

How are we managing the programme?

South West IPC Programme Governance

National Programme Board

The Integrated Personal Commissioning Programme Board is jointly chaired by Ian Dodge National Director for Commissioning Strategy, NHS England, and Carolyn Downs, Chief Executive, Local Government Association. It oversees the work of the national support programme and all the nine IPC demonstrator sites in England (including the South West IPC programme), agreeing and assuring programme plans and allocating funding.

South West IPC Programme Board

The South West IPC Programme Board is made up of a representative of each of the local accountable Boards, a representative sample of voluntary and community sector organisations and the regional support organisations who are partners in the South West IPC collaborative. There are also representatives of recipients of health and care services and their carers. The role of this Board is to provide regional oversight for the Programme and to assure the work of the South West IPC Core Delivery team. Through this Board, comprised of senior leaders from across the region, the programme can be iterative in its approach, responding and adapting to the changing needs of local partners, as the implementation work develops over the three years that the programme will run.

Health and Well-Being Boards (or other decision making Board nominated locally to oversee IPC)

Local Health and Well-Being Boards agree local IPC activity ensuring that this is aligned to and supports delivery of key local priorities. Local implementation sites are accountable to these local Boards and have a Board member as their strategic lead sponsor. Local systems change requirements and any other issues can be escalated to this Board to ensure appropriate decisions can be made swiftly at the local level to remove barriers. Health and Well-Being Boards are the recommended decision making body as they have representation from health, local government and the voluntary and community sector – as does the IPC programme. However some local areas have requested that in addition to these Boards they wish IPC work to be accountable to other decision making Boards which are overseeing complementary work. As the South West IPC Programme is committed to endorsing local control and decision making this is entirely appropriate – two examples of additional Boards which will oversee IPC locally are the Somerset Transformation Board and the Bristol Better Care Fund Board.

National IPC Support Programme

The national IPC Programme team is led by Luke O'Shea, Head of Integrated Personal Commissioning and Person Centred Care, NHS England. John Bailey, Head of Financial Strategy and Allocations, NHS England leads on development of capitated budgets. Support is provided via the national programme to share learning between sites and provide direct support via a named linked leads for both implementation of person centred care models and financial modelling and linked data sets. The national team will also ensure the development of a consistent national wide evaluation of the demonstrator sites.

South West IPC Core Delivery Team

The South West IPC Core Delivery Team co-ordinate all aspects of the regional programme and provide support to local implementation sites. The Core Delivery team is headed up by Frances Tippett, with Sarah Day leading on finance.

Evaluation Steering Group

Lead by Louise Witts from the South West Academic Health and Science Network, with input from PenCHORD, PenCLAHRC and the Avon Primary Care Research Collaborative and the Living Well Pioneer team, the steering group links with national team evaluation leads to ensure that local evaluation activity is in line with the emerging national evaluation framework. The evaluation steering group is responsible for producing a reasonable base-lining tool to capture previous cost, experience of care and health and well-being outcomes which local implementation sites can use consistently across the region and for tracking these measures as people's person centred care and support plan (with optional personal budget) are introduced. The group is also responsible for overseeing analysis of results. Experience of, and learning from, the implementation of change, will also be incorporated into the evaluation.

Implementation Steering Group

The implementation steering group acts as a network to share learning and problem solving between sites across the region, to prevent duplication and accelerate progress. The implementation group is comprised of members of the core team overseeing implementation, a strategic lead from local accountable Boards and implementation leads from sites being directly supported by the programme at that time. Five Practitioner Advisors (covering all the cohorts who this programme is targeted at improving care for) support the activity. The group is led by Ray Heal.

Development and Training Steering Group

This group comprises representatives from providers from across the sectors involved and organisations that support the workforce development required. It is jointly chaired by Louise Hardy, Director of Organisational Development for Torbay and Clare Hinds, Head of Strategy and Corporate Affairs for Health Education South West (HESW). This group agrees spend on workforce development in year from allocated funds (indicative budget of £600K from HESW for 2015/16) to support the programme. It is also responsible for producing an integration workforce development strategy for the South West for 2016 and beyond.

Person Centred Care and Support workstream

The Person Centred Care and Support workstream is responsible for developing the tools and support required to implement and support person centred care and support approaches it will also support market development in roles such as advocacy, brokerage and budget administration. Liz Little, who is also the regional lead for Personal Health Budgets, heads up this group which includes core team members, some of whom are seconded from the voluntary and community sector and others with a background in implementing personalisation in local authorities.

Finance and Commissioning Change workstream

This workstream is responsible for the development and implementation of capitated budgets to underpin the roll out of IPC at scale. Work includes linked datasets for cohorts included, information sharing and governance, production of appropriate resource allocation tools. It is led by Sarah Day, who is seconded from the South West Commissioning Support Unit.

Getting People Involved (social movement for change)

The need for getting a much wider group of people involved in this work is recognised as imperative if the necessary culture change required by IPC is to be achieved. This includes direct involvement in individual support in the forms of increased self-management of care and peer leadership, to enable people to get support from others with lived experience of similar health and well-being support needs to their own. It also includes wider public engagement to understand the issues raised by IPC, including changes to traditional models of care and why this change is important. This will be partly achieved through links with Healthwatch organisations, Carers forums and other existing groups focused on health and care. Use of social media, production of video stories and public affairs type activity will support this. This work is led by Frances Tippett and is supported by people with communications and creative industries media experience.

Local implementation site steering groups

Each local implementation site will manage the changes required with the teams involved, via their own local implementation site steering group. These groups will last while IPC is rolled out and disbanded once IPC is mainstreamed at that site. Mainstreamed is defined as all people within the cohort who might benefit from person centred care and support approaches (with optional personal budget) being offered this as standard. The steering groups will be led by Implementation leads and involve representatives from all relevant organisations and teams from across health, social care and the voluntary sector, concerned with supporting people from the chosen cohort. Local people with experience of receiving services will be involved in the steering group as soon as possible to ensure co-production of work. A member of the Health and Well Being Board locally will be part of the group also to ensure decisions about local system changes required can be made swiftly.