

Thomas
PHB
transforming care



THOMAS' STORY

- DIAGNOSIS – getting a clear picture
- FRUSTRATIONS – finding support
- OPTIONS – on our own
- OUT OF COUNTY – poor care/neglect
- DIRECT PAYMENTS – Choice and control
– take responsibility

Profile - Thomas

- PMLD
- Epilepsy – difficult to manage. Seizures most days
- Scoliosis – increase risk of chest infection etc.
- Wheelchair user
- Multisensory impaired – registered blind
- Tactile defensive – cannot hold objects
- Incontinent

PHB in a nutshell

- Different conversation – clear roles and responsibilities
- Understanding a persons health / **well-being**
- Working together to agree money available
- Making a care plan – owned by service user
- Co-ordinating / organising care and support
- Monitoring and review – light touch

PHB key stages

The person

- knows how much money they have
- agrees health and wellbeing outcomes
- is able to create their own care plan
- chooses the way their budget is held and managed
- spends the money in ways and times which makes sense to them, as agreed in plan

Outcomes

- Thomas' outcomes based around keeping him safe, healthy and happy
- Clinical outcome – freedom from pain.
Reduced need for hospital admission/referrals
- Early intervention/prevention – keep Thomas away from acute services
- Wellbeing outcome – make him smile through sensory activities/therapies

Outcomes

- Living independently, he chooses who supports him (dedicated, well trained carers), how he is supported and is given the freedom to make changes to his life
- His budget is spent in ways and at times that make sense to him, as agreed in care plan
- Budget can be notional, third party or direct payment. Thomas chose third party provider to run payroll and provide HR support

CONTROL – parents/representatives

- Parents are experts by experience
- Recruit and manage the care team
- Monitor care at point it is delivered for Thomas' safety and quality of care
- Improve communications – Clinicians, Commissioners and Care Team
- Taking responsibility through choice and control

A BIT ABOUT THE MONEY

THIRD PARY PROVIDER MANAGED ACCOUNT

MENU – As much/little as needed

- HR - payroll, contracts of employment, staff disputes and dismissal
- FINANCE – income and expenditure account and statutory returns (Commissioners)
- CLINICAL GOVERNANCE – DBS, training carers)
- Only spend what is agreed in the care plan – typically over 80% payroll
- Innovation – good ideas about how to make things better

SEISMIC SHIFT IN CULTURE

‘the way we do things around here’

- Behaviour – command and control had it’s day
- Expectations changing-better quality/value for money
- Patient power - responsibility to design and deliver – ‘co-production’
- Markers of progress – measure what matters
- Peer network – people with lived experience establish local offer
- Step change – be ambitious
- Care delivery – interactions, informative, empathetic and empowering

HOME OF MY OWN

- Shared housing
- Supported living
- Extra care housing
- Support families to develop housing options

URBAN MYTHS

- PHBs are more expensive?
- PHBs carry greater risk?
- PHBs are right for everyone?
- People do not have capability/capacity to have PHB?
- Personalisation longstanding promise – not going to last?

PROGRESS IN WORCESTERSHIRE

- Steering group established
- Co-production embedded
- Peer network in place
- Communication plan – internal/external
- Strong leadership
- Commitment to IPC

IT'S A DIFFERENT CONVERSATION

On 9th July 2014 Simon Stevens announced a new form of radical, people powered commissioning of health and social care, including the extended use of personal health budgets and integrated personal budgets.

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

Simon Stevens

BRAVE NEW WORLD

- Compelling case for change – shift in culture is critical
- Current model too fragmented – incapable of meeting demand and rising expectations
- Co-production is key
- Clear leadership – meeting of minds
- Win Win
- The prize – early intervention, safer care, value for money and better outcomes for everyone