

Livewell Southwest

**Individual Purchased Packages of Care  
(IPP) Guidance**

Version No 1

**Notice to staff using a paper copy of this guidance.**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

**Author: Policy Ratification Group (PRG)**

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### Document review history

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# Individual Purchased Packages of Care (IPP) Guidance

## 1 Introduction

Livewell Southwest (LSW) is committed to improving the health of people living in Plymouth, South Hams & West Devon, ensuring individuals receive the treatment(s) they need at the right time, in the right place and to a high standard which gives the optimum outcome.

Not all treatments are routinely provided locally. Therefore there must be a process for supporting the delivery of assessment, intervention and treatments for individuals whose needs cannot be met by commissioned services. This document sets out this process.

## 2 Aims of the IPP guidance

- To deliver a needs-led service to individuals in Plymouth
- To ensure safe, quality care which is as close to home as possible
- That care is evidence-based, appropriate, clinically and cost-effective
- To maximise the use of appropriate local services
- To provide robust and ethical decision-making which promotes equitable access
- to non-commissioned mental health services
- To make recommendations for alternative provision of treatment, demonstrating
- Least restrictive care and treatment options
- To facilitate prompt and effective discharge and repatriation to local services
- To make effective use of the budget, without compromising the quality of an individual's care

## 3 Terms of Reference

The LSW is responsible for agreeing individual funding requests for adult specialist mental health and learning disability needs which cannot be met by currently commissioned services and has authority for decision making on behalf of North East and West (NEW) Devon Clinical Commissioning Group (CCG). It reports to the Sustainability Committee.

### 3.1 Ethical framework

The Panel works within an ethical decision-making framework which:

- Provides a coherent structure for decision-making
- Promotes fairness and consistency in decision-making
- Takes into account service user and carer views
- Expresses the rationale behind decisions
- Improves accountability and reduces the risk of judicial review

It especially concerns itself with:

- Evidence of safety, clinical and cost-effectiveness

### 3.2 Mental Health Act

Any course of action taken under the Mental Health Act 1983 (MHA'83) (as amended) must be done with consideration to the Guiding Principles contained within chapter 1 of the Code of Practice 2008 (CoP).

The Guiding Principles are:

- Purpose Principle
- Least Restriction Principle
- Respect Principle
- Participation Principle
- Effectiveness, Efficiency and Equity Principle.

It is the duty of all persons who are involved in the care and treatment of those detained under the Mental Health Act 1983 (MHA'83) (as amended) to work within the legal framework of the Act, apply the principles of the CoP and unless there are cogent reason for doing so, not depart from the guidance contained in the Mental Health Act 1983 Code of Practice 2008. This duty extends to the care and treatment of patients who are liable to be detained i.e. may not be continuously in hospital but are granted leave of absence from hospital under s17.

### 3.3 Scope

The Panel considers applications for funding specialist mental health and learning disability services that are outside existing commissioned services.

Requests that are appropriate for Panel include:

- Where current services are not commissioned to deliver the specialist health intervention required by the individual
- Where additional time limited specialist health intervention is required on top of existing commissioned services
- Where there is no commissioning policy in place; LSW considering that the treatment is so rare that a policy would be inappropriate

Also:

- Health funding for extended Section 17 leave periods (above 3 months)

The Panel does not consider:

- Service developments
- Funding for Residential Placements except for s17 leave

### 3.4 Panel composition

The Panel will meet monthly and comprise of:

Membership:

- IPP Manager – Chair
- Deputy Director of Operations
- Commissioner
- Community Forensic Team Manager
- Modern Matron (Recovery)
- CMHT manager
- Social Care representative

Advisory members:

- Consultant Psychiatrist
- Consultant Psychologist
- Deputy Director of Professional Practice

The required quorum for reaching a decision is three voting members.

### 3.5 Decision-making

The Panel meets monthly and bases its decisions on the following:

- Applications will be submitted using CPA paperwork, detailing the needs of the individual
- Legal obligations under the Mental Health Act
- Guiding Principles contained within chapter 1 of the Code of Practice 2008 (CoP)
- Safeguarding obligations
- Nature, extent and significance of the health gain
- Possible adverse effects of treatment
- Availability and clinical effectiveness of alternative approaches to care which are comparable and more cost effective
- National guidance (NICE)
- Evidence of cost effectiveness
- CQC reports
- Proposed provider assessment reports
- Evidence that all local options and treatments have first been explored and excluded
- Understanding that patients and carers have been appropriately involved in decision-making
- Understanding that placements are reviewed for appropriateness and effectiveness after 3 months and 6 months, by the Community Mental Health Team /Care Coordinator
- Evidence that Community Mental Health Teams will remain engaged with the service user to develop exit care pathway options
- Understanding that LSW is assured that the provider is compliant with CQC Essential Standards
- Knowledge that the IPP Manager will be involved where appropriate

### 3.6 Equity

LSW believes that people should have access to health care on the basis of assessed need.

The IPP panel will not discriminate on grounds of personal characteristics, such as age, disability, including physical or cognitive function, gender reassignment, marriage and civil partnership, pregnancy and maternity, race – including nationality and ethnicity, religion or belief, sex, sexual orientation, lifestyle, social position, family, employment or financial status, intelligence, disability, physical or cognitive functioning.

### 3.7 Confidentiality

The Panel will protect confidentiality. Identifiable information will only be shared with members for the purpose of decision making. All paper and electronic documentation will be held securely.

