Getting Started Programme 2015-2016

SHARING THE LEARNING: DEVELOPING PERSONAL HEALTH BUDGETS IN YORKSHIRE AND THE HUMBER

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Contents

Getting Started Executive Summary

The Getting Started programme was set up in Yorkshire and Humber to offer support to 'volunteer' Clinical Commissioning Groups (CCGs) in developing personal health budgets (PHBs) more widely than continuing health care (CHC). It started before the national Delivering the Local Offer programme was developed and is a 'one of its kind,' using the small amount of remaining funding from the previous Yorkshire and Humber Strategic Health Authority. The programme ran from January 2015 to July 2016, with a 3 month pause after the two launch events, whilst funding arrangements were clarified.

The participating CCGs were Bradford Districts, Bradford City, Airedale Wharfedale and Craven, Sheffield, Hull, Harrogate, Hambleton Richmondshire and Whitby, Scarborough and Ryedale, Vale of York. Each CCG had to gain senior leadership support and sign off from their respective local organisations. The prerequisite for a co-produced approach was to have Local Authority, Providers/Community/Voluntary sector and people with lived experience as part of the steering/project groups.

The programme focused on developing PHBs for adults with learning disabilities and/or complex mental health conditions. In addition to launch events early in 2015, CCG project groups were offered four facilitated sessions, plus an additional session to focus specifically on commissioning/contractual issues. A final 'sharing the learning' event was held at the end of the programme in July 2016.

The report identifies the challenges and blocks which the participating CCGs came up against during the programme. These are likely to be replicated in other CCGs nationally, although it needs recognising that there are CCGs further ahead in their development of personal health budgets elsewhere in the country.

There are key messages from the CCGs as a result of undertaking this programme for NHS England:

- The cultural shift and roll out of PHBs is going to take time to embed within CCGs and local communities if it is to stay true to the original concept of personalisation and PHBs
- Guidance is needed on section 117 and how to use PHBs and ideally make it a 'right to have' a PHB alongside CHC
- Introducing PHBs into mental health is challenging, revitalise the work from the mental health demonstrator sites eg Stockport and Southwark so people have practical examples
- More support at a local 'hands on' level. CCGs need time to understand and consolidate the existing models from the DLO events.
- Increased support on the financial breakdown to unit costs and models to work through putting commissioning levers into practice, via existing PHB and finance networks
- Further examples on the cost savings achieved through offering PHBs using current information
- Regular access to NHS England colleagues eg the Transforming Care team to make the links between Transforming Care and PHBs. The equivalent support for mental health Section 117 would also be helpful
- The majority of CCGs in the Getting Started programme are looking at residential placements, both short and longer term. Identify other CCGs working on this issue and set up an informal network to share the learning as it is such a new area of development

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Getting Started Report 2015-2016 : Sharing the Learning

1.0 Introduction

At the launch of the Getting Started programme, the NHS mandate, plus the 2015 -2016 planning guidance, following the five Year Forward View into Action specified an increase in personal health budgets of 1-2 people per 1000 population by 2020 ie 50,000 – 100,000 nationally. The Getting Started Programme was an initiative set up in Yorkshire and the Humber. This has supported a small number of 'willing volunteer' Clinical Commissioning Groups (CCGs) to further develop personal health budgets (PHBs) in response to then current mandate and planning guidance.

The programme focus was adults with a learning disability and/or adults with a mental health condition. CCGs were offered a series of events and facilitated sessions, to develop their thinking.

The report gives an overview of the process and learning throughout the 12 months, that the programme was actively running. A number of recommendations are made for NHS England, from the feedback and learning from CCG participants. There are two tools supplementary to those used on the Delivering the Local Offer (DLO) national support programme. The Getting Started Programme started before the national DLO programme was available. It was funded using the small amount of PHB development monies remaining from the previous Yorkshire and Humber Strategic Health Authority.

2.0 The Programme and Process

CCGs from Yorkshire and the Humber were encouraged to attend a launch event for the wider roll out of PHBs for people with a mental health condition in January 2015. A similar launch event for learning disabilities was held in April 2015.
At the initial events, interested CCGs were invited to join the programme and to identify key stakeholders eg Local Authority commissioners, people with lived experience and provider/community and voluntary sector representatives to join a project group/stakeholder group. Each area was required to gain senior leadership agreement and sign up eg CCG Accountable Officer and Director of Adult Services, CEO/Director of other stakeholders where appropriate. Each group was offered four sessions with an experienced facilitator, with an additional session to support their commissioning, contracting information and analysis if this was appropriate.

Four facilitators have supported the CCGs:

Steph Carson	DarleyConsulting (main programme coordinator and facilitator)
Rita Brewis	Clements Henderson and Peoplehub (Mental Health)
Heather Raistrick	Mental Health & Learning Disabilities Quality Solutions Ltd
Colin Royle	Peoplehub

Nine CCGs have been involved in the programme :

Bradford Districts)	
Bradford City)	Led by a joint appointment across health and social care
Airedale, Wharfedale and Craven)	for learning disabilities
Harrogate)	
Hambleton, Richmondshire and Whitby)	Led by the Partnership Commissioning Unit
Scarborough and Ryedale)	North Yorkshire and York
Vale of York)	
Sheffield	Led by Local Authority LD commissioner/NHS Mental Health lead
Hull	Led by Lead for Vulnerable Adults

Within the Getting Started programme, the majority of the CCGs focused on learning disabilities, largely because of the then emerging Transforming Care agenda. Hull concentrated on mental health and exploring how payment by results (PbR), can be used as a lever to give people more choice and control using PHBs.

