



Local Offer for Personal Health Budgets and Integrated Personal Budgets 2016- 2020

*A joint document for Ipswich and East Suffolk Clinical Commissioning Group
and West Suffolk Clinical Commissioning Group*

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This is an accepted and published commitment to the people of Suffolk promoting personalisation in healthcare through the development of Personal Health Budgets and Integrated Personal Budgets across many access points.

1. Outline

- 1.1. The Health and Wellbeing Board (HWB) needs to know how the clinical commissioning groups (CCGs) will develop the local offer for personal health budgets in and beyond NHS Continuing Healthcare packages.
- 1.2. The NHS Five Year Forward View sets out the vision for the future NHS including an improved relationship with patients and communities helping people to gain far greater control of their own care when they need health services. A key part of this is developing how individuals use Personalised Care.
- 1.3. Ipswich & East Suffolk CCG and West Suffolk CCG are fully committed to the implementation and mainstreaming of Personal Health Budgets (PHBs) and Integrated Personal Budgets (IPBs) for its population. It acknowledges that to date progress has not been as significant as required.
- 1.4. This Local Offer is our strategy of how we will provide Suffolk residents with more direct control over the care they receive from the NHS, through the option of providing a Personal Health Budget (PHB) or an Integrated Personal Budget (IPB).

2. What are a Personal Health Budget and an Integrated Personal Budget?

- 2.1. A Personal Health Budget (PHB) is an amount of money to support a patient's identified health and wellbeing needs, planned and agreed between them and the local NHS team. The aim is to give people with long-term conditions and disabilities greater choice and control over the healthcare and support they receive.
- 2.2. An Integrated Personal Budget (IPB) is an amount of money made up from both health and social care to achieve the same outcomes as a PHB.
- 2.3. 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 Care Co-ordinator. 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.
- 2.4. This Local Offer commits to an integrated approach to how we as CCGs purchase and provide your NHS to you, working directly in partnership with you, to agree the best way to meet your health needs.

3. How a PHB / IPB can be Managed and Received

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

- 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.
- Third 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.
- 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.

3.2. A combination of the above may also be appropriate.

3.3. The key principle is that the patient knows what their budget is, the treatment or care options and the financial implications of their choices, irrespective of the way the budget is configured by the NHS and or local authority and provided to the patient.

3.4. Please note: in line with national guidelines emergency and surgical care is excluded from this programme of work.

4. Policy Influence

4.1. 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 legally offer direct payments for healthcare. In support of the Regulations, **Guidance on Direct Payments for Healthcare: Understanding the Regulations** was published in March 2014.

4.2. **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.

- 4.3. **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 the CCGs' programme to hand power to patients.
- 4.4. 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
 - **Data Protection Act (2003)**
 - **Carers (Equal Opportunities) Act (2005):** Ensures that carers are able to take up opportunities that people without caring responsibilities often take for granted.
 - **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 lacks the mental capacity to manage their own money and/or who lack the ability to make decisions about their care
 - **Equality Act 2010:** Replaced previous anti-discrimination laws with a single Act
 - **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
 - **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
 - **Care Act 2014:** This is aimed at reshaping the system around prevention and promoting individual wellbeing. Personalisation is at the heart of the Act.
- 4.5. 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 PHBs/IPBs to people, where evidence indicated they could benefit. As part of this, by April 2016, it is expected that PHBs/IPBs 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)**. 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 PHBs/IPBs.

- 4.6. This Local Offer is a reflection of a jointly agreed approach to expansion by the CCGs and the Suffolk Health & Wellbeing Board.

5. CCGs' Local Offer Vision for 2020

- 5.1. Through co-creation with our stakeholders, including patients and public, PHBs and IPBs will be embedded as a standardised approach to personalisation on how a patient chooses to achieve their health and wellbeing outcomes.
- 5.2. We will implement and embed these ways of working in line with the wider CCGs' vision and values over the next four years.

6. Local Offer CCGs' Deliverables

- 6.1. The CCGs are committing to the developing of a co-designed process to deliver PHBs and IPBs with patient and public involvement and identification of the areas of healthcare that will be an inclusive part of this approach. The following are the milestones to measure the CCGs' effectiveness in preparing for full implementation and at least 600 Patients in receipt of a PHB/IPB in 2020.

