Lancashire & South Cumbria Integrated Care System

Individual Patient Activity (IPA) Programme

Executive Summary

1.0 Executive Summary

In November 2018 Julie Haywood Consulting presented a stocktake report to the Lancashire & South Cumbria Joint Committee of CCG's on the commissioning, provision and governance of activity and services falling under the collective term of Individual Patient Activity (IPA). The key findings and recommendations are summarised in section 3 of the IPA Briefing.

The findings from the report were acknowledged and endorsed by the Joint Committee and a commitment given to progress a programme of work to address the case for change.

This briefing provides a summary of the current position post the Julie Heywood report and sets-out a number of recommendations and actions that all eight clinical commissioning groups across Lancashire and South Cumbria are asked to consider and support.

For avoidance of doubt the current level of services provided across Lancashire and South Cumbria (with the exception of Blackpool) are providing standards of care that fall well below an acceptable standard and should be of concern to all CCG Governing Bodies.

There is a mixed model of commissioning and delivery of IPA services currently in operation across Lancashire & South Cumbria. It is critical as part of this programme that all partners are engaged in the work to enable a consistent understanding of quality, performance and financial matters across the ICS and that best practice and pragmatic solutions can be found that ensure any future proposals demonstrate clear benefits to patients. Understanding the commonality and differences between the "Blackpool" model and those operating elsewhere in the ICS will be a key learning point given the significant difference in performance currently seen.

Additional information has been drawn from the current IPA Programme Board, National Framework for NHS Continuing Healthcare (CHC) and NHS funded Nursing Care (FNC), NHS England Quarter 3 report 2018-19 for NHS CHC and FNC and MLCSU reports.

This Executive summary, key recommendations and IPA briefing has been written to enable CCG's and other stakeholders to consider the next steps and required actions/decisions both as individual statutory bodies and through collective decision making at the Joint Committee of CCG's and ICS Board.

2.0 Key Recommendations & Decisions

- All CCG's are asked to note and endorse the approach presented in this report.
- All CCG's are requested to confirm support for the proposed Governance arrangements and responsibilities of the IPA Programme Board.
- All CCG's are asked to review with partners and propose nominations for
    - ICP representatives on the IPA Programme Board
    - Finance Lead on the IPA Delivery Group

    - Clinical Lead on the IPA Delivery Group
- Endorse the recommendation that the IPA programme Board will take single responsibility for overseeing and implementing a performance improvement plan with NHS England (and MLCSU) to deliver the required improvements in National quality standards.
- Note the initial draft work programme set-out in section 6.0.

In proposing to seek support for a single point of coordination through the IPA programme Board and Oversight Group there is an explicit ambition to try to stabilise the current system, accelerate improvement in current performance and provide a more stable platform for future transformation. It is acknowledged that more work is required to engage with stakeholders, partners and patients and this will be significant part of the programme moving forward.

3.0 Recent Progress

- Commenced stakeholder engagement and presentation of the proposed approach to Commissioning Oversight Group and Commissioning Collaborative Group.
- Establishment of the Delivery Group and subject experts progressing well.
- High level draft improvement plan established following discussions with NHS England
- Benchmarking and visits to best practice areas commenced.
- All CCGs contacted regarding securing non-recurrent provision in their 2019/20 planning arrangements to support improving overall IPA performance.
- Interim arrangements agreed to ensure CCG's are able to comply with their statutory duties to offer Personal Health Budgets (PHB's) pending agreement of longer term arrangements.

The proposals and recommendations in this report do not in any respect change current CCG statutory responsibilities or individual schemes of reservation and delegation. It should however be a recognised that there is an expectation that more substantial proposals will be presented as part of a rolling programme through to April 2020.

Jerry Hawker

Chair

Lancashire & South Cumbria IPA Programme Board.

Individual Patient Activity (IPA) Programme

IPA Briefing

1.0 Definition of IPA

Individual Patient Activity (IPA) supports individuals presenting with health and social care needs to access the most appropriate care. IPA is an umbrella term for the commissioning and operation delivery and support of a defined package of care to a named individual. The package of care is specific to that individual and may range from a single episode of care through to the provision of a long term complex care package for some of the most vulnerable individuals, frequently with the highest levels of need within the care system.
Individual packages of care are provide to people and patients across all demographics (from Children to older people) and across the broadest spectrum of care needs covering physical and mental health, long term conditions, complex care and end of life.

Patients, families and carers often access IPA services when things are in crisis and when normal routine services have been exhausted or do not meet the individual's specific needs.

Across Lancashire & South Cumbria over 7000 people accessed a package of care under IPA, with a total spend of approximately £200 million.

2.0 Scope of Programme

Commissioning and operational delivery of all IPA services across Lancashire & South Cumbria.

