The Context

**“I have to fight for the services and healthcare that should automatically be available; life is difficult enough as it is without these barriers. This takes valuable time that I feel should be spent with my other children too”**

**Parent of a disabled Child – Demos Live Life to the Full Report**

There is significant evidence that outcomes for children and young people in England are not as good as they should be, that the progress in improving them is poor by international standards and that pronounced health inequalities remain between children and adults.



Children and young people under 25 make up 30% of the population. From birth and the early years, through school into early adulthood, the health and social care system is there to support them and their families to have the best possible start in life.

For some children and young people, this will require multiagency support from health, social care and education services, and these numbers are increasing significantly.

There are a range of factors contributing to the increase in demand including improved survival rates of pre-term babies and babies with congenital conditions, increased life expectancy for children with complex health conditions, a dramatic increase in diagnosis of autism, evidence of increasing mental health conditions and rising social care pressures.

The health, social care and education system will need to meet these challenges without corresponding increases in resources. This will require commissioners and providers using their resources in a more effective way, working with children, young people and families to reduce ineffective or misplaced support resulting from duplication of responsibilities.

# Integrated Personal Commissioning

The Five Year Forward View sets out a vision for how the NHS can respond to the changing expectations of health and care in the 21st century, focusing on reducing avoidable health conditions and supporting people to live healthier lives for longer.

At its core is empowering people and communities to play an active role in their health and wellbeing, with greater choice and control over how their support and care is organised and delivered.

Integrated Personal Commissioning (IPC) is central to implementing this transformation, through five key shifts in the way services provide support:

- Proactive coordination of care
- Community capacity and peer support
- Personalised care and support planning
- Choice and control
- Personalised commissioning and payment

Underpinning all these key shifts are a number of enablers such as *leadership*, *co-production*, *managing change* and *supporting the workforce*. These enablers are focussed on delivering IPC's ambition.

Sustainability and Transformation Plans require NHS leaders and commissioners to set out how they will ensure by 2020 that:

- 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

**'Personalised care will only happen when statutory services recognise that patients' own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care.'**

**National Voices quoted in the NHS Five Year Forward View**

- Personal health budgets (PHBs) and integrated personal budgets including NHS funding are available to everyone that could benefit. In each locality in the footprint, at least 1-2 per 1000 of the population has a PHB or integrated personal budget incorporating NHS funding in line with the NHS Mandate.

There are currently 18 IPC demonstrator sites around the country, they are working with the National NHS England team to rapidly develop and test practical tools and other information which will support the wider rollout of IPC.

**Delivering the core components of IPC for children and young people: Leadership, governance, managing change and supporting the workforce**

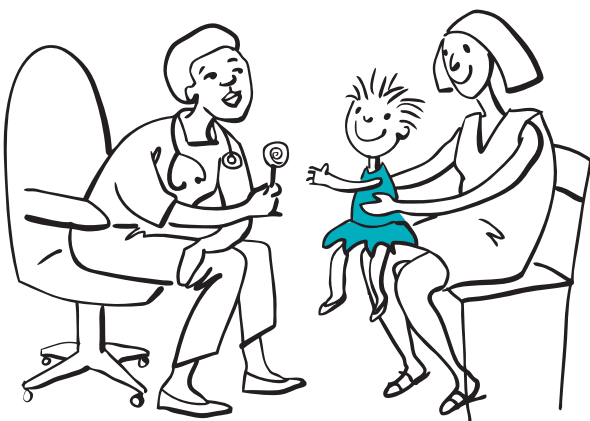
Delivering this transformation is as important for children and young people as it is for adults, and each IPC site must take into account the specific policy framework for children's services.

This will need clear, strategic local leadership to progress and maintain a joined-up offer of support for those with complex needs across the breadth of services involved in their care.

To do this IPC sites should develop a shared change management plan which includes work already done across the wider children's agenda and demonstrates how it all fits together with a clear shared direction.

Existing groups (e.g. children and young people's joint commissioning groups or partnerships) provide a forum for planning and aligning work, but new relationships may well be required to develop a significant cultural shift across a diverse workforce, that is fragmented across different providers and professional specialisms, with different commissioning structures.

This workforce has already undergone dramatic change brought about by new legislation and renewed policy focus on



personalisation and integration. IPC should be seen as an enabler to embed wider change and further the drive to coordinated and integrated care for those with complex needs which do not fit neatly into the support offer of one service alone.