Sheffield also started to look at mental health and then paused, until senior leadership could support the work. The CCG is now moving forward to develop PHBs for people with learning disabilities and reviewing their short break residential facilities, as well people with mental health conditions.(A sub group within Section 117)

The Bradford CCGs focused on developing Individual Service Funds (ISFs) with new providers as part of their re-commissioning programme for residential services for people with learning disabilities. They are also looking at the Assessment and Treatment Review Unit and how PHBs may support people in their community more effectively than the current service offer.

The North Yorkshire and York CCGs (PCU -led) initially wanted to develop PHBs for both learning disabilities and mental health conditions. They recognised part way through the programme that a lack of resources internally plus, other CCG priorities meant that it would be more effective to concentrate on learning disability services via a stakeholder/focus group approach. There were also two sessions to raise awareness for anyone interested in how PHBs can work for people with mental health conditions.

A final 'sharing the learning 'event was held in July 2016 to mark the end of the programme. Participating CCGs shared their experiences with each other and CCGs which had not been part of the programme. The practical examples, including All Together Positive (Stockport) talking about their work with people with complex mental health needs , gave participants a creative day to consider more options in delivering PHBs to a wider group of people.

The Local Getting Started Process Summary – facilitated sessions

Session	Who/What	Purpose	Tools available
One	Initial Stakeholder meeting made up of CCG(s), local authority, community/voluntary sector, providers, people with lived experience	To raise awareness of PHBs, identify the issues with existing services ie inequitable service offers, recommissioning opportunities, complaints etc	Eg **What's working well?** **What's not working well?** **What can be improved?** **What else**?
Two	Core group meets to further develop clarity and thinking around potential services. Engage senior leaders. Look at personalising services	To prioritise which services to focus on using situational analysis from a 360 degree perspective	**SWOC (App One)** Strengths Weaknesses Opportunities, Challenges
Three	Expansion of core group to include finance, other relevant commissioners eg senior commissioners, wider group of providers	To link into/support development of CCG infrastructure to support wider PHB development. To test out thinking with wider group about starting point. To check the potential transferability of this service to support development of PHBs. To identify how many people within a sub group to start looking at the financial information. Think BIG – start small. To check back with individual organisations that this fits with their strategic direction.	**One page vision** (DLO)– important to do this as it will remind the group of the overall aim and purpose behind their decision to start with this group. Forms the basis for briefings and business cases **Local Offer design template (DLO)**
Four	Providers are key to engage to plan workforce development as part of cultural change. Finance are required to identify unit costs .	To consider workforce development and raising awareness, identify potential champions. To explore options to personalise services with/without PHBs and commissioning/contracting. To identify the pathway for several individuals – before unplanned care , during hospital admission/residential placement and what needs to be in place for earlier discharge for example	**Workforce development tool (App Two)** **Financial templates (DLO)**
Exit Strategy	Core Group/Wider stakeholders	To identify how the work will continue locally eg continue the group, subsume work into existing groups to embed PHBs. Confirm lead role and actions	Re-visit any of the above if required Work through the DLO practical guide

3.0 The benefits - what's changed as a result of the programme?

The following themes have been identified by the participating groups, with their comments in quotes. The facilitators' feedback and observations are also included.

A structured approach : starting and maintaining the focus and momentum

The programme has kick-started the thinking locally within the participating CCGs. It has given the groups and leads, a focus and maintained momentum. There was a temptation in busy schedules, to cancel meetings because of the perception that not much had happened since the last meeting. On each occasion, the meeting went ahead and was very productive.

'The programme has helped us think through what developing PHBs will mean in practice.'
'It has helped us to think through all that we need to consider as part of the process.'
'Kept our steering group on track'
'We would be reliant on the CCG for implementation and probably not made a start'
' We wouldn't have progressed at all!'
'We wouldn't have started!'
'We would have been covering the basics and no aspiration to improve'
'It would have happened but more sporadically. There would be no structured planning and less chance of organisational and operational learning'

Open discussions

The programme has provided a starting point to open up discussions and identify locally who needed to be invited. Stronger and closer working between health and social services has been evident in most of the CCG local groups. It has been an iterative process to identify group members.

'Useful discussions – structured facilitation helpful.'
'We have begun discussions with the CCG and other stakeholders to develop a process for introducing PHBs by piloting it with the individual.'
'Discussions, ideas, head scratching, identifying people and a focused group'
'I have only just started being involved but feel we are reviewing our local approach and hopefully revitalising'
'I truly don't think we would have expanded PHB beyond the current CHC finding. We still have a long way to go, but we talk about PHBs now.'
'We'd still be talking about it with no action'.
'We'd be working with Local Authority developing joint information on personal budgets with no content/ processes behind this, or understanding of the bigger picture'.
'Good CHC offer but not good within mental health'

Co production – creativity - confidence

The discussions have enabled a co-produced approach to develop within CCG groups and encouraged a wider discussion than the more traditional commissioning discussions. The conversations have changed as a result of having a broader stakeholder group around the table and in particular including people with lived experience. Some meetings wouldn't have been a good use of the person with lived experiences' time. Talking this through and planning for the next meeting has kept this aspect open and transparent within the co-produced approach.

