Final Report for the Integrated Personal Commissioning Pilot in East Lancashire

January 2019

NHS East Lancashire Clinical Commissioning Group

the calico group

MyLife

ALOCURA at the heart of health and care

Executive summary
Introduction

This report is a summary of key findings, potential efficiency savings and recommendations from a 12-month pilot project (July 2017-July 2018) in East Lancashire to test a more effective approach to the delivery of personal health budgets, and personalised care and support.

The project was led by The Calico Group and also included East Lancashire Clinical Commissioning Group (CCG), Alocura and My Life as delivery partners.

This report has been prepared for the pilot delivery partners, but it may be of interest to a wider audience.

The model tested in East Lancashire, and the outcomes achieved, are replicable and show potential to be delivered at scale. Commissioning support units, clinical commissioning groups, local authorities and NHS England staff will benefit from the lessons outlined in the report, and its recommendations to assist with the implementation of personalised care at a local level and to support its nationwide spread.

Background and context

The health and social care systems are facing unprecedented demands due to financial pressures and a demographic time-bomb.

People with long-term conditions and complex needs make up about 30% of the population, and 70% of the NHS budget is spent supporting them.

A growing evidence base shows that enabling people to have greater choice and control over their care and support can deliver better health and wellbeing outcomes, and allow budgets to stretch further.

There is an increasing shift in the NHS towards more personalised care, and one key component of personalised care is the use of personal health budgets. At the end of 2017/18, more than 28,000 personal health budgets were in place nationally.

By April 2019, NHS England expects that, unless there are exceptional circumstances, everyone living in their own home who is in receipt of NHS Continuing Healthcare Funding (CHC) will have a personal health budget.

Furthermore, the national mandate from NHS England for roll-out of personal health budgets is that between 0.1% and 0.2% of the health population will have one by 2020. This is the equivalent of between 450 and 890 personal health budgets in East Lancashire alone.

Prior to the start of this pilot being considered, there were less than 100 people with a personal health budget in East Lancashire, and this number has not increased significantly in the past few years.

To meet the required numbers of personal health budgets mandated by NHS England, a new approach and delivery model is therefore required.

We have been working with the Integrated Personal Commissioning Pilot project for some months and have a number of referrals under way. As a regional long-term ventilation service, our CHC packages have significant complexity related both to the level of care needed and the need for our patients to have physical, emotional and psychological independence. The team we have been working with has provided a huge amount of support for my team, and works closely with us on the individual care and support plans and subsequent care packages. I am confident that many more of the individuals in our care will soon be benefitting from this rich and comprehensive approach. At the heart of the process is the patient, and their wellbeing.

Dr Aashish Vyas

Consultant Chest Physician, Lancashire Teaching Hospitals, Royal Preston Hospital

Pilot overview

The overall ambitions of the pilot were to identify 50 people that would benefit from a personal health budget and provide them with a personalised care plan; to secure a personal health budget for 30 out of the 50 people; and to explore the possibility of integrated budgets.

Our focus was on people receiving continuing healthcare or with one of more long-term conditions from the top 30-35% of the population recognised as having moderate to high levels of complex needs and requiring "targeted" and "specialist" care.

By supporting individuals through an end-to-end process of gaining a personal health budget, the pilot team was able to explore current available care and support provision and carry out a detailed examination of the processes involved, identifying opportunities for streamlining. The team was also able to look at financial efficiencies and the potential for a scalable and self-financing model. The pilot also aimed to address wider wellbeing issues and health inequalities in East Lancashire.

The report demonstrates the success of the pilot and provides a strong case for the work of the pilot to be continued. Success is demonstrated in the volume of individuals that we have been able to support; the financial and social outcomes that we continue to achieve; and the engagement and satisfaction of NHS staff involved with the pilot, built around the difference we make to the people under their care.

The success of the pilot means that, since its conclusion in July 2018, the programme has continued to be funded by The Calico Group and its partners in advance of agreement around future funding models. We anticipate the required funding being mobilised early in 2019, which will enable the scaling up of our pilot.