A joint workforce plan, or key cross-cutting themes across different agencies' workforce plans should address how the workforce performs the following functions:

- Early identification and prevention of need
- Key working functions (including person-centred planning)
- Joint assessment and care planning
- Provision of treatment, support and equipment
- Person centred support planning and provision of personal budgets .

IPC sites need to coordinate with the work done across the Future in Mind, Transforming Care and SEND agendas that share overlapping principles.

**Implementation of the Children and Families Act 2014.** The Act places duties on local authorities, CCGs and NHS England to develop strategic joint commissioning arrangements to meet the needs of children and young people with special educational needs and disability (SEND).

Children and young people who meet the threshold are entitled to a multi-agency Education, Health and Care (EHC) plan, including personal budget arrangements. *Children and Families Act Code of Practice* <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

## Transforming Care Programme for People with Learning Disabilities.

Jointly led by health and social care system partners, there are 48 Transforming Care sites across England working to redesign and develop services for children, young people and adults with learning disabilities and/or autism who display behaviour that challenges. This transformation is focused on reducing the use of residential care and inpatient placements, closing inpatient facilities and developing community services. *Transforming Care* <https://www.england.nhs.uk/learningdisabilities/care/>

## Child and Adolescent Mental Health Service (CAMHS) Transformation –

Following publication of the *Future in Mind* Report, 125 Local Transformation Partnerships published CAMHS Transformation Plans.

These strategies should include a focus on vulnerable children and young people, including looked after children and young people with mental health problems who are a significant focus for IPC sites. <https://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

The five shifts of IPC dovetail with the deliverables of the SEND reforms as shown in the graphic below

IPC Programme	Children And Families Act requirements	Transforming Care	CAMHS Transformation
Proactive co-ordination of care; focus on early intervention & prevention	<ul style="list-style-type: none"> <li>Local Offer</li> <li>SEN Support</li> </ul>	<ul style="list-style-type: none"> <li>Early intervention and prevention</li> <li>Person-centred care and support plan</li> </ul>	<ul style="list-style-type: none"> <li>Promoting resilience, prevention and early intervention</li> </ul>
Community capacity & peer support	<ul style="list-style-type: none"> <li>Local Offer</li> <li>Parent carer forums</li> <li>Young person's voice and parental choice</li> </ul>	<ul style="list-style-type: none"> <li>Inclusion in activities and support to access mainstream services</li> </ul>	<ul style="list-style-type: none"> <li>Improving access to effective support - a system without tiers</li> </ul>
Personalised care and support planning	<ul style="list-style-type: none"> <li>EHC Plans</li> <li>Advocacy and Information Independent Support; IASSN</li> <li>Keyworking</li> </ul>	<ul style="list-style-type: none"> <li>Outcomes. Focused, Person-centred care and support plan</li> <li>Advocacy and Information</li> <li>Care and support navigator</li> </ul>	<ul style="list-style-type: none"> <li>Care for the most vulnerable</li> </ul>
Choice and control (over personalised budget)	<ul style="list-style-type: none"> <li>Personal Budgets</li> <li>Young person's voice and parental choice</li> </ul>	<ul style="list-style-type: none"> <li>Personal budgets and personal health budgets</li> <li>Choice of housing and who I live with</li> </ul>	<ul style="list-style-type: none"> <li>Accountability and transparency</li> </ul>
Personalised commissioning and payment (integrated commissioning)	<ul style="list-style-type: none"> <li>Joint commissioning arrangements</li> <li>Individualised planning arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Specialist Multidisciplinary teams integrated with community services</li> <li>Commissioners understand their population</li> </ul>	<ul style="list-style-type: none"> <li>Developing the workforce</li> </ul>

# The five shifts supporting delivery of IPC

## 1 Proactive coordination of care

### WHAT IT MEANS

- **People proactively or reactively identified and offered information about IPC**

### Key considerations for IPC sites to make it work for children and young people

To plan and deliver proactive care every IPC site will need to identify the children, young people and their families who require significant support across education, health and social care services.

The different legal and policy framework for children and young people means that the NHS is far less likely to provide sole funding, so IPC sites will have to work with partners to develop a framework to define the group of children and young people who will benefit from IPC in the context of existing implementation priorities. This will require updating mechanisms to share information between health, education and social care services, including strategic data sharing and individual level data.