People have become more confident and creative as the programme progressed and more comfortable looking at a range of options around personalising services and introducing PHBs into provider contracts.

'Enabled a key group of managers to come together and have a focus for developing practice, communications and commissioning activity around PHBs.'
'Engagement/co-production are not encouraged, this programme has supported me to bring in more stakeholders'
'As project co-ordinator I would have remained cautious about PHB implementation'
'We are applying PHBs to the LD project and will get a better understanding of how to gain the most benefits from the introduction of PHBs.'
Relationships with Local Authority improved, basis of further joint working established'
'More open discussion the FT, CCG and voluntary sector which is helping develop overall MH services'
'Enhanced engagement with service users'
'Developing a shared understanding'
'Opportunity to think more innovatively'

Developing a model and an aspirational local offer

The programme has supported CCG groups to link together the various national initiatives and work out what this means locally in terms of developing a model and way forward. The groups have begun to generate their own energy and direction.

'Progressing PHBS with a small cohort of LD service users'
'Starting to work up an offer of PHBs for a small cohort of MH service users'
'PHB at the heart of new LD business development for Building the Right Support'
'Aspirational local offer published.'
'We have a proposed model and an appetite to deliver PHBs!'

Finding resources and capacity

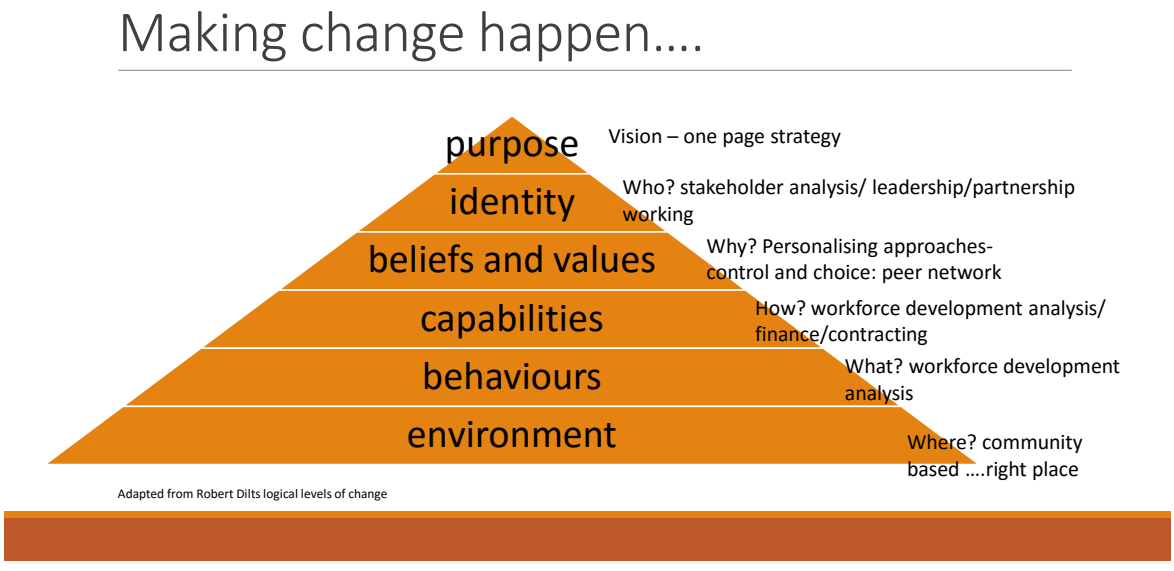
The sessions have supported the leads to ask questions and challenge assumptions about resources. The groups have also had chance locally to work through several of the models from the national DLO events, as well as use several other models which have proved helpful in the early stages. The leads didn't think that they had sufficient understanding and confidence from the DLO days to lead their group.

'Found additional support to move PHB forward to expand capacity, wider understanding of PHBs amongst commissioners and providers.'
'As project co-ordinator I now feel confident and informed about PHB and next steps'

Engaging the workforce

Developing the workforce, particularly in large provider trusts is challenging. The majority of the Trusts engaged in the programme have been very willing to set up training sessions or incorporate awareness raising sessions within existing staff meetings. The messages have been generic about PHBs rather than a specific local offer at this stage. The plan is to keep going back to staff groups as the plans develop and use a 'drip drip drip approach' Some local groups have identified local champions across staff groups and are using these to inform wider groups.

'Engagement event planned and training for staff completed.'
'Local champions identified'



4.0 Challenges and blocks in the system

Senior Leadership knowledge and support

When senior commissioners came on board at any stage of the programme, this linked strategic direction with operational decision making and led to blocks being removed. The senior leads have gained a greater understanding about the potential impact of personalisation and PHBs on the existing commissioning and contracting arrangements.

Senior CCG leads have a huge agenda and financial pressures to manage. Putting PHBs on this agenda has proved difficult in some areas. Having a clearly identified lead Director for PHBs has also proved challenging to gain ownership, as with the wider roll out, there is no one obvious portfolio when aiming to embed PHBs.

