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| Meeting: | ICS Board |
| Report Title: | Memorandum of Understanding for Personalised Care Demonstrator Sites 2019/20 |
| Date of meeting: | Thursday 11 April 2019 |
| Agenda Item Number: | 7 |
| Work-stream SRO: | Dr Chris Packham and Alison Challenger |
| Report Author: | Jane North, Transformation Programme Director, Nottinghamshire County Council and Roz Howie, Associate Managing Director of Integrated Care System (ICS) |
| Attachments/Appendices: | Enc. F2. Memorandum of Understanding for Personalised Care Demonstrator Sites 2019/20 Appendix 1: MOU |

Report Summary:

The Nottingham and Nottinghamshire ICS has a longstanding commitment to personalised care. In May 2018, the ICS agreed to seek to deliver personalised care at scale as a demonstrator site for the NHSE Comprehensive Model of Personalised Care, signing a MOU for deliverables in 2018/19. The comprehensive model establishes:

1. Whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience and make informed decisions and choices when their health changes.
2. A proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health conditions.
3. Intensive and integrated approaches to empowering people with more complex needs to have greater choice and control over the care they receive.

The model requires six key elements to be embedded in the ICS, that is, across the NHS and the wider health and social care system. These include:

- Shared decision making
- Personalised care and support planning
- Enabling choice, including legal rights to choice
- Social prescribing and community-based support
- Supported self-management
- Personal health budgets and integrated personal budgets



Purpose of the report

1. Provide an update on progress against the 2018/19 Memorandum of Understanding (MOU) with NHS England (NHSE) and Nottinghamshire Integrated Care System on Universal Personalised Care
2. Set out the requirements for Personalised Care Demonstrator Sites in 2019/20 and request the ICS Board agree a further one-year MOU with NHSE as an advanced Personalised Care Demonstrator site. This will require:
 - a. a commitment by different levels of the system, including Integrated Care System (ICS), Integrated Care Providers (ICPs) and Primary Care Networks (PCN).
 - b. a jointly developed and delivered universal personalised plan between Integrated Care System (ICS), Integrated Care Providers (ICPs) and Primary Care Networks (PCN).
3. Consider future funding beyond 2020 for resources to deliver on the personalised care commitments made in the NHS Long Term Plan.

Action:

- To note
- To agree
- To agree the recommendation/s (see details below)

Recommendations:

| | |
|----|---|
| 1. | Consider progress against the 2018/19 Memorandum of Understanding (MOU) with NHS England (NHSE) and Nottinghamshire Integrated Care System |
| 2. | Agree a further one-year MOU with NHSE as an advanced Personalised Care Demonstrator site for 2019/20 |
| 3. | Support the commitments as set out in paragraph 5.3 – 5.15 to deliver on the 2019/20 MOU and make good progress against the 21 requirements for personalisation, as set out in the NHS Long Term Plan (Universal Personalised Care: Implementing the Comprehensive Model ¹) |
| 4. | Jointly develop a plan between the ICS, ICPs and PCNs for 2019/20 on universal personalised care and support a resource plan on future funding to deliver our commitments under the NHS Long Term Plan |

Key implications considered in the report:

| | | |
|-----------------|--------------------------|--|
| Financial | <input type="checkbox"/> | |
| Value for Money | <input type="checkbox"/> | |
| Risk | <input type="checkbox"/> | |
| Legal | <input type="checkbox"/> | |

¹ <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>



| | | |
|---|--------------------------|-------------------------------------|
| Workforce | <input type="checkbox"/> | |
| Citizen engagement | <input type="checkbox"/> | |
| Clinical engagement | <input type="checkbox"/> | |
| Equality impact assessment | <input type="checkbox"/> | |
| Engagement to date: | | |
| Board | Partnership Forum | Finance Directors Group |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance Oversight Group | Clinical Reference Group | Mid Nottinghamshire ICP |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning Group | Workstream Network | Greater Nottingham ICP |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contribution to delivering the ICS: | | |
| Health and Wellbeing | | <input checked="" type="checkbox"/> |
| Care and Quality | | <input checked="" type="checkbox"/> |
| Finance and Efficiency | | <input checked="" type="checkbox"/> |
| Culture | | <input checked="" type="checkbox"/> |
| Is the paper confidential? | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release. | | |

