Integration for individuals

The role of personal budgets

Kings Fund Integrated Care Summit
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Welcome and introduction

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Background: The Five Year Forward View

The **NHS Five Year Forward View** looks at the challenges we face leading up to 2020/21.

The challenges or ‘three gaps’ - are:

For the NHS to meet the needs of future patients in a sustainable way, we need to **close the three gaps in health, finance and quality of care** by 2020/21.
Closing the three gaps locally: STPs

The NHS Shared Planning Guidance (December 2015) asked every health and care system to come together to create their own ambitious local blueprint for implementation of the 5YFV

- One of the most powerful ways to achieve change is through local services working together. The New Care Model Vanguards are already doing this

- NHS providers, CCGs, local authorities and other health and care services, have come together to form 44 ‘footprints’

- These footprints will develop **Sustainability and Transformation Plans** (STPs) for 2016 - 2021, using the insight from the Vanguards but also with input from their own patients, people and communities to ensure they truly respond to local needs.
Personal health budgets

Personal health budgets provide an element of precision that is otherwise lacking in whole scale population commissioning, and by supporting people to manage their own health they can reduce the need for unplanned acute care and other interventions, and in doing so, support a financially sustainable NHS.
The role of personalisation and choice

- Personalisation and choice form part of the ‘Transforming commissioning’ priority of NHS England’s business plan for 2016/17, and the Group plays a key role in taking forward the vision of the Five Year Forward View to empower patients to have far greater control over their own care, and break down barriers between health and social care.

2015/16: Developing programmes
2016/17: Ramping up delivery
2017/18: Proving concept at scale
2018/19: Supporting wider adoption
2019/20: Reaching national coverage
2020/21: Sustained national impact
National coverage

- **25** IPC demonstrators
- **36** Maternity Choice & Personalisation Pioneers
- **5** PHB End of Life Care demonstrators
- **2** PHB Wheelchair testbeds
Integrated Personal Commissioning (IPC) & personal budgets

Sam Bennett
Head of IPC and Personal Health Budgets

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Personal budgets and integration

Devolution: place based integration

Better Care Fund: budgetary integration

NCM Vanguards: structural/service integration

IPC / PHBs: integration around the individual
Integrated Personal Commissioning and personal health budgets are pillars of the NHS Five Year Forward View. They empower people and communities to take an active role in their health and wellbeing with greater choice and control over the care they need.

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<tr>
<th>Integrated Personal Commissioning</th>
<th>Personal Health Budgets</th>
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<td>Integrated Personal Commissioning (IPC) is redesigning the ways the system will work for people with complex needs in England. It includes an integrated approach to personal budgets for people with health and social care needs.</td>
<td>A personal health budget is an amount of money to support a person’s identified health and wellbeing needs, planned and agreed between them, or their representative, and their local Clinical Commissioning Group</td>
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**Both are an increasing priority:**

**The NHS Mandate and Planning Guidance:**
Confirmed 50,000-100,000 people will have enhanced choice through a PHB by 2020 and CCGs must submit trajectories in November;

**CCG IAF:** PHB metric included in the new assessment framework with quarterly reporting and benchmarking;

**Transforming Care** service model includes PHBs for people with learning disabilities

**Sustainability and Transformation Plans** must include expansion plans for IPC/PHB.

**IPC and PHBs are essential counterweights to whole population commissioning models:**
- Because PACSs and MCPs will be responsible for all or most of the services in an area in future, there is a risk that individual patients’ choices could be curtailed
- To counteract that possibility, PHBs and IPC will be far more important in the NHS by 2020 ensuring greater choice of how outcomes are met for people who need more bespoke care.
The Integrated Personal Commissioning Programme is a partnership between NHS England and the Local Government Association (LGA).

The programme is working to redesign the mainstream model of community-based care for people with complex needs.

The new model will empower people and communities to take an active role in the care they need, with greater choice and control through personal budgets.

The programme is currently working with nine demonstrator sites across the country and in 2016/17 the programme will be welcoming new areas as “early adopters” for the start of national roll-out of IPC.

The programme published the IPC Emerging Framework in May 2016 to share learning from year one and encourage wider adoption and spread.
Why are we doing this?

When implemented well, PHBs:

- Help people to feel in control of their health and remain independent
- Improve quality of life and psychological wellbeing
- Promote self-management and reduce reliance on NHS services
- Improve experience of care for people with complex needs, enabling service integration at patient level
- Radically change the relationship between health professionals and patients
- Enable access to a wider range of solutions than those traditionally available through the NHS

- PHBs were subject to a major evaluation following a national pilot programme, involving 70 PCTs and concluding in 2012.
- The evaluation demonstrated that PHBs are cost-effective, improve quality of life and reduce use of unplanned care;
- In the evaluation, overall costs were marginally lower for the PHB group than the control group, and some high cost packages (e.g. in CHC) saw significant savings.

