

Oxfordshire Health and Wellbeing Board: Thursday 3rd March 2016

Personal Health Budget Local Offer and Roll-out Plan

Purpose of report

1. The purpose of this paper is to inform the Oxfordshire Health and Wellbeing Board on NHS England Guidance requiring CCGs to develop and publish a Local Offer for a major expansion of Personal Health Budgets (PHBs), and seek approval of the Oxfordshire Local Offer for PHBs, which must be included within the Health and Wellbeing Strategy.
2. The Health and Wellbeing Board is asked to:
 - a. Note NHS England Guidance on the roll out of PHB beyond Continuing Healthcare and work to date undertaken in Oxfordshire
 - b. Approve a Local Offer outlining groups who could potentially benefit from PHBs and could receive them from April 2016, to be published and included in the Health and Wellbeing Strategy.
 - c. Note that the next steps and governance process going forward

What is a Personal Health Budget (PHB)?

3. A PHB is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. It is not new money, but is money that would normally have been spent by the NHS on a person's care being spent more flexibly to meet their identified needs. The vision for PHBs is to enable people with long-term conditions and disabilities to have greater choice, flexibility and control over the healthcare and support they receive.
4. PHB's aim to increase people's choice and control over the care and support they receive. Nonetheless, the NHS retains a duty of care to individuals who opt to have a PHB and a direct payment and consideration must be given to implementing this mandate in conjunction with other policies and frameworks such as; Guidance on Direct Payments for Healthcare: Understanding the Regulations (2014).
5. PHBs do not abdicate clinicians from their duty of care to ensure the individual's care is safe and effective in meeting their assessed needs and specified outcomes. In the current arrangements for Continuing Healthcare the approval of care plans has been subject to review by a risk panel.
6. PHB funding should not be used as a mechanism to fund services / items for which there are other available grants and funding available i.e. Disabled Facilities Grant for

housing adaptations, Motability and attendance allowance, disability living allowance etc.

7. PHBs can be delivered in three ways:

- Notional Budget: where the commissioner holds the budget and utilises it to secure services based on the outcomes of the personal support plan.
- Third Party Budget: where an organisation independent of the individual and NHS manages the budget on the individual's behalf.
- Direct Payment: where the money is transferred to a person or his or her representative or nominee who contracts for the necessary services.

8. Use of PHB's must be lawful, affordable for the individual within their budget allocation, and effective. There are a small number of services for which PHBs cannot be used. These are set out in the Guidance for Direct Payments for Healthcare and summarised below:



Services* agreed in a care plan which will meet health and wellbeing outcomes.

Services which are appropriate for the state to provide.



Primary medical services provided by a GP.
Acute unplanned care (including A&E).
Surgical procedures.
Medication.
NHS charges e.g. prescription charges, dental charges, vaccinations, immunisation, screening, NHS health checks.
Gambling, debt repayment, alcohol, tobacco.

*'Services' refers to anything which can be bought and which will meet someone's health or wellbeing needs.

Background

9. Oxfordshire was a national pilot site for the designing and testing of the delivery of PHBs, 2009 - 2012. During that time, Oxfordshire Primary Care Trust worked collaboratively with Oxford Health NHS Foundation Trust and Oxfordshire County Council to design and implement a sustainable system for PHBs in NHS continuing healthcare and for integrated health and social care budgets in anticipation of a roll-out to other groups / individuals. The project team continued with support from NHS England until March 2015, being both a Going Further Faster site and a regional peer support site.
10. The 'right to have' a PHB in NHS continuing healthcare came into force in England in October 2014 for both Adults and Children - Oxfordshire is fully compliant with this. PHB processes, including care and support planning, are integral to the case management offered to every adult eligible for NHS continuing healthcare.

