

healthwatch

Blackburn with Darwen

CARE AT HOME 3RD OPEN FORUM SUMMARY

Direct Payments & Personal Health Budgets

16th January 2020



Transcript of our third Home Care Open Forum

Direct Payments and Personal Health Budgets

Our third forum focussed on Direct Payments and Personal Health Budgets with representatives attending from Blackburn with Darwen (BwD) Borough Council for Direct Payments, and NHS Clinical support Unit for Personal Health Budgets to answer people's questions and provide information.

Comments and stories were received by Healthwatch BwD from people who could not attend the forum but wanted to share their views and experiences. Where these have not been addressed at the forum they have been included for further follow up with the relevant organisation.

People present:

- Healthwatch BwD, Linda Brown (Forum Facilitator) Sarah Johns Project Manager, Sal Bax Senior Project Officer, Chloe Dobson Project Support and Volunteer Coordinator.
- Members of the public
- Brendan Gray, Service Lead for Neighbourhoods and Integration Blackburn with Darwen Adult Social care (BwD ASC)
- Pamela Lally, Manager for direct payments (BwD ASC)
- Nola Xuba: Personalisation Lead. Midlands and Lancashire Clinical Support Unit
- Parents in Partnership
- Home Instead Senior Care
- Promedica 24
- Purple Patch

Opening:

Linda Brown introduced opened the Forum on Direct Payments and Personal Health Budgets, stating that this has been raised with Healthwatch BwD as an area where people are struggling to find information and a topic that is very complex and hard to understand.

The guest speakers introduced themselves;

Pam Lally, who oversees the day to day running of direct payments within Blackburn with Darwen Borough Council,

Brendan Gray, Service Lead for Neighbourhoods and Integration with responsibility for community and social care teams including accountability for approval of direct payment applications and social care packages associated with them.

Brendan suggested that it would be useful for the panellists to explain the criteria for personal health budgets and direct payments so that people can understand the difference between the two.

Nola Xuba introduced herself as Personalisation Lead for Midlands and Lancashire Commissioning Support Unit, working on behalf of the CCGs across Lancashire and South Cumbria, providing continuing health care. Her role focuses on the strategic management structure and processes for personal health budgets.

She explained that people are offered a personal health budget where they have complex health care and have been found eligible for NHS continuing healthcare. The personal health budget is available through three options;

1. The money can be held by the NHS.
2. The money can be held by an Organisation independent of the NHS and the individual.
3. Or through a direct payment, which is similar to a local authority direct payment. The only difference is that the conditions to meet the personal health budget criteria are different because the individual has complex health care needs.

Pam Lally explained that “with Local Authority direct payments, a social worker will carry out an assessment of an individual’s needs and how these might be best met. If a person does not want an ‘inhouse’ social care service and wants something more personalised, for example a personal assistant, they could request a direct payment. The local authority does not have to authorise a direct payment if they feel that a person’s needs might not be met. There is not an automatic right to a direct payment but in most cases, a direct payment will be given. The direct payment is initially given as an estimated budget based on the social worker’s assessment of their needs.

The direct payments team would ensure that if a personal assistant is employed by an individual then this is done legally and meeting the persons needs. Once this has been approved there are conditions that need to be met for bank accounts before being sent to the manager for approval.

Pam Lally explained that her team offer ongoing support with a direct payment, for example, to support the person who may need to change their personal assistant, to look at different agency options or to act as a Human Resource function if someone is having issues with a personal assistant. The team also audits the direct payment to ensure that it is spent lawfully and to meet the needs of an individual.”

Brendan Gray summarised by saying, “anyone who has an identified social care need through a social worker assessment, a direct payment can be requested. I say requested because direct payments do not suit everyone’s needs and people might be better suited to traditional social care packages. People might have problems with setting up bank accounts or they might have addictions such as gambling. These people would not be considered for a direct payment.”

Pam Lally emphasised that “it is personalised to each person according to their assessed need.”

Brendan Gray stated that “asking for a direct payment to go on a cruise would of course be turned down. He said Social Care regularly scrutinises bank statements to ensure that the payments have been spent appropriately because it is public money”.

Discussion that followed:

Peter Catlow, Home Instead Senior Care, asked “if it is the plan to get more people on direct payments and continuing healthcare is there an easier way for things to be done? And if so, do agencies get involved with managing their budgets for them?”

