

Joining up health and social care personal budgets

Key points on implementation

Who should read this briefing?

- All commissioners and providers who are considering, or already leading, local deployment of personal budgets in health.
- This briefing is particularly relevant to leaders and managers who are considering how to join up personal budgets in health with personal budgets in social care.

What this briefing is for

- Joint health and care personal budgets offer a potential model for delivering integrated care from the bottom up, at the level of the individual person. This briefing outlines the key themes from a workshop for senior professionals on joining up personal budgets, held at the King's Fund.
- It also sets out a series of practical approaches to implementation that might be considered by local leaders as they develop their approaches to integrating personal budgets.

Key points

- Joint personal budgets could offer a powerful way of integrating the commissioning and provision of health and social care services at the individual's level, focusing on their personal needs and the outcomes important to them.
- They are part of a model of person-centred care that also includes support for self-management, shared decision making, improving information and understanding, and promoting prevention.
- From April 2015, some groups of people with complex care needs will start to have control of a combined health and social care personal budget under a new integrated personal commissioning leadership programme.
- With personal budgets already widespread in social care, and their use in health starting to grow, now is a good time to consider how joined-up personal budgets might develop.
- The success of joint personal budgets should be judged on their ability to deliver the outcomes for individual budget holders as identified in their care and support plan.
- Integral to success will be how joint personal budgets are implemented. The challenges should not be underestimated. Sharing the learning from emerging and developing local practice will be valuable.

Background

Integrating services to better meet the needs of the growing numbers of people with long-term conditions and frail older people is a priority challenge for the NHS and social care.

The NHS Confederation and Think Local Act Personal are working together on a programme to support senior professionals and organisational leads to share and understand emerging good practice in implementing personal budgets in ways that secure good outcomes for people.

The NHS Confederation and Think Local Act Personal explored the opportunities and challenges of using joint health and care personal budgets to enable integration, at a workshop held at the King's Fund.

Workshop participants heard the views of a range of different stakeholders, including people using health and care services, and discussed their own practical experiences of joining up and integrating personal budgets. As part of the personal health budget Going Further Faster programme, supported by NHS England, some local areas have trialled approaches to joining up health and social care budgets on a small scale. Helpful insights from these initiatives as to how some of the key implementation challenges can be tackled were also highlighted during the workshop.

This briefing provides an overview of the key themes that emerged from the workshop and were seen as important by participants. It also sets out a series of practical approaches that might be considered locally, based on learning and developing practice. A number of examples are included from stakeholders who took part in the workshop, as well as links to useful resources.

“Joint personal budgets offer an innovative route to service integration starting at the individual level.”

Context

The roll-out of personal health budgets provides a significant opportunity to combine these with personal budgets in social care to create individual integrated budgets.

Since October 2014 any person eligible for NHS continuing healthcare (or continuing care for children) has the right to 'have' a personal health budget.¹ The Government's mandate to NHS England also sets a clear objective that from April 2015 anyone with a long-term condition who could benefit will have the option to hold their own personal health budget as a way to have more control over their care.²

Personal budgets in adult social care have a longer track record. Local authorities have had the option to make direct payments to service users since 1996. More than 600,000 people in England now have a personal budget and 24 per cent of these receive a direct payment.³

Joint personal budgets offer an innovative route to service integration starting at the individual level for people and carers. Together, the NHS and social care have been struggling to find ways of delivering integrated care that delivers both quality and value. Approaches to integrated working have often attempted to join-up services from the top down. Yet from the perspective of the person with health, care and support needs, integration at the organisational level does not necessarily result in a joined-up experience. Through joint personal budgets people are able to join-up their own services in a personalised way that makes sense to them, ensuring integration from the bottom up.^{4, 5}

The national evaluation of the personal health budgets pilot is strongly supportive of their use to promote greater service integration, especially if existing accounting procedures in place for social care personal budgets can be used. Many of the people found most likely to benefit from a personal health budget had complex needs, making them potentially entitled to personal budgets in both health and social care.⁶

Building on these findings, current policy initiatives are focused on giving people with complex needs greater opportunity to manage their own joined-up

