

TITLE OF REPORT: Personal Health Budgets: Update on Progress

This 'Local Offer' is an accepted and published commitment to the people of Newcastle Gateshead promoting personalisation in healthcare through the development of Personal Health Budgets and Integrated Personal Budgets.

Purpose of the report

There is a requirement to advise the Health and Wellbeing Board (HWB) how Newcastle Gateshead Clinical Commissioning Group (NG CCG) will develop the local offer for Personal Health Budgets (PHB) beyond NHS Adult Continuing Health Care (CHC) and Children & Young Peoples Continuing Care (CC) during 2016 / 17. This is an update from the report previously considered in September 2015.

The NHS Five Year Forward View sets out the vision for the future NHS including a new relationship with patients and communities that supports people to gain far greater control of their own care when they need health services. A key part of this is developing how Personalised Care is offered to individuals.

NGCCG is fully committed to the implementation and mainstreaming of PHB's and Integrated Personal Budgets (IPB's) for its population. It is acknowledged that to date progress has not been as significant as required.

This 'Local Offer' is our strategy of how we will provide Newcastle Gateshead residents with more direct control over the care they receive with the NHS, through the option of providing a PHB or an IPB.

Information regarding the local offer will be made available to residents through the 'Your Health' area of the Newcastle Gateshead CCG website and also in leaflet format. Draft content has been included in this report for information purposes only (Appendix 1).

Background

A PHB is an amount of money to support Patients identified health and wellbeing needs, planned and agreed between them and the local NHS team. The aim is to give people greater choice and control over the healthcare and support they receive.

Personal Health Budgets were introduced within the NHS IN 2009 to achieve the following health outcomes:

- Improved outcomes for patients through providing more tailored services and facilitate greater individual engagement;
- Helped to improve self-management and compliance through greater individual engagement;
- Enable a greater diversity of goods and services purchased;

- Improvements in satisfaction with services;
- Reduced GP visits and hospital admissions; and
- Cost savings for high cost, highly complex cases.

An IPB is an amount of money made up from both health and social care to achieve the same outcomes as a PHB.

A PHB/IPB may only be spent on the services agreed between the Patient and their health and or social care nominated person often known as Case Manager. This agreement will be clearly stated within a care and support plan that will enable the Patient to meet their agreed health and wellbeing outcomes.

How a PHB / IPB can be Managed and Received

There are three ways in which a person can receive a PHB/IPB:

1. Notional budget: Patients are aware of the treatment options within a budget constraint and of the financial implications of their choices. The NHS underwrites overall costs, retains all contracting and service coordination functions and manages the budget/account. There is no requirement for the patient to maintain financial records.
2. 3rd party budget: Patients are allocated a 'real budget', held by a third party (e.g. a Brokerage and Support Service or independent user trust) on their behalf. The third party helps the patient choose services within the budget based on their agreed health and wellbeing outcomes. Where a third party manages a patient's budget on their behalf, they will be required to maintain sufficient records to be able to demonstrate that any monies provided have been used in accordance with achieving the outcomes agreed in the individual's care and support plan.
3. Direct Payment: Patients are given cash payments to purchase and manage services themselves, including third party organisations. If the patient is unable to manage the budget themselves a Representative or a Nominated Person may do it for them. There is a requirement to maintain sufficient records to be able to demonstrate that any monies provided have been used in accordance with achieving the outcomes agreed in their individual care and support plan.

A combination of the above may also be appropriate.

Discussions regarding the most appropriate payment mechanisms and associated audit requirements are still being finalised.

The key principle is that the patient knows what their budget, the treatment or care options and the financial implications of their choices (Appendix 1), irrespective of the way the budget is configured by the NHS and or Local Authority and provided to the Patient.

Policy Drivers

On 1 August 2013 (amended 14 October 2013), The National Health Service (Direct Payments) Regulations (The Regulations) came into force across England, meaning that the NHS can lawfully the NHS could offer direct payments for healthcare. In support of the Regulations, Guidance on Direct Payments for Healthcare: Understanding the Regulations was published in March 2014.

Guidance on the "right to have" a Personal Health Budget in Adult NHS Continuing Healthcare and Children and Young People's Continuing Care was published in September 2014. The CCG duties are also set out in National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No. 3) Regulations 2014.