Nola Xuba responded that “continuing health care payments are set up in a way to allow for flexibility of decision making by individuals. There are three options for payments individuals can have;

1. They can either have the notional budget which is more like a traditional care package but flexible where the NHS decides with the individual on how the budget should be spent using a care provider arranged by the NHS. This is particularly the case for people who have very complex care needs.
2. Third party arrangements are where the care agency or a charity looks after the money and helps an individual on how they want to spend it. The care agency has to comply with rules on management of the money. This is where the NHS personal budget differs from the adult social care direct payment - social care payments are never managed by an agency who employs staff on behalf of an individual.
3. The individual can have a direct payment.”

Pam Lally stated that they do have managed accounts in adult social care, for a third-party representative to manage an account on behalf of an individual but the individual has the choice and control of who cares for them. That company will submit the financial returns to Blackburn with Darwen Council.

Q “What is the difference between a managed account and a commissioned package?”

Pam Lally said that “a managed account is where the person still has the responsibility of overseeing the package. A commissioned package is one where a social worker would actually commission through the Council’s finance team and invoices would be arranged through them. Under a commissioned package arrangement, individuals have to have a care package through a provider on the Council’s framework whereas with a managed account an individual could choose to work with any provider.”

Q “So, with a direct payment you have freedom of choice to have any provider you wish, providing that you do your own checks. Does the same choice apply when it comes to continuing health care personal budgets?”

Nola - “Yes but if you choose an expensive care provider who gives 50 hours of care at £20 per hour when we assessed you as needing 100 hours a week, the NHS will ask who is going to provide the additional 50 hours of care. If you rely on wide range of friends and family to provide those 50 hours, when they drop off, you are running a risk of having to change care provider because you are not getting the support you need.”

Q Gary Derbyshire, of Promedica 24 said that *“a situation has come to light this week where someone has been told (although it is hard to find anyone in social care who knows about personal health budgets so there needs to be more education) that they can only go with one specific provider and that this is the one they should use even though they are not keen on that provider. Is this the case?”*

Nola Xuba asked if “this was for a notional budget?” She went on to explain, “When someone is assessed and deemed to qualify for continuing healthcare, the framework states that you need to put a care package in place. So, you have to put in care with whatever care provider you have available at that time. They can then decide on the payment option that suits them and that takes time. If they choose a direct payment or managed account it can take up to 12 weeks to sort out.

It sounds like this person has not yet got a personal budget arrangement in place. They need to go through the process of arranging the personal budget and then they can change provider.”

Q “How long does it actually take from asking for an assessment to receiving a personal health budget?”

Nola Xuba- “Assuming you already qualify for continuing health care and you ask for a personal health budget, it will take up to 12 weeks to do the process right. The national guidelines say that it can take as long as it needs to set up a personal health budget arrangement because you have to make sure the person is making the right decisions. It’s making sure that people are getting the care they have chosen to have, which includes time to recruit personal assistants ‘PAs’ as part of that package or TUPE staff over from a social care provider. It’s not something that should be rushed.”

Brendan Gray - “Can I make a point that you may start on a direct payment with the Local Authority, then be assessed as meeting continuing health care ‘CHC’ needs and you’d move over to a health budget. With the Local Authority you are financially assessed so everyone who receives a direct payment will be visited by our finance officers to go through income and outgoings, benefits etc and it might be that you need to contribute to your finance payment. If you have a CHC need, my understanding is that there is no personal contribution.”

Nola confirmed that it is fully funded by the NHS.

Q “How do you decide how much personal contribution has to be made?”

Brendan Gray said that “your financial situation is assessed to determine how much contribution you make.”

Q “So, they won’t just send you a bill? Last year I’ve been told in June that I haven’t paid my contribution for the last two years and I have to pay £800. I’ve been submitting my bank statements and nobody said anything. Why had nobody told me earlier?”

Brendan Gray- “At the start of any direct payment, a financial assessment will take place. I’ll get your details at the end of this session so that I can pick up individual cases for you with the relevant information.”

Q “I’m happy to pay the amount but I want someone to come out and assess and explain why I need to make this contribution.”

Pam Lally said that there is “sometimes confusion between the finance team and direct payments team. The finance team can take contributions, it isn’t actually the direct payment team.”

