

Local Investment Programme

London Borough of Harrow – System to support Integrated Personal Health Budgets

CASE STUDY

April 2018

Local Investment Programme

Local Investment Programme is overseen by the Local Government Association on behalf of the funders NHS Digital

OPM Group and the Bayswater Institute were commissioned to evaluate the Local Investment Programme producing an interim evaluation report and case studies.

London Borough of Harrow was one of 19 local authorities to be funded in 2017/18 under the theme – **enabling people to interact with care services through digital channels**

The Local Investment Programme full interim evaluation can be found at www.local.gov.uk/scdip



Synopsis

Challenge & solution

The impact

Sustainability

Lessons learned

Project Summary: Extend My Community ePurse system (which supports purchasing social care/equipment via personal budgets) to people with personal health budgets (PHBs)

Partners: IBM (Watson Care Manager)

Outcomes: Better coordinated and personalised care

Projected Savings: 7% cost saving per Personal Health Budget - £70,000 in project period

- This project is for an extension of the My Community ePurse (MCeP) system by Harrow Council and NHS Harrow CCG, to include people in receipt of personal health budgets.
- The Council and Harrow CCG will use Harrow Council's experience in adult social care as a model to achieve the same level of control and empowerment for patients.
- The main project aim is to give eligible people, carers and families more control over their care and support choices using the resources available to them.
- The project will also help:
 - Bring about closer working across health and adult social care.
 - Remove barriers to the development of the Health Community sector through phased contracting methods
 - Find ways to release some of the funding tied up in secondary care that could be more effectively used in personalised care.
 - The above is in line with the objectives of the STP.

The Challenge

- Technology and joint commissioning information can result in new ways of working for health and care providers; other professional; service users and their families.
- Adult social care personal budgets do not currently combine with personal health budgets.

The Solution

- Empower eligible service users and patients to become the commissioner and have greater control over their care and support choices.
- Centre care delivery activities around the eligible person and their family, e.g provide a single care plan and personal budget; a wider range of community-based service providers and the ability to browse service providers independently,
- Changes in commissioning activities and the health and social care workforce can help lead to sustainable commissioning processes across health and social care, as well as enable trained professionals to work across boundaries, supporting people take more control of their own care and well-being.
- Development of the health and well-being service provider market to allow greater flexibility so that service provision can be driven by patient need and choice.

The potential impacts:

- People with complex needs and their families feel more in control and have a better quality of life.
- Less institutional care
- Reduced acute care needs
- More efficient use of money and resources
- Better care coordination and personalised care planning
- Help reduce health inequalities
- Growth of service provider market and a support and independent-living network in the borough
- Integration and collaborative opportunities
- Furthering the personalisation agenda
- A shift in health and social care culture

Cost savings:

- Savings will only be realised in 2018-19.
- However, historically lack of a formal contract between the Council and the CCG had resulted in unpaid invoices of £155,000 dating from 2015 and 2016. £135,000 of this cash was recovered for the Council by February 2018 as a precondition of taking on the new scheme. A further £15,000 is expected to be paid shortly.
- The total anticipated new revenue for the Council by the end of March 2019 will be £83,000, based on managing 259 personal health budgets (PHBs) on behalf of the CCG.
- The estimated savings for the local health and care economy in 2018-19 are £147,000, based on the estimated 7% savings that the council has previously demonstrated through the ePurse.
- Savings will also increase if the Council takes responsibility for commissioned care through PHBs and / or neighbouring CCGs join the scheme - specifically Hillingdon and Brent. Both of these are possible within the financial year and likely in due course.

- This project is self-sustaining for the Council because of the revenue generated from the CCG for managing the PHBs.
- It is anticipated that there will be additional system savings especially from reduced acute care but it is not possible to estimate these at this stage.

Considerations & recommendations

- The necessity for top level management endorsement of the project and its principles before operational staff fully engage.
- The need for resilience in the face of busy, senior managers and operational managers to ensure progress.
- The effective use of Section 75 agreement that was already being set up for children's services.
- The engagement of service users, carers and local providers (achieved through a public workshop).
- Being mindful of detail when it comes to operational processes.
- Face-to-face meetings between NHS and council staff to embed the cultural change and enable effective joint working.



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The final evaluation report will be published by March 2019