In scope services

- Standard NHS Continuing Health Care
- NHS Funded Nursing Care
- Complex Care Packages
- Fast Track Applications
- Individual Funding Requests

Out of Scope:

Transforming Care LD

117 After Care

Note: Within the IPA programme, PHB, Joint Funding, self funding, Local Authority Social care are all considered to be funding mechanisms not discrete services.

3.0 Case for change *(derived and updated from the Julie Heywood Report)*

- **Leadership –** *Lack of coherent and consistent intention from the system. No clear executive lead, lack of clear mandate, direction and strategy at ICS, ICP and ICC level.*
- **Relationships –** *Lack of system and organisational transparency and suspicion about motivation. High levels of frustration, system inertia and a view that collaboration is risky.*

- **Governance –** *Established IPA board, but not enough of the wider system engaged. No real accountability or delegated authority to the JCCCG/ICS. No executive leadership and all-encompassing work plan.*

- **Finance –** *Lack of confidence and quality in forecasts, reporting and figures. Lack of clear and consistent commissioning, contracting and financial management. Significant variability in funding levels and approaches. System is focused on total spend and lack of intelligence at each service level. Significant system risk of incentivising cost shunting. Available financial, performance and quality information on IFR appears to be missing.*

- **Operational Model –** *The Health and Social Care System* ***is not*** *accessing core services as it should. This leads to unacceptable delays in assessment of care need. There is a lack of grip, traction and long term commitment to improvement and reform. Lack of consistent operating model, lack of understanding agreement of how model will work across ICS/ICP/ICC. Variability and inconsistent funding and delivery model across the CCGs.*

In addition to the thematic areas above identified in the initial paper the following thematic areas needed to be considered within the case for change

- **Access & Quality variability –** *There is significant variability in referral rates, eligibility rates, and conversion rates. Significant delays in reviews represent poor patient care. High levels of complaint represent poor patient and carer experience.*

- **Performance –** *Across Lancashire & South Cumbria there is a significant level of poor performance and variability against National KPI's, Access standards, and Quality Indicators. Improvement must be linked to the operating model.*

A few additional facts to support the case for change.

- £200M spent per year (excluding LA costs)
- Cumulatively worst performing ICS/STP in the North of England against % of CHC assessments in hospital (<15% target)
- Cumulatively worst performing ICS/STP in North against 28 Standard for completing assessments (only BCCG meeting)
- Over 3000 overdue assessments.

- CCG Funding varies by 30% / head of population and cumulatively is low relative to limited benchmark areas.
- 300% variation in DST's per weighted population between CCGs
- 80% variation in CHC cases per weighted population between CCGs

4.0 What will success look like?

- **For our population….**

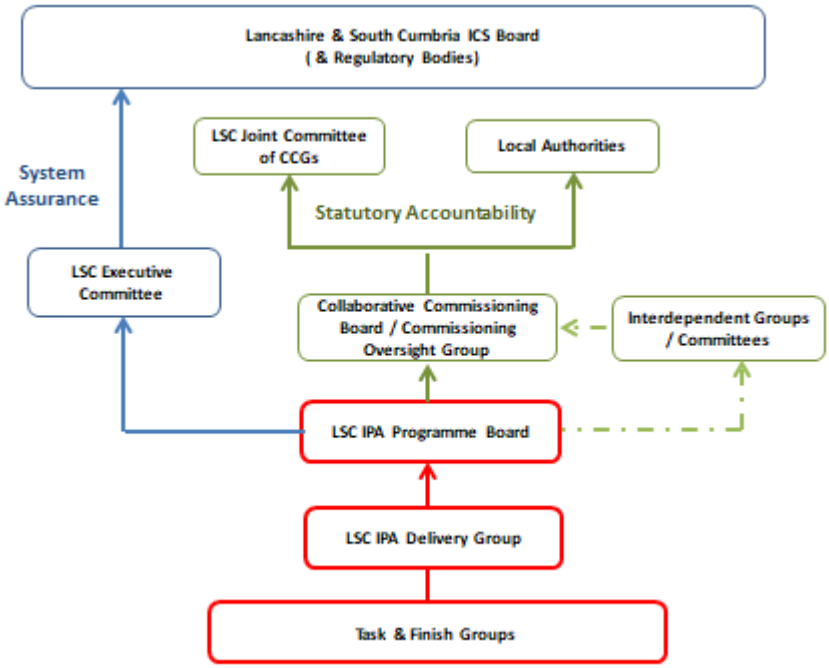
    - *A set of services that support patients, carers and families in a caring, responsive way, placing the individual at the centre of care.*
    - *Empowering individuals with better information and choice to manage their care through NHS support services or Personal Health Budgets(PHB)*
    - *A shift away from a system which is fragmented, reactive and adversarial to one that is proactively focusing on the most intensive care in the least intensive environment.*

- **For the LSC System and our staff**…..
- *A single commissioning and operating model across Lancashire & South Cumbria, appropriately resourced, with the right staff, in the right place at the right time across the ICS, ICP's and ICC's.*
- *A single governance, business intelligence and delegated financial framework with accountability to the ICS and JC CCG.*
- *Delivery of all National and local quality, performance and access standards by the end of 2020.*

5.0 Governance

As set-out in the Julia Heywood report the current governance arrangements relating to IPA are complex with multiply layers of interdependence between different groups/bodies including the Regulated Care Market group, CCB/COG and the Commissioning Forum. Whilst a committed group of individuals have regularly supported and attended at the IPA programme board, lack of clear governance, accountability and seniority has had a significant impact on decision making and progress of key initiatives to improve performance, reduce variability and address the significant escalating costs.

