

Personal Health Budgets – The Local Offer across Staffordshire and Stoke CCGs

Tina Groom
PHB Implementation Manager
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Introduction

A Personal Health Budget is an amount of money to support a persons identified health and wellbeing needs, the use of which is planned and agreed between the individual, their representative. Or, in the case of children, their families or carers and the local NHS team. It is not new money, but it is money that would normally have been spent by the NHS on the person's care being spent more flexibly to meet their identified needs.

Stoke-on-Trent has had an additional project in place which has supported some non-Continuing Health Care patients with long term conditions/mental health via a personal health budget or small grant. This project is currently under review

Personal Health Budgets (PHBs) have undergone an organic development journey over the last 3-4 years, since the policy was first introduced. Following a pattern similar to the rest of the country, uptake has been slow across the county and largely limited to patients in receipt of CHC.

National policy expects the use of PHBs to increase significantly in the future, against the current limited baseline, with a number of priority initiatives for 2015/16.

By April 2016, in addition to the current cohort of the "right to have" a personal health budget being all patients in receipt of Continuing Health Care funding and Children's Continuing Care, planning guidance states that personal health budgets or integrated budgets across health and social care should be an option for people with learning difficulties and children with special education needs. This has to be communicated and approved by the local Health and Wellbeing Boards and a Local Offer agreed ready for 1st April 2016. The offer requires submission at both Staffordshire and Stoke-on-Trent Health and Wellbeing Boards.

It is important to note that CCGs have the flexibility to plan and introduce personal health budgets at a pace and scale that meets their local circumstances. However the independent evaluation of the pilot programme and wider learning showed that people with higher levels of need benefit more from a personal health budget. This paper suggests that it is those with higher levels of need who are targeted as the Local Offer develops.

The Growth of PHBs

The use of PHBs has grown and will continue to grow as part of a move to increasing personalisation of care for individual patients and service users;

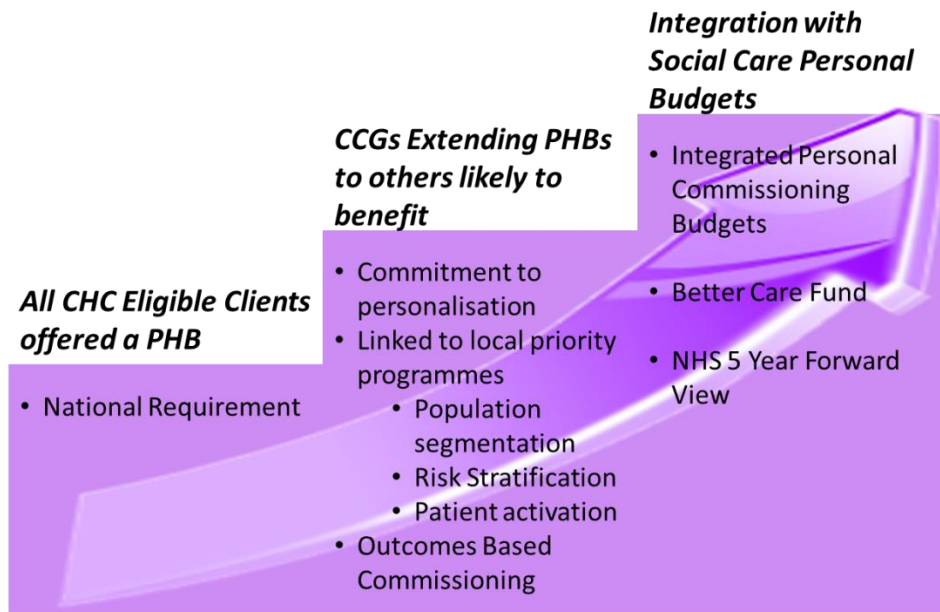
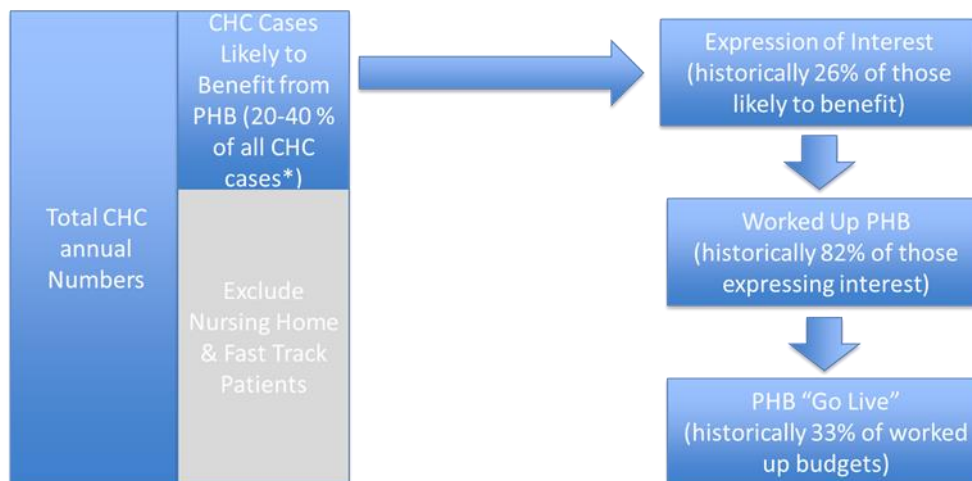