This needs to take into account a wide range of children and young people, included but not limited to:

- **Children and young people with complex needs** who will require specialist support from multidisciplinary health teams, they may be eligible for children's continuing care or NHS continuing healthcare for adults. They may also receive social care support from the disabled children's team, early help system, short breaks and additional support through the SEN system.
- **Children and young people with autism and learning disability** who have an EHC plan or an in-school SEN support plan, may need support from community health services and social care support from the disabled children's team, early help system, or short breaks.
- **Looked after children and those supported by children's social services:** Looked after children and children in need will have social care plans.
- **Children and young people with mental health conditions** – ten percent of children and young people have a mental health condition, with some groups over represented including looked after children and children with a learning disability.
- **Children and young people in contact with the youth justice system** – Children and young people working with youth offending teams or in the youth justice estate.

To improve how support is planned and delivered for those with complex needs, IPC sites will work out expenditure on different groups across health, social care and education services. This will then be used to explore how these resources can be more effectively tailored to individuals' needs. This forms the basis of **an IPC Individual Statement of Resources**.

This Individual Statement of Resources can provide a basis for person centred conversations with children and young people and families about how these resources can be utilised more effectively to meet their needs.

### **Key questions/challenges to address**

How is NHS cost and activity data for this group captured and how does it align with data held by other partners who make a contribution?

How could linked data sets be developed for this group?

What information do you need to put in your SEND local offer to enable young people and families to know what their IPC offer is. For example, how can they be connected to community and peer support, who can help them to develop a personalised single plan, and which support could be taken as a personal budget from health, social care and education.

## **2 Community capacity and peer support**

### **WHAT IT MEANS**

- **Make the most of what's available to you through local area coordination and systematic access to peer support**

### **Key considerations for IPC sites to make it work for children and young people**

IPC sites will need to establish innovative and evidence-based approaches to developing children, young people and families' knowledge, skills and confidence for self-management and peer support.

IPC sites will need to do this through working with the existing sources of both formal and informal community and peer support which are already established for children, young people and families. These may include local parent carer forums, condition-specific support groups, user-led organisations and young people's groups. Independent Support and Information, Advice and Support Services (IASS) provide support to individual children and young people with SEND, and their families, in local areas.

The Local Offer for SEND, which local authorities must provide and maintain, and which should be developed in partnership with children, young people and families, sets out the sources of support that should be available from both statutory and community services. This will be a key source of information for families and for commissioners involved in IPC.

## Key questions/challenges to address

What local support mechanisms are already in place and how can they be developed further with IPC? For example, are community navigators in place locally?

What peer support is in place for children, young people and families? Are there opportunities for people to learn from others who have personal budgets including personal health budgets (PHBs)?

## 3 Personalised care and support planning

### WHAT IT MEANS

- **Have a different or better conversation to identify what matters to you, and capture this in one place**
- **Check how well everything is working and adjust the plan and budget. Explore other elements of the IPC offer that have not yet been considered, and repeat**

### Key considerations for IPC sites to make it work for children and young people

Central to IPC's approach is the focus on person-centred planning and delivering services which meet the outcomes important to individuals. Evidence shows that children, young people and their families often feel that support is not tailored to meet their needs or effectively coordinated around supporting their aspirations and outcomes for life.

By utilising existing planning frameworks and resources, integrated plans will be developed which will be meaningful to children, young people and their families.

The outcomes that are most important to children and young people and their families are not always the subject of professional focus and may not correspond to outputs and outcomes that services are commissioned to deliver.

Patient Activation Measures are an approach to measuring how well a person is able to manage their own health and care based on their knowledge, skills and confidence. For children and young people, tools to measure this will need to be accessible, relevant and developmentally appropriate. It is critical that children and young people are supported from a young age to manage as much of their healthcare as they are able.

The process of effective personalised care and support planning will be coordinated across a range of relevant professionals who are involved in a child or young person's care and should avoid families being asked multiple times what their needs are. Families may choose to have personal budgets and should be supported to understand what this may mean for them.

To deliver this shift IPC sites will need to ensure:

- they have a co-produced shared vision and action plan for personalised care and support planning;



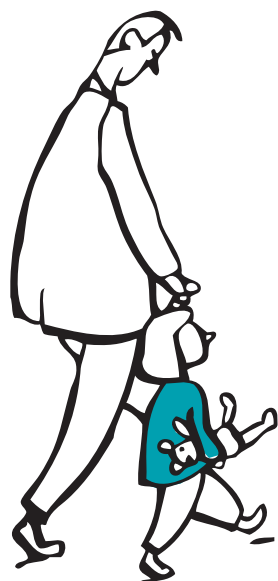
- There is training, mentoring and support for all parties in order to ensure the delivery of better conversations;
- A common framework and integrated, proportionate process for personalised care and support planning (including assessment and review);
- A single summary plan format.

