**NHS ENGLAND CHIEF OFFERS LOCAL GOVERNMENT LEADERS RADICAL NEW HEALTH AND SOCIAL CARE INTEGRATION OPTION**

High-need individuals to be offered ability to control their own blended NHS and community care, in partnership with voluntary sector.

The NHS will offer local councils across England a radical new option in which individuals could control their combined health and social care support, Simon Stevens CEO of NHS England will announce today.

Speaking at the annual conference of the Local Government Association in Bournemouth, Stevens will set out plans for a new Integrated Personal Commissioning (IPC) programme, which  will for the first time blend comprehensive health and social care funding for individuals, and allow them to direct how it is used.

Four groups of high-need individuals are likely to be included in the first wave from next April 2015, although councils, voluntary organisations, and NHS clinical commissioning groups may also propose others. These are:

- people with long term conditions, including frail elderly people at risk of care home admission

- children with complex needs

- people with learning disabilities, and

- people with severe and enduring mental health problems.

At the same time, voluntary/Third Sector organisations will be commissioned locally to support personal care planning, advocacy and service 'brokerage' for these individuals enrolled in the IPC programme.

This new approach builds upon, but is in addition to, the constructive joint work now under way locally on the groundbreaking Better Care Fund.

It also extends and combines current work on 'year of care' NHS commissioning, personal budgets in 'continuing care', and the early experience of 14 'integrated care pioneers'.  (For more details of these, see Notes to Editors, below.) The new IPC programme does not require any structural reorganisation in either the NHS or local authorities.

In his speech today Simon Stevens will say:

"Patients, service users and carers have the biggest interest in getting things right, but they can only do so if we give them real power to shape their own care.

"If Beveridge was alive today he'd clock the fact that - given half a chance - people themselves can be the best 'integrators' of the health and social care they are offered.

"We need to stop treating people as a collection of health problems or treatments. We need to treat to them as individuals whose needs and preferences should be seen in the round and whose choices shape services, not the other way round.

"That's the big offer the NHS increasingly has to make to our fellow citizens, to local authorities, and to voluntary organisations. We need a double N in 'NHS' - a National Health Service offering more Neighbourhood health support."

Under the new IPC programme, a combined NHS and social care funding endowment will be created based on each individual's annual care needs. This will blend funds contributed from local authorities and NHS commissioners (CCGs and NHS England). Individuals enrolled in the programme will be able to decide how much personal control to assume over how services are commissioned and arranged on their behalf.

NHS care will in all cases remain free at the point of use, and available according to individual need.

NHS England will now work with partners in local government, CCGs, patient groups and the voluntary sector to develop an IPC Prospectus which will be published at the end of July. This will formally invite local expressions of interest in jointly developing and participating in the IPC programme from April 2015.

NHS England will provide technical support to develop projects, and fund independent evaluation. Wider scale rollout of successful projects is envisaged from 2016/17.

Experience with pilots have shown that this approach has the potential to join-up services and funding at the level of the individual, for people who often need multiple services.  It gives control to those people who have the biggest interest in getting things right - people receiving services and their carers.  It often brings in peer support, and is a source of innovation and expertise on what really works in practice. It allows people to flex support over the year as conditions get better or worse, and brings different expertise to the care planning process. (For actual case studies of individuals who have benefited from this approach, see the examples set out below.)

**ENDS**

**Notes to editors**

*Prior research and practice*

The new IPC programme draws on and expands upon prior research and practice in several related areas. These include the NHS' so-called 'year of care' commissioning pilots, personal health budgets, and fourteen local 'integrated care pioneers'. Details of each are as follows:

1. Year of Care Early Implementation sites:

<http://www.icase.org.uk/pg/cv_content/content/view/116506/88229>

<http://www.kingsfund.org.uk/sites/files/kf/sir-john-oldham-year-of-care-capitation-payments-jan13.pdf>

2. Personal Health Budgets:

A summary of the original controlled trial of personal health budgets is at: <http://www.personalhealthbudgets.england.nhs.uk/_library/Resources/Personalhealthbudgets/Toolkit/PHBHowToGetGoodResults.pdf>.

<http://www.personalhealthbudgets.england.nhs.uk/About/>

Personal health budgets began under the last government and have continued under the current Administration. Under the NHS Mandate, from April 2014 people eligible for [NHS Continuing Healthcare](http://www.nhs.uk/chq/pages/2392.aspx) funding (people with very high health needs)  have a 'right to ask' for personal health budgets and every CCG in the country is engaged in a national support programme to get ready for this. Sites that have been going beyond the Continuing Healthcare requirement are exploring offering personal health budgets to people with long term conditions, children and their carers, and people who use mental health services.

3. Integration Pioneer sites:

<https://www.gov.uk/government/news/integration-pioneers-leading-the-way-for-health-and-care-reform--2>

*Case studies on personally-directed health and care*

These actual case studies illustrate a number of factors that explain how individually-directed commissioning can make a difference:

Nikki has childhood onset rheumatoid arthritis with severe flare-ups. Normal NHS services were often unable to provide immediate care, so Nikki had frequent prolonged stays in hospital. Nikki uses her personal health budget to employ three carers on a flexible basis. When a flare-up occurs they are able to reach her within 30 minutes, and between them can provide 24 hour care for several weeks if needed. Nikki's medication can be administered at home by the NHS. Nikki's flare-ups are much shorter, she has fewer hospital admissions, and a better quality of life.

·         Tom, 18, lives and works on the family farm. Tom lost the use of his left side after a brain haemorrhage. With his personal health budget, he was able to rehabilitate at home, rather than in hospital. Combined with a return to physical work on the farm, this approach helped Tom's left-side functioning improve dramatically. He returned to work eight months earlier than expected.

·         David, aged 34, has cerebral palsy with severe developmental delay and epilepsy. He lives with his parents and is a fulltime wheelchair user. He is totally dependent for all his needs. David's father Martin explains how a personal health budget has been beneficial because it enabled the introduction of one-to-one care workers for David, physiotherapy, and a tutor to help David.

<http://www.personalhealthbudgets.england.nhs.uk/_library/Resources/Personalhealthbudgets/2014/DavidMartinsStory.pdf>

·         Katy, aged 24, lives with her parents. She has profound learning disabilities with complex health needs. She needs support 24 hours per day for seven days a week. Katy's personal health budget was used to prevent her moving into permanent residential care, and to pay for person-centred care at home including for her psychological wellbeing, weight and vulnerability to infections.

<http://www.personalhealthbudgets.england.nhs.uk/_library/Resources/Personalhealthbudgets/2014/KatysStory.pdf>

·         Jason lived in a long stay in-patient unit for 22 years. When he first moved out, some of the staff transferred to a support agency to provide his care. This did not work very well: the system was institutional and inflexible. Jason’s sister asked about a personal health budget, as she had heard about the impact a personal health budget had had on a patient in the national pilot. Over the next few months things changed considerably for Jason. His sister became his appointee. With help from an independent support agency she was able to recruit a whole staff team and give the team leader more autonomy in developing a care plan that allowed both flexibility and creativity. Jason is now fully involved in his own care planning. He has moved from his original rented home with all its restrictions to a self-contained bungalow. Since moving to his new home there have been no incidents of self-harm, and there has been a significant reduction in the frequency and duration of Jason’s seizures. Jason’s challenging behaviour has ceased and there is no need for 2:1or 3:1 staffing. He is now part of the local community and is a frequent visitor to the local pub and social events in the village, supported by one of his team of local workers. Jason continues to have his problems, but his sister reports that his life now has far more meaning.