Appendix 1

Memorandum of Understanding for Integrated Personal Commissioning Sites

Between

NHS England

Local Government Association

and

NHS Nottingham North East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning group
NHS Rushcliffe Clinical Commissioning Group
NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
Nottinghamshire County Council
Nottinghamshire Healthcare Trust

This Memorandum of Understanding (MOU) sets the terms and understanding between the following parties:

National Health Service Commissioning Board (NHS CB), operating under the name of NHS England

The Local Government Association (LGA)

Together herein referred to as the "Integrated Personal Commissioning National Programme" or "IPC National Programme" and

Nottinghamshire IPC Early Adopter site

Together herein referred to as the "Integrated Personal Commissioning Early Adopter site(s)" or "site(s)" to be part of the Integrated Personal Commissioning Programme

This Memorandum of Understanding covers the period 1st December 2016 – 30th April 2017

Background

On 9th July 2014, Simon Stevens announced the launch of the Integrated Personal Commissioning programme described as "radical new option in which individuals could control their combined health and social care support". The prospectus for the programme, published in September 2014 with LGA, ADASS and Think Local Act Personal, set out the vision and requirements in more detail.

Purpose

The overall goals of the programme are that:

- People with complex needs and their carers have better quality of life and can achieve the outcomes that are important to them and their families through greater involvement in their care, and being able to design support around their needs and circumstances
- Prevention of crises in people's lives that lead to unplanned hospital and institutional care by keeping them well and supporting self-management as measured by tools such as 'patient activation' – so ensuring better value for money
- Better integration and quality of care, including better user and family experience of care.

Integrated Personal Commissioning is an ambitious programme that seeks to systematically harness the potential of people needing support and their families to be active co-producers of that support, and of their communities to help keep them independent and well. It works across health, local government and the voluntary sector to pull together the resources available to people, and to work with people to understand and plan how best to use these.

Responsibilities

The specific responsibility of all Integrated Personal Commissioning sites is to introduce Integrated Personal Commissioning as the main model of care for 5% of a local system's population, including people with multiple long term conditions, people with severe and enduring mental health problems, and children and adults with complex learning disabilities and autism. This includes putting in place the Integrated Personal Commissioning Framework to include:

- **Proactive coordination of care:** People proactively or reactively identified and offered information about IPC
- **Community capacity, co-production and peer support:** Making the most of what's available to you through Local Area Coordination and systematic access to peer support
- **Personalised care and support planning:** Having a different or better conversation to identify what matters to you, and capture this in one place
- **Personal budgets:** A personal budget blends resources to achieve health, wellbeing and learning outcomes
- **Personalised commissioning and payment:** Accessing a wider range of care and support options tailored to individual needs and preferences, through personalised contracting and payment.

Work undertaken with the existing Demonstrator sites in 2016/17 has helped identify the priority activity to deliver on these shifts, and produced the IPC Operating Model and associated guidance and products. Integrated Personal Commissioning Early Adopter sites will need to plan to implement these over the course of the programme and test and further refine the guidance for future areas to implement.

General conditions

Integrated Personal Commissioning is a leadership and learning programme and so participating in the programme comes with the following conditions:

- That sites work with their identified NHS England IPC site lead to share and help develop their detailed delivery plans, review their progress and identify support needs in relation to this, and engage with support requested and made available as a result of this. This is to include regular communication with site project managers, and SROs, and participation in quarterly on-site 'structured conversations'

- That sites share their learning with colleagues from other sites and more widely by participating in project manager sessions, an annual residential event, specific national workshops (up to 10 a year), contributing to the Better Care Exchange, and agreeing to present to their colleagues and a wider audience through webinars and regional and national conferences and events
- That sites report progress against their milestones and activity on a quarterly basis through processes developed and supported by NHS England
- That sites work with and support the IPC evaluation team with administering additional data collection on outcomes, and accessing patients and staff for interviews.