IPC sites will need to develop a shared vision across partner agencies to set out how they will integrate their personalised care and support planning and ensure it is aligned with their EHC assessment, planning and review process.

### Key questions/challenges to address

How are local areas ensuring that health and social care advice in EHC plans is of good quality and contributes to improved outcomes which children and young people want for themselves?

How are IPC sites investing in multidisciplinary workforce development to deliver a new way of working?



## 4 Personal Budgets

### WHAT IT MEANS

- **IPC personal budgets bring together resources to achieve health, wellbeing and learning outcomes**

### Key considerations for IPC sites to make it work for children and young people

Working with children, young people and their families to take greater choice and control over how they are supported is at the core of IPC. For some children and young people and their families, this may include control of a personal budget as part of a personalised care and support plan to help them develop the care and support package that is right for them.

This will require commissioners to define what education, health and social care funding can be included in children and young people's personal budgets, in a way that makes resources available whilst mitigating risk to your local offer.

The Individual Statement of Resources developed by sites will form the basis of the resource allocation for personal budgets.

Children, young people and their families will need to be supported to understand what is positive and possible when it comes to personal budgets, by hearing from people with lived experience of personal budgets and by understanding what options they have. A personal budget does not automatically mean an individual must be responsible for an amount of cash. As part

of this, areas will co-produce a local offer for personal budgets, identifying what can be, and what should not be included. an amount of cash. As part of this, areas will coproduce a local offer for personal budgets identifying what can be, and what should not be included.

### **Key questions/challenges to address**

In meeting the NHS Mandate target of 50-100,000 personal health budgets/integrated personal budgets by 2020, have CCGs ensured that children with complex needs are included, and benefit proportionately from the opportunity?

Are there mechanisms for making a personal budget available locally? What advice and information is currently available to families on personal budgets and health and social care services?

Identifying what needs to happen to enable children and young people to use personal assistants (PA) in schools and colleges where an integrated budget could enable them to have more seamless support across home and school.

How can the PA workforce for children and young people be developed and supported to work flexibly with young people and families?

## **5 Personalised commissioning and payment**

### **Key considerations for IPC sites to make it work for children and young people**

To deliver the ambitious scale set by the Five Year Forward View, IPC sites will need to ensure that they have the commissioning, contracting and payment approaches in place to support the local health and social care system in order to provide a wider range of care and support options tailored to individual needs and preferences.

The complexity of the commissioning, contracting and payment systems across education, health and social care can create significant barriers to the development of integrated, personalised services that are responsive to the needs of the community.

Overcoming these barriers means developing ways of unlocking funding from existing contract mechanisms to free up resources to deliver personalised services.

This can mean new joint commissioning of specific services between health, social care and education, or the unpicking of existing block contracts and developing more flexible contracting methods.

It is key that these processes are linked to the local approach to joint commissioning arrangements for SEN and disability, and the Local Transformation Partnerships to identify opportunities for new approaches to contracting and funding.

A mapping exercise of the current offer should help areas understand who pays for

what and start highlighting if there is a more strategic way of delivering services.

It will be helpful for sites to look at the learning from new models of care for children and young people, for example Connecting Care for Children.

### Key questions/challenges to address

How is information from EHC plans being used to inform commissioning for future and potentially, unmet, need?

Is there an understanding of cost and benefit of early intervention (invest to save models), particularly for groups of children and young people with learning disability, autism and behaviour that challenges as per the Transforming Care agenda? Interventions such as Positive Behaviour Support can have long-term financial savings due to reductions in residential placements.

How do joint commissioning arrangements support the delivery of personal budgets?

Consider how CQUINs could develop personalisation

Are personal health budgets considered in developing commissioning intentions?

Market development – work with children young people and families to identify what type of support they would like to buy with personal budgets and feed this into market development plans.

### Further Support

The IPC programme has 25 voluntary, community and social enterprise (VCSE) partners, who through their substantial experience and expertise provide practical support to both IPC sites and the central delivery team. A number of the partners offer support to sites working on delivery the IPC programme for children; they include the Challenging Behaviour Foundation, Council for Disabled Children, Helen Sanderson Associates, In Control, and the National Development Team for Inclusion.

This factsheet has been supported by the NHS England IPC team and works in conjunction with the current IPC programme activities. For more information see [www.england.nhs.uk/commissioning/ipc](http://www.england.nhs.uk/commissioning/ipc)



**making a difference  
to the lives of people with  
severe learning disabilities**