Key themes

personal budget. Guidance for implementation of the Care Act 2014 places a duty on local authorities to take reasonable steps to coordinate systems and processes with the NHS to reduce the administrative burden for people receiving separate health and social care direct payments.⁷ NHS England has set out plans for an Integrated Personal Commissioning demonstrator programme that from April 2015 will allow people with long-term conditions, learning disabilities or severe and enduring mental health problems, and (parents of) children with complex needs, to have control of a combined health and social care budget and direct how it is used.⁸

Personal story: Mitchell

Mitchell has a personal health budget as part of his joined-up, personalised package of health and social care support. When Mitchell turned 21 and made the transition to adult services, alongside the process for deciding about funding, his family also needed to negotiate new relationships with a range of health services, as many services for adults are different to those for children and young people.

Few young people with Mitchell's complexity of need had made the transition to adult services in their local area, so his mother, Jo, and the commissioner agreed to set up a multidisciplinary 'transition health' group to think through all the issues. This group included the NHS commissioner, NHS continuing healthcare coordinator, paediatrician, transition social worker, community nurse and hospital learning disability liaison nurse. These people brought a range of useful expertise; there were no 'off-the-shelf' services that suited Mitchell and they were good at helping with problem solving. Visits to the hospital helped build relationships; one of the senior nurses came to one of Mitchell's meetings and the consultant was also invited. A personal care pathway was agreed for Mitchell, which included advance management plans ("if this, then that"), and the key consultant wrote letters to specify what should happen if he were not available.⁹

Key themes at a glance

- Joint personal budgets can be a powerful mechanism for both integration and personalisation.
- Judge success by person-centred outcomes, not by hours or numbers.
- Use the experience of personal budgets in social care.
- Active, ongoing leadership support is vital.
- More advice, information and support for potential users and their carers will help drive demand locally.
- GPs can be valuable as champions.

Joint personal budgets can be a powerful mechanism for both integration and personalisation

The complementary, interdependent nature of the integration and personalisation policy agendas was a constant theme throughout the workshop. The policies are seen to share a common goal that services be organised around individuals to achieve better health and wellbeing outcomes. Both policies also emphasise the value of collaborative, person-centred discussions and shared decision making, leading to individuals choosing more appropriate services for their needs. This requires individual budget holders being able to actively participate in the planning and prioritisation of their support and bring together services to achieve the outcomes that are important to them.

Workshop participants agreed that joint personal budgets have significant potential to link and deliver against both these policy agendas: giving individuals more choice and control over the care they need for the outcomes they want, and bringing together resources traditionally locked into separate budgets around the individual's needs. Joint personal budgets were also thought to share some common features with other long-term care planning initiatives that focus on personalised care planning, including Year of Care.¹⁰

Judge success by person-centred outcomes, not by hours or numbers

Workshop participants considered it essential that the success of joint personal budgets be judged on their ability to deliver against the identified outcomes of individual budget users. A person-centred outcome focus was thought necessary to achieve both personalisation and integration. The implication of this focus is a move away from budgets based on minutes of care for particular services, to holistic personalised care plans based on what individuals want to do and accomplish.

Participants also shared the view that integrated personal budgets cannot be practically enforced from the top down. Patients, carers and clinicians should be convinced not coerced into using them. It was thought better that take-up be driven by real demand, not artificial targets linked to numbers of individuals with a joint personal budget. Used in social care, the latter approach was seen to have often resulted in the ethos of personalisation and patient choice being lost. Participants worried that if clinical commissioning groups (CCGs) are set targets for uptake, an individual's freedom to refuse a budget or return to using conventional services may be constrained.

Use the experience of personal budgets in social care

Utilising the experience developed locally for implementing personal budgets in social care can provide robust foundations for introducing integrated personal budgets (see case study on page 5). Workshop participants felt that mistakes and obstacles could be avoided by taking on board lessons learnt by local authorities. Several issues were highlighted:

- first, the benefits of constant support for staff and good communication in tackling culture change
- second, the need to ensure every professional understands their role in enabling individuals to access joint personal budgets
- third, the importance of identifying and addressing staff concerns that might delay implementation or impact negatively on the person's experience.

