NHS and Personalisation
Making it happen
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The Context of the NHS

- 12 years – 6 wide scale restructures
- On average one whole system policy driver per year
- Current structures CCG’s ‘light’ on children’s commissioning expertise
- Lack of challenge – provider driven system
- System based on SLA written by providers
- Little ‘real’ scrutiny of contracts and performance
- Lack of clarity commissioner/provider split
Nothing Personal about the NHS?

- Medical models seek scientific solutions
- Current pathways focused on disease
- Outcomes? Eh??
- Little connectivity in the health system – who holds the ring on the 20+ appointments a child may have?
- Children’s and adult services organised differently – challenging for transition and EHCP development
The Wheels Are Turning!

- 10 years ago children received health respite in hospital often living for long periods on hospital wards.
- 3 years ago average length of stay for a ventilator dependant child was 60 weeks, 40 of which they were medically fit for discharge.
- Lots of examples of personalisation with individual families but not system wide.
- But!!! We still argue about who pays for what.
Children’s Continuing Health Care

- Policy introduced for children in 2010
- Offers tools to aid assessment, decision making and provides a pathway for families
- Supports joint funding but not joint working
- Recommended commissioning/provider split
- Allows local interpretation
- Patchy in provision across the country
Quick Wins

- Sharing knowledge and experience
- Supporting practically – buddying
- Regional and national support programme
- Start small – gain confidence – grow
- ? Some external health expertise – pathfinders or ‘In Control’
Some of the Work to date:

- Understanding current contractual arrangements with providers – block contracts
- Establishing unit costs
- Agreeing the scope of PHB
- Workforce development and training needs - Person centred planning and outcomes models
- Engaging and working with families through Experience Based Design
- Stimulating the market whilst not destabilising current services during phasing
- Staged approach to decommissioning
- Quality Assurance
- Financial and contractual agreements with families
- Developing pathways focused on outcome achievement
- Developing levers in the system to support PHB.
- Agreeing health contribution to local offer
- Ensuring development of PHB’s sync’s with wider EHCP
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