

Mid Essex Clinical Commissioning Group Personal Health Budgets Local Offer 2016

1. Introduction

Personal Health Budgets were piloted in the NHS in 2009, following an evaluation of the pilot NHS England announced the wider roll out of PHBs and in October 2014 individuals in receipt of NHS Continuing Healthcare and NHS Continuing Care have had the "right to have" a PHB. Since then NHS England have issued guidance to Clinical Commissioning Groups to expand the offer to other individuals with complex needs between 2015 and 2020. NHS England data estimates that there are currently approximately 4000 PHBs nationally; the aim by 2020 is to increase this to 50,000-100,000, which equates to roughly 2 in every 1000 of a CCG's population. For Mid Essex CCG this translates to 802 PHBs in place by 2020.

2. Guidance

The NHS 'Forward View into action: Planning for 2015/16': and national guidance for PHBs states the following:

"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."

Other than individuals with learning disabilities and children with special educational needs the forward plan also advises CCGs to offer more choice and control for individuals with mental health conditions (sited under section 2 "Empowering patients").

CCGs will need to work with patients, partners, providers and their local community in 2015/16 to develop their "local offer". CCGs are expected to publish their "local offer" by 1st April 2016.

The local offer should outline

- a) Who can get a personal health budget (including specific eligibility criteria).
- b) Which organisations are involved in delivering personal health budgets locally.
- c) How professionals and the public can access more information.
- d) How individuals can apply for a personal health budget.



CCGs local plans should include long term ambitions, setting out how they will work in partnership with stakeholders including, service users/ patients, Healthwatch, providers, local authorities and third sector organisations to identify where personal health budgets would be most beneficial for their local population. This will include making clear how many people the CCG expects to take up personal health budgets and how progress will be measured to demonstrate improved outcomes and reduced inequality.

3. Developing a local offer and expanding PHBs.

The commissioning based model means the majority of specialist knowledge of individual patients and the detailed processes involved in health services sit within the CCG's providers.

In view of this Mid Essex CCG have chosen a "provider led" approach for the expansion of PHBs. The CCG will work with their providers, trusting in their knowledge and the established relationships they have with individuals and their families to co-produce personalised services/packages which add value to individuals and the population as a whole.

The CCG will work with its providers to:

- support them to understand the personalisation agenda,
- identify how they (the providers) are able to offer PHBs within their services,
- ensure that the methods and policies that providers adopt are in line with national PHB guidance,
- develop PHBs whilst proportionately sustaining the traditional pathways for the services they offer.
- complete activities required to develop PHBs e.g. scenario modelling, user/ patient engagement workshops.

Our aim is to give people choice and control, support them to set and reach their health and wellbeing outcomes and maintain the level of health information and services. This approach will give CCG providers the opportunity to flex to and evolve with the changing health landscape therefore preserving the clinical expertise they provide within the health market which individuals require to plan their care.

4. Mid Essex CCG local offer for Personal Health Budgets

4.1. Continuing Healthcare and Children's Continuing Care (2014 to date), phase 1

Mid Essex CCG have been offering Personal Health Budgets for adults eligible for NHS Continuing Healthcare (CHC) and Children & Young people eligible for NHS Continuing Care (CC) since 1st April 2014. The PHB pathways for these services are established and we continue to work with professionals and individuals to improve them.

Individuals eligible for these services are able to contact the CCG's CHC and CC services to request a PHB. We are working with a local "support service" provider to help individuals develop their PHB support plans.

Individuals are able to manage their PHBs in 4 ways, Direct Payments, Virtual budgets and Third Party budgets, or a mix of the 3. There are currently 14 direct payment PHBs across Adults CHC and Children's CC.



The CCG has worked with families to develop PHBs, informal feedback from individuals regarding their PHBs indicates that people feel they add value to their lives and provide support in a way they want to be supported. When asked if there were any additional comments they would like to raise as part of their PHB review, one PHB holders representative said "The original prognosis immediately following Jane's* stroke was extremely gloomy. Five subsequent admissions to A &E have confirmed this. Her continued existence is therefore nothing short of remarkable. This is in no small measure due to the continued support and care within the home environment" (*please note the use of a different name for anonymity).

4.1.1. Increasing numbers/ expanding the offer (2016/2017)

We are working to expand numbers of CHC and CC PHBs, the expansion plan includes engaging with our community nurses and other key professionals by providing PHB info sessions to support them increase their knowledge of PHBs. We are also reviewing our approach to informing individuals about their options for PHBs, instead of offering PHBs as an option we are considering asking individuals "How would you like to manage your personal health budget?" and explain the options of a virtual/ notional, direct payments or third party budget.

4.2. Children with Special Educational Needs (2016/2017 onwards), phase 2

The CCG has been working with Provide and consulting user groups including Families Acting for Change Essex (FACE) to scope current services where a PHB offer would add value to individuals and the CCG's population as a whole.

4.2.1. Why continence products?

The CCG currently commissions their continence service from Provide; the products are currently purchased in large numbers across children and adult continence service.

The provision of continence supplies was identified as a service where some individuals would value choice and control. Analysis of a qualitative Essex wide review of the continence service for children and young people which was carried out in January 2015 by FACE indicates that whilst there are families who are happy with the current service there are also families that would greatly value an alternative option for how they receive continence products and the products themselves. In addition, Excellence in Continence Care (November 2015) guidance issued by NHS England for commissioners, providers, health and social care staff states under essential elements for a continence service that;

"services have a person-centred approach to care, including the provision of:

- person-held records
- access to personal budgets where appropriate
- education and information to protect their own health, prevent ill health and to manage their condition."