Capacity and resourcing

All PHB leads within the programme were doing this work 'on top of the day job' as it was perceived. All now recognise that PHBs are the 'day job', in other areas, this recognition and change in thinking has yet to take place.

The lack of capacity of project leads, especially in small CCGs is a big issue. Project Leads can easily be pulled off onto another piece of work, so continuity even with the same Lead can prove difficult.

There is a perceived pressure to increase the number of PHBs and yet the anecdotal feedback from Continuing Healthcare (CHC) colleagues, is that the numbers may be reducing, as the complexity of people's healthcare needs increase, requiring more input.

Linking in to the right people, as learning disability and mental health leads in each CCG, takes time. Some of these are new to the post and new to PHBs. There is a lack of knowledge and advice on how to start, as they are not connected into the PHB learning network.

Gaining CHC colleague involvement and joint working with that team has been actively blocked in some CCGs. This is usually because of capacity issues within the CHC team.

Funding to support this major cultural shift is limited compared to the Local Authority roll out of personal budgets. The lack of resources at implementation level has slowed the pace of cultural change within the participating CCGs.

The timescales and huge increase in expectation of the number of PHBs hasn't filtered through to senior leaders as a 'must be done' in some areas.

Identifying the financial costs

CCG are having difficulties finding readily available information following individuals using services – both the overall financial picture and a breakdown of finance and unit costs

Providers are struggling to separate out block contracts and unpick the potential PHB elements.

CCGs are continuing to try and work out how they will identify the personal health budget outwith CHC systems and processes.

Links to other initiatives

A common theme throughout all the sessions was how to link back to other NHS/health and social care initiatives such as Vanguard, Better Care Fund, new models of care, transforming care, personalisation control and choice. The participating Leads have ensured that the local Sustainable Transformation Plans (STPs) have information about learning disability and mental health services including PHBs.

Organisational restructuring – commissioners and providers/workforce issues

Even within the nine CCGs taking part, there have been new leads and appointments made during the life of the programme. This has led to uncertainty and slowed down the pace of change, whilst new leads are recruited and pick up the agenda. This has been mirrored in some local authority commissioning lead roles.

Co-production and partnership working has been difficult at times due to changing priorities, commitment and reorganisations

Workforce development without senior management endorsement and the absence of being able to grow champions has slowed the pace of cultural change.

A lack of support planning knowledge and understanding has proved a block for several CCGs. Some have commissioned additional capacity from external agencies as an interim arrangement.

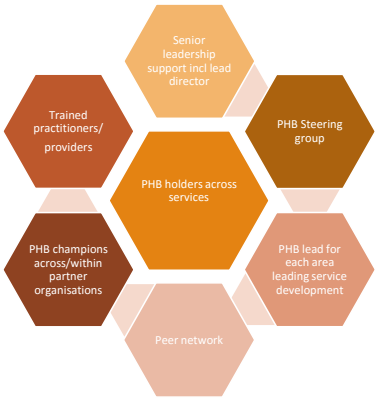
Complexity of partnership arrangements

In some areas such as Bradford and North Yorkshire, there is complex partnership working across rural areas, which create challenges to physically get people around the table and agree a joint approach.

Some CCGs have yet to engage 'effectively' with their main provider. Gaining 'genuine' buy in from the wider organisations (CCG and Local Authority) to make this happen and unblock the current systems is lacking in some areas.

This programme has focused on adults, there are still huge issues for children making the transition to adult services and in joining up children's services across education, social care and health to create a coherent approach for children and their families.

PHB infrastructure – embedding personal health budgets



Commissioning levers being considered by the CCGs:

- Individual Service Funds
- Payment by results (PbR)
- New contracts specifying personal health budgets and personalised approaches to service provision
- Percentage of contract to be used for personal health budgets (1-10%) or fixed amount from contract.
- CQUINs – outcomes based commissioning
- Developing the market and working with new smaller providers

The key market development requirements identified collectively by the CCGs through their work include:

- Advocacy
- Brokerage
- Support planning
- Financial expertise and managing accounts (direct payments)
- Flexible agencies
- Creating a trained Personal Assistant workforce 'pool' for people who wish to access this facility. In some areas of high employment or due to rurality and travel costs. Problems in recruiting and retaining a workforce is an issue for several of the CCGs, particularly in North Yorkshire and York.

The CCGs are unclear how to develop smaller providers such as CICs and the community /voluntary sector. Local Authority colleagues have wide experience of developing local markets and building on social capital. CCGs need encouraging to develop ongoing partnership working to develop stronger markets.

5.0 Feedback for NHS England

The following issues have been raised during the programme by CCGs:

Developing PHBs for people with mental health conditions is proving very challenging. CCGs would welcome guidance on S117 funding and how to translate into PHBs. Some are also asking for the 'right to have' to be extended to S117 funding. There are some excellent practical examples from the mental health demonstrator sites which have been very helpful in showing the Getting Started participant how to start thinking differently about service provision and problem solving. The work from the demonstrator sites should be revitalised and shared with CCGs. Both the work from Southwark and Stockport has proved inspirational with their practical approaches to CCGs on the Getting Started programme.

