



## Integrated Personal Commissioning

# Proactive coordination of care Summary guide



## Contents

<b>1</b>	<b>Introduction</b>	<b>3</b>
1.1	Who is this document for?	3
1.2	What is proactive coordination of care?	3
1.3	Proactive coordination of care: what this looks like for people and families	4
1.4	Proactive coordination of care: what needs to be in place?	4
<b>2</b>	<b>Proactive coordination of care: what needs to be in place</b>	<b>4</b>
2.1	Identifying the cohort	4
2.2	Linked dataset across all sectors	5
<b>3</b>	<b>Ensuring equal access</b>	<b>7</b>
<b>4</b>	<b>More information on proactive coordination of care</b>	<b>7</b>
	<b>References</b>	<b>7</b>

# 1 Introduction

Integrated Personal Commissioning (IPC) and personal health budgets are part of a wider drive to personalise health, social care and education.

They promote a shift in power and decision-making, to enable a changed, more effective relationship between the NHS and the people it serves, aligning to the [Five Year Forward View](#).<sup>1</sup>

IPC is a partnership programme between NHS England and the Local Government Association. It supports the improvement, integration and personalisation of services, building on learning from personal budgets in social care and progress with personal health budgets.

This guide provides best practice advice, not statutory guidance. The IPC operating model sets out the essential components of IPC and provides a template for local areas to follow. It provides a best practice approach for implementing personal health budgets.<sup>2</sup>

The model is aimed at IPC areas, but will be of interest more widely. This includes NHS commissioners and others involved in providing health, education and social services, including the independent and voluntary sectors, as well as people interested in personal health budgets or IPC.

## 1.1 Who is this document for?

This summary guide is aimed at people who are leading local implementation in IPC areas. The content will be relevant also for people implementing personal health budgets across England, leading implementation of the Care Act and of the special educational needs and disability (SEND) reforms. It is also relevant to people with lived experience of care and support and voluntary, community and social enterprise (VCSE) organisations.

## 1.2 What is proactive coordination of care?

IPC promotes a proactive approach to integrating care at the individual level around adults, children and young people (CYP) with complex needs. In the first instance, this requires areas to identify a local group of people (the cohort) appropriate for IPC. The cohort then receives an offer for a conversation about IPC and the benefits of this approach.

IPC then uses person-level costing – costs identified at the level of the individual – to understand current service use and plan how resources can better meet different individual needs and preferences. Areas gather and link cost and activity data across health, social care and education where appropriate, and put in place information governance (IG) solutions to enable data sharing and linking.

People within identified cohorts are proactively approached, for example through GP referral or through an established review process (e.g. for people with mental health problems under the Care Programme Approach (CPA)).

### 1.3 Proactive coordination of care: what this looks like for people and families

- The person can find out about IPC from local authorities and NHS websites, their GP, other health practitioners, education, social services, or the VCSE sector.
- It will be clear about what IPC offers the person, and how to get information and support to help the person achieve what is important to them.
- It is clear who can benefit from IPC in an area and who can get an integrated personal budget.
- If a person is in this group, the clinical commissioning group (CCG) will contact them to offer the chance for a better conversation – or people can ask for this themselves.

### 1.4 Proactive coordination of care: what needs to be in place?

- Identifying the cohort: working out who is suitable for IPC and personal health budgets and who is likely to benefit (see section 2.1).
- A clear communication strategy so that all people who could benefit from IPC know what it is, who it is for and what difference it will make.
- Linked datasets and information governance solutions for the identified cohorts: working out how to link data at the individual level to enable a better assessment of what services the person currently accesses and may be able to access (see section 2.2).

## 2 Proactive coordination of care: what needs to be in place

### 2.1 Identifying the cohort

#### 2.1.1 What is this?

The IPC cohort is a subset of the whole population within a given area, who may benefit from IPC and is potentially defined using a set of characteristics that all people in the cohort share. IPC areas are likely to have more than one cohort, reflecting the groups highlighted in the IPC emerging framework.<sup>2</sup>

#### 2.1.2 Why do this?

Defining the cohort has many benefits. For the local health and care economy it enables commissioning and provider organisations to develop appropriate plans and strategies to support that group of people. This may help to address long-standing issues with service provision in an area. Front-line health and social care staff will be able to identify those who could receive support via IPC and local providers and the local VCSE sector will better understand the market for their services. This should support the development of the market and the expansion of choice.



Defining the cohort enables a focus on a group of people. When attempting to link activity data, it is often easier to obtain agreement for a linked dataset within a defined group than the wider population. In the early stages of implementing IPC a tightly defined cohort will facilitate this. However, as IPC becomes mainstream, the combined needs of several cohorts will need incorporating.

From the person's point of view, a clear definition of who receives the offer of an IPC approach helps to ensure everybody meeting those criteria gets the opportunity to be involved. It can also help to explain why some groups may not currently be included in the work.

### **2.1.3 What does this mean in practice?**

Some areas have used the IPC approach to improve care for groups which are currently poorly served in the local area.

In general, areas have identified one cohort and then used the learning from this process to move on to others. Having defined the overall group, the next step is to identify people within that group who meet the criteria for the work. As a demonstrator project, IPC areas have sought out people to work with; as it becomes a mainstream approach, people may increasingly self-identify.

