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**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 has 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.)

## **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.icaso.org.uk/pg/cv\\_content/content/view/116506/88229](http://www.icaso.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](#) 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>