Joint personal budgets: a new solution to the problem of integrated care?

Like many health systems around the world, the NHS struggles to find ways of delivering integrated care. Nowhere has this struggle been more evident than in services cutting across the health-social care divide: a decades-old problem that has, for the most part, confounded local and national leaders. Now a new tool offers a radically different approach – starting with the individual service user and giving them control of a single joint budget.

This Briefing introduces joint personal budgets for health and social care. It gives the context behind their development, explains how they might work and lists some of the issues that need to be considered before they could be used at scale.

Key points

- From October, it is the Government’s intention to begin a national roll-out of personal health budgets (PHBs).
- With over 300,000 personal budget holders in social care, NHS organisations should think hard about developing their PHB systems alongside local authority partners.
- A joint system of personal budgets could offer a new model for delivering bottom-up integrated care.
- A ‘dual carriageway’ approach has been developed by some pilot areas as a way of getting the benefits of joint personal budgets with a minimum of disruptive organisational change.

Background

Interest in how to better join up health and social care has reached a peak in recent years, with particular focus since the passage of the Health and Social Care Act 2012. Various solutions have been tried and tested in recent years – local area partnerships, joint financing arrangements, care trusts and now health and wellbeing boards.

Lessons learnt to date include:

- integrated care from the individual’s perspective is the most important aspect of integration generally – integration of systems and structures is not always required to achieve this
- it is important to build strong local relationships and have the organisational stability to allow them to be built

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Issues to consider

1. Does the ‘dual carriageway’ approach described in this paper (see page 4) offer a viable way to introduce joint personal budgets at scale?

2. How big a barrier will top ups and self-funding in social care be to integrating two systems of personal budgets?

3. How acceptable would it be for treatments not traditionally commissioned by the NHS to receive funding through a joint personal budget?

4. How would your staff react to the idea of joint personal budgets? What kinds of engagement and/or workforce development would be needed?

5. What questions would you want to put to the pilot sites that have been trialling joint personal budgets?

6. Do you agree with the NHS Confederation’s support for the Department of Health’s intention – subject to the national evaluation – to make personal health budgets a legal option for all NHS commissioners from October, and from 2014 to give people on NHS continuing healthcare a right to request a personal budget?
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therefore, potentially more than one budget. Evaluations of personal budgets have shown that some individuals can benefit from taking control of their care, but few will want to do this if the separate processes make no sense to them.

Joint health and social care personal budgets may offer the chance to create a simplified process for service users to navigate. If the two systems' separate assessments, plans, accounts and reviews can be successfully brought together, service users are less likely to feel that the burdens of controlling their own care outweigh the benefits. It could also allow service users to make purchasing decisions based on what best suits all their needs, rather than having to spend one budget on something to help their 'health' needs and another on their 'social' needs. The goal is for integrated commissioning and provision at a micro level.

Aligning processes at the individual level, even if the staff, budgets and organisations above this remain separate, could also save frontline staff significant time. Having one assessment (instead of two) and a single care coordinator could improve flexibility and efficiency, although it is not yet known what level of additional bureaucracy is needed to support personal health budgets and whether this would outweigh any gains.

How to integrate personal budgets

The perceived complexities associated with integrated working might be a disincentive for local leaders to consider joint personal budgets across health and social care. However, some areas are finding that this needn't be the case.

A number of the personal health budget pilot sites have used a ‘dual carriageway’ approach to combining personal budgets, shown in Figure 1 on page 4. Their efforts show that, at least on a small scale, it is possible to bring together the referral, assessment, budget setting, planning and monitoring of personal budgets without many of the complexities of structural integration between the NHS and local authorities. This approach of aligning the personal budgeting process is intended to provide the service user with all the benefits of a system that is easier to navigate and which makes sense, without the cost and effort needed to formally merge budgets or organisations. To the service user, it appears that they are dealing with one system, one budget and one plan, yet this hasn’t involved a great deal of change at the system level.

As the NHS continues to experiment with personal health budgets, the ‘dual carriageway’ approach makes it easier to trial integrated personal budgets without having to set up formal arrangements. Starting small will keep the risks low and give local organisations more flexibility.

Naturally, where local partnerships have already developed joint commissioning or integrated service arrangements, a fully integrated personal budget process with pooled budgets, coordinated frontline teams and single sign off may be more appropriate.

Confederation viewpoint

In previous papers, the NHS Confederation has identified a number of barriers that stand in the way of personal health budgets having a positive impact on NHS patients. We support the Department of Health’s proposal to introduce personal health budgets at a pace determined by commissioners. We also support the suggestion to start with continuing healthcare, which is a relatively self-contained part of healthcare that may be exempt from some of the risks we believe personal health budgets might pose.

As one of the most blurred boundaries between the NHS and social care, continuing healthcare is an ideal test-bed in which to develop joint personal budgets. However, a number of issues remain that will need to be resolved if the potential benefits of joint personal budgets are to be realised. We would welcome your views on the issues below, to guide our future work.