As part of the IPC programme, areas are developing person-level linked datasets showing a person's interactions with the health and care system over a period of time. Privacy impact assessments should be completed to ensure that any data linkage process protects the privacy and confidentiality of individuals and meets data protection requirements – further guidance on these can be found in the IPC and personal health budget finance and commissioning handbook.<sup>2</sup>

Use of the dataset may identify patterns of attendance, or frequent attenders where a proactive IPC approach could benefit the person. It can also be used to inform budget setting for personal health budgets, and support decision-making around where choice and control may be of benefit to the person. Due to the time lag in activity data being included in any dataset, names of people identified in this way may need to be reviewed by a GP or health professional to ensure information is still valid.

### **2.1.4 What advice and tools are available?**

The IPC and personal health budget finance and commissioning handbook contains further detail around identifying those who may benefit from IPC. It also includes case studies and examples of identification methods used by demonstrator sites.<sup>2</sup>

## **2.2 Linked dataset across all sectors**

### **2.2.1 What is this?**

Activity information is linked at an individual level across all settings – primary care, acute care, community services, mental health services, prescribing, social care, education, residential settings and the VCSE sector. This will help to give a picture of the full range of services a person accesses and their overall health, care and education needs. It would ideally also include the costs of services.

### **2.2.2 Why do this?**

A linked dataset makes it easier for commissioners to look at all services a person uses, the costs of these services, and to identify which services are most suitable for inclusion in IPC and personal health budgets. It can form the basis for the development of more robust budget setting, support commissioning changes and enable both local and national monitoring and evaluation of the interventions. This is explored in more detail in the IPC and personal health budget finance and commissioning handbook.<sup>2</sup>

### **2.2.3 What does this mean in practice?**

To link data, areas need to identify where data is held and implement the appropriate IG practice to enable that data to be shared.

To enable appropriate IG practices to be implemented, organisations need to:

- fully understand the data requirements of IPC and personal health budgets and identify relevant information sharing partners
- risk assess the programme using a Privacy Impact Assessment approach
- ensure necessary contractual and information sharing agreements are in place to govern the use of personal data and clearly document the legal basis for using and sharing data
- ensure individuals are informed about the use of their information and appropriate consent processes implemented as necessary.

Unless being used for direct care purposes, the data should be pseudonymised, meaning it is not identifiable to those analysing the data. Patterns of use can be highlighted without needing to know who that person is. Costs should be attributed to each item of activity using tariff, reference costs, local information or other potential data sources. This informs the budget setting process. Pseudonymisation, rather than anonymisation, means that an individual can, if required, be re-identified if there is a legal basis for doing so.

### **2.2.4 What advice and tools are available?**

The IPC and personal health budget finance and commissioning handbook contains further detail on developing a linked dataset and includes information on implementing IG processes.<sup>2</sup> This includes guidance on appropriate methods for linking data from different sectors, the importance of managing risks to personal information and considerations around when consent may be necessary. It also provides links to national information sharing guidance from the Information Governance Alliance, building on previous work by the Local Government Association and NHS England in other areas of integrated care. Case studies and practical information to assist in the local development and use of a linked dataset are also detailed within this handbook.

### 3 Ensuring equal access

Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it
- given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services, and to ensure services are provided in an integrated way where this might reduce health inequalities.

IPC offers the target cohort an opportunity to take more control over their care and support. Expressing a clear rationale to the IPC cohort encourages transparent decision-making and the opportunity to improve treatment for those with poor health outcomes and/or a raised reliance on health and social care services.

Steps that areas can take to help ensure the proactive coordination of care will work well for groups with protected characteristics under the Equality Act 2010 include:

- making information about IPC available in a range of formats
- ensuring the IPC cohort has a well-reasoned rationale and is appropriate for the programme
- ensuring that information about IPC is available to all within the identified cohort
- working with health and care professionals, VCSE organisations, peer support networks and community groups to ensure IPC is actively offered to those in the cohort and provide feedback on how well the local approach is working.

### 4 More information on proactive coordination of care

The IPC and personal health budget finance and commissioning handbook provides guidance for local implementation around how to manage information governance in the context of linked datasets, understanding activity data, linking activity data and understanding current costs.<sup>2</sup>

This guide has been produced by the Personalisation and Choice team at NHS England. You can contact us at:

[england.integratedpersonalcommissioning@nhs.net](mailto:england.integratedpersonalcommissioning@nhs.net)

[england.personalhealthbudgets@nhs.net](mailto:england.personalhealthbudgets@nhs.net)

### References

1. [NHS Five Year Forward View](#), NHS England, October 2015.  
Next steps on the NHS Five Year Forward View, NHS England March 2017.
2. The IPC Operating Model and wider framework documents can be found on the [personalised health and care section of the NHS England](#) website.

**Proactive coordination of care**  
Summary guide

[www.england.nhs.uk/personalisedcare](http://www.england.nhs.uk/personalisedcare)

Email:  
[england.integratedpersonalcommissioning@nhs.net](mailto:england.integratedpersonalcommissioning@nhs.net)  
[england.personalhealthbudgets@nhs.net](mailto:england.personalhealthbudgets@nhs.net)

The information provided in this framework can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.  
Please contact **0300 311 22 33** or email [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

**NHS England Publications Gateway Reference 06628**