Deliverables by April 2017

- Establishing appropriate programme and governance arrangements and strong alignment with other relevant corporate and partnership programmes [Transforming Care Partnership]. To include a resourcing plan for the programme for 2017/18.
- Progressing personalised care planning and personal budgets (including health funding) for a first cohort of 50 people, including those eligible for joint packages of care and to advance mainstreaming PHBs for those receiving NHS Continuing Healthcare living in the community. This work to yield stories for national use.
- Financial plan including the approach for releasing NHS funding from April 2017, for at least one NHS funding stream beyond CHC, which will require the site to agree this with the affected provider(s) and to be working with them for longer term plans.

Sites will deliver against their own local project plans, plus deliver the outputs required through the development of the IPC model as set out above, and the uptake numbers as set out in Schedule 3.

Responsibilities of NHS England/ LGA

£200k will be made available from NHS England in 2016/17 to support this work.

This will be used to support the project management of IPC: to include a Project manager, Project Officer and administrative support. They will be responsible for the successful coordination and day to day delivery of the programme and its composite elements and ensure that effective programme mechanisms are in place to support the programme team and their activities.

NHS England expect to offer further funding to sites for 2017/8, this is subject to the internal business planning and budget setting that is likely to conclude in March 2017. NHS England will maintain good communication with the site on this through early 2017, to flag any risks to this, in order to ensure, as far as possible, that continuity can be maintained.

Each site will agree arrangements for payment of the support funding with NHS England. In line with normal practice, funding will be supplied at point of need. It is proposed that this is as one payment, on the signing of the MOU.

It is proposed that Nottinghamshire's payment is made to Rushcliffe Clinical Commissioning Group and NHS England will set up a purchase order to enable this, and inform the site of the reference number so they can invoice as agreed.

In addition NHS England will offer a delivery programme, with partners, to support sites. In the period covered by this MOU this will include a

- Key point of contact to ensure good communication, and access to timely and effective support
- Bespoke local support on priorities identified by the site, including from a range of national voluntary sector partners. More information about the available support from these partners will be made available through a Directory sent out in January 2017
- Specialist financial, commissioning and Information Governance support to implement the linked dataset and progress commissioning and contracting aspects of implementation of IPC, to include a financial point of contact for questions and support requests, financial workshops, teleconferences, webinars and site visits on request
- A range of optional events, webinars and offers of expertise into sites, including the offer of on-site workshops
- Access to regular email updates, plus an online network to share good practice, hear about events, discuss emerging issues with colleagues from across the programme
- Connection into senior system leaders and policy working groups to escalate key issues.

NHS England, through quarterly 'structured conversations', will support sites to review progress, and agree an iterative support plan including the support above.

Overcoming the challenges to progress locally will require strong committed senior leadership from across partners. NHS England and LGA will commit to liaising with site senior leadership through two on-site meetings a year, so that in addition to operational and technical support, the national programme is able to fully understand and help respond to strategic challenges.

Governance and Reporting

The Integrated Personal Commissioning National Programme Board is jointly chaired by James Sanderson, Director of Personalisation and Choice, NHS England, and Sarah Pickup, Deputy Chief Executive, Local Government Association.

NHS England will report quarterly to the IPC National Programme Board based on information available from sites through the reporting described above. There will be clear governance in sites, including senior CCG, Local Authority, and voluntary sector partner leadership, and people with lived experience. Site Programme Boards will include a sponsor at CCG Board level, and a Director/Assistant Director from the Local Authority. The voluntary sector will be a full partner in the programme, with resourced capacity to participate in the development and delivery of the programme.

Data will be taken from information recorded and agreed at the quarterly 'structured conversations' to feed into a dashboard for reporting to the Programme Board and monthly internal NHSE Senior Management Teams.