4.2.2. What are the initial eligibility criteria for this offer?

The initial offer will be available to Children with special educational needs that have been assessed as requiring long term support from the continence service and require the greatest level of continence products.

As the service develops the criteria for eligibility of a PHB will be reviewed with appropriate changes made where possible.

We have committed to working with families with children with special educational needs to assess the viability of extending this offer to children without special educational needs.

4.2.3. How will the PHBs for Continence products offer be managed?

The offer will be provider led and so will be managed and funded by Provide, the CCG's current provider of continence services for Children. Families will receive their indicative budgets directly from Provide and will need to submit a support plan outlining how they intend to use the funds to meet their Child's continence needs using the funds allocated. Provide will manage the approval of support plans and the authorisation of funds to individuals. Indicative budgets will vary depending on the assessed needs and identified outcomes of each child, the calculated indicative budget will be equivalent to the cost of provision via the "traditional" route.

4.2.4. Increasing numbers/ expanding the offer (2017/2018)

Our priority for 2016/2017 is to work with stakeholders to develop this offer, develop clear processes and policies, to give people the option of receiving their continence products through a virtual, direct payment or third party PHB.

Our aim in 2017/2018 is to develop a service that supports children through transition to adults and to expand the offer to adults with high use of continence products.

By 2020 we would like to expand this further to other individuals accessing the continence products, learning during 2016 to 2018 will inform the viability, value and a way forward for this.

4.3. Individuals with Learning Disabilities (2016/2017 onwards), phase 2

On behalf of Mid Essex CCG, West Essex CCG currently commissions LD services from Hertfordshire Partnership Foundation Trust (HPFT) and Anglian Community Enterprise (ACE). The contracts are managed through integrated commissioning arrangements with Essex County Council (ECC). West Essex CCG is currently exploring with the above named providers the possibilities of offering Personal Health Budgets. An exploratory meeting between Mid Essex CCG and ECC identified some services currently provided by ECC which could be starting points for the LD PHB local offer. An analysis of Mid Essex CCG's Continuing Healthcare PHBs in place and those at the initial stages of the process has shown that 33.33% of individuals with a PHB or applying for a PHB had a learning disability. The CCG will be studying the support plans in place for this cohort and using the information attained to scope the potential for future PHB offer to individuals with learning disabilities.





5. Further activities to facilitate expansion

Mid Essex CCG will continue to work with their providers, commissioners and people to scope services and individuals for who PHBs would add value. Through this process there will be changes where necessary to offer personalised services through virtual/ notional, direct payments and third party budgets.

6. Future steps

Once the proposal for the local offer has been approved, the CCG will work with its providers to develop and refine the processes to support the pathway. This will include but is not limited to; the development of policies, budget setting, governance and reporting processes, information for patients and families and the financial processing and monitoring of PHBs.

For all PHB offers the CCG and it's Providers will develop:

- Financial monitoring and reporting procedures, which will be appropriately aligned to the specific service area.
- Clinical monitoring and reviews in line with the current service's monitoring procedures and in some cases additional health and wellbeing reviews.
- Pathways that are equitable, financially and clinically sustainable, add value to individuals, add value to the wider CCG population.



Mid Essex Clinical Commissioning Group

Table. 1.0 Mid Essex CCG Personal Health Budgets local offer summary.

Service	Who can get a personal health budget (PHB eligibility criteria)	Which organisations are involved in delivering personal health budgets locally	How individuals can apply for a personal health budget	How professionals and the public can access more information.
Adults NHS Continuing Healthcare (CHC)	Adults eligible for NHS CHC (including those transitioning into adult services from children's services).	 Provide Community and District Nursing teams. Mid Essex CCG CHC service. 	If you already receive support from the NHS CHC service, please speak with your CHC Nurse or your Community/ District Nurse.	Mid Essex CCG website. www.midessexccg.nhs.uk Mid Essex CCG CHC team, e-mail: Meccg.chc@nhs.net Contact their Community or District Nursing CHC team www.provide.org.uk
Children and Young People's NHS Continuing Care (CC)	Children and Young People who have been assessed as eligible for NHS CC (including those transitioning from children to adult services)	Mid Essex CCG CC service.	You can ask your Continuing Care Clinical Nurse Specialist or your Social Worker about applying for a PHB.	Mid Essex CCG website. www.midessexccg.nhs.uk Mid Essex CCG CC team. cyp.continuingcare@nhs.net
Continence products	Children with Special Educational Needs.	Provide Continence Service	Speak with your Continence Nurse or contact the Continence Team.	Provide website www.provide.org.uk Mid Essex CCG www.midessexccg.nhs.uk Provide continence team, e-mail: provide.childrenscontinence@nh s.net
Learning Disabilities	TBC	TBC	TBC	TBC





Table 2. Further roll out action plan

Action	Time scale
Evaluate Phase 2 PHB roll out for LD and Children with Special Educational Needs.	Q4 2016/2017
Develop proposal for future PHB expansion	Q1 2017/2018
Phase 3 PHB implementation	Q3 2017/2018
Phase 3 evaluation	Q1 2018/2019