Q “Is the financial assessment similar to housing assessments?”

“There is a specific finance team who do this following a social worker assessment.”

Q Parent: “My daughter paid her contribution but now she’s had a letter saying that she has to pay an extra £1.75 a week and I’ve had no explanation as to why she has to pay this. No one has explained it to me and it’s been 4 months since anyone has got back to me. I was really struggling with respite hours and no one would get back to me.

They do a wonderful job and I’m not criticising but! I was asked to arrange respite hours in November and then staff changed and I’ve still not heard.”

Q Care Giver: “I have a similar situation - I applied for additional hours last April, until September nothing was done. In September the hours were approved and I got the estimated budget payments and then I was sent from pillar to post between finance and direct payments. I was told that a letter had been sent out but we never received it and it turned out it had never been sent out. In the end the money was building up and it wasn’t getting sorted. In the end I went to the office and sat there for 3 hours to get it sorted out because no one would reply to any of my phone calls”.

Brendan Gray - “I take something positive from the fact that you knew the names of the team dealing with you. Anyone who wants to pass on their details for direct payments team to contact them I’m more than happy to arrange that.”

Q Parent: “When the assessment takes place is it the hours that are allocated or the money? Agencies charge differently for a PA. My daughter had a PA and was allocated 30 hours but she went off sick for 4 months and I asked the

agency if they could maintain the hours but they were far more expensive so they couldn't provide the same number of hours."

Brendan Gray - "We agree a rate that we'll pay agencies. If you needed to go to an agency we have a framework and an agreed framework price. If the Council can deliver the same service for less money we can only go as high as that agreed rate. Only in exceptional circumstances would we go above that rate.

The situation here is that she had a private PA and also using an existing provider. The provider was on a higher rate and she was refused the hours by the direct payments team because of this."

Nola Xuba- "When we set up a budget, we have a contingency fund for unforeseen circumstances. You need to let us know that you're dipping into the contingency and what the issue is. We can temporarily increase your budget to cover this emergency. It's not meant to be used other than in that situation."

Brendan Gray - "We don't have a contingency fund. There's a lot of money sat in managed accounts that has not been used. There is £350k sat in bank accounts in Blackburn with Darwen because financial assessments haven't been right. If a family is in crisis they should go straight back to social care for a review. We don't have a budget for a contingency fund and we need to ensure equitable care is provided across Blackburn with Darwen."

Q Parent- *"I've got £10k sat in a managed account that we can't use and you're more than happy to take it back!"*

Q Parent- *"How long can you keep banked hours for?"*

Brendan Gray- "It's normally about four weeks. It's down to how you have accumulated these hours though - we need to understand why these have built up. 4 weeks is a guideline as a contingency to cover for emergencies. If you had been banking two hours every week for the last seven months we would ask if you really need those two hours."

Q Parent: *"I've been keeping hours for when my daughter has a bad day and I need additional support for respite."*

Brendan Gray- "That should be written into your care plan so that it is clearly documented and agreed."

Q Parent- *"Are individuals able to use direct payments for a gym session or swim session for their health and wellbeing?"*

If it is built into the support plan that this person would benefit from x,y and z then that would be fine, as long as it is meeting that person's needs appropriately. It's about using everything that is already available out in the community though and using things like the Beez cards and other alternatives rather than funding it through a direct payment. Community Connectors from adult social care will support people to get a carer discount.

Q Parent: *“We’ve been told that direct payments cannot be used for this kind of support so we’re getting two messages.”*

Brendan Gray- “If it’s in the support plan, agreed and costed and it’s been budgeted then it’s fine. If you don’t tell us and dip into your budget for this retrospectively then it will be challenged. Asking retrospectively for funding for a trip to Flamingo Land or a cruise would not be acceptable.”

Q Parent: *“I’m contributing £50 a month compared to other parents paying £10-15 so I just don’t think it’s fair.”*

Brendan Gray - “The finance team use a standard formula for calculating your contributions. I think it is worth you speaking to the finance team to explain how they have calculated your invoice. Also, some families choose to pay a lump sum up front so that affects the size of their ongoing contribution as a direct debit.