Encourage CCGs to invest in PHB development. CCGs need to develop their infrastructure in relation to an identified lead Director and a steering group/project group for overall PHB development. There is a risk that PHBs develop in silos rather than being embedded. A strategic lead can support the linkages across commissioning developments. In some CCGs, the nurse assessors are now taking on PHBs, within their already full workloads. There may be a perverse incentive to add to their workload by authentically offering PHBs. Training is also very variable in relation to care/support planning in a co-produced manner.

Some CCGs feedback that they are clear about what they need to do ie 0.1%-0.2% of the CCG population with PHBs by 2020. What is less clear is HOW they do this and meet NHS England's expectations. The need for practical support and examples is ongoing. What they also need is time to work through existing models from the DLO programme before more are introduced. Local support to help unblock issues and work through the implementation process on a group by group basis has been beneficial to the participating CCGs. Use of the regional network meetings for CCGs to do more sharing about their wider roll out work would be helpful. CCGs often have a perception that they are not making any progress and have nothing to share. When they do reflect on progress, they become aware of the progress made.

A steady flow of small amounts of 'pressure' from NHS England, appears to encourage some CCGs to keep the momentum going.

Providers need more information about PHBs and information/guidance on how to apply for PHBs. The CCGs are new to market development in relation to the experience and knowledge that their local authority colleague shave acquired. CCGs need to closely to link in with social care for example agree local tariffs for care and potentially develop joint e-marketplaces. Yorkshire and Humber Local Authorities have invested in a large scale e-marketplace platform. It may make sense looking ahead to integrated personalised commissioning (IPC) to link these on a local basis rather than the NHS develop new systems.

CCGs report that they are struggling to identify the financial information and unit costs when tracking individuals through the system. They also need guidance on how to realise cost savings by PHBs to make them sustainable. How in practice they can release the funds and at what stage this becomes realistic?

Continued support from NHS England linked projects such as Transforming Care as the existing input has been hugely beneficial to project leads understanding and clarifying their thinking. The CCGs would benefit from the equivalent link lead for mental health eg Section 117 to guide project lead through the policy into practice into personal health budget transformation

Some of the CCGS are introducing PHBs within residential care settings. This is such a new area, they would appreciate more support to work through the commissioning and financial models and options that they could develop.

Summary of key messages to NHS England

- The cultural shift and roll out of PHBs is going to take time to embed within CCGs and local communities if it is to stay true to the original concept of personalisation and PHBs
- Guidance is needed on section 117 and how to use PHBs and ideally make it a 'right to have' a PHB alongside CHC
- Introducing PHBs into mental health is challenging, revitalise the work from the mental health demonstrator sites eg Stockport and Southwark so people have practical examples
- More support at a local 'hands on' level. CCGs need time to understand and consolidate the existing models from the DLO events.
- Increased support on the financial breakdown to unit costs and models to work through putting commissioning levers into practice, via existing PHB and finance networks
- Further examples on the cost savings achieved through offering PHBs using current information
- Regular access to NHS England colleagues eg the Transforming Care team to make the links between Transforming Care and PHBs. The equivalent support for mental health Section 117 would also be helpful
- The majority of CCGs in the Getting Started programme are looking at residential placements, both short and longer term. Identify other CCGs working on this issue and set up an informal network to share the learning as it is such a new area of development
- Support to develop PHBs within residential care settings

6.0 Conclusions

This report has focused on the development work and learning of CCGs in Yorkshire and the Humber. Other CCGs nationally will be at different stages in relation to their local offer. CCGs are working to offer PHBs within CHC, there is still a lot of work to be done to ensure that PHBs are offered to all people with a 'right to have'. Within this programme, the initial assumption was that this was already happening. In practice for all CCGs, part of the process has been reviewing what is in place for people assessed as having CHC support needs with learning disabilities and/or mental health conditions.

Developing the CCG infrastructure by ensuring senior leadership sign up and having active steering/project groups is essential to support the scale of ambition and aspiration for PHBs. As part of this, identifying a lead Director, will facilitate the development process. This should help reduce the 'silo' approach and potentially encourage the learning from CHC experience to embed PHBs within commissioning.