Memorandum of Understanding for Personalised Care Demonstrator Sites 2019/20

11 April 2019

Purpose of the report

1. Provide an update on progress against the 2018/19 Memorandum of Understanding (MOU) with NHS England (NHSE) and Nottinghamshire Integrated Care System on Universal Personalised Care
2. Set out the requirements for Personalised Care Demonstrator Sites in 2019/20 and request the ICS Board agree a further one-year MOU with NHSE as an advanced Personalised Care Demonstrator site this will require:
 - a. a commitment by different levels of the system, including Integrated Care System (ICS), Integrated Care Providers (ICPs) and Primary Care Networks (PCN)
 - b. a jointly developed and delivered universal personalised plan between Integrated Care System (ICS), Integrated Care Providers (ICPs) and Primary Care Networks (PCN)
3. Consider future funding beyond 2020 for resources to deliver on the NHS Long Term plan

Background

What is personalised care?

4. The Nottingham and Nottinghamshire ICS has a longstanding commitment to personalised care. In May 2018, the ICS agreed to deliver this at scale as a demonstrator site for the NHSE Comprehensive Model of Personalised Care, signing a MOU for deliverables in 2018/19. The comprehensive model establishes:
 - Whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience and make informed decisions and choices when their health changes
 - A proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health conditions
 - Intensive and integrated approaches to empowering people with more complex needs to have greater choice and control over the care they receive

5. The model requires six key elements to be embedded in the ICS, that is, across the NHS and the wider health and social care system. These include:
 - Shared decision making
 - Personalised care and support planning
 - Enabling choice, including legal rights to choice
 - Social prescribing and community-based support
 - Supported self-management
 - Personal health budgets and integrated personal budgets
6. There is an ICS overarching portfolio of work, 'Prevention, Person and Community Centred Approaches,' and this is responsible for the coordinated delivery of the NHSE Model for Personalised Care.
7. In addition, the programme is one of three sites (alongside Gloucestershire and Lincolnshire) to pilot taking a proactive and joined-up approach to health and social care, including:
 - Assessments for people with health and social care needs
 - Personalised care and support planning for health and social care outcomes
 - Offering of more integrated personal budgets for health and social care funding (where beneficial)

National context

8. Personalised care is one of the five major, practical changes to the NHS that will take place over the next five years, as set out in Chapter One of the NHS Long Term Plan²
9. Universal Personalised Care: Implementing the Comprehensive Model³ (UPC) sets out how we will do this by 2023/24. It is the delivery plan for personalised care across England, introducing the Comprehensive Model for Personalised Care and the standard models for the six elements (see paragraph 2.2). This work follows several years of evidence-based research and local approaches, working with people with lived experience, community groups and a wide range of stakeholders
10. UPC sets out 21 actions to be delivered with partners from across national and local government, and organisations from across health, care, voluntary and community-

² www.longtermplan.nhs.uk

³ <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>

based sectors including clinicians, professionals and people with lived experience. These actions build on progress made in areas, such as Nottinghamshire.

11. The key commitments and actions by 2023/24 are:

- That we deliver universal implementation of the Comprehensive Model for Personalised Care⁴ across England, which fully embeds the six standard elements
- Personalised Care will benefit up to 2.5 million people, ensuring they have the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life
- Shared Decision Making will be embedded in 30 high value clinical situations in primary care, secondary care and at the primary/secondary care interface where it will have the greatest impact on experience, outcomes and cost
- Over 1,000 trained social prescribing link workers will be in place by 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then. Social prescribing link workers connect people to wider community support which that can help improve their health and well-being and to engage and deal with some of their underlying causes of ill health
- 200,000 people will have a personal health budget, so they can control their own care, improve their health experiences and experience better value for money services
- 750,000 people will have a personalised care and support plan, including people with long term health conditions, people at the end of life, and pregnant women
- 75,000 clinicians and professionals will be enabled to develop their skills and behaviours through practical support to use personalised care approaches in their day-to-day practice

Local context

12. In order to achieve the scale committed to in the NHS Long Term Plan, Demonstrator sites are required to build on the good work that has come before and demonstrate how Personalised Care can be delivered at scale across Nottinghamshire.

13. Locally, overall the ICS has over achieved against the 18/19 MOU targets see figure 1. The target for personal health budget is projected to be slightly below target, but action is being taken to mitigate this. To date, however, the approach to Personalised Care has been largely opportunistic in health settings and builds upon pilot activity in pockets of the ICS geography.