Fig 1 - The Growth of Personal Health Budgets

All Continuing Health Care (CHC) patients have had a right to have a PHB since October 2014 and it is reasonable to assume that uptake will continue to grow as people become aware of this right and as it is promoted nationally and locally.

It is unlikely that CHC patients in care homes or those on “fast tracks” will have the potential to benefit from a PHB. Therefore, focus should be given to the offer of a PHB to those in receipt of domiciliary care packages. Experience from elsewhere has also shown that only a relatively small number of service users (relative to the total CHC cohort) go on to manage a PHB.

Translating expressions of interest into live budgets



* Will vary by area

Fig 2 – Translating Service User expression of Interest in PHB into “Live” Budgets (Drawn from analysis of PHB uptake in Northamptonshire – a “Going Further, Faster” pilot site)

The NHS 5 Year Forward View (NHS England, 2014) places importance on patient empowerment and the personalisation of services around them. International and national

evidence shows that this can reduce utilisation and therefore spend. As a priority, NHS England’s planning guidance for 2015/16 (The Forward View into action: Planning for 2015/16) requires CCGs to offer PHBs to people with learning disabilities and/or Autism and also encourages CCGs to adopt a more personalised approach to service delivery for mental health patients. The parity of esteem programme is about valuing mental health equally with physical health. The five year forward view has a commitment towards a more equal response across mental health and physical health, meaning improved access, more effective care and measured outcomes.

Sustainability

CCGs are currently not in a position to be able offer personal health budgets from services provided via “block contracts”. However, consideration should be given as to how resources could be “freed up” to allow for greater flexibility and personalisation. This should be done at each contracting round to examine further expansion of personal health budgets. It does not mean that all services have to be offered via a personal health budget but just a portion of the services received. For example a person is assessed as requiring physiotherapy and this will be delivered over 6 sessions. The individual should be able to choose how and when these sessions are delivered. Instead of over 6 straight weeks could it be provided more effectively once every month for 6 months? Does the person need to come to a building between 9-5 or can the provision be provided at home on a Saturday? Or could the cost of the 6 sessions be given to the individual to use for private physiotherapy from a service recommended by the CCG?