1. Does the ‘dual carriageway’ approach described in this paper offer a viable way to introduce joint personal budgets at scale?
2. How big a barrier will top ups and self-funding in social care be to integrating two systems of personal budgets?
3. How acceptable would it be for treatments not traditionally commissioned by the NHS to...
‘Stan’ was diagnosed with multiple sclerosis in 2010. He uses his personal health budget to keep healthy at home with his wife ‘Rebecca’ and reduce the pain caused by multiple sclerosis. He also has a personal budget for his social care needs. This diagram shows the effect on Stan’s day-to-day life if these two budgets are joined up.

Stan’s day-to-day life when care is fragmented

• Stan has multiple and uncoordinated assessments from health and social care.
• This leads to delay of provision and risk of missing undiagnosed co-morbidities.

Personal health budget process

• First contact/re-referral
• Assessment of health and social care need
• Budget setting/resource allocation
• Support planning
• Sign off
• Spend money on agreed care plan aims
• Monitor and review

Stan’s day-to-day life when care is integrated

• Stan is referred to one care coordinator who undertakes a single assessment of his health and social care needs.
• This is convenient for Stan and he is not anxious that any of his needs have been missed.

Bridges across the health and social care divide

• Once identified as having a high level of needs, Stan could be referred to a broker/multidisciplinary team.
• As long as care is coordinated well behind the scenes, full integration of the health and social care system is not required.

• Joined-up budget setting team/panel.
• Individual or multidisciplinary team conducts support planning.
• Sign off only once for Stan, twice behind the scenes or done by a joint team.

• Stan receives one integrated budget that covers all his health and social care needs.
• He talks through his support plan in one meeting with relevant individuals, which is signed off by one team/individual.
• This is convenient for Stan as he does not need to repeat his story to a number of different people.
• ‘Dual carriageway’ approach at a system level: two funding flows, two sign off processes, two separate budgets (not necessarily pooled).
• Money all placed into one account for Stan to use.

• ‘Dual carriageway’ approach at a system level: two funding flows, two sign off processes, two separate budgets (not necessarily pooled).
• Stan would need to go through two separate processes for health and social care, each involving budget setting, support planning and sign off.
• This would require a lot of extra time and effort for Stan, often having to repeat his needs on multiple occasions to a number of different people.

• Stan would have to manage two separate budgets – from his local authority and the NHS.
• Stan would have to provide this information for two separate processes.

• Stan receives one budget, which he can manage as he chooses (for example, notional, third party, direct payment).

• Stan only has to fill out one monitoring and evaluation form for his joint budget.

• One survey for Stan, two systems behind the scenes.

Source: Department of Health personal health budgets team (unpublished)
‘To the service user, it appears that they are dealing with one system, one budget and one plan, yet this hasn’t involved a great deal of change at the system level’

receive funding through a joint personal budget?

4. How would your staff react to the idea of joint personal budgets? What kinds of engagement and/or workforce development would be needed?

5. What questions would you want to put to the pilot sites that have been trialling joint personal budgets?

6. Do you agree with the NHS Confederation’s support for the Department of Health’s intention – subject to the national evaluation – to make personal health budgets a legal option for all NHS commissioners from October 2012, and from 2014 give people on NHS continuing healthcare a right to request a personal budget?

This paper is intended to stimulate discussion and we are keen to hear your views on the above issues as the new policy develops. Please send your comments, concerns or suggestions to Jonty Roland at jonty.roland@nhsconfed.org

Our work

In consultation with our member policy forum, we have committed to focusing on key issues in 2012/13. Our work programmes are designed to ensure we are concentrating our efforts where our members need the most support as they strive to make the required efficiency savings and maintain and improve the quality of care while implementing the biggest reorganisation of the NHS in its history.

This Briefing forms part of our work programme on NHS reform and transition. To read more about our work in this area, see www.nhsconfed.org/NHSreform

References


2. NHS Confederation (2010) Putting our heads together: what makes senior joint posts work?


Further information

This paper is the result of joint work between the NHS Confederation and the Association of Directors of Adult Social Services, with support from the Department of Health. It is the product of a seminar held in May 2012 on What will joint health and social care personal budgets mean for the NHS and local authorities? The presentations from this seminar are available online at www.nhsconfed.org/PHB

The Department of Health has compiled stories from service users about their experiences of using joint personal budgets. These can be accessed at www.personalhealthbudgets.dh.gov.uk/about/stories

The NHS Confederation’s previous papers on personal health budgets, specifically in mental healthcare, are available at www.nhsconfed.org/publications

The NHS Confederation

The NHS Confederation represents all organisations that commission and provide NHS services. It is the only membership body to bring together and speak on behalf of the whole of the NHS.

We help the NHS to guarantee high standards of care for patients and best value for taxpayers by representing our members and working together with our health and social care partners.

We make sense of the whole health system, influence health policy and deliver industry-wide support functions for the NHS.