

Case study 1: Money management - Juggling different funding streams – Kent Council and CCG

Introduction

Integrated budgets are not new. Every council in England has, for instance, some experience of supporting people to manage direct payments alongside Independent Living Fund (ILF) monies. Over the last decade many of the issues associated with ILF payments: juggling reviews, managing different payment cycles and accounting for how the money is spent - apply equally to people receiving other funding streams alongside their social care DP.

For personal health budgets as well as for social care budgets, evidence suggests that people get better outcomes when their budget is delivered via a direct payment, so understanding how to make life simple for people to use a direct payment made up of different elements is important to get right.

The Care Act encourages Health and Social care organisations to make the process of having a personal budget as seamless as possible. Care Act Guidance suggests that the council and the health body concerned should aim to agree a 'lead organisation' to oversee the budget and co-ordinate monitoring activity.

Background information

Managing a budget with more than one funding stream shouldn't have to be a headache but understanding what works for people in simplifying things takes time and won't necessarily be the same for everyone.

Kent County Council and South Kent coast Clinical commissioning Group (CCG) have been working together trialing personal health budgets and integrated budgets for the last two years. They were one of the original personal health budgets pilot sites which contributed to the personal health budgets evaluation report¹.

The evaluation found that direct payments worked particularly well as a delivery mechanism for personal health budgets:

'Over two- thirds of carers caring for patients receiving their personal health budget via a direct payment said that the personal health budget had a positive impact on their well-being. This is compared to 36% of carers with participants using an

¹ See the TLAP web site: Evaluation of the PHB pilot programme, Department of Health Nov 2012

alternative payment method' Evaluation of the PHB pilot programme, Dept of Health Nov 2012, p144

Experience in Kent backs up this finding. Enthusiasm for driving integrated direct payments forward is high from both the CCG and the council despite some tricky issues.

Findings

Learning about how to make integrated budgets work well has been an iterative process in Kent. Some of the issues are obvious as Tamar Beck, commissioning project manager for the CCG explains even if the solutions are harder to get to.

'Social care budgets tend to be ongoing whereas a health budget tends to be a short burst of money so it's more of a one off. People have been confused when their health money has stopped'.

Rebecca Clark from Kent County Council who leads the liaison around health and integrated budgets with the CCG agrees:

We've found integrated budgets quite difficult. For the health side the budgets tend to be one-off and there have been some challenges getting people to understand this. We try and keep people aware of what's happening so they have realistic expectations of what's going on and how it might change.

One of the ways Kent has developed to help people avoid this confusion is to make more detailed plans with people. Whereas before planning support might have focused on how people might use the money now there is more focus on the 'how' and the 'when' they will get their personal health budget. Tamar Beck explains:

'We think creating more detailed plans will help – so a plan might say I'm going to go to the physio for this number of sessions and it will cost this much whereas before it was a bit more vague. We are also calling people a month after they receive the money to make sure they are able to spend it, as we found some people found difficulties finding the physio or whatever they wanted'.

Not all payments are one-off however, and where the GP believes it would be helpful, payments can be renewed. One example of this Tamar says was a 30 year old lady with muscle problems and schizophrenia. She received funds equivalent to a dietician, mental health support and physiotherapy. (£1,000). She spent the money on joining weightwatchers and the gym, and on paying her carer to attend the gym with her, as well as spend time with her learning to cook. Her GP felt the interventions had really helped her mental wellbeing and suggested she be funded again for a further year.

A willingness to learn and hear what works from people is crucial according to Rebecca.

'We've given ourselves a hard time over not always getting things right but we have got a really good partnership between the council and South Kent CCG. Although we're not where we ideally would like to be we've actually come a long way. We also get support from NHS England which is really helpful.'

One area which has come as a surprise has been with planning. Initially attempts were made to integrate health and social care plans. It seemed the right thing to do, but Rebecca explained, for many people it didn't help:

'Initially we thought we don't want two plans because that's not integrated working, but we realised we need to be thinking more about what works for the individual. Largely people preferred to have two plans so they can understand that this one is for this money and the other one is for that.'

Tamar believes one of the reasons for this is the fact that most health budgets in Kent are paid as one off payments so it's actually more confusing to merge this with the social care plan which is ongoing, but she believes there may be opportunities to try out joint planning where people haven't already got a social care budget. '

'We are always going to have the issue that health money isn't ongoing but where people don't already have social care plans we think this will be easier for people to get to grips with.'

Two areas that have worked well are the payment process and the monitoring arrangements. Like many PHB pilot sites, the CCG decided

to use the well established council direct payment system to process health care direct payments.

'We make use of social care system to make the DPs to people. We write to social care and say please pay this much money to the person, they then pay it through their DP system and invoice us to get the money back' Tamar Beck

The timing for monitoring the health component has also been adjusted to be more joined up with the social care element:

'Health care monitoring was held 3 monthly and at the end of the budget (usually one year) so the timings didn't work. This year we've decided just to do it at the end and have a telephone call in the first month rather than a 3-month visit. For new people it should fit together properly so we'll have people going out together to monitor things. Monitoring for both health and social care elements have been taken on by the council until recently but a voluntary organisation has now been commissioned to take this on. Previous arrangements worked well so the council and the CCG are keen to ensure the new arrangements don't lose that coordinated approach.'

Summary of the solution

- Developing good partnership working with ongoing contact between the CCG and the council helps avoid problems building up and encourages joint approaches to problem solving
- Capturing and sharing stories of what works for people and how integrated payments can improve people's lives helps to build credibility and improve motivation
- 'Piggy backing' onto existing council payments processing systems in order to make healthcare direct payments makes things quick and easy to set up
- A willingness to keep learning what works and adapt when things don't work out helps ensure that systems are responsive to feedback and don't become rigid and detached
- Joining up the timeframes for monitoring health and social care elements helps keep things simple for people and reduces the strain on resources

- Making more detailed plans with people, and checking in to see people are able to get the support they want helps to ensure money doesn't just sit in people's accounts and not get used
- A joint approach to monitoring and a single point of contact for advice and support helps ensure people can have joined up advice and more holistic support
- Reminding people of the differences between the one off and the ongoing elements of their budget helps avoid surprises when budgets end.