



Integrated Personal Commissioning

Report of Rachael Shimmin, Corporate Director, Children and Adults Services, Durham County Council

Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Group

Purpose of the Report

1. The purpose of this report is to inform the Health and Wellbeing Board of the intention to submit a bid on behalf of Durham County Council and North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups, to be part of the national Integrated Personal Commissioning programme.

Background

2. Integrated Personal Commissioning (IPC) is a new voluntary approach to joining up health and social care for adults with complex needs and also, health, social care and education for children.
3. The approach is endorsed by; the Association of Directors of Adult Social Services, Think Local Act Personal, The Local Government Association and NHS England.
4. The approach consolidates a shift in power to people who use services, enabling them to shape care that is meaningful and effective for them by bringing together the totality of expenditure at an individual level to achieve three key goals:
 - That people with complex needs and their carers have a better quality of life and can achieve the outcomes that are important to them.
 - The prevention of crises in people's lives which can lead to unplanned hospital or institutional care, by keeping them well and supporting self-management.
 - The better integration and quality of care.
5. The IPC approach is based on; what matters to people and their families, co-production, partnership working, flexibility and creativity within a common framework for both care and financial models.

Durham submission

6. A submission is being developed for Durham which focuses initially on developing an IPC approach for the cohort of people within our complex needs model work.
7. The intention being that this could be expanded as the model develops to include other group's i.e. young people going through transitions, frail elderly people.
8. The deadline for submission is 7 November 2014. The submission is required to be signed off by the Chair of the Health and Wellbeing Board.

Next steps

9. NHS England is anticipating that approximately ten sites will be selected from the submissions in December 2014.
10. Support would commence in January 2015 to assist in the development of both the financial and care models required to progress IPC, the intention being that by April 2015 implementation would commence on a shadow basis.
11. Additionally there will be some money available to support the process but as yet it is unknown exactly what this will be.

Recommendations

12. The Health and Wellbeing Board is recommended to:
 - Support the submission of a bid.
 - Delegate authority to Cllr Lucy Hovvels as Chair of the Board to formally sign off the submission.
 - Receive updates on the outcome of the submission.

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Appendix 1: Implications

Finance

To be determined - Finance to support the process is available but as yet it has not been made clear how much this will be or for what purpose.

Staffing

No implications.

Risk

There are no risks associated with the submission of the bid. Detailed risk assessments regarding the implementation of IPC would be done as part of the implementation process.

Equality and Diversity / Public Sector Equality Duty

No implications.

Accommodation

No implications.

Crime and Disorder

No implications.

Human Rights

No implications.

Consultation

Ongoing with all relevant partner organisations.

Procurement

No implications at this stage.

Disability Issues

IPC would support people with complex needs.

Legal Implications

There are no risks associated with the submission of the bid.