⁴ <https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/>

Figure 1: MOU targets and progress

| Measure | Basis of counting | Total MOU required activity 2018-19 | Q3 performance | Target status |
|--|--|-------------------------------------|----------------|--|
| Patient activation measure (or equivalent) | People completing the Patient Activation Measure OR an equivalent tool | 10,840 | 15,638 | 44% above target |
| Self-management | People referred for self-management support, health coaching and similar interventions | | | |
| Community –based support | People referred for social prescribing community groups, peer support and similar activities | | | |
| Personalised care and support plans | Number of plans or reviews | 10,840 | 12,497 | 15% above target |
| Personal health budgets | Number of people with a personal health budget | 2,060 | 1696 | Projected year end figure is 1,926, but steps being taken to meet target |

14. In Nottinghamshire Personal Health Budgets have, on average, reduced the direct care costs for NHS Continuing Healthcare by 17% whilst maintaining or improving outcomes for people. Where people have higher levels of need, personal health budgets are associated with a £3,100 total cost saving per person per year.

MOU for 19/20

15. The twin challenge for Personalised Care in 19/20 is: to achieve scale and pace and embed the approach within our core business and strategic planning.

16. To achieve this, NHSE has set out a series of expectations in the 19/20 MOU. See appendix 1 for draft MOU and figure 2 below sets out the targets. The funding attached to the delivery of the requirements is £225k for the universal personalised care. There is a further £100k ring-fenced for the delivery of the joined-up approaches to assessment and support planning, as set out in paragraph 2.4.

Figure 2: MOU targets for 2019/20

| Measure | Basis of counting | How collected | 2019/20 target |
|--|---|-------------------------------|----------------|
| A. Patient activation measure (or equivalent) | People completing the Patient Activation Measure | NHSE PAM team | 1615 |
| B. Self-management | People referred for self-management support, health coaching and similar interventions | NHSE activity data collection | 15,000 |
| C. Community – based support | People referred for social prescribing community groups, peer support and similar activities. | NHSE activity data collection | 15,000 |
| D. Personalised care and support plans (total) | Number of plans or reviews | NHSE activity data collection | 19,580 |
| D.2 Personalised care and support plans (excl those from PHBs) | Number of plans or reviews | NHSE activity data collection | 16,680 |
| E. Personal health budgets | Number of people with a personal health budget (includes integrated personal budgets) | NHS Digital collection | 2,900 |
| | | | Total: 51,195 |

17. The expectations are summarised under the following themes:

- Leadership, planning and governance
- Achieving scale and spread
- Finance, contracting and commissioning

18. Below are the key features to draw the ICS leadership attention to:

Leadership, Planning and governance

19. Embed Personalised Care into the local Five-Year Plan due to be submitted to NHS England in the autumn.

20. The Local Five-Year Plan must be underpinned by a plan at ICP level that articulates a clear vision and actions to be taken, including at Primary Care Network level.

21. Embed Personalised Care across the whole of Nottinghamshire ICS, Integrated Care Providers (ICPs) and Primary Care Networks (PCNs), building on the local Population Health Management and integrated care approaches.

22. Ensure named leads for personalised care within the ICS and ICPs are identified.

23. Identify named leads for delivering for strategic co-production, workforce, digital and finance, commissioning, and contracting requirements.

24. Ensure clarity about the roles of ICS, ICPs and PCNs. The table below sets out a proposal outlining the commitments at different levels across the system:

Figure 3: Proposed responsibility at different levels of the system

| Component | Personalised Care |
|-----------|---|
| ICS | <ul style="list-style-type: none"> Defining health and care outcomes to be delivered Defining care model principles, frameworks and core components of care; Ensuring consistency in approach that allows for some flexibility in implementation. Leading transformational and cultural change, including identifying new cohorts of people, and addressing finance and commissioning issues Strategic planning and monitoring performance of the ICS against NHSE MOU targets and progression towards meeting the 21 requirements in the NHS Plan Reporting back to NHSE, including quarterly 'sustainability assessments' |
| ICP | <ul style="list-style-type: none"> Implementation of personalisation Allocation of resources to deliver personalised care within the ICP based on local data and population need Performance monitoring and management of personalised care outcomes and performance delivery at ICP level Accountable for delivery of personalised care outcomes and performance levels/measures agreed with commissioner |
| PCN | <ul style="list-style-type: none"> Provide local intelligence and input to implementation of personalised care Operationalise and deliver agreed model day to day Leading a multi-disciplinary team approach Feedback to ICP on how the model is working Community development |