Many participants believed there to be cost and efficiency benefits from using systems and tools already in place to support personal budgets in social care. For example, a number of commissioners have used existing local authority systems to transfer direct payments to joint personal budget holders. Similarly, the Personal Outcomes Evaluation Tool employed in social care is a helpful tool for understanding the impact of integrated personal budgets and can be used to develop a local evidence base.¹¹

Active, ongoing leadership support is vital

The importance of having fully committed leadership locally was another theme that featured strongly in the workshop. Some participants expressed concerns that local leaders were insufficiently engaged in making the necessary cultural changes happen. They stressed the importance of leaders actively and continuously working with managers and clinicians to create the appropriate environment to effectively accommodate joint personal budgets – a culture that supports devolving choice and control to people with health, care and support needs and carers. Without visible leadership providing repeated messages of direction and support, joint personal budgets were thought unlikely to be implemented at scale.

More advice, information and support for potential users and their carers will help drive demand locally

Awareness-raising among potential personal budget holders and carers of the availability and benefits of integrated personal budgets was considered integral to building momentum behind implementation. Workshop participants discussed the importance of providing individuals with clear, accessible information on the different types of services and support they might achieve with a joint personal budget, other than traditional care packages.

“Be prepared to just ask people what they want and think outside the box to respond.”

Use of a consistent language around integrated personal budgets can help this process.

The motivational value for potential budget holders of knowing there is local support to help them make appropriate choices to deliver their desired outcomes was also discussed. For example, in one area, a voluntary-run peer support network enables potential and new budget holders to share thoughts, ideas and concerns as well as gain planning assistance from other more experienced users. Another area held a successful 'marketplace' event offering prospective budget holders information on provider services available in the community.

“It’s not about having more money but some money used in different ways.”

Some participants reported a need to address myths that create barriers to uptake; in particular, the belief that integrated personal budgets are about saving money, when actually the motivation is getting better health outcomes for the money spent.

GPs can be valuable as champions

Many participants stressed the value of GP advocacy. As key gatekeepers to an integrated health and care system, GPs were seen to have an important facilitative function in the deployment of joint personal budgets. Alongside their new commissioning role, since April 2014, GPs also have a role to coordinate multidisciplinary care from health and social services to fit the needs of their individual patients over the age of 75. Their working relationships with social care are therefore of increased significance. Additionally, in the face of some widely acknowledged clinician unease about integrated personal budgets, GP champions have been found to be highly influential in shifting opinion.

Case study: Utilising the experience and systems of personal budgets in social care to integrate personal budgets in Barnsley

A senior manager from Barnsley local authority has been seconded to work with the local clinical commissioning group (CCG) to support implementation of personal health budgets and the joining-up of personal budgets across health and social care. This arrangement has enabled more effective sharing with the CCG of the local authority’s expertise and systems around personalisation. This includes:

- governance arrangements
- workforce development resources to ensure a joint approach to workforce training
- support to the CCG’s finance and contracting/commissioning teams on considering challenges to the viability of current arrangements
- guidance to health providers on how to support personalisation.

For more information, contact Jo Price, personal health budget lead, NHS Barnsley CCG, joprice1@nhs.net

Practical approaches for consideration

Integral to the success of joint personal budgets will be how they are implemented. There are still questions and challenges about implementation, which should not be underestimated. However, it is evident from the workshop that much work has been done on these and some good progress is being made.

Whilst every local area needs to find its own effective approaches, there is useful learning from emerging and developing practice.

Collecting and promoting success stories of improved outcomes

This is seen as one of the main ways to convince clinicians and other professionals of the merits of implementing joint personal budgets. Positive narratives of individual people benefiting are a powerful motivator for change across the workforce.

Use of advocates and brokers

Advocates and brokers are a valuable means of helping individuals access joint personal health budgets and make choices. They can ensure that the interests of budget holders are represented fairly, and negotiate with service providers and budget funders. This will help negate fears that joint personal budgets may increase health inequalities by benefiting only the most articulate and well-informed.

Single care coordinator role

Alignment of processes at the individual level is helped considerably by having a single care coordinator. It enables more streamlined assessment and support planning. For the individual, it is more convenient and provides a better experience to have a single assessment of care needs and outcomes undertaken by the care coordinator.