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, DH (2015) states CCGs will undertake a major expansion of integrated personal health budgets and implementation of choice – particularly in maternity, end-of-life and elective care – be an integral part of CCG's programme to hand power to patients.

The promotion of personalisation within the NHS is also embedded in the following legislation:

- Human Rights Act (1998): including Article 8: Right to respect for private and family life, and Article 14: Prohibition of discrimination
- The Data Protection Act (2003)
- The Carers (Equal Opportunities) Act (2005): Ensures that carers are able to take up opportunities that people without caring responsibilities often take for granted. The Mental Capacity Act (2005): The need to apply the Mental Capacity Act features strongly in self-directed support where there may be concerns about a patient who lack the mental capacity to manage their own money and/or who lack the ability to make decisions about their care
- The Equality Act 2010: Replaced previous anti-discrimination laws with a single Act
- The Children and Families Act 2014: This introduces Education, Health and Care Plans for children and young people with special educational needs and disabilities, for implementation in October 2014
- The Fraud Act 2006: This sets out the general offence of fraud and is relevant to investigation of suspected fraudulent activities relating to the provision of PHBs. This is necessary to ensure the NHS Constitution principle '*The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources*' is upheld
- The Care Act 2014: This is aimed at reshaping the system around prevention and promoting individual wellbeing. Personalisation is at the heart of the Act.

'In the Forward View Into Action; Planning 2016/17' (published December 2014) CCGs had clear milestones to develop their Transforming Care Partnership Plans and to lead a major expansion during 2015/16 to offer and deliver PHB's / IPB's to people, where evidence indicated they could benefit. As part of this, by April 2016, it is expected that PHB's / IPB's across health and social care should be an option for people with learning difficulties, in line with the Sir Stephen Bubb's Winterbourne review (2014) by April 2016. The objective was to clearly improve the lives of children with special educational needs. CCGs will need to continue to work alongside local authorities and schools on the implementation of integrated education, health and care plans, and the offer of PHB's / IPB's.

CCG Deliverables

The CCG is committing to the developing of a co-designed process to deliver PHB's and IPB's with patient and public involvement and identification of the areas of healthcare that will be an inclusive part of this approach (Appendix 2).

The Newcastle Gateshead CCG local offer for 2016/17 applies to the following groups:

- Those eligible for CHC and CC (they have benefited from a 'right to have' a PHB since October 2014).
- Children with special educational needs and disabilities (as part of the wider SEND reforms).
- Adults and children with learning disabilities and/or autism who have complex needs.

Given the need to ensure a more robust approach to expanding the local offer a joint strategy group is to be established in April 2016 to improve the governance and implementation of the personalisation agenda.

Recommendation

The Health and Wellbeing Board is asked to consider progress to date and agree the strategic direction and alignment of the personalisation agenda.

Contacts

- Julia Young (Director of Quality Development), Newcastle Gateshead CCG
julia.young2@nhs.net.
 - Margaret Barratt, Gateshead Council
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Appendix 1 – Draft content for updated general leaflet

Cover

Newcastle Gateshead CCG logo

Title: Personal Health Budgets

Sub heading – choices of:

A new way to manage you or your child's healthcare needs

A new way to support individual healthcare needs

Helping to manage your healthcare needs in a way to suit you

Supporting your individual health and wellbeing needs

Page 1

A personal health budget is an amount of money which helps people with specific health and wellbeing needs manage their care in a way that suits them. Both adults and children are eligible for a personal health budget.

If you or someone you know has one or more of the conditions listed below, a personal health budget may be a way to receive care and support that better suits individual needs.

A personal health budget may have benefit if you or someone you know who:

- Receives continuing healthcare support from the NHS.
- Is a parent of a child who receives children and young people's continuing healthcare from the NHS.
- Adults and Children with learning disabilities and/or autism who have complex needs.
- Is a child who has special education needs and disabilities as part of their education, health and care plan.

If this is you or someone you know, talk to the NHS member of staff who helps you most often about whether or not a personal health budget could be of benefit. This might be your GP, nurse or care manager.

Page 2

We understand that personal health budgets will not be for everyone but they are a good way for some people to access more individual care and support that's right for them.

You don't have to change the healthcare and support you receive now, but a personal health budget allows to you think about anything that could help you in a better way and gives you more control over decisions about your care.