7. Local Offer CCGs' Deliverables 2016/17

- 7.1. **Deliverables 2016/17 (Stage 1)** – below is the outline plan for the CCG to be held accountable for delivering to:

Timescale	Task	Owner
Quarter 1 2016/17 (April to June)	• The CCGs will have nominated an executive and clinical lead for PHBs and IPBs	• Clinical Executive
	• The CCGs will establish an implementation work stream to manage the full implementation of PHBs and IPBs.	• Executive lead for PHB
	• The CCG will have a ratified policy for PHBs and IPBs.	• PBH Programme Manager
	• Provider organisations will be represented at decision points as a key stakeholder	• PBH Programme Manager
Quarter 2 2016/17 (July to September)	• The CCGs will have an agreed Communications Plan.	• PBH Programme Manager
	• The CCGs will have mapped current NHS contracting to support the development of identification of potential areas of healthcare who may benefit from a PHB or IPB.	• PBH Programme Manager
	• All NHS Continuing Healthcare eligible Patients will receive notification of the Notional Budget	• PBH Programme Manager
Quarter 3 2016/17 (October to December)	• The CCGs and Suffolk County Council will have a formally agreed process on how all IPBs are contractually and personally managed	• PBH Programme Manager
	• CCGs' Contracting Team will have completed a process to understand the impact of this development on existing contracts.	• PBH Programme Manager
	• CCGs' Finance Team will have scoped cost per case estimations across current contracts.	• PBH Programme Manager
	• A business plan will be developed to support implementation	• PBH Programme

	plans.	Manager
Quarter 4 2016/17 (January to March)	<ul style="list-style-type: none"> The CCGs will have a clear proven system wide procedure for accessing PHBs & IPBs. 	<ul style="list-style-type: none"> PBH Programme Manager
	<ul style="list-style-type: none"> The CCGs will have developed a standard risk strategy to the on-going management of PHBs and IPBs. 	<ul style="list-style-type: none"> PBH Programme Manager
	<ul style="list-style-type: none"> The CCGs will have completed a process to identify the areas of healthcare that will have access to PHBs & IPBs and the target dates for the incremental implementation 	<ul style="list-style-type: none"> PBH Programme Manager
	<ul style="list-style-type: none"> The CCGs will have developed a Human Resource Workforce Plan to support the extension of PHB and IPBs. 	<ul style="list-style-type: none"> PBH Programme Manager
	<ul style="list-style-type: none"> The Transforming Care Partnership have identified Patients who would benefit from an offer of a PHB or IPB 	<ul style="list-style-type: none"> PBH Programme Manager

7.2. Deliverables 2017/18 (Stage 2), the CCGs will have

- developed a contractual requirement for providers to deliver as agreed on PHBs and IPBs;
- developed CQUINs to promote effective implementation of PHBs and IPBs;
- over 150 patients across all diagnostic groups in receipt of a PHB/IPB.

7.3. Local Offer CCGs' Deliverables 2018/19 (Stage 3) the CCGs will have

- over 300 patients across all diagnostic groups in receipt of a PHB/IPB.

7.4. Local Offer CCGs' Deliverables 2019/20 (Stage 4) by April 2020, the CCGs will have

- over 600 patients across all diagnostic groups in receipt of a PHB/IPB.

8. Outcomes

8.1. Personal Health Budgets were introduced within the NHS in 2009 following an independent evaluation by the University of Kent which concluded that they:

- Improved outcomes for patients through providing more tailored services and facilitated greater individual engagement;
- Helped to improve self-management and compliance through greater individual engagement;
- Enabled a greater diversity of goods and services to be purchased;
- Led to improvements in satisfaction with services;
- Reduced GP visits and hospital admissions; and
- Achieved cost savings for high cost, highly complex cases.

9. Next steps

9.1. The CCGs are asking the Health and Wellbeing Board to approve this approach and embed the CCGs' work plan into their strategy for 2016 – 2020.