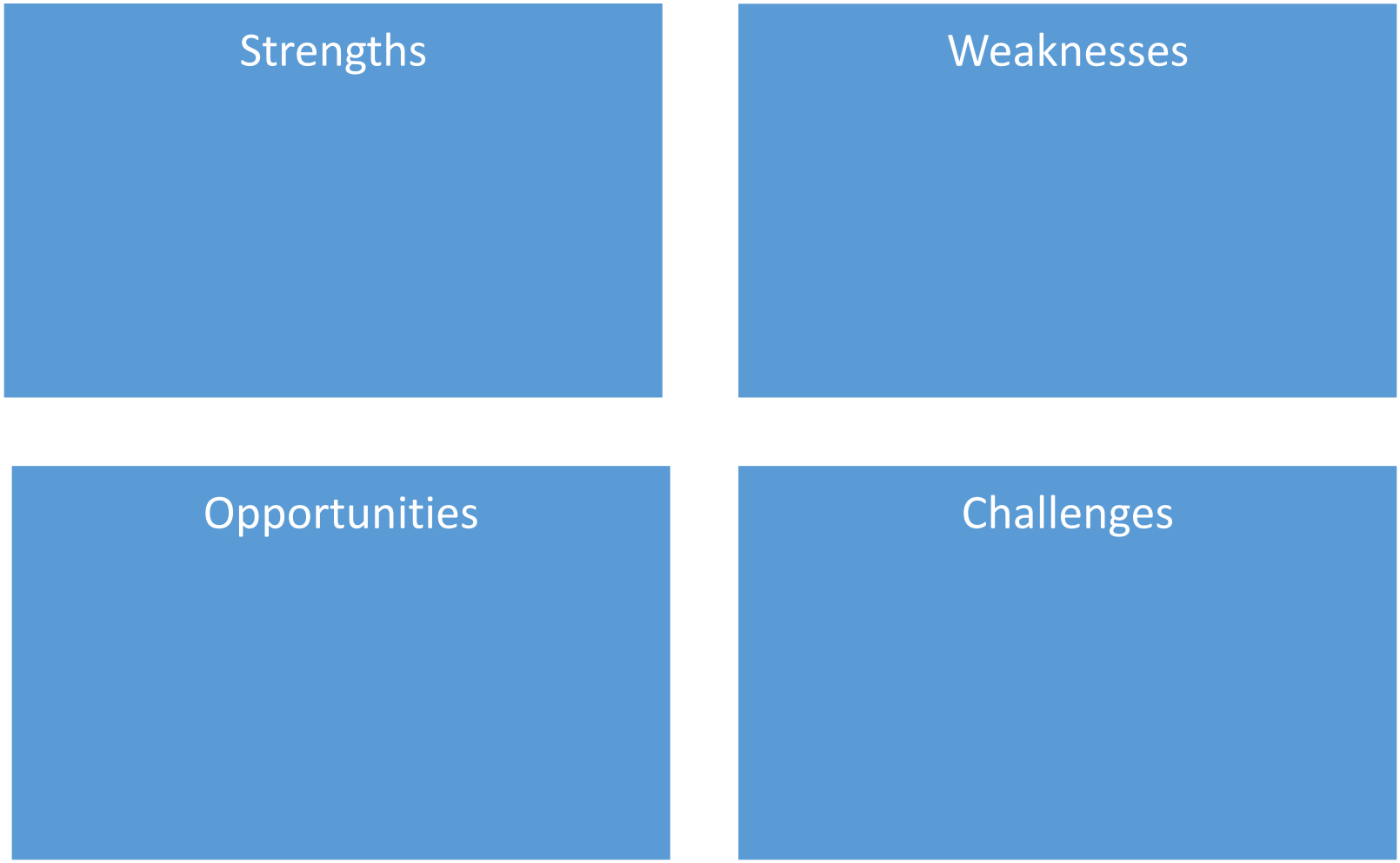
Mental Health is an area to focus support on; participating CCGs have clearly identified section 117 and the need for greater leverage.

CCGs have also asked for more practical examples of creative approaches to supporting people with mental health conditions.

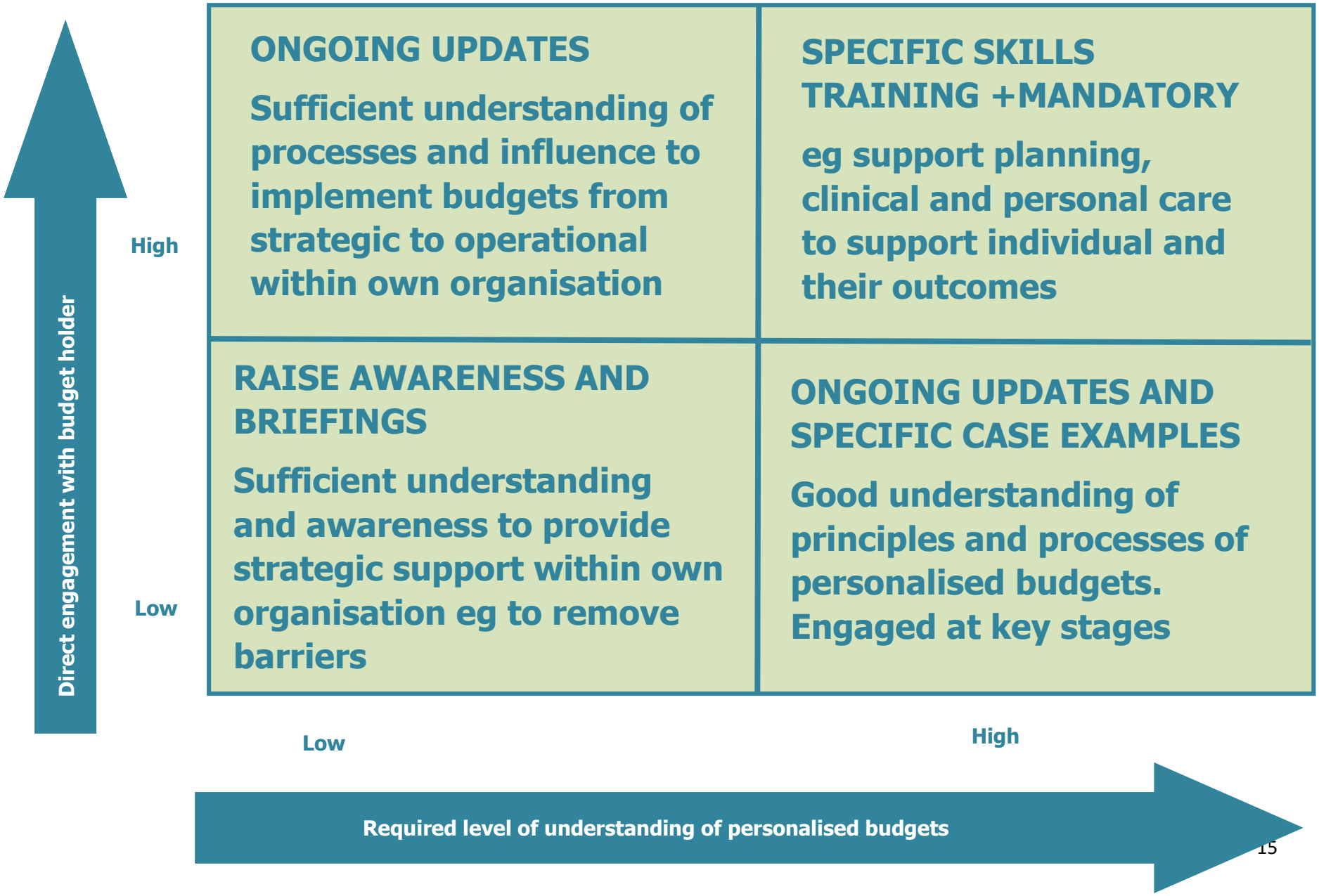
The challenge in scaling up is to stay true to the values and principles, whilst being aware of managing the expectations laid out in the mandate and planning guidance.

