

**LEICESTER CITY HEALTH AND WELLBEING BOARD  
6 FEBRUARY 2017**

<b>Subject:</b>	<b>The Personal Health Budgets Local Offer</b>
<b>Presented to the Health and Wellbeing Board by:</b>	Maria Smith - Strategic Lead for Personal Health Budgets for Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups
<b>Author:</b>	Maria Smith

**EXECUTIVE SUMMARY:**

***Forward View into action: Planning for 2015/16***<sup>1</sup> states:

*“To give patients more direct control, we expect CCGs to lead a major expansion in 2015/16 in the offer and delivery of personal health budgets to people, where evidence indicates they could benefit.....CCGs should engage widely and fully with their local communities and patients, including with their local HealthWatch, and include clear goals on expanding personal health budgets within their published local Joint Health and Wellbeing Strategy.”*

In addition there is an expectation that CCGs will publish a ‘Local Offer’ detailing the offer to the local population in relation to Personal Health Budgets that all stakeholders are sighted on and signed up to. Therefore this paper aims to set out for the Board the basis for the CCGs’ Local Offer and the plans currently in development to expand on that offer in accordance with national guidance.

**RECOMMENDATIONS:**

The Health and Wellbeing Board is requested to:

**AGREE** the plan for further expansion of the personal health budget/integrated personal budget offer into 2017 and beyond; and

**NOTE** the progress made in relation to the local personal health budget offer.

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<sup>1</sup> Planning guidance for the NHS, setting out the steps to be taken during 2015/16 to start delivering the NHS Five Year Forward View

## **1. Background**

A personal health budget is an amount of money to support a person's individual health and wellbeing needs, as agreed between the individual and their local NHS team.

The CCGs' approach to delivering the required expansion of Personal Health Budgets (PHB's) is detailed at Appendix I and forms the basis for the Local Offer for the Health and Wellbeing Board's consideration and agreement.

The LLR CCGs view PHB's as a tool to support personalised care. As such, and to ensure a population level benefit the CCGs will continue to ensure a focus on personalised care planning, which could result in a PHB being offered. Until detailed work is undertaken to restructure contracts and budgets, (in future years the Local Offer will provide more detail on how this will be achieved) there is no capacity to provide direct payments to those receiving services funded through block contracts, although they may benefit from personalised support planning and options regarding a notional budget should be considered.

As at 29<sup>th</sup> December 2016 there are 105 personal health budgets in place or agreed across LLR, made up of CHC patients and those jointly funded with social care, as well as 4 personal health budgets for children eligible for continuing care.

## **2. The Local Offer**

The Government's Mandate to NHS England for 2016-17 and the NHS Planning Guidance for 2016/17- 2020/21 were published in December 2014, re-affirming the Government and NHS England's commitment to the roll-out of personal health budgets.

The Mandate sets a clear expectation that 50,000-100,000 people will have a personal health budget or integrated personal budget by 2020 – this translates to around 1-2 people

per thousand of the population. The Planning Guidance requires all CCGs to include personal health budgets and integrated personal budgets in their Sustainability and Transformation Plans (STPs) as a key mechanism to hand more power to patients. In addition, local plans for Transforming Care need to show how people with a learning disability and/or Autism who have a mental health condition or display behaviour that challenges, are provided with the same rights to choice and control over their health care as everyone else. Through the use of PHBs and integrated personal budgets these groups of people can be supported to live to their full potential within their local community and avoid admission to out of area specialist placements or mental health inpatient settings.

It has been demonstrated that benefit from a PHB derives from the level of need rather than particular diagnosis or condition. The planning guidance for 2015-16 allowed for local flexibility on which groups will be offered personal health budgets and while this has been carried over for 16/17 there is an expectation that CCGs will be able to meet the requirements laid out in the Bubb Review<sup>2</sup>. Therefore there is an expectation that the CCGs' Local Offer will include a cohort of individuals with Learning Disability and/or Autism that have the right to request a PHB. Furthermore it is expected that CCGs will move towards 1- 2 per 1000 people in the population being in receipt of a PHB over the next 3-5 years, which equates to between 1,011 and 2,022 PHBs for Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups.

## **2.1 Adults**

The request and provision of PHBs for adults is via a single referral pathway to the Personal Health Budgets Team currently based at ELR CCG.

From 1st April 2014 adults eligible to receive Continuing Healthcare funding have had a 'Right to Have' a PHB and from 1<sup>st</sup> April 2016 Adults with Learning Disability and/or autism ~~who have a Significant Health Need~~ are able to request a PHB – please see Appendix I for

<sup>2</sup> WINTERBOURNE VIEW – TIME FOR CHANGE Transforming the commissioning of services for people with learning disabilities and /or autism. Sir Stephen Bubb 2014

details of the proposed scope of the CCGs' Local Offer with respect to Learning Disabilities in the first instance, moving on to mental health and long term conditions in the longer term.