To decide whether a personal budget could be of benefit, we've pulled together some facts that may help you:

- A personal health budget is an amount of money to support individual healthcare and wellbeing needs which is planned and agreed between you and/or your representative and your local NHS.

- If you receive a personal health budget, a care plan will be jointly developed which will detail how your budget will be spent and what your health and wellbeing goals are. The plan is regularly updated and reviewed to make sure it continues to meet your needs.
- You can use your personal health budget to help you reach your health and wellbeing goals and may include equipment, therapies, respite and personal care.
- A personal health budget can only be spent on this to help you manage your health conditions. It can't be used to pay for emergency care or additional support from your GP.
- A personal health budget is not means-tested which means it will cover all the agreed costs to meet your healthcare and wellbeing needs.

Page 3

You may receive funding from other organisations to help support your health, social and wellbeing needs and it can be difficult to know what each one is.

Personal Health Budgets are different from a personal budget, an individual budget and a direct payment:

- A personal health budget is for your NHS healthcare and support needs.
- A personal budget is for your social care and support needs
- An individual budget includes your social care and support needs plus other funding, like independent living.

Payment options/how it's managed – tbc

Page 4

Want to find out more?

Add in details of who/where people can find out more information.

Appendix 2

PERSONAL HEALTH BUDGET (PHB) ONE PAGE STRATEGY - DRAFT

What success means from different perspectives?		
<i>Our population</i>	<i>Our providers</i>	<i>CCGs</i>
<ul style="list-style-type: none"> I know what the PHB offer is in Newcastle and Gateshead and know whether or not I am eligible to receive one I know who to contact to find out more about PHBs and if a PHB is right for me I know and agree the PHB offer up front I have the right support in place to plan how to spend my PHB I have a safe and secure method available to me to help me to manage by PHB 	<ul style="list-style-type: none"> Providers are clear about the Newcastle and Gateshead commissioner approach to PHBs Providers are clear about what the Newcastle and Gateshead local PHB offer looks like Providers are confident and competent to support people who want to have a PHB Providers are clear about how the decisions about PHBs are made and who to contact at Newcastle and Gateshead CCGs for advice and information 	<ul style="list-style-type: none"> The Newcastle and Gateshead PHB offer is aligned to both CCGs corporate values, plans and policies We will strive to commission truly patient centred, coordinated care that includes a PHB offer We will actively co-design our PHB offer with relevant stakeholders We will grow and commissioner PHBs for more and more people
How are we going to deliver this success?		
<i>Our population</i>	<i>Our providers</i>	<i>CCGs</i>
<ul style="list-style-type: none"> Clear information about the Newcastle and Gateshead PHB offer is available in a variety of formats and languages I am supported through the process of deciding whether a PHB is right for them My support plan reflects all my needs and preferences for care and support I am clear about how much money is available to meet my needs and how I should spend it I am involved in all the decisions about my care and support I was offered a number of options to help me to develop my care and support plans and to manage my budget 	<ul style="list-style-type: none"> The provider market is developed to support the expansion of PHBs Providers have a workforce training plan in place to support the planned expansion of PHB Providers are confident to be able to make decisions with patients about what they can and can't spend their PHB on Providers are supported to develop PHB champions who offer peer support to other staff members to help them to become more confident in the delivery of PHBs 	<ul style="list-style-type: none"> PHBs are clinically and financially viable and governed appropriately CCG staff are confident in commissioning the expansion of PHBs The CCGs are committed to ensuring PHBs are routinely offered to appropriate patients We actively engage and communicate with all of our stakeholders, including service users, to ensure that our PHB offer is right and workings Our local offer will continue to be developed to enable us to offer PHBs to more people
How are we going to measure this?		
<i>Our population</i>	<i>Our providers</i>	<i>CCGs</i>
<ul style="list-style-type: none"> I am able to provide feedback about my PHB through a variety of formats I am happy, have felt listened to and feel supported with my PHB I have a good relationship with the staff who are supporting me 	<ul style="list-style-type: none"> The majority of our workforce have been trained to support people with a PHB Everyone we support with a PHB has a personal care and support plan Everyone we support with a PHB has fewer episodes of crises 	<ul style="list-style-type: none"> We have robust PHB monitoring systems in place We have fewer complaints relating to services where PHBs are available Regular reports are made available to appropriate committees