Current NHS England Guidance

11. The publication of NHS Forward View Into Action: Planning for 2015/16, outlined that:

“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, we expect that personal health budgets or integrated personal budgets across health and social care should be an option for people with learning disabilities, 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.”
12. There is an expectation that PHBs will be offered to individuals who could benefit from them, this is based on level of need rather than a particular diagnosis – such as:
 - people receiving NHS Continuing Healthcare or children’s continuing care, who already have a right to have a personal health budget;
 - people who have high levels of need but are not NHS Continuing Healthcare, but who have health needs which would be suitable-this might include people who currently use high levels of healthcare but in a way that is not meeting their needs;
 - children with education, health and care plans, who could benefit from a joint budget including money from the NHS;
 - people with learning disabilities or autism and high support needs (in line with Sir Stephen Bubb’s report)-specifically where use of a PHB might enable someone to stay out of hospital, and/or might help him step down from hospital;
 - people who make ongoing use of mental health services-for people falling within the scope of the outcome based contract for mental health, this has been written into the contract;
 - people with long-term conditions for whom current services don’t work, so end up accessing acute services more; and
 - people who need high cost, longer term rehabilitation e.g. people with an acquired brain injury, or spinal injury, or with severe mental health conditions.
13. Although NHS England have stated that CCGs have the flexibility to set their own plans for expansion of PHBs, informed by local demographics and current understanding of groups which may benefit from PHB, they have indicated that this could equate to around 0.1 – 0.2 % of the population, or at least 660 PHBs if applied to Oxfordshire.
14. By March 2017 it is expected that CCGs develop a longer term vision and plan for 3-5 years which will include “large scale contracting and commissioning changes” taking place by March 2019. This will require relevant commissioners across the

CCG to “unbundle” contracts to offer individuals’ access to PHBs without double payment.

Requirement to publish a Local Offer

15. Whilst guidance states that CCG’s will have the flexibility to plan to introduce PHBs at a pace and scale that meets their local circumstances, by March 2016, it is expected that CCG’s should consider client groups who could benefit from PHBs and publish a Local Offer as part of the Health and Wellbeing Strategy which must include:
 - Those eligible for adult CHC and Children’s Continuing Care
 - Children with special educational needs and disabilities
 - Adults and children with learning difficulties

16. NHS England has clarified that the Local Offer does not have to be a lengthy detailed document but could include a statement of intent (including client groups which the CCG are considering rolling out PHBs to subject to further work), as well as giving details of client group who the CCG is obliged to offer PHBs, such as Continuing Healthcare. The Local Offer should be included within the Health and Wellbeing Strategy and include details of:
 - Who can get a PHB (including any eligibility criteria)
 - Which organisations are involved in PHBs
 - Where can professionals and the public find out more information
 - How patients can apply for PHBs

17. The development of an Oxfordshire Policy for PHBs is required to underpin any future PHB offer and address implications raised including clinical governance and financial risks. The policy will need to provide consistency, equity, clear and transparent governance arrangements, outline support services required for people with PHBs (and commission them as appropriate) and agree a Resource Allocation System. This policy will be developed in line with national guidance during 2016-17.

Proposed Oxfordshire Local Offer

18. The CCG held a workshop in January with NHS England and key stakeholders, (including PHB users) to identify potential groups which could benefit from PHBs and Integrated Budgets and form part of our published Local Offer.

19. As a result of this workshop and ongoing work within the CCG, it is envisaged that by 1st April the Oxfordshire Local Offer will include offering a PHB to the following client groups:
 - Patients receiving NHS Continuing Healthcare or children’s continuing care, who already have a right to have a personal health budget.
 - People with an Acquired Brain Injury (ABI) who would benefit from PHB and which will help them achieve their outcomes.
 - People with learning disabilities who will benefit from one, in particular:
 - Those with acute needs (e.g co-morbid mental and physical disability)
 - Those at risk of admission to hospital owing to behaviours that challenge
 - Those people who remain in hospital where there is a block to discharge

- Children who are part of the Special Educational Needs and Disability (SEND) reforms.
 - The CCG will also consider including other client groups whose needs are currently not being met by existing services.
20. In addition, during 2016/17 it is the intention to explore the expansion of PHBs to the following groups:
- Those with mental health issues, who would benefit from them in particular:
 - very complicated, often chaotic clients (for example with comorbidity of mental health and Learning Disability or with Acquired Brain Injury) whose needs are not being met within existing contracts and services.
 - those benefiting from recovery to support them move on from services.
 - high cost “frequent flyers” where offering a PHB would help achieve their outcomes.
 - Renal dialysis patients who use Patient Transport who may have improved outcomes from a PHB to procure alternative transport.
 - In conjunction with Primary Care, identify people with Long Term Conditions for whom current services do not work.

Next Steps and governance process

21. Subject to Oxfordshire Health and Wellbeing Board approval a Local Offer for PHBs will be published by 1st April and included within the Oxfordshire Health and Wellbeing Strategy.
22. A multi-agency Project Board has been established to oversee the implementation of this work, including agreement of a countywide policy, and is meeting on 22nd February.
23. During 2016/17 further scoping work will continue to enhance the Oxfordshire Local Offer and report into the Project Board.

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