## **2.2 Children and young people**

The request and provision of Personal Health Budgets for children and young people is via a single referral pathway to the Personal Health Budgets Team currently based at ELR CCG.

From the 1st April 2014 children and young people eligible to receive continuing care funding have had a Right to Have a PHB and from the 1<sup>st</sup> April 2016 children with Learning Disability and/or Autism who the CCG consider may benefit from money from health, will be able to have a PHB as part of an integrated personal budget through their Education Health and Care Plan. Please see Appendix I for details of the scope of the CCG's Local Offer for this cohort of children.

### **2.2.1 Significant Health Need**

Individuals with learning disabilities and/or Autism, that are not eligible for continuing healthcare or continuing care funding, but still have significant health needs should have the option of a personal health budget, along with support to manage those budgets, that enables them to remain living in the community and avoid out of area placements.

'Significant health needs' with regard to adults with Learning Disabilities and/or Autism will be defined in the first instance by the following criteria:

Learning Disability and/or Autism **AND**

- Individual is currently inpatient under s3 of the Mental Health Act 1983 (as amended 2007) who is fit for discharge and could be supported to live in the community **OR**
- Individual does not meet the criteria for 100% health funded CHC, but has significant health needs deemed above what can reasonably be expected of the Local Authority to provide for.

In order for children and young people to be included in this group there is an expectation that their care requires a multifaceted and multi-disciplinary approach to meet their holistic needs. The CCGs are currently considering the resource implications of setting the following criteria for children and young people with Learning Disability and/or Autism to be offered a PHB:

- A child or young person with Learning Disability and/or Autism **AND**
- A child or young person who is under regular care of a hospital/community paediatrician **AND/OR**
- A child or young person who is under the regular care of any CAMHS Consultant **AND**
- A child or young person who has 2 High level needs identified on the Continuing Care decision support tool.

It should be noted that any personal health budget awarded to a person fitting one of the above criteria is likely to be as part of an integrated personal budget joint funded with the Local Authority, determining percentage or funding splits in line with statutory responsibilities and current local arrangements.



### 2.2.2 EHC Plans

Education, Health and Care needs assessments and plans have replaced Special Educational Needs assessments and Statements for children and young people with special educational needs or disabilities and are available up to the age of 25. EHC plans specify any additional provision required to meet or facilitate the educational needs of those children or young people and the eligibility criteria for these plans are set by the local authority. EHC plans must focus on outcomes and whilst the process is led by local authorities, they must ensure a multiagency joint assessment and planning process across health, social care and education, which will inform the EHC Plan.

The PHB Team is working with the Children's Commissioning Team, contracting colleagues, Leicestershire Partnership Trust and Local Authority colleagues to explore the

current arrangements for options for delivering short breaks to children with complex needs and to find opportunities to join these up through integrated personal budgets. Additionally the PHB Team together with the Children's Commissioning Team intend to explore therapy services for children and whether there is any scope to offer any element of these services as PHBs, to ensure that those with Education Health and Care Plans are able to benefit from additional choice and control as part of an integrated personal budget across health, social care and education.

### **3. Wider implications; changes to support expansion of PHBs and increased personalisation.**

Expansion of PHB's and increased personalisation is dependent on all partners engaging with the detail of how to make change happen. The key partners are set out in the table below, plus HealthWatch and independent sector providers.

#### **3.1 The 2016-17 work plan outline**

- Plans are in place through existing target groups/projects (Table 1). Increasing Personal Health Budget uptake figures and measuring progress will be captured to demonstrate improved outcomes and reduced inequality.
- The CCG's uptake of Personal Health Budgets within Continuing Healthcare (CHC) is currently 13.8% of all individuals eligible for CHC and living in the community including Fast Track patients. As Fast Track patients are not routinely offered a personal health budget, when these patients are removed from the figures the percentage within the remaining CHC population increases to 25%. This significant increase in percentage is due to the establishment of the Personal Health Budgets Team and plans are being developed to continue to increase the number of PHBs by embedding them as 'business as usual' for CHC.
- Continued work to raise the profile of PHBs as an enabler to the Transforming Care agenda and the knowledge amongst those care planning for these individuals that PHBs are an option.

- Engagement with the Transforming Care Short Breaks review across LLR health and social care, ensuring that the resultant new models of short break provision are conducive to individuals using a PHB to achieve these outcomes.
- Scoping possibilities to offer PHBs to those with mental health difficulties, starting with s117 funded individuals but also considering commissioned services that may not currently be working for people and how they could be delivered in a different way.
- The development of PHBs will be linked closely with the consultation currently underway regarding the Resilience and Recovery Hubs for mental health as well as the Better Care Together workstream regarding the Integrated Locality Teams for those with complex needs.
- Build on the Peer Network that has been established to support current PHB holders and to provide a reference group to help shape the future PHB offer.
- Work to increase understanding of costs and impacts on current commissioned services.
- Work with providers to explore the potential for internally releasing funds
- Work with Local Authority colleagues to develop and embed joint systems and processes to deliver integrated personal budgets to eligible individuals.

