

Implementing Personal Health Budgets

1. Introduction

This paper highlights the requirement for Nottinghamshire County Clinical Commissioning Groups (Notts CCGs) to develop and implement Personal Health Budgets (PHBs), the progress to date and the key activities that need to take place.

2. Policy Drivers - NHS Planning Guidance

Adults eligible for NHS continuing healthcare and children in receipt of continuing care have had a right to have a personal health budget since October 2014. Personal health budgets have featured strongly in NHS Planning Guidance and other high profile policy initiatives over the last 3 years (see Appendix A for more detail): -

- Everyone Counts: Planning for Patients 2014/15 to 2018/19
- Forward View into action: Planning for 2015/16
- Transforming Care for People with Learning Disabilities – Next Steps January 2015
- Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21
- Children and Families Act 2014

The latest NHS Planning Guidance issued in December 2015 requires CCGs to develop a 5-year Sustainability and Transformation Plan (STP) supported by a 1-year operational plan for 2016/17. The 5-year STP should include a plan to deliver a major expansion of integrated personal health budgets and implementation of choice (particularly in maternity, end-of-life and elective care).

The 2020 goal for PHBs described in the Government's mandate to NHS England 2016/17 is for 50-100,000 to have a personal health budget or integrated personal budget (up from current estimate of 4,000). The deliverable for 2016/17 is for CCGs to produce a plan with specific milestones to achieve this goal.

3. Who are Personal Health Budgets for?

The planning guidance specifically mentions children and people with learning disabilities but the expansion of PHBs is not restricted to these groups. There is a lot of information from the pilots about who could benefit from PHBs which is linked to need rather than a particular diagnosis or condition, e.g. groups can be summarised as people:

- Receiving NHS continuing healthcare or children's continuing care
- Who have suitable high levels of need but are not NHS Continuing Healthcare
- With learning disabilities or autism and high support needs
- Who make ongoing use of mental health services
- With long-term conditions prone to relapse and for whom current services do not appear to work resulting in frequent access to acute services
- Who need high cost, longer term rehabilitation, e.g. people with acquired brain injury, spinal injury or mental health recovery

And

- Children with education, health and care plans who could benefit from a joint budget including funding from the NHS

4. What is required by 31 March 2016

It is important to note that this is a complex developmental and emerging policy initiative that is still being tested and lessons learned. Published offers are expected to vary from CCG to CCG depending on the progress made so far, however variation is not expected within multiple local CCG planning units.

By 31st March 2016 CCGs are expected to publish information on the current availability of PHBs together with an outline of their ambition to expand access, i.e.:

- People eligible for NHS Continuing Healthcare (CHC) and families of children receiving continuing care can exercise their right to a PHB with an expected increase in the overall numbers of CHC cases taking up PHBs.
- How the CCGs will develop the offer of a PHB for people with learning disabilities and complex needs and children with special educational needs. Published plans should outline how the CCGs will work in partnership with stakeholders (e.g. service users, Healthwatch, NHS and other providers, local authorities, independent and voluntary sector organisations) to identify where PHBs would be most beneficial for the local population, how many people expected to take up PHBs (over a 5-year trajectory), how progress will be measured and improved outcomes demonstrated.

5. What Does “Major Expansion” Mean?

It is estimated that there are currently 4,000 people in England with PHBs. The pilots and wider learning show that people with higher levels of need benefit more from PHBs. This could equate to between 1 and 2 people in 1000 people (i.e. 0.1-0.2% of the population) over the next 3-5 years. This is what would represent major progress in this area, although this is not seen as a target.

**For Nottinghamshire County CCGs this would equate to between around
680 to 1300 PHBs by 2021.**

6. Where are we now?

Performance in the development of PHBs across the country is very variable. Areas that participated in the PHB pilot programme understandably report higher activity figures for people with PHBs e.g. Northampton and Nottingham City, and Lincolnshire who are a pilot site for integrated personal budget. The table below shows the numbers of personal health budgets in place from the Markers of Progress data submitted to NHS England at 30th September 2014.