Appendix One Identifying the starting point – SWOC analysis

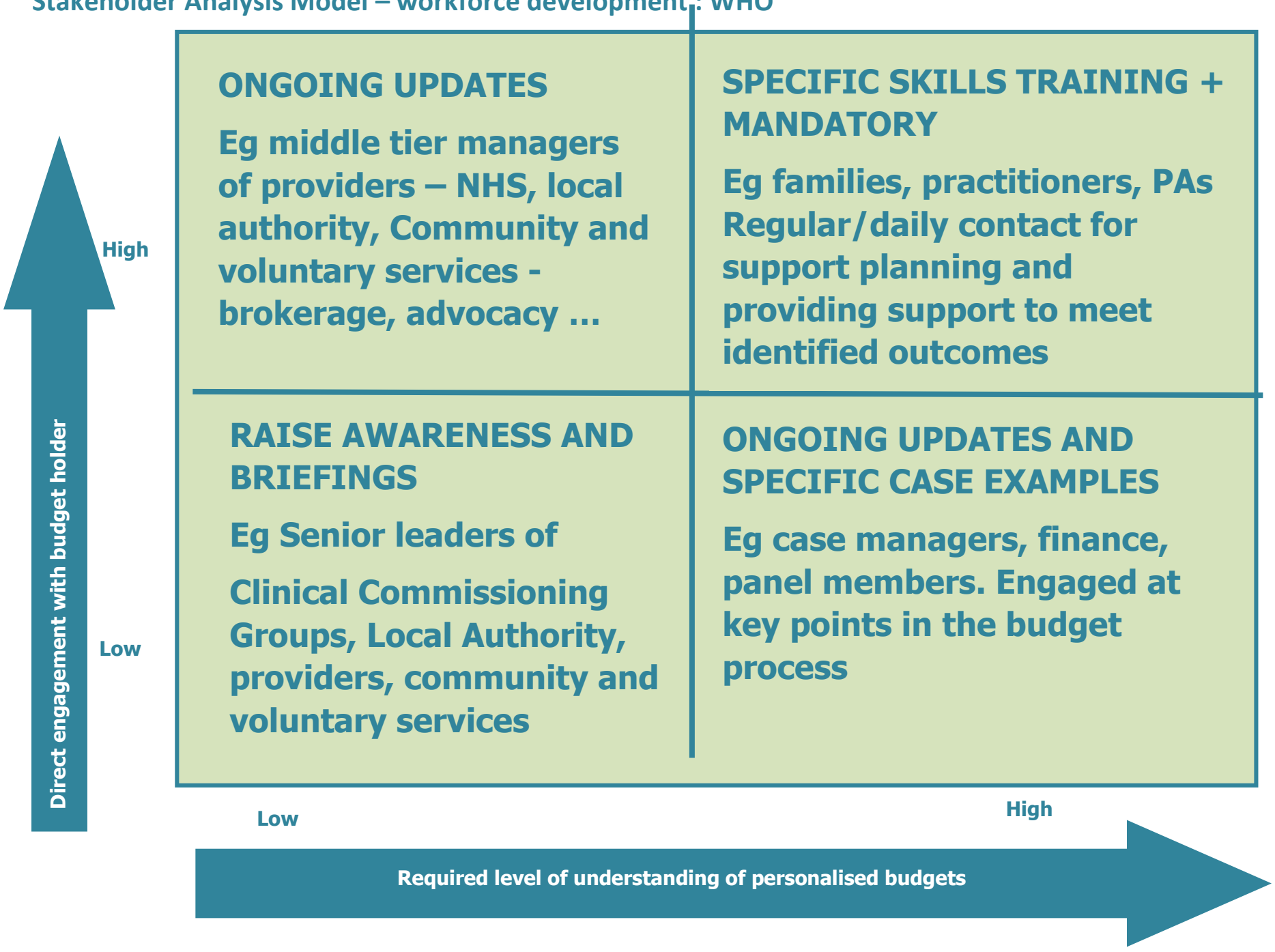
Once you have narrowed the service areas down to two or three potential places to start, a SWOC for each option can support your decision-making to prioritise your overall starting point.



