An Introduction to Personal Health Budgets

Vidhya Alakeson
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Vidhya Alakeson

Vidhya Alakeson is the Director of Research and Strategy at the Resolution Foundation, an independent policy and research organisation. Vidhya also works part-time as a consultant focusing on a range of policy and implementation projects related to mental health, personalisation in public services and personal health budgets. She currently co-leads for In Control the national learning set for personal health budgets for mental health supported by the Department of Health and the NHS Confederation. She writes and presents regularly on personalisation and personal health budgets.

Vidhya returned to the UK in 2010 having worked for three and a half years at the U.S. Department of Health and Human Services in Washington D.C working on behavioural health. Prior to moving to the US, Vidhya worked for the UK government, following several years working in think tanks.

Vidhya was educated at Oxford University and the London School of Economics and was a 2006/7 Harkness Fellow in Healthcare Policy.
Colin Royle

Colin Royle will talk about his father’s experience of having a personal health budget.
What is a PHB

- An allocation of NHS resources to meet identified health needs

- But money is only part of it:
  - Basis of a different conversation between clinicians and individuals
  - Therapeutic value of greater individual control
  - Expands options beyond traditional NHS services
  - Focus on whole person in their social context not just diagnosis
  - Effectiveness judged against individual outcomes
Why are PHBs important in health?

- Recognise two sources of expertise in healthcare: learned and lived
- Facilitate shared decision-making between clinicians and individuals
- Improve self-management and compliance through greater individual engagement
- Create more individually responsive services
- Improve outcomes through more tailored services and greater individual engagement
Tipping the balance of power
Looking beyond PHBs to Real Wealth
National Policy Context

- National PHB pilot programme launched in 2009. Results due out autumn 2012
- 20 in-depth pilots and 40+ wider cohort sites covering continuing healthcare, long term conditions, mental health and substance misuse, end of life care and maternity
- SoS announcement in 2011 that from 2014 everyone eligible for CHC will have the right to ask for a PHB
Summary of evidence

- Greater diversity of goods and services purchased
- Improvements in satisfaction with services and quality of life for individuals and carers
- Improvements in self-reported health and some health outcomes from PBs in social care
- Anecdotal evidence from PHB pilots of health improvement
- Early evidence of efficiencies from Continuing Healthcare pilots. PBs in social care appear to be cost neutral and improve value for money
The basics of the PHB process

- Self-assessment questionnaire
- PHB resources allocated
- Support plan completed
- Support put in place
- Decisions about money taken
- Outcomes reviewed
Working with PHBs: initial decisions

- Which part of the care pathway?
- Who will be eligible for a PHB?
- How will the value of a PHB be calculated and how will this relate to need?
- Where will the money for PHBs come from?
- How will you design your process and build in clinical sign off?
- What options will people have for how the money is held?
- Who will support individuals to develop a plan?
References

Malcolm’s story

By Colin Royle
About Malcolm

- Is 67 years of age
- Has been married for 40 years
- Is father to two children
- Spent most of his career in sales
- Retired in 2006 to spend more time with Anne (Malcolm’s wife/my mother)
Becoming ill

- Started becoming ill immediately after retiring in 2005
- Was sectioned (3) in February 2008
- Diagnosed with right frontal lobe dementia in June 2008.
- Only one in every one million people suffer with this form of dementia
Signs and symptoms

Alzheimer’s

- Memory loss
- Language problems
- Misplacing things
- Disorientation
- Personality change

Dad’s dementia

- Craving sweet foods
- Social impairment
- Withdrawal
- Aggressive moods
- Confusion
Care Package’s

- Entitled to Continuing Health Care (CHC) upon release from hospital August 2008
- I became Malcolm’s full time carer
- Initially attended daycentre Mon – Thurs 8am – 5pm
- Started receiving Personal Health Budget in 2009
What helps dementia sufferers

- Consistency
- Routine
- Familiarity
- Living at home
- Clear and simple language
- Appropriate levels of medication
How PHB has been used

- Held via a third party (Crossroads care)
- Employ four members of staff to care for Malcolm
- Have stopped attending daycentre
- More flexibility in hours of support
- Used for all of Malcolm’s life needs, including health
- Purchased sky + box, rented a flat, bought a fence amongst others
£ versus the £

Daycentre - £28,500
- Didn’t understand his needs
- Generic activities
- Lack of choice
- Highly medicated
- Lots of anxiety

Sky + box - £35
- Provides choice
- Stimulates him
- Keeps him calm
- Keeps him engaged
- Keeps him safe
And now . . . . .

- Malcolm’s medication has been halved in the past 18 months
- Has more consistency in his care
- Staff understand his needs
- Has more choice in activities
- No longer requires support from consultant or care manager
- Is still living at home some three and a half years after being released from hospital
Any questions?

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- Or use the questions pane to submit a written question for us to read out
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