Integrated care and support plans

A single, joined-up care and support plan can provide the facilitative linchpin for a joint personal budget. It cuts down on duplicative assessments, bureaucracy and administration for frontline staff and consequently saves time, resources and costs. From the perspective of the person with health, care and support needs and their family, it enables coordinated planning and provision.

Case study: Use of brokers in South Kent

All prospective joint personal budget holders in South Kent have access to a broker to help them develop their personal support plan. The brokers, contracted from Kent and Medway commissioning support unit, have proved critical to the implementation process, particularly in relation to:

- budget holder engagement
- signposting
- collation of data at referral from social services
- exploring ways in which the budget could be used to meet individual's health and social care assessment needs
- completion of support plans in accordance with local and national guidelines
- handling ongoing budget holder queries.

For more information, contact Tamar Beck, commissioning project manager, South Kent Coast CCG, tamar.beck@nhs.net

Co-production and co-development

To ensure care is personalised and customised around individual needs to deliver improved outcomes, people and their carers need to be authentically involved in co-designing the new models of joint personal budgets. For example, some pilots have involved local people with health and care needs on project boards or through developing links with established user-led organisations and peer support networks.¹²

“Clinical staff love personal stories of how care has improved.”

Closer working between commissioners and providers

As integrated personal budgets are taken up, simultaneous development of the provider market is necessary so individuals have the option of appropriate choice. Commissioners will have to work more closely with providers to respond to what budget holders want, build provision of personalised services, change contractual arrangements, collaborate on the decommissioning of block contracts, and grow market capacity. Market diversification needs to be achieved without destabilising existing providers.

Releasing and aligning money

A new infrastructure is required around budget setting and care planning, the funding for which needs to come from existing budgets. To avoid double running costs, services not chosen by budget holders are likely to have to be decommissioned. This will need to happen without destabilising existing providers, at a pace that allows them to adapt, thereby minimising the risk of market shrinkage. Use of an individually weighted capitated

budget approach, similar to Year of Care, may be possible in future. It might also be helpful to learn from leading pilot sites how money is freed up by modelling the release and alignment of money over time.

Understanding and managing risk

Risk management from a clinical and safeguarding perspective is needed so staff feel confident about supporting budget users' service choices. Responsibilities for risk oversight and management should be clear and made part of the care and support plan. Both budget holders and clinicians/care professionals should be accepting and supportive of the level of risk.

“Commissioners will have to work more closely with providers to respond to what budget holders want.”

Case study: Opportunities to use pooled budgets in Islington

Islington CCG has identified several opportunities for integrating personal budgets through potential pooling of separate budgets for users and carers. This might involve joining-up the budgets for different family members. The larger budget can be used to deliver more ambitious personalised and customised outcomes.

'Diane' is a 55 year-old woman living with and caring for her two aging parents. Diane's mother, 'Sally', has a personal budget managed through a direct payment from social services. 'David', Diane's father, has had a recent hospitalisation and become eligible for NHS continuing healthcare. Diane really wants her father to come home to die; however, Diane has intense health issues of her own. She is undergoing treatment for cancer, and the chemo treatment often leaves her unable to even make a cup of tea for her mother.

The district nursing team worked alongside the allocated social worker to pool the personal budget and the personal health budget to create one budget for the family. Diane was able to hire carers who could support both her mother and father. More importantly, she was able to use the carers flexibly so she could rely on them more when her health was suffering as well. Diane was able to keep both of her parents at home and felt completely supported in her role as a carer. David died at home with his family a few months later.

For more information, contact Sara Little, commissioning manager, Sara.Little@islingtonccg.nhs.uk

‘Dual carriageway’ approach

Some pilot areas are trialling a ‘dual carriageway’ approach as a way of combining personal budgets. It involves bringing together the referral, assessment, planning, budget setting and monitoring of personal budgets without a great deal of change at the system level or the need to merge budgets. To the individual budget holder it appears they are dealing with one system and one budget.¹³

Pooled budgets for people and carers

Pooled budgets enable more flexibility and responsiveness to the goals people want from use of a personal budget. As the result of a larger budget, agreed outcomes can also be more ambitious. Some pilot areas are looking at pooled personal budgets integrated around the needs of both user and carer family members.