Table 1 – Markers of Progress Data at 30th September 2014

East Midlands CCGs	NHS funded CHC PHBs	Joint funded PHBs	LTC PHB inc MH	Children PHBs	Total PHBs
Nottinghamshire	22	3	0	5	30
Nottingham City	32	44	4	6	86
Derbyshire	12	1	0	2	15
Northampton	36	38	54	6	134
Lincolnshire	21	43	0	4	68
Leicestershire	9	2	0	1	12

NB: The Markers of Progress template is currently under review, data at end of December 2015 expected to be available by early February 2016.

7. Approach

7.1. Developing local plans

CCGs are expected to take a controlled staged approach to roll out which does not destabilise current systems, starting small and focusing initially on people with the most complex needs for whom services are already commissioned individually.

Success will depend on having an open, engaging and iterative process harnessing the energies of clinicians, patients, carers, citizens, local government and local community partners including independent and voluntary sector organisations.

Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21

This will require a carefully and well-planned change strategy, managing expectations, promoting culture change at all levels in both commissioner and provider organisations with strong leadership and project management discipline.

7.2. Joint Working with Local Authority

Personal budgets have been available in social care for some time with systems and processes established and tested with significant learning to build on. It seems sensible therefore to adopt a partnership approach to implementing and integrating PHBs with social care direct payments. Early meetings have taken place to explore how a joint working approach can be taken forward.

There is already early experience of collaborative working between Bassetlaw CCG and Nottinghamshire County Council with established joint working arrangements for monitoring and payments for four PHBs currently in place. However, any further expansion of this arrangement will require appropriate resourcing.

Nottinghamshire County Council plan to review their Direct Payments processes in the New Year with a view to streamlining and improving the skills of staff to be more open and creative. This presents an opportunity for the monitoring and payment requirements for PHBs to be incorporated into the review.

7.3. Governance

This is a complex policy area involving multiple commissioning areas which is demonstrated by the various partnership arrangements in place to drive and oversee the development of PHBs:

7.3.1. Personalisation Commissioning Oversight Group (PCOG)

The CCGs have already established an overarching strategic county partnership approach through the PCOG, which has overall responsibility and accountability for two work programmes:

- a) The CHC programme, including mobilisation to the new provider, ongoing contract and performance management of CHC including PHBs and;
- b) The PHB start up programme, with future arrangements to be agreed

7.3.2. Approval Panels

Multiagency panels are established for both adults and children and young people to consider and approve eligibility and support plans for CHC, PHB or education health and care plans

7.3.3. Transforming Care Programme – Workstream 5

Workstream 5 has been assigned responsibility for taking forward access to PHBs for people with learning disabilities.

7.3.4. SEND Integrated Commissioning Group (ICG)

This group oversees the implementation of the Nottinghamshire Children and Young People's (aged 0-25) Special Education Needs and Disability Integrated Commissioning Strategy (2015-2017), including the development of PHBs

7.4. Resources

NHS England is providing support for areas wanting to make rapid progress with expanding PHBs with CCGs participating in their development programme comprising 5 sessions over a 12-month period. Days 1 and 2 of this programme have offered advice, information, evidence, networking and sharing opportunities, as well as a range of tools and methodologies. Days 3 and 4 in February and April 2016 will focus on finance, contracting and commissioning changes.

CCGs have identified recurrent funding for a PHB Manager post and the recruitment process is underway. Capacity to deliver this complex initiative will need to be regularly reviewed as the scale and scope of implementation grows.

The implementation of PHBs is expected to be a cost neutral exercise in the first instance, with subsequent savings in high cost service utilisation in the long term. Funding for PHBs outside continuing healthcare eligibility should be derived from costing existing NHS service utilisation.

As PHBs are extended it will be necessary to begin to change the way NHS services are commissioned and determine what additional services may need to be commissioned, e.g. advocacy support, support planning and budget management services.

8. Key Activities for 2016/17

This emergent policy initiative is new and still evolving with lessons to be learned. Any approach or plan should be flexible enough to allow for learning and changes over the year. An early high level outline action plan identifying key tasks and timelines for 2016/17 has been drafted for information (see Appendix B).

