

NHS ENGLAND – BOARD PAPER

<p>Title:</p> <p>Implementing the NHS Long Term Plan: the NHS Comprehensive Model of Personalised Care</p>
<p>Lead National Director:</p> <p>Ian Dodge, National Director, Strategy and Innovation</p>
<p>Purpose:</p> <p>For many years the NHS has talked about the need to shift towards a more personalised approach to health and care, so that people have choice and control over the way their care is planned and delivered, based on what matters to them.</p> <p><i>The NHS Long-Term Plan</i> commits to implementing <i>the NHS Comprehensive Model of Personalised Care</i>. <i>Universal Personalised Care</i> is now the associated strategic delivery plan. It brings together six evidence-based and inter-linked components, each defined by a standard, replicable delivery model. These are:</p> <ul style="list-style-type: none">(i) shared decision making;(ii) personalised care and support planning;(iii) enabling choice;(iv) social ‘prescribing’ and community-based support;(v) supported self-management; and(vi) personal health budgets and integrated budgets. <p>Our plans have been shaped by multiple discussions at the Commissioning Committee over the past three years.</p>
<p>Patient and public involvement:</p> <p>This work has grown out of collaboration with over 50 different organisations across health, social care and the voluntary sector. It has benefitted from the Personalised Care Group’s embedded team of ‘experts by experience’ and a dedicated reference group. Our formal Advisory Board will ensure that all perspectives continue to shape delivery.</p>
<p>The Board is invited to:</p> <p>Endorse the plans set out in <i>Universal Personalised Care</i>.</p>

UNIVERSAL PERSONALISED CARE

1. *The NHS Long Term Plan* makes personalised care a priority for the NHS, through committing to:
 - rolling out the NHS Comprehensive Model for Personalised Care across England, reaching 2.5 million people by 2023/24 and then aiming to double that within a decade so that people can have the same choice and control over support for their mental and physical health, as they do in every other part of their life;
 - ensuring 200,000 people have a personal health budget by 2023/24 so they can control their own care, improve their life experiences and experience better value for money services over a “one size fits all” approach; and
 - ensuring 900,000 people can be referred to social prescribing schemes by 23/24 and so be connected to wider community services that can help improve health and well-being and help tackle the deal with underlying causes of ill health. Over 1,000 trained social prescribing link workers within primary care networks will be in place by the end of 2020/21.
2. Personalised care is also an enabler for other NHS Long Term Plan commitments, including: personalised care plans for pregnant women; every person diagnosed with cancer having access to personalised care where appropriate; personalised health budgets (PHBs) for people with a learning disability, autism or both; and personalising care to improve end of life provision.
3. *Universal Personalised Care (UPC)* introduces the Comprehensive Model for Personalised Care and provides the detailed plan on how personalised care will be made business as usual across the health and care system.
4. The Comprehensive Model has been co-produced with a wide range of stakeholders and brings together six evidence-based and inter-linked components, each defined by a standard, replicable delivery model. The six components are: shared decision making; personalised care and support planning; enabling choice, including legal rights to choice; social prescribing and community-based support; supported self-management; and personal health budgets and integrated budgets.
5. We are currently on track or exceeding all delivery goals associated with personalised care. The table in Appendix 1 provides full details, and highlights include:
 - Over 32,000 people benefitting from personal health budgets – a 105% increase since the start of 2017/18. We may hit the Mandate goal on PHBs 2 years early.
 - Personalised Care Demonstrators, which include three ICS, seven STPs and the whole of the Greater Manchester devolution area, covering a total of 67 CCGs, are also ahead of target, with over 204,000 people benefitting from personalised care approaches between April 2017 and September 2018
 - Over 55,000 women (over 275% increase since February 2018) have benefitted from a personal maternity care budget, meaning they have personalised care plans and increased choice.
6. Building on this foundation, UPC sets out in detail 21 actions that will deliver the significant ambitions on personalised care within the *NHS Long-Term Plan*. These actions have been co-produced with people with lived experience, and consulted on with

clinicians, professionals, local government, local areas, the voluntary and community sector, academics and representative bodies. The actions also tie in with wider initiatives such as the *Empower the Person* digital roadmap, and will embed personalised care in Primary Care Networks, and ICSs and STPs.