### **3.2 Current success drivers**

- The operational processes for PHBs in CHC are being finalised and embedded to ensure productivity and efficiency in delivery.
- A tender process has now concluded to procure a new CHC/CC/PHB service for this cohort of adults and children – this provides the opportunity to embed a new service model whereby PHB is the default position for this cohort, which should result in increased numbers. The new service should be operational by April 2017.
- Information and advice about PHB's is available on all three CCGs' websites and a Communications and Engagement Plan is in the final stages of development, to be implemented during 2016-17
- Direct Payment Support Organisations are available and funded for all PHB recipients who require this, as detailed in the PHB Policy. They are able to provide support and advice for PHB recipients regarding recruitment, payroll, HMRC, and other employer responsibilities.

- Peer Support Networks are important for both the individual PHB recipient, and for supporting the development of co-production locally. There are now sufficient PHB numbers to create a fully functioning Network. An initial meeting was very successful, being attended by 12 families at varying stages of the PHB process. The Communications and Engagement Plan details plans to develop the network.
- Good links between the national team and the local PHB Team ensure regular communication regarding resources, tools and expectations from NHS England.

### **3.3 Risks to the Local Offer**

- The operational and governance mechanisms to deliver personal health budgets for groups such as those with Education, Health and Care Plans and learning disability cohorts are in progress.
- Additionally, further work is required regarding children's contracts in relation to nursing, short breaks and therapies to ensure funding availability beyond continuing care for those within scope who have a PHB. This work has commenced.
- Case/care management is not in place for all cohorts in scope and is a wider piece of work to plan and implement organisational changes.
- As PHBs are an entirely new delivery model, there is no way of gauging demand and patient appetite for them as the local offer is expanded to new cohorts.
- Work to address the cultural change required is ongoing. This is a considerable piece of work, due to the extent to which PHBs counter much of current NHS culture. This is likely to take several years before PHBs are embedded as an NHS delivery mechanism and promoted effectively.
- There is a considerable amount of work to be done by the PHB Team to promote the benefits of purpose of PHBs and facilitate cultural change. Work planned through the Communications and Engagement Plan should help to address this but allaying fears from clinicians and service providers will take time.

### **3.4 Expanding PHBs to Mental Health and Long term conditions**

Personal health budgets are part of a much wider programme of personalisation in health and social care. It is LLR CCGs' intention to extend the offer and availability of personal



health budgets to more people over time. During 17/18 the CCGs have an agreed timeline for implementation of PHBs to more people to include those with Mental Health needs. This offer is just beginning to be scoped to establish who might benefit within mental health and whether any existing services are not meeting outcomes and therefore could be considered for PHBs instead. Similarly, data regarding those with long term conditions for whom current services are not working is just beginning to be scoped to understand numbers, current spend and whether PHBs could be part of the solution.

When planning commences, any changes must be implemented in line with commissioning and contracting cycles and in accordance with the strategic objectives of the CCGs.

The way in which services are commissioned means that funding is tied up in block contracts and any expansion will be dependent on the freeing up of resource to fund budgets from these contracts. This takes time due to logistical, contractual, relational and cultural challenges.

PHBs are not about new money, but using the same allocation in a different way to meet assessed care and support needs. In order for this to happen there needs to be change in systems and thinking at all levels, and the CCG is committed to promoting culture change at all levels within commissioner and provider organisations.

## Appendix I

<b>2015/16</b>	a) Continue to identify those individuals in receipt of continuing health care or children with continuing care.
<b>2016/17</b>	<p>a) Children and young people with learning disabilities and who have significant health needs</p> <p>b) People with learning disabilities and significant health needs.</p> <p>c) People with learning disabilities who are inpatient but could be supported to live in the community through a PHB/be supported through a PHB to maintain in the community and prevent further admission</p> <p>d) Continue with year 1 cohort</p>
<b>2017/18</b>	<p>a) People with mental health difficulties – specifics currently being scoped</p> <p>b) Patients subject to S117 after-care as part of the Mental Health Act 1983* for their package of community support</p> <p>c) Wheelchair users in line with national expectation</p> <p>d) Scope children and young people with an EHC Plan who would benefit</p> <p>e) Continue with year 1 and 2 cohorts</p>
<b>2018/19</b>	<p>a) Long term conditions – this has yet to be scoped</p> <p>b) Explore PHBs for those individuals for whom traditional services are not working.</p> <p>c) Continue with year 1, 2 and 3 cohorts</p>
<b>2019/20</b>	a) Continue with above