Key pilot outcomes

As of December 2018, 81 people were referred into our programme and, by the end of the calendar year, we anticipate that 62 people will have been progressed to the pilot and will be in the process of having a personal health budget approved; of these, 17 will be integrated health and social care budgets. As noted, the focus has been on people with either more complex or long-term health issues. The average budget value

has been £72k for live cases. A review of our forward pipeline suggests that this will increase to an average budget of £134k. This is due to the relationships developed with the referral pathway partners and increasing confidence in this programme.

The longer-term outcomes of the pilot will be fully reviewed on the 12-month anniversary of the project in July 2019. Our methodology in evaluating has been to collect data every three months for each individual from their induction to the programme. We have utilised the Personal Outcomes Evaluation Tool (POET) developed by Lancaster University and In Control.

Initial data from the POET survey showed people reporting a significant difference to their long-term and complex health and social care requirements, including:

- 48% improvement in re-engaging with their communities
- 40% improvement in emotional wellbeing
- 39% improvement in quality of life
- 36% improvement in being able to exercise choice and control over everyday things.

People also talked about their determination to live independently, improvements in their self-esteem, and in their perceived physical health. A number of families have also been brought back together as a result of a personalised approach to meeting their health and wellbeing needs.

As well as the positive impact on people's lives, this pilot has also identified potential for savings to the NHS. At this stage of reporting, using the Global Values Exchange, we have attributed an estimated value to each person's interaction with health services.

For the 22 individuals surveyed, and working from their recollection of service usage in the previous 12 months, we forecast an estimated 67% reduction in their use of planned health services, and a 76% reduction in use of crisis or emergency services - representing an 84% real cost saving to the NHS based on the programme estimates.

Furthermore, we estimate that this pilot will have created a much wider social impact.

At this stage of reporting, we are not able to provide a fully accurate projection of cost savings and value of the wellbeing outcomes. This is because most of the care plans we have produced are in the early stages of implementation and, as such, the required data is not yet available.

However, based on the plans created, and for illustrative purposes only, we have provided an educated approximation of the overall wellbeing impact of the programme. This figure will be further developed and scrutinised over the reporting period to September 2019, with a full social profit statement produced as part of the final report at that stage.

- At present, at a headline position, we forecast that the social value of the wellbeing improvements to the individuals will be £430,000 for the 22 participants.
- Based on information provided by the 22 participants, we anticipate an overall cost saving to the NHS of £1,232,000. This reflects a cost saving of 84% by the end of year 1.
- Our initial workings around this are provided at appendix 2.

Key findings and recommendations

Targeted delivery

The biggest difference can be made with the top 30-35% of NHS users (those identified as requiring "specialist" or "targeted" support). We recommend that commissioners consider the requirements of different segments of the whole health population and tailor approaches to personal health budgets accordingly.

The personalised care (labour) market

This pilot has identified a significant gap in the Personal Assistant (PA) workforce. Through the pilot, we have identified that up to 80% of the requirements in a personalised care market are likely to be PAs. We estimate that, in East Lancashire, circa 4,000 PAs would be required to meet the needs of 890 personal health budgets, assuming that the individual to PA ratio mirrors the pilot in rollout. Commissioners will need to carefully consider how PAs will be recruited and trained in order to meet the demand when personal health budgets are rolled out.

We also uncovered issues with commissioners' expectations of the pricing of services. Social care frameworks have been used as a baseline, but the pricing (for PAs in particular) used for social care does not reflect the skill and capability required of PAs to meet the needs of someone with a personal health budget.

Addressing short-term crisis and wellbeing needs

Approximately 18% of the individuals referred were not eligible for a long-term personal health budget and, as such, would exit the pilot programme. The pilot identified opportunities for the allocation of short-term personal health budgets that would prevent individual challenges, usually found in the wider determinants of health, escalating to becoming complex health issues.

These individuals have come to our attention because they require support, and our partnership recognised the importance of this interaction and put in place signposting arrangements to other services. We recommend further exploration of the use of short-term/one-off budgets for a period of up to six months per individual to help meet these immediate health and wellbeing needs.

We also strongly recommend that that housing, advocacy and market management are viewed as integral parts of the process; without these wider areas of support, personalised care cannot fully be delivered in relation to short-term needs, and more generally in personalised care.

