Oxfordshire County Council

Personal Health Budgets in Continuing NHS Healthcare Project

One of the pilots announced under the High Quality Care for All programme

This case study has been developed with support from the Joint Improvement Partnership (JIP) in the South East and the Social Care Institute of Excellence (SCIE). The case study gives an overview of the start up phase of developing Personal Health Budgets in partnership between Oxfordshire County Council and Oxfordshire PCT. The case study is intended to give insight into a particular approach and highlights local circumstances. If you wish to learn more about this approach you can make contact with the lead officers involved through the contact details below.

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Joint Improvement Partnership South East
**Project Purpose**

Following feedback from people who use services and staff it was recognised that there is a chance to improve the choice, control and independence of people, their families and carers, when they became eligible and required the services associated with Continuing Health Care (CHC). It had been seen by senior managers in both the Primary Care Trust (PCT) and Oxfordshire County Council that the choice and control a person had through social care provision, diminished as their condition deteriorated and they required continuing care from the NHS. The opportunity offered by the *High Quality Care for All* announcement of a pilot programme for personal health budgets provided an obvious opportunity to extend the existing partnership working arrangements between the Council and the PCT.

**Building upon an existing partnership**

There has been a strong and developing partnership between Oxfordshire PCT and Oxfordshire County Council for several years. Joint work is supported through three pooled budgets for older people and adult physical disabilities, mental health and learning disabilities. The partnership has noted that the public often do not see the difference between health and social care, especially in the delivery of services to support Long Term Conditions. To this end Oxfordshire PCT and Social & Community Services have been developing an integrated care approach in areas such as intermediate care, older people's mental health, equipment and falls prevention.

In the case of CHC the NHS pays for all the care an individual requires including social needs, but the opportunity for personal budgets and choice and control are replaced with directed and institutionalised care. The CHC team in Oxfordshire have been working directly with individuals, and have developed 'third party' arrangements with an accredited care agency to increase options, but this approach is recognised as having limitations for full control and choice. As a result individuals and their carers, who have often held a direct payment for many years through social care, have to 'give up' their personalised budgets and services, when they become eligible for CHC, often at a time when they are especially vulnerable due to deterioration of their condition.

The pilot therefore set out to build on the successes of direct payments and personal budgets in social care by exploring the potential of personal health budgets in the NHS. It was clear to all involved that the full scale of the challenges such a policy would bring, as well as the answers to those challenges, would only become clear from piloting this locally. The start up phase of the pilot is now underway and one core underlying principle is to ensure that Personal Health budgets do not undermine the over-arching principles in the NHS of care being free at the point of delivery.
**Project aim**

The aim of Personal Health Budgets is set out in *High Quality Care for All* and is ‘to deliver better quality care, especially more responsive care, by enabling people to take more control over the way money is spent on their healthcare. In effect this will mean ‘commissioning shifts to the level of the individual’. Personal health budgets may also serve to stimulate choice, control and innovation within settings such as community services.

**Involvement of user and carer stakeholders**

The involvement of service users and carers to the pilot is key, and arrangements have been put in place to ensure this is effective from the outset. The plan for the pilot was developed with the support of the Carers Forum and Age Concern in Oxfordshire, and an existing user and carer group actively involved in the Social Care Self Directed Support Project. The pilot also uses *discovery interview* techniques with patients and carers to understand the benefits and constraints of Personal Health Budgets. As the pilot develops it is planned there will also be workshops with service providers across the sectors and core stakeholders such as linked voluntary organisations and staff from the County and District councils.

**Evaluation**

The pilot in Oxfordshire is part of the full national evaluation of this policy, but progress will be monitored and reviewed throughout the project. In particular the project will be evaluated for:

- Financial impact
- Partnership working with other public sector organisations, voluntary organisations and the public
- Cultural change
- Organisational change within Continuing Healthcare and the PCT
- Feasibility to roll out to other service delivery areas in Oxfordshire

The start-up phase of the pilot will run until April 2010 when it is expected the pilot will begin.