PHB holders:
- Over 85% said their views were included in developing their support plan
- Over 80% said the budget had a positive impact on quality of life, independence and arranging support

Carers:
- Over 75% said their views were included
- Over 75% said the budget had a positive impact on stress, quality of life and choice and control

The Personal budgets Outcomes Evaluation Tool (POET) was developed by In Control and Lancaster University

- It looks at 15 different areas of people’s lives and does not focus on clinical outcomes
- In 2014-15, 302 PHB holders and 247 family carers took part in the survey
Figure 1: The emerging IPC Framework

**Key shifts**

1. Integration around the individual
2. Community capacity and peer support
3. Person-centred planning
4. Choice and control
5. Personalised commissioning and payment

**Service components**

1. Personal-level costings generate an individual Statement of Resources
2. Coordinated, low level community and peer support are routinely offered
3. Multidisciplinary IPC Hubs deliver person-centred care and support planning tailored to the level of “patient activation”
4. Integrated personal budgets blend funding from health, social care and education
5. Contracting and payment approaches incentivise personalised care

**Outcomes**

- Better quality of life and enhanced health and well-being:
  - Fewer crisis that lead to unplanned hospital and institution Care:
    - Enhanced experience of care through better coordination and personalisation of health, social care and other services
Figure 2: Scope of IPC interventions per 1000 of a typical CCG population

- **IPC cohort (potential pool who can benefit)**
- **People with a personalised care plan/EHC plan**
- **People with a personal budget (education or social care-funded)**
- **People with an integrated personal budget (NHS plus social care and/or education)**
IPC demonstrator sites 2015/16

- Stockton-on-Tees: People with multiple long term conditions
- Barnsley: People with complex diabetes
- Cheshire West and Chester: Children and adults with learning disabilities
- Lincolnshire: People with dementia
- Luton: People with dementia, then people with learning disabilities
- Tower Hamlets: People with significant mental health and social care needs and children with complex needs
- South West: All IPC target groups
- Hampshire: Children and adults with learning disabilities
- Portsmouth: Older people with multiple long term conditions
Spread and wider adoption: 2020

Our 2020 vision:

IPC will be a mainstream model of care for people with highest health and care needs, planned and delivered with partners in local government and the VCSE

PHBs and integrated personal budgets, including NHS and social care funding, are available to everyone who could benefit (in line with Mandate)

All MCPs / PACS will fully implement the IPC model for people with complex needs following a common delivery framework for cohort identification

Intended 50% geographical coverage by 2020 aligned with New Care Models spread strategy.
Spread and wider adoption: 2020

Delivery imperatives:

- Develop the operating model and essential elements of IPC aligned with NCM
- Create common replicable, delivery blueprints to enable wider adoption
- Demonstrate clear evidence of benefits through rapid cycle evaluation
- Expand the programme by 10+ Early Adopter areas, to begin national roll-out
- Work through regional offices and STPs to support spread and wider adoption.
Hampshire’s journey

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Programme Manager

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My Life, My Way Hampshire

For people with a disability
Hampshire's Vision

• To make personal integrated budgets easy, well understood and a mainstream offer across health, social care and education

• To drive the uptake of personal health budgets

• One plan one budget!

• To significantly reduce admissions into hospitals including Learning Disability and Mental Health hospitals for the Hampshire population

• To reduce the use of residential care and increase innovative supported living options.

• To remove the ‘cliff edge’ for young people and their families going through the transition to adulthood
The ambition for personal health budgets in Hampshire

Context

• 1.3 million population
• 5 clinical commissioning groups
• Single local authority
• 3 acute hospitals in county

By 2018, 1,276 people will have a personal budget with health funding.
Mobilising and sustaining change leaders

Senior Responsible Officers across the system are crucial

- Adult Social Care
- Children’s Social Care & Education
- Children’s Health
- Adult Health

- Business Change leaders at department level
- People with lived experience as Change leaders
Hampshire's change plan

- **Vision** - Make this specific and relevant to the stakeholder
- **Incentive** - Keep building the case for change and the link to STPs, collect the stories, measure the financial and cross system benefits
- **Resources** - Alignment with other programmes, contracts, building into BAU
- **Skills** - Training leaders and champions
- **Plans** - Stage 1 - Focus on deliverables: Cohort, Planning, Personal budgets; Stage 2 Focus on enablers for scale up - personalised commissioning & payment
The journey so far

- We started small with 6 young people and their families
- 64 people to date have a Personal Budget which includes health funding
- Target - over 200 PHBs by end of the year
- The Personalised care and support planning model is making the biggest impact on outcomes
Scaling up the planning model

- The planning model underpins everything
- Be clear what good planning looks like
- Different language across agencies causes confusion
- Some planning has to happen with the whole family
- **Single IT platform for one plan**
- Co-designing to suit cohort-specific guidance to front line staff is needed
- 20 champions across the system-coaching, mentoring, e learning
- Using the voluntary sector to facilitate the conversation
- Look at existing contracts for planning
Lee’s story and his personal budget

With the help of a ‘different conversation’ and his budget Lee is due to start one day a week attendance at a mainstream college to look at Theatre (Stage) technician and scenery manufacture amongst many other things.

Assistive technology that he loves has enabled him to reduce the number of PAs needed when he goes out.

Assistive technology at home has given him his own space and independence as a young teenager.

He is growing in confidence as are his parents - Family life is good!
- Old outcome:
  “Funding to employ a personal assistant for 4hrs per week, to support my child to undertake activities which would help him progress to independence, and offer some parental respite.”

- New outcome
  “Gaining work experience in the music industry and setting up a micro-enterprise as a DJ.”
‘...It is uplifting to take part in a process which engages with my child in a proactive and creative way, thinking about the things he can do rather than the things he can’t do, and identifying real aspirations and positive outcomes that offer a route to true, active progression. In our view, by identifying what is most useful now, we also identify ways to improve outcomes, increase independence, stay safe, and save money in the longer term.’

Wendy
Questions and discussion

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Useful links

- [www.england.nhs.uk/commissioning/ipc](http://www.england.nhs.uk/commissioning/ipc)
- [www.england.nhs.uk/healthbudgets](http://www.england.nhs.uk/healthbudgets)
- Patient and public information: [www.nhs.uk/personalhealthbudgets](http://www.nhs.uk/personalhealthbudgets)

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