Integration and funding

Whilst this pilot has been successful in delivering integrated personalised care and support plans incorporating both health and social care, it has proven difficult to make integration happen beyond the planning stage. Much more work is required in this area.

Funding for the implementation of personal health budgets locally is a potential barrier, particularly as personal health budgets are rolled out at pace and scale. We recommend a full review of existing funding to identify how this can be restructured and redirected into the delivery of personalised care. This includes looking at the disaggregation of block contracts.

The pilot also uncovered lengthy delays in the approval of integrated budgets incorporating both health and social care funding. We recommend establishing multi-agency panels, with required delegated authority over budgets to enable smooth and timely approval.

Culture change

We have been surprised at the level of resilience and persistence required to move this pilot forward. Delivery partners in the pilot have had to carry out a significant amount of 'heavy lifting' with both the NHS and social care staff. Frontline staff both within the NHS and social care have a key role to play in enabling personalised care to become 'business as usual'. This will require a culture shift and an investment in resource, training and coaching to ensure these staff members become 'allies'. The NHS at a national, regional and local level will need to provide leadership around this culture change, developing an engagement plan for staff that will enable the scaling up of the programme.

IT systems

There is significant potential for IT systems to support delivery of personalised care, enabling the secure management of information and outcomes data. It is recommended that commissioners engage and implement IT systems with at least the functionality of those used in this pilot.

Business processes

The pilot has highlighted a number of important issues with business processes which are yet to be resolved. Some of these are highlighted in this report, but others, such as embedding processes at the frontline, integration beyond the planning process, and infrastructure and resource, will need to be addressed to roll out the model at scale.

Testimonials

We stand on the cusp of a revolution in the role that patients – and also communities – will play in their own health care. Harnessing this renewable energy is potentially the make-it or break-it difference between the NHS being sustainable or not.

Simon Stevens
Chief Executive of NHS England

As a Trust, Lancashire Care Foundation Trust (LCFT) have begun introductory work with the ELCCG pilot team and, in recent months, we have been supporting the pilot via engagement with our community teams to embed the use of personal health budgets within them.

We are continuing with our engagement and roll out work with briefings that are due to take place next month, after which we will start to build the first personalised care and support plans.

Dawn Fearns
Integrated Discharge Team (IDT) Commissioning Manager, Lancashire Care Foundation Trust

I have no support networks and I am fed up with being stuck inside all the time.

Depressed, suicidal thoughts, feel like a burden on society.

I don't have a life, I just exist.

feel like my fatigue rules my routine.

I want to die.

I worry that, if I take a turn, I may not come out of it.

Participant feedback

Pre-engagement

I am really impressed with the service that I have received. It is the first time that we have felt listened to, and that someone has looked for other options available to meet my mother's needs and enable her to return home. You have kept my family and our wishes at the centre of everything that you have done.

BeWell participant

"I am really happy with the support that I have received from BeWell. I feel that my advocate held my hand and helped me to look forward. I can now see a future again other than lying in a bed in a dark room. I want to improve my mental and physical health, and feel that the personal health budget will support me to do this."

BeWell participant

We have shown that a partnership that harnesses the power of innovative IT systems and knowledge of market solutions alongside social housing expertise, an asset-based care-planning approach supported by NHS partners, and NHS clinical oversight can transform how care is commissioned, implemented and monitored. I sincerely hope that this approach can be adopted much more broadly so that many more people and communities can be supported to lead healthier, happier lives.

Dr. Richard Daly

Principal, Burnley Group Practice

By re-connecting individuals with their communities and matching them with PAs, they were able to develop their self-esteem and confidence, and become independent in self-managing their health conditions, significantly reducing the amount of time spent in hospital.

Julia Rushton

CHC Clinical Lead Nurse, NHS Midlands and Lancashire CSU

It has been a privilege to have been a part of this pilot. I have had the opportunity to work with professionals who are dedicated to empowering people, their carers and their families. We have demonstrated how personalisation can transform how people engage with care and support, leading to significant improvements in health and wellbeing.

Dr. Richard Daly

Principal, Burnley Group Practice

Pilot Patners

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