The diagram below sets out the proposed new IPA governance structure and is aimed to clarify and simplify arrangements.



The **responsibilities** of the LSC IPA Programme Board:

- Propose and implement an overall strategic programme of work to deliver the ambitions, priorities and plans for IPA services across LSC (Endorsed by the JCCCG /ICS).
- To provide executive leadership for IPA, facilitating and promoting joint working and best practice within and across the whole Lancashire & South Cumbria system
- To enable ICP representatives to provide a strategic link back to each ICP ensuring that the programme has a strong balance between strategic leadership and local system delivery.
- To make formal recommendations to the ICS Board / Joint Committee of CCG's and local authorities on future commissioning arrangements for IPA, including any proposed changes to delegated decision making by April 2020.
- To make formal recommendations to the ICS Board / Joint Committee of CCG's and local authorities on future provision of IPA services by April 2020.
- To provide assurance to the ICS board and CCG Joint Committee on the discharging of statutory duties in-line with the National frameworks
- To make formal recommendations to the Joint Committee on any proposed investments/disinvestments in IPA services.
- Provide a single strategic oversight body providing assurance to the ICS Board, Joint Committee and local authorities on finance and performance.
- To hold the IPA Strategic Oversight group to account on delivering the strategy and priorities agreed by the IPA Programme Board.

The proposed Membership of the LSC IPA Board will be:

- IPA Programme Board Chair (Jerry Hawker)
- Representatives from the IPA Strategic Oversight group
- One representative from each ICP.
- Executive representative from MLCSU
- NHS England Representative

Additional representation will be considered based on feedback on this proposal. Meetings will be held bi-monthly.

The **responsibilities** of the LSC IPA Delivery Group will be:

- Develop and make formal proposals to the IPA Programme board on the future arrangements for commissioning and operational delivery of IPA services by the end December 2019.
- Provide tactic leadership in the development and implementation of an LSC wide improvement programme to delivery against all National framework standards and quality metrics.
- To propose, develop and implement task & finish groups aligned to the overarching ambitions, priorities and plans of the IPA programme.
- Develop and make recommendations to the IPA Programme board on local KPI's.
- Consider and make recommendations to the IPA Board on Cost Improvement Plans,
- To instigate service reviews, investigations and remedial action plans as appropriate and to recommend actions in response to significant system concerns.
- To receive progress update of the agreed IPA Quality Improvement Areas.
- To identify & respond to areas of strategic concern
- To highlight, share and spread good practice and innovation.
- Influence and facilitate Workforce developments linking with appropriate ICS Work streams
- Develop and set ICS level policies and procedures
- Ensure consistency of approach in the commissioning and contracting functions that support IPA.

The proposed Membership of the LSC IPA delivery group will be:

- IPA Delivery Group Chair (Jerry Hawker)
- CCG IPA Executive lead – Margaret Williams (Co Chair)
- CCG IPA Clinical (Nurse) Lead – TBC
- CCG Commissioning Lead – Ian Fletcher
- CCG Finance Lead - TBC
- Representatives from MLCSU
- Local Authority leads – TBC

Other representatives to be agreed.

Additional representation will be considered based on feedback on this proposal. Meetings will be held monthly.

A number of IPA sub-groups are already in existence including PHB group and Complex Children's Care Group….These will continue as present subject to a review.

6.0 Draft Programme of Work – *Stabilise to Transform*

- Stabilise (6 months)
    - Focus on CHC improvement programme (delivery of targets)
    - Understand and address activity and operational variation
        - DST initiations
        - Resource distribution (funding and staffing)
        - Fast track vs CHC standard
        - Reviews
        - Benchmark and standardise weighted population funding / expenditure
    - Compare best practice models (Blackpool / Cheshire / others)
    - Risk assess other IPA areas.
    - Ensure across the ICS the system is able to deliver statutory requirements related to Personal Health Budgets
- Transform (12 months)
    - Recommendation on optimum IPA Commissioning model
    - Recommendation on “end to end “ operating model
    - Recommendations on ICS vs ICP delivery.

Jerry Hawker
On behalf of the
Lancashire & South Cumbria IPA Programme Board