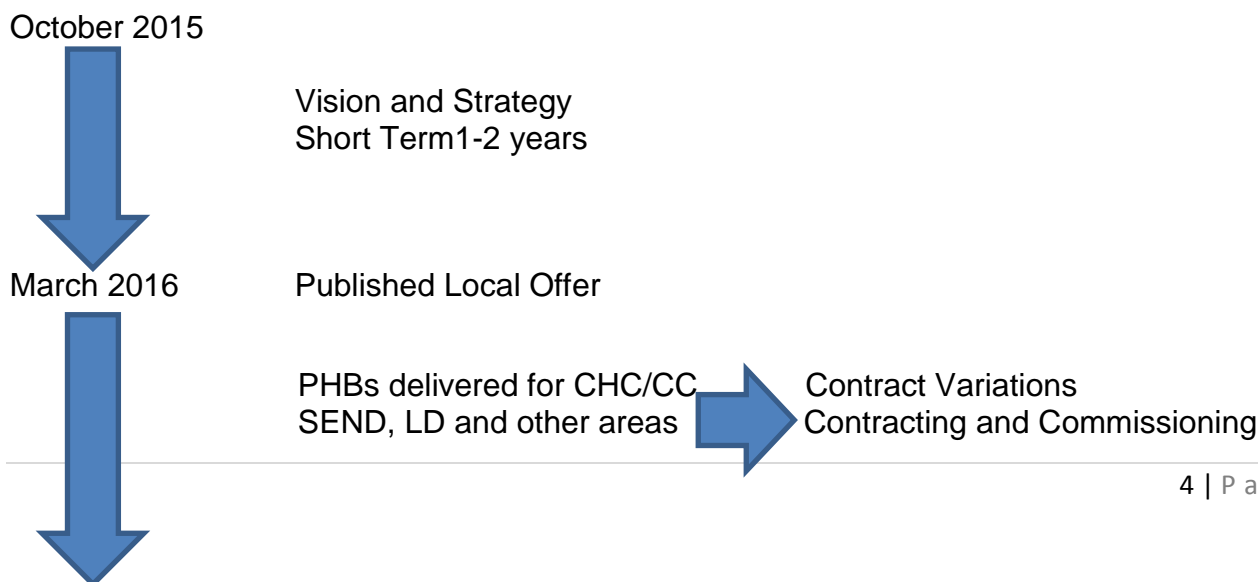
As CCGs consider what services could be “cashable” to provide more choice and flexibility for individuals this should be communicated via the Health and Wellbeing board and the local offer updated.

It does not necessarily mean removing money from block contracts but asking providers to determine how they will offer these services offering personalisation, choice and flexibility. Are there services that are under performing and if so can the resources from this be used for personal health budgets?

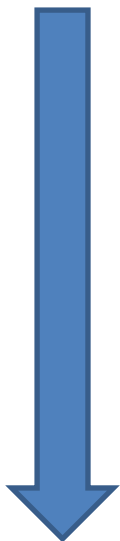
Is there a service that has long waiting lists that resources could be freed up to allow service users to access private providers?

It is expected that the current PHB team will manage the cases identified in the phase 1 cohort identified at the end of this paper. The existing team is able to manage 80 cases as identified in the business plan that was presented and approved by the CCGs in January 2015. The business case also identified the need for an additional 2wte band 5 registered professionals to manage over 120 cases.

Timescales for Expansion of PHBs



March 2017



Vision and Strategy
Long Term 3-5 years

Increasing number of PHBs
In line with local plans

Published commissioning intentions
Include expanding local offer for PHBs

Large scale contracting and commissioning
Changes

March 2019

PHBs operating at scale for CHC/CC
LD, SEND and other significant groups

Learning Difficulties

Currently there are 142 fully and joint funded Learning disability patients in receipt of CHC across Staffordshire and Stoke. 14,200 people living in Staffordshire have a diagnosis of Learning disability (Aged 18 and over); 6,600 people have a diagnosis of Autistic spectrum Disorder (Aged 18 and over). For adults over 18 it is estimated that between 3,100 and 5,100 are living with LD and ASD. Additionally there are 19 “Winterbourne” patients being managed via SSSFT. The transforming care programme encourages more innovative services to give people a range of care options, with personal budgets, so that care meets individual needs.

Long Term Conditions

CCGs may be looking at wider adoption of PHBs; as part of broader service redesign of Long Term Condition pathways, or to specifically address and tackle in different ways the needs of high utilisation patients, through case managed, personalised approaches to care delivery. To give patients more direct control, CCGs are expected to lead a major expansion of PHBs where evidence indicates they could benefit. This could equate to 0.1-0.2 percent of the population over the next 3-5 years. This scale of rollout would represent major progress. For Staffordshire and Stoke 0.1 percent of the population equates to approx. 1,200 people or 0.2 percent 2,400 people. Integrated commissioning across health and social care presents new opportunities (and challenges) to CCGs to deliver seamless care to patients and deliver the efficiencies demanded from the Better Care Fund. Integrated Personal Commissioning (IPC) budgets are being piloted in a number of areas of the country and their use is likely to increase in the coming years.

Integrated personal commissioning blends health and social care funding for individuals with complex needs. Its aim is to provide a “year of care” budget that will be managed by people themselves or on their behalf by councils, the NHS or Voluntary sector.

Engagement

National Guidance states that “CCGs are expected to engage widely and fully with their local communities and patients, including with their local Healthwatch, and include clear goals on expanding personal health budgets within their published local Joint Health and Wellbeing Strategy” by April 2016. It is important that the CCGs engage with the PHB team and steering group who have representation from Healthwatch and other voluntary organisations.