Q Purple Patch: *“We work with a family who have made an initial payment but not had any paperwork since then so they are now worried that it is building up and they won’t be able to pay a lump sum.”*

Brendan Gray- “Is it a managed account?”

Care giver- *“Yes - it’s Rowan”.*

BG: Rowan should be in touch with the family and as an agency they are responsible for sending out a direct debit form for the family to fill in.

Q Linda Brown- *“I’ve had a query from a lady, who has respite payments, has had a bad experience of the care home and she wants to apply for direct payments to pay someone to be a carer at home. She’s concerned about how she employs someone and makes sure they’re vetted and are suitable.”*

Gary Derbyshire- I can answer that one, we as an agency can ensure that all are staff have DBS checks and are vetted. We provide live in carers but as an agency we are regulated and make sure that are staff are appropriate - we employ the carers so it takes that pressure away from her as an individual.

Pam Lally - We also provide a facility whereby we can carry out DBS checks too for people

And Finally

Thank you to our guest panel and everyone who contributed to this Forum.

From the verbal and feedback forms we received, the responses suggested that most of the people who attended found the Forum to be informative and helpful.

At the end of the Forum some people were given the opportunity to discuss more complex issues with the expert guests who kindly stayed longer.

Some quotes we received in our feedback forms.

“The representative panel knew their stuff which was refreshing.”

“I would have preferred extra time.”

“A lot of the individual issues raised seemed to stem from poor communication after assessment.”

“I liked that Healthwatch had got both Health and Social Care representatives together. Very joined up and reflecting the move forward in Health & Social Care working together.”

“As discussed in the forum, perhaps there could be more explanation about the Financial Assessment, their processes and time line of assessment, contribution, or not to payment and the client’s contribution through managed account from Local Authority.”

“The Forum was great but would like another session for Direct payments.”

“I would like someone from finance to answer the finance questions raised at the forum.”

Please watch out for our final forum in March 2020 at Blackburn Library.

Appendix.

Comments and stories received by Healthwatch BWD from people who could not attend the forum but wanted to share their views and experiences.

- **Processing direct payments & time scales**

Service User feedback:

Respondents have told Healthwatch that the current process is very lengthy with 12mthly payments only being made up to 3months later. This means the carer or recipient having to meet the cost for care that is already in place.

Some claimants have reported having to repeatedly chase up these payments.

A respondent was due a Carers Assessment and review for the ‘Respite & Direct Payment’ offer. “This money pays for a week’s respite and extra care from a care agency. This happens every year. On this occasion the review was undertaken over the phone whilst the carer was on their way out. This hurried phone conversation included a review medication of the cared for.”

A respondent wanted to give some positive feedback to the finance officer for the direct payments team at BwD because “they are brilliant at getting the payment to you as soon as it has been approved”.

A Respondent expressed that they “find it very difficult to manage the paper work involved with direct payments.”

People may struggle with the paperwork and the ability to find out what they are entitled to. “No one seems to have enough time. Social workers don’t have enough time but carers don’t have enough time to go into town to access Age UK or the carers Hub.”

The Councils website “Your Support your Choice’ is not easy to navigate and is very difficult to find the information you want or entitled to. If you ring up you are constantly held in a queue for a long time.”

- **Subsidies in Care**

Service User feedback:

“If I go on direct payments and have to fund day care services myself will I still get the subsidised rate the council receive or will it cost me more?”

“I have had to use the crisis service a couple of times previously and would like to know if this would still be available free of charge if I had direct payments?”

- **Moving from children to adults’ services: direct payments & assessments**

Service User Feedback:

“My child did not get transferred until they were 19 years old.”

“Transition is supposed to start at age 14, but in BwD it starts at 17. So, a young person from age 17 should have someone from adults coming to reviews alongside the child support officer. But in our case, we didn’t have anyone from Adult Social Care come, until the last appt, when a social worker did attend. She said she was going to come and do an assessment at home. She came once then we didn’t hear from her again. She came to the last children’s review which was a week before my child’s 18th birthday, then once again about a month later then we didn’t hear anything.

“The children’s direct payments stopped going into the account when they turned 18 before the adult assessment had been approved. I was paying for the travel and activity expenses at that time. Luckily there was enough money in the account to pay for their support”.

“My child didn’t get an assessment when moving from children to adult services.”

Most of these issues were discussed at the Forum either directly or indirectly.