7. Key actions include:

- delivering universal implementation of the Comprehensive Model across England;
- co-producing a National Impact Statement for Personalised Care, setting out the quantified difference we plan to make to people's outcomes and experiences;
- developing workforce skills by embedding shared decision making and personalised care and support planning in pre- and post-registration professional training;
- expanding the Shared Decision Making programme in 2019/20 by developing decision support tools and e-learning resources to embed shared decision making in up to 30 specific clinical situations. Personalised care will also be at the heart of work on 'rethinking medicine';
- embedding effective mechanisms to enable people to exercise choice and control in elective care;
- recruiting and train social prescribing link workers, so that by 2023 all staff within GP practices can access a link worker as part of a nationwide infrastructure. This will be backed by funding for the new Network Contract;
- working with partners in the voluntary and community sector, as well as local and central government, the wider public sector, the Big Lottery Fund, Public Health England and other arm's-length bodies to explore the best models for commissioning the local voluntary and community sector that support sustainable models of delivery and scaling of innovative provision;
- delivering at least 2 million Patient Activation Measurement (PAM) assessments by 2029;
- exceeding the personal health budget Mandate goal to deliver at least 40,000 personal health budgets by March 2019 and at least 100,000 personal health budgets by 2020/21, including by making these default in community CHC packages, and achieving a total of 500,000 people supported by personal health budgets by 2029
- establishing NHS Personalised Care as a national centre for excellence to (1) support local delivery, (2) provide national infrastructure services, (3) set policy and quality standards, (4) learn and evaluate what works
- establishing a consistent digital platform for payment, management and monitoring of personal health budgets, and for personalised care and support planning, aligning this with digital and data standards and the work of the *Empower the Person* digital transformation work;
- developing a personalised care dashboard, with key metrics on uptake embedded in routine NHS Digital data collections, and local and national planning and performance frameworks;
- exploring the use of incentives such as a potential national quality improvement component of a revised Quality and Outcomes Framework (QOF), and how best to embed personalised care into the Care Quality Commission (CQC) regulatory framework. The new Network Contract will include delivery requirements and help embed delivery within every Primary Care Network; and
- making the case for the Comprehensive Model to become a basis and chassis for wider public services integration around people, including by working with the Department for Work and Pensions (DWP), the Department for Education (DfE), the Ministry of Housing, Communities and Local Government (MHCLG) and the Department of Health and Social Care (DHSC).

8. Four reasons give us confidence in meeting our delivery goals. First, the huge energy and enthusiasm for this agenda amongst our delivery partners. Second, a track record of success. Third, careful calibration of goals, to ensure they are credible as well as ambitious. And fourth, we can now commit to all the reinforcing delivery actions set out in *Universal Personalised Care*.
9. The Board is invited to endorse our plans.

Appendix 1: Personalised care delivery to date

The following table summarises what has already been delivered through the Comprehensive Model for Personalised Care.

Component	Commitment	Present performance (as at end of Q2 18/19, unless stated)
Personal Health Budgets	Expand to over 20,000 people in 2017/18 and 40,000+ in 2018/19 (Next Steps), deliver 50,000-100,000 by 2020/21 (Mandate)	Currently ahead of target: 32,341 PHBs delivered by Q2 2018/19. Possibility of achieving 50,000 by April 2019, two years ahead of Mandate target
	10,000 Personal Maternity Care Budgets by end of 2017/18 (Next Steps). (Note that PMCBs focus on personalised care planning and choice, and do not have to include cash budgets)	Ahead of target: 55,511 PMCBs delivered by August 2018 - over 275% increase since February 2018.
Integrated Personal Commissioning, including Personalised Care and Support Planning	We will reach over 300,000 people by the end of 2018/19, including in the best [I]CS and STP geographies (Next Steps)	Ahead of target: over 204,000 people have benefitted from personalised care 142,904 people have a personalised care and support plan in demonstrator sites
Supported Self Management	Delivery of 50,000 Patient Activation assessments in 2017/18	Ahead of target: 101,637 Patient Activation assessments, an increase of over 50% since December 2017 59,545 people referred to self-management support or health coaching in demonstrator sites 44,093 people referred to community-based support in demonstrator sites
Legal right to choice	80% of CCGs to complete the Choice Planning and Improvement self-assessment	Ahead of target: 97% of CCGs have now completed a self-assessment 85% report compliance with at least 5 (of 9) choice standards
Social prescribing	Design a common approach to social prescribing (Next Steps)	In 55 CCG areas for which we have definitive data there were 68,977 social prescribing referrals in 2017/18 Standard delivery model being published in Jan 2019
Shared decision making	No specific commitments made	Work continues in 13 CCGs on MSK Work started in 8 CCGs on respiratory elective care pathways