9. Recommendations

The Governing Body is requested to note:

- 9.1. The current position for the development of personal health budgets
- 9.2. The policy requirements, timelines and priority areas to expand access to personal health budgets
- 9.3. The current governance arrangements
- 9.4. The need for further engagement and consultation

And to receive further updates and briefing papers on progress

Appendix A – Policy Drivers

Children and Families Act 2013

From September 2014 CCGs must:

- commission services jointly for children and young people (up to age 25) with SEND, including those with Education Health and Care (EHC) plans;
- work with the local authority to contribute to the Local Offer of services available;
- have mechanisms in place to ensure practitioners and clinicians will support the integrated EHC needs assessment process, and;
- agree personal budgets where they are provided for those with EHC plans.

A personal budget is an amount of money identified by the local authority to deliver all or some of the provision set out in an EHC plan. By having a say in the way this budget is used, a parent or young person can control elements of their support

Roll out of personal budgets will take place alongside the introduction of EHC plans, and so from September 2014 children and young people assessed as needing an EHC plan will have the option of **a personal budget that will bring together money from education, health and social care into a single budget.**

Everyone Counts: Planning for Patients 2014/15 to 2018/19

“The stronger role for user voice within services will also be strengthened through the roll-out of Personal Health Budgets from April 2014. CCGs will be able to offer Personal Health Budgets, including as a Direct Payment, to all patients who may benefit, and NHS Continuing Healthcare patients will have a right to have a Personal Health Budget from October 2014.”

Forward View into action: Planning for 2015/16

“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. As part of this, by April 2016, we expect that personal health budgets or integrated personal budgets across health and social care should be an option for people with learning difficulties, in line with the Sir Stephen Bubb’s review. To 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 personal budgets. 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.”

Transforming Care for People with Learning Disabilities – Next Steps January 2015

“We will develop a clearer model for health and care services for people with a learning disability and/or autism who have a mental illness or behaviour that challenges, describing outcomes to be achieved, with associated performance indicators, what kind of services should be in place (covering inpatient capacity and community-based support), and standards that services should meet.

This service model will include a strong emphasis on **personalised care and support planning, personal budgets and personal health budgets**, building on a range of recent moves by the Government, NHS England and local government:

Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21

CCGs are required to develop a 5-year Sustainability and Transformation Plan (STP) supported by a 1-year operational plan for 2016/17.

The 5-year STP should include a plan to deliver **a major expansion of integrated personal health budgets** and implementation of choice (particularly in maternity, end-of-life and elective care).

The 2020 goal for PHBs described in the Government’s mandate to NHS England 2016/17 is for 50-100,000 to have a personal health budget or integrated personal budget (up from current estimate of 4,000). **The deliverable for 2016/17 is for CCGs to produce a plan with specific milestones to achieve this goal.**

Appendix B - High Level Action Plan for 2016/17

Tasks	Who	By When
Recruit to new post, review infrastructure and resource requirements	Nichola Bramhall / Personalisation Oversight Commissioning Group	March 16
Engage with NHSE Development Programme	PHB Manager/Contract and Finance leads	Feb 16 April 16 Sept 16
Develop plan for a wide-ranging series of stakeholder engagement events to raise awareness, develop scope and short term vision: <ul style="list-style-type: none"> - Governing Bodies - Commissioning Leads - NHS Provider organisations - Voluntary Sector - Primary Care - Social care - Service users 	PHB Manager with support from NHSE regional PHB lead and communications lead	From Feb 16 to Apr 17
Develop communication describing local position, future ambition, and high level plan to expand access to PHBs	PHB Manager with support from communications lead	April 16
Establish Local Peer Network	PHB Manager with support from People Hub (National peer network) and building on experience in Nottingham City	Apr 16
Incorporate feedback from engagement events to develop short term vision and strategy and update local published offer	Nichola Bramhall / Personalised Oversight Commissioning Group / PHB Manager	Sept 16
Identify and understand contract and finance elements of agreed scope	PHB Manager / Contracting and finance leads / Personalised Oversight Commissioning Group	Dec 16
Increase the number of CHC patients with PHBs, including jointly funded cases through existing processes via CityCare	Personalised Oversight Commissioning Group/contract lead/PHB Manager	Jan 16 to Mar 17
Develop integrated health and social care process for managing personal budgets	PHB Manager / Social Care Lead / Personalised Oversight Commissioning Group	Sept 16
Develop suite of information and communications for all stakeholders, including an updated local offer	PHB Manager / Communications Lead	Dec 16