25. Link workers: Under the NHSE plan to implement universal personalised care, NHSE has committed to an extra 1,000 link workers by April 2021 as part of plans to personalise care. The funding for the link workers will be given to primary care networks (PCNs), within which the link workers will be based. There is a NHSE requirement under the MOU to 'bring local partners together at a placed-based level in Q1 to develop shared local social prescribing plans for 19/20.' These plans should include:

- How additional link workers will be recruited locally, using the new national Primary Care Network Direct Enhanced Service link worker funding and



embedded in every local Primary Care Network multi-disciplinary team across the ICS.

- How Primary Care Networks will be supported to use the Systematised Nomenclature of Medicine -- Clinical Terms (SNOMED) codes and implement the Common Outcomes Framework for measuring the impact of social prescribing on people and community groups.
- How the VCSE sector will be supported to receive social prescribing referrals and how local community assets will be nurtured.

26. Therefore, it is imperative that there is an ICP led discussion to agree local social prescribing and community signposting plans, as part of the development of the PCNs.

27. Resources: a significant amount of the resources to run this programme of work are currently funded for centrally by NHSE from the delivery of the MOU. This source of funding from NHSE is being tapered down on the basis universal personalisation is embedded in business as usual in the ICPs from 2019/20. The Strategic Commissioner will need to develop a resource and sustainability plan for 2020 with the identified leads from the ICPs.

Figure 3: Roles and funding sources

| Roles | Costs | Funding Source |
|-----------------------|-------------|----------------|
| 8b post | 73K | CCG |
| 3xB7 (1 per ICP) | 144K | MOU |
| 1 x B8a PHBs | 60K | CCG |
| 1 x B6 | 41K | CCG |
| 2x band 4 | 70K | MOU |
| 1 B7 Integrated Pilot | 48K | MOU |
| Workforce Role B7 | 48 K | HEE plus MOU |
| Total | 484K | |

Achieving scale and pace

28. Challenging targets have been set for Nottinghamshire based on good performance to date and to reflect national ambitions as set out in the NHS Long Term Plan. We will need to show that the geographical spread of personalised care within their site is expanding in 19/20 and that the model is being used to improve outcomes for new cohorts and services where this makes sense locally. A crucial vehicle for spread of Personalised Care will be Primary Care Networks.

29. Following negotiations between NHSE and the ICS Directors about challenging but achievable targets, there is an expectation ICS activity will increase by over 50% in 2019/20 (based on projections of performance for year-end).

Finance, contracting and commissioning



30. To achieve the necessary scale and pace, Personalised Care needs to be embedded within all service specifications as part of contracting and commissioning. To date, targets on Personal Health Budgets have been largely met through using people's budget where a package or individual funding stream exists. There are expectations that the right to a Personal Health Budget is extended to other cohorts and earlier this year the legal right to a Personal Health Budget was extended to wheelchair users.
31. The MOU expects all service specifications for community contracts to include the requirements to deliver Personalised Care, aligned with the requirements in the 2019/20 NHS Standard Contract. Further it is expected that commissioning plans include approaches to capitation and the percentage of contract value or population to be released for expansion of Personal Health Budgets. Good practice would see Demonstrators expanding their Direct Payment PHB offer to a cohort or service area previously tied up in block contract arrangements, ensuring sustainable contractual arrangements to underpin the releasing of the resource.

Recommendations

32. The Board are asked to approve and note the following:
- a. Consider progress against the 2018/19 Memorandum of Understanding (MOU) with NHS England (NHSE) and Nottinghamshire Integrated Care System
 - b. Agree a further one-year MOU with NHSE as an advanced Personalised Care Demonstrator site for 2019/20
 - c. Support the commitments as set out in paragraphs 17-31 to deliver on the 2019/20 MOU and make good progress against the 21 requirements for personalisation, as set out in the NHS Long Term Plan (Universal Personalised Care: Implementing the Comprehensive Model⁵)
 - d. Jointly develop a plan between the ICS, ICP and PCNs for 2019/20 on universal personalised care and support a resource plan on future funding to deliver our commitments under the NHS Long Term Plan

⁵ <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>