

SEEC-SESL Health & Social Care Integration Workshop

25 May 2016



Great Hall, King's Building
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CASE STUDY: Integrated Personal Commissioning – Hampshire CC

In November 2014 the 5 Hampshire CCGs, Hampshire Adult Services and Children's Services applied to NHS England to become a demonstrator site for Integrated Personal Commissioning (IPC). This year Hampshire CC's Continuing Health Care Personal Budgets team will have achieved over a hundred personal health budgets, with a target of 1200 by April 2017.

My Life My Way, Hampshire's brand for IPC includes a new model of integrated support planning that entails a greater role for the Community and universal services rather than specialist services. It also amalgamates separate budgets (NHS, social care, Special Educational Needs) into one pot of money, which individuals can control. The council also works to involve the voluntary sector as a key partner in designing effective approaches. The goal is to make personal integrated budgets easy, well understood and a mainstream offer across health, social care and education.

My Life My Way aims to remove disruption for young people with complex needs and their families – as they transition to adulthood – by integrating assessments, systems and approaches across health, social care and education. Most importantly it involves giving power to disabled people and their families to shape care that is meaningful to them in their lives, significantly reducing admissions to Learning Disability and Mental Health hospitals and increasing the likelihood of needs being met in the community.

Integrated Personal Commissioning can reduce costs through removing duplication and can ensure better continuity of care, which enables people to remain at home for longer with their families. Greater choice and control over care enables patients to be more engaged in self-care. In one case, person-centred supported living through a personal budget for a young woman with challenging behaviour has meant that support could be reduced to 1:1 rather than the 2:1 support that was required in residential care. The challenge ahead is to scale up such innovation, extending this and other IPC transformational schemes across care groups and organisations.

Case study

Ben is a 25 year old with complex needs due to a number of conditions including cerebral palsy, autism and dyspraxia. Successive operations since the age of 11 to correct his leg deformities have left him with chronic pain. Agency workers commissioned by the Continuing Health Care team often failed to attend or did not have the skills to meet his complex need, leaving him feeling like a burden on his family.

Outcome

Ben's Personal Health Budget has significantly improved his quality of life by allowing him to employ carers who he likes and are specifically trained to meet his complex needs. Choosing to employ neuro-trained physiotherapists has enabled him to reduce his consumption of painkillers from 50 per day to zero.