Intellectual property

Any materials developed as part of this project and information gathered will remain the property of NHS England. Apart from published personal stories where consent has been obtained, any confidential and sensitive information will be made anonymous**.**

Legal basis of this MOU and liability

This MOU is not intended to be contractually binding in a court of law nor to give rise to any other legally enforceable rights or obligations, nor does this document constitute an offer to purchase or to supply services or goods on the terms set out in this document or at all;

No Party shall be deemed to be an agent of any other Party and no Party shall hold itself out as having authority or power to bind any other Party in any way.

Neither Party shall have any liability to the other Party for any redundancy costs arising either from delivery of the services or by the termination of the MOU, whether by the passage of time or any earlier termination.

Duration, variation and termination

There will be 'gateway' points in the programme when the Integrated Personal Commissioning Early Adopter site's on-going participation in the programme will be reconfirmed and the MOU refreshed through the change control procedure following this to cover the next period in more detail. The Gateway point will be April 2017. To be reconfirmed the site will send progress against their projected cohort numbers, their resourcing plan for the programme, stories from first IPC recipients, a financial plan for releasing NHS funding in 2017/18 and have a track record of delivery on the development of IPC.

The decisions above will be made by the Integrated Personal Commissioning National Programme Board. This MOU may be terminated early by the site's' Programme Board making a decision to leave the national programme.

This MOU may be modified in accordance with the change control procedure detailed in Schedule 2 by mutual consent by authorised officials from the Integrated Personal Commissioning national programme and those of the site listed in Schedule 1.

This MOU shall become effective upon signature by the authorised officials from NHS England/LGA, and the site, and will remain in effect until modified or terminated by either the Integrated Personal Commissioning national programme or the site, as agreed at eithers' Programme Board. In the absence of termination by the authorised Programme Boards this MOU shall end on 30th April 2017.

Signed for and on behalf of:

Signed for NHS Nottingham North and East CCG

Name and Title:	
Signature:	
Date:	

Signed for and on behalf NHS Nottingham West CCG

Name and Title:	
Signature:	
Date:	

Signed for and on behalf NHS Rushcliffe CCG

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of NHS Mansfield and Ashfield CCG

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of NHS Newark and Sherwood CCG

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of Nottinghamshire County Council

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of [insert]

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of [insert]

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of NHS England:

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of Local Government Association:

Name and Title:	
Signature:	
Date:	

Schedule 1

Nominated representatives

NHS England: Sam Bennett
Local Government Association:

_____ CCG:
_____ Local Authority:

Schedule 2, see page 5 and 6 of main body of MOU

Change Control Procedure

[insert]

Contract Change Note (CCN)

Sequential Number	[insert]
Title:	[insert]
Originator:	[insert]
Date change first proposed	[insert]
Number of pages	[insert]

Reason for proposed change

{Please insert, using examples below:
- Continuation of the duration of the contract term, from _____ to _____},

{- changes to pricing as follows: _____}

Full details of proposed change

{Please insert full details of the proposed change}

Details of likely impact, if any, of proposed change on other aspects of the Contract

{Please insert details or "None"}.

Date of Proposed Change

[insert]
Save as herein amended, all other terms and conditions of the MOU inclusive of any previous CCNs shall remain in full force and effect.

Signed for and on behalf of [insert]:

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of [insert]:

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of [insert]:

Name and Title:	
Signature:	
Date:	

Signed for and on behalf of [insert]:

Name and Title:	
Signature:	
Date:	

MOU schedule 3

You have provided the following projections for the number of people that you expect to take part in the IPC programme by March 2018. You have agreed to provide activity data as part of the IPC minimum dataset to enable progress against these projections to be monitored.

Site: Xxx **Date submitted: December 2016**	**Definition**	**Number of people**	**Proportion of population**
Population			100%
People in the IPC cohort	People within your IPC cohort and who are in the linked dataset – data to include health, social care and education activity and spend		2%
People with a care plan/EHC plan	People within your IPC cohort who have a completed care plan/EHC plan		1%
People with a personal budget (includes NHS-funding)	People within your IPC cohort who have a completed care plan/EHC plan and personal budget in place. Must include NHS funding.		1 in 1,000