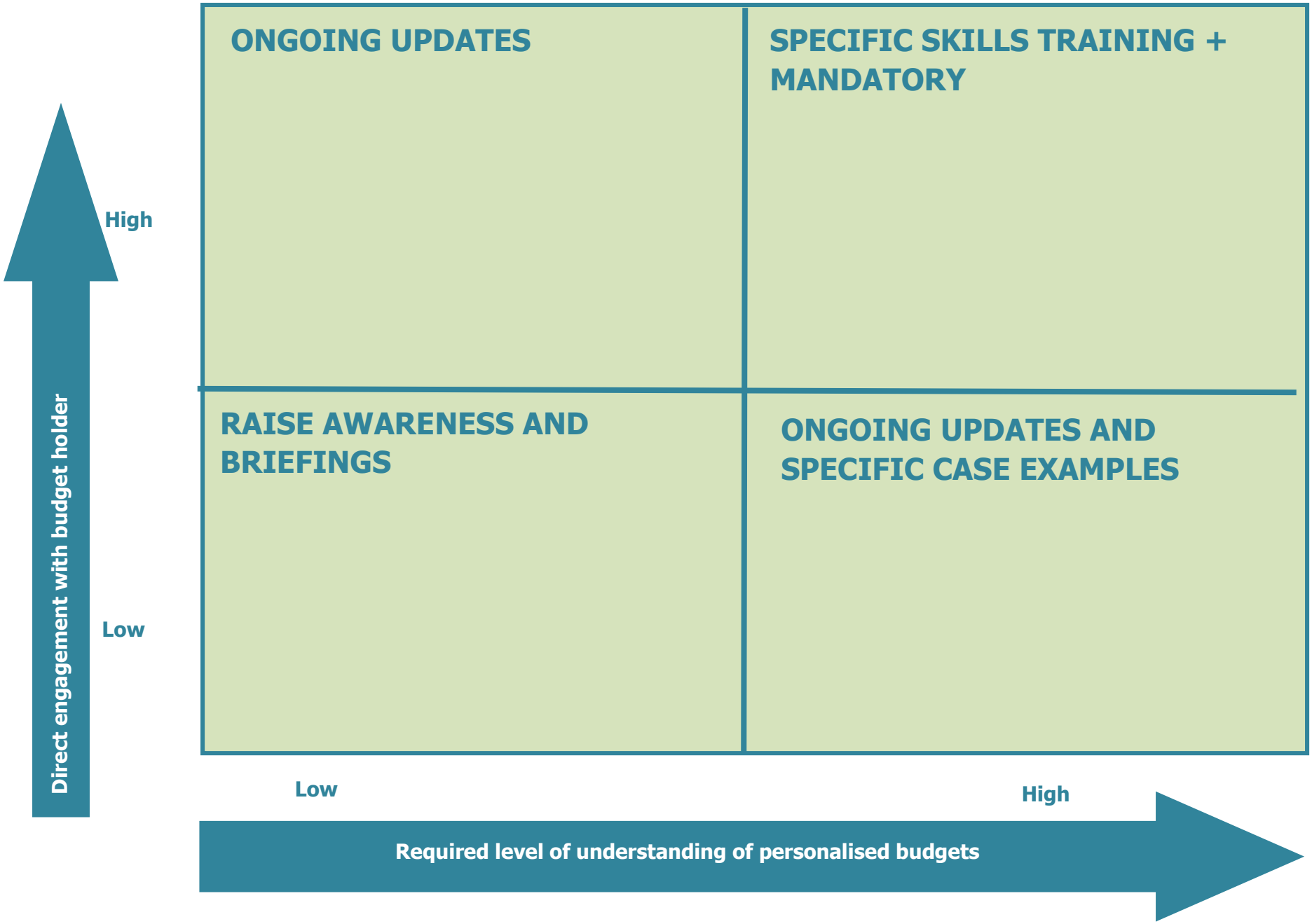
Appendix Two Stakeholder Analysis Model – workforce development : WHAT



Stakeholder Analysis Model – workforce development : WHO



Stakeholder Analysis Model – workforce development – blank template



Stakeholder Analysis Model – workforce development

Understanding what input each stakeholder requires ; from raising awareness to specific skills relating to the individual

- How do we create the initial conversation to introduce this?
- Who do we need to influence first?
- What is their level of interest and available time commitment?
- What information do they need to play their role effectively?
- What is the most effective way of getting our message across eg personal stories?
- What is a realistic time commitment for any training/awareness raising – are there existing meetings that we can join?
- Who is best placed to provide the training/awareness raising? What are their training needs to do this?
- Do we need external support?
- How do we identify personalised budget champions to promote budgets within their own organisation?