GPs are a particularly key group to engage in the future development of PHBs as they will know the patients who could ultimately benefit from taking more control over their health via a PHB.

Children

There are currently 156 children and young people in receipt of CHC funding who are entitled to a PHB. CCGs are also required to continue to work alongside local authorities and schools on the implementation of integrated Education Health and Care Plans (EHCP), and the offer of personal budgets to those with an EHCP (replacing Statements of Special Educational Needs) who could benefit. This is a wider cohort with around 3,000 Children with Statements of Special Education needs in the four South Staffs CCGs and approximately 2361 across Stoke and North Staffordshire.

Value for Money

Experience across the country of delivering a PHB services over a number of years has shown that the costs of delivering an effective PHB service is likely to be offset by “cashable” efficiency savings coming from two identifiable sources;

Package Costs - It is too soon to draw meaningful conclusion from our work locally. However drawing on the experience from elsewhere and our current live PHBs we could reasonably expect CHC PHBs to be, on average, at least 10% lower than the traditional package costs that they replaced – evidence that service users pursue value with their budget and help reduce commissioner spend.

Budget Underspends - People with PHBs are very good at making sure they only pay for services actually received from care providers. As a result, about 30% of budgets are likely to underspend over the course of a full year, leading to reclaims by the CCG. These reclaims are usually less than £10,000, but prior to being in a PHB this was probably being billed by providers and paid without question by commissioners, without the means to fully check the invoiced amount. Currently PHB team have identified refund of £5,471.29 and another of £21,000.00 from pilot PHBs. The current PHBs are less than 12 months old.

In addition to these savings, and with an eye to the research evidence, there are also likely to be savings arising from reduced utilisation of services outside of the PHB (e.g. on GP

visits, hospital attendances) by giving patients greater control, although this has not been well measured yet.

For Discussion – Some Proposed Actions for CCGs

The following are proposed as actions for the CCGs to pursue in relation to PHB development and management;

1. A Pan – Staffordshire Local Offer

There should be one “Local Offer” for Staffordshire and Stoke-on-Trent encompassing agreed principles, direction of travel and timescales for implementation of the offer.

However, individual CCGs will retain the opportunity to include any additional elements they may want in their areas, allowing for flexibility to respond to local need and circumstances.

2. A Phased Approach

CCGs to agree that the Local Offer 2016-2017 the following cohorts to be considered:

- a. All patients in receipt of domiciliary care packages under CHC
- b. Children in receipt of CHC / jointly agreed (with local authority) packages
- c. Patients in receipt of joint health and social care that have gone through CHC but have not met the fully funded criteria.
- d. Learning Disability and/or Autism and challenging behaviour patients in receipt of joint health and social care packages that have gone through CHC but have not met the fully funded CHC criteria.
- e. S.117 mental health packages jointly agreed (with the local authority) in the community
- f. Develop a Section 75 agreement between Health and the LA around the process of funding joint packages of care.

This is the suggested first stage of further rollout of PHBs beyond CHC. These are all individually funded care packages and do not include contracted services. To be agreed in line with suggested timescale from April 2016.

The next stage would be: - To consider contracted services as an option from April 2017 but this will need to be published via the Health and Wellbeing Board and updated as services become available.

Learning disability and/or Autism and challenging behaviour patients in receipt of NHS funded care – a plan needs to be established for this cohort of patients quickly which clearly articulates;

- i. The number of patients
- ii. The type and cost of care currently being provided
- iii. What needs to be done to free up resources to fund PHBs from April 2016.

Children with special educational needs and EHC plans in receipt of NHS funded care – again a plan needs to be established to articulate

- i. The number of children
- ii. The type and cost of care currently being provided
- iii. What needs to be done to free up resources to fund PHBs from April 2016

High utilisation patients – For example complex patients with multiple long term conditions. Proposed that the CSU identify the top 50 (in terms of historic cost in secondary care) high utility patients and the PHB team identify those within this cohort who may benefit from the offer of a PHB, and progress the offer, reporting back through the performance report on the success they have in improving outcomes and reducing cost utilisation.

Need to agree a reporting process for PHBs and evaluation of PHBs under Local Offer.

It is important to note that this paper has been passed by the NHS England Regional Personal Health Budget Lead for the Midlands region.