### 3.8 Conflict of interest

Panel members should declare any potential conflict of interest and abstain from decision making if necessary.

## 4 IPP operational procedure

### 4.1 Applications

The IPP application must be completed electronically and in full by a relevant professional, approved by the Locality Manager and supported with the required information (see appendix 1).

Supporting information may also be submitted by the service user. All information should be emailed securely to the Individual Funding Requests mailbox.

### 4.2 Panel meeting:

The IPP Manager will provide each Panel member with applications and supporting information five days prior to the meeting.

There are four possible decisions that the Panel may reach:

- Agree to fund the request
- Defer the decision pending further information/change in clinical circumstance
- Refuse to fund the request, however fund an alternative
- Refuse to fund the request

Decisions will be conveyed to the referrer verbally within two working days.

Written confirmation, with reasons for when funding is refused, shall be made to the referrer within five working days. It is the responsibility of the referrer to inform the service user of the Panel decision.

### 4.3 Contract

The IPP Manager will complete a funding agreement and provide details to enable the appropriate team to commission the placement using the NHS bi-lateral contract.

#### 4.4 Appeal

Where a decision has been made not to fund a healthcare intervention, the individual or the referrer may appeal against the Panel decision.

An appeal can be made by the individual or referrer within three months of the decision being communicated. Any appeal should clearly state the grounds for doing so.

The individual and/or referrer will be notified of the date of the Appeal Panel and be invited to submit supporting statements.

The Panel will have access to all relevant documentation about the application, but will not consider new evidence.

The Appeal Panel will consist of different members to the original Panel:

- Chair - layperson (voting member with casting vote)
- Head of Governance and Patient Experience (voting member)
- Consultant Psychologist (voting member)

The Chair and Joint Programme Lead from the original Panel may be invited to attend at the start of the meeting to provide clarification, but will not be present for the decision making process.

The Panel will consider whether:

- Due process was followed
- All information available at the time was taken into account
- The decision was reasonable

The Appeal Panel can:

- Uphold the original decision
- Reverse the original decision
- Refer the application back to the original Panel for reconsideration

#### 4.5 Complaint

The service user has the right to use the Complaints Procedure at any point in the IPP process.

## 5 Urgent requests

It is expected that all applications should be made in a timely and planned manner.

However it is recognised that urgent decisions may occasionally be required. At such times the Panel may make decisions via teleconference and/or email.

Where it is not possible to urgently convene a Panel, Deputy Director of Operations or IPP Manager or their deputy may agree a placement outside of procedure. The decision will be recorded by the Exceptional Treatments Officer and relayed to the Panel at the next meeting.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 7<sup>th</sup> December 2015

## Appendix I - IPP Funding Application Form



Please complete **all un-shaded** areas on this form. This information is required in handling your request for funding and the future monitoring of the placement.

|  |  |                                       |   |                        |
|--|--|---------------------------------------|---|------------------------|
| <b>Patient Details</b>                                   | Patient's full name  |                                       | NHS number                                    |                        |
|  | Patient's address (incl Postcode)  |                                       | Patient date of birth                         |                        |
|  |  |                                       | Ethnicity                                     |                        |
|  |  |                                       | Mental Health Act Status                      |                        |
| <b>Practitioners</b>                                     | Name/address of GP   |                                       | Responsible Commissioner                      |                        |
|  | Name and telephone number of Care Co-ordinator   |                                       | Name and telephone number of Consultant       |                        |
| <b>Current situation</b>                                 | Summary of current situation (where person is now; health needs; health services currently accessed; social care needs) and how these are being and not being met. |                                       |   |                        |
|  |  |                                       |   |                        |
| <b>Proposed placement/s, assessment, package of care</b> | Provider organisation name/s   |                                       | Organisation address/es                       |                        |
|  | Contact name   |                                       | Contact telephone                             | Organisation fax/email |
|  | Total price  | Per (day/week/year)                   | Basis for recognising as an approved provider |                        |
|  | Health contribution  | Other contribution (e.g. social care) | Section 17 leave                              |                        |
|  | Service purchased  |                                       |   |                        |

|   |  |  |  |                  |
|---|--|--|--|------------------|
|   |  |  |  |                  |
|   | Commitment start date  |  | Commitment end date  |                  |
| <b>Justification of Request for Funding</b>   | Describe all local options and processes considered for meeting this patient's need and risk assessments undertaken prior to consideration of external placement. Include description of continued engagement from local services and return care pathway options following placement. |  |  |                  |
|   |  |  |  |                  |
| <b>Supporting Documentation</b>   | Assessment is attached (please tick to confirm)  | Care Plan is attached (please tick to confirm) | CPA & Risk Assessment (please tick to confirm)             | Other (describe) |
|   | Signed by  |  | Job title and contact address                              |                  |
|   | Name (please print)  |  |  |                  |
|   | Date   | Telephone number                               | Proposed review date and person responsible for completing |                  |
|   |  |  |  |                  |
| <b>Senior Approval</b>  | <b>All applications must be approved by the relevant Locality Manager for Livewell Southwest.</b>  |  |  |                  |
|   | Name and signature   |  |  | Date             |
| Please email your completed form and attachments to: <a href="mailto:david.mcauley@nhs.net">david.mcauley@nhs.net</a> |  |  |  |                  |
| <b>Decision made</b>  |  |  |  |                  |
| <b>Reason</b>   |  |  |  |                  |
| Funding authorised by (name)  | Signature  | Job Title                                      | Date   |                  |