Sharing good practice and innovative approaches

More opportunities at national level to share local good practice, innovations and problem-solving would be beneficial. This might include having one ‘go-to’ national website on joint personal budgets. It would also be helpful if professional bodies could share positive stories around joint personal budgets and actively give their members ‘permission to do’. Local peer review might also be explored as a tool for

sharing good practice. Workshop participants also suggested sharing information on what doesn’t work.

Inclusion of services beyond health and social care

The vision and scope of joint personal health budgets need not be confined to health and care services. To effectively meet an individual’s needs and desired health outcomes, additional provider services such as housing and education might beneficially be included. This will have attendant budget funding implications. The needs of budget holders may also change over time, particularly for people with more complex chronic conditions.

“To effectively meet an individual’s needs and desired health outcomes, additional provider services such as housing and education might beneficially be included.”

Personal story: ‘Airdrina’

‘Airdrina’ was one of the first Lambeth recipients of an integrated personal budget covering health and social care. She used to live in residential care, entirely dependent on services costing £62,000 each year. Now, living in her own flat and supported at the times of her choice by the people she’s chosen, Airdrina is starting to live the life she wants rather than the life services said she could have, freeing up £45,000.

“Creating my own support plan was very exciting. It gave me a chance to say what I wanted in life... I chose to spend my budget on a PA to have a bit of company... Angel and I just hit it off. She’s amazing. We go out places... She makes me happy. We’ve got the same weird sense of humour! My life is very settled and I thank God for that. I can do what I want when I want. And I’m not bullied or patronised anymore.”¹⁴

References

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3. Health & Social Care Information Centre (2013) *Community Care Statistics, Social Services Activity, England 2012–13.*
4. NHS Confederation (2012) *Joint personal budgets: a new solution to the problem of integrated care?*
5. Glasby and Dickinson (2013) *A–Z of interagency working*, Palgrave Macmillan
6. Department of Health (2012) *Evaluation of the personal health budget pilot programme.*
7. Department of Health (2014) *Secondary Legislation. Draft regulations for consultation. Part 1 of the Care Act 2014.*
8. NHS England (2014) *NHS England Chief offers local government leaders radical new health and social care integration option.* For further detail on the IPC programme, see www.england.nhs.uk/ourwork/commissioning/ipc/
9. Think Local Act Personal & NDTi (2014) *Personal health budgets: including people with learning disabilities.*
10. For more information, see NHS England (2013) *Transforming participation in health and care, guidance for commissioners* and Think Local Act Personal (2014) *No integration without personalisation: one will not work without the other.*
11. For more information, see *In Control POET – the Personal Budgets Outcomes and Evaluation Tool.*
12. For more information, see Department of Health (2013) *Personal Health Budgets Guide. Co-production – changing the relationship between people and practitioners.*
13. For more information, see NHS Confederation (2012) *Joint personal budgets: a new solution to the problem of integrated care?*
14. Lambeth Collaborative (2012) *"Airdrina, My Story So Far" – the impact of personalisation in Lambeth.*

Further information

NHS Confederation resources on personal health budgets are available at:

www.nhsconfed.org/personal-health-budgets

Nuffield Trust (2013) *Personal health budgets: challenges for commissioners and policy-makers.*

Department of Health (2012) *Personal Health Budgets Guide. Integrating personal budgets – early learning.*

The King's Fund (2013) *Making integrated care happen at scale and pace.*

NHS Confederation and Think Local Act Personal (2014) *A wealth of information: your questions on personal health budgets answered.*

NHS England, *Integrating health and social care personal budgets toolkit.*

NHS England (2014) *Integrated personal commissioning prospectus.*

Social Care Institute for Excellence (2012) *Integrating health and social care personal budgets.*

Think Local Act Personal (2014) *Getting serious about personalisation in the NHS.*

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For more information, visit www.nhsconfed.org

Think Local Act Personal

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For more information, visit www.thinklocalactpersonal.org.uk



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