

NHS Norwich
Clinical Commissioning Group

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

1. Summary

- 1.1. Personal health budgets (PHBs) have been introduced by the NHS to help people to manage their health care in a way that suits them. They have been piloted in a number of places across England, and since October 2014 adults eligible for NHS Continuing Healthcare and children eligible for continuing care have had a “right to have” a PHB.
- 1.2. *Forward View into Action: Planning 2015-16* (NHS England, 2014) required Clinical Commissioning Groups (CCGs) “to lead a major expansion in 2015-16 in the offer and delivery of PHBs to people, where evidence indicates they could benefit.” *The NHS Mandate 2016-17* sets a goal of: 50-100,000 people to have a PHB or integrated personal budget (IPB) nationally by 2020 (up from the current 4,000). This equates to approximately 215 – 430 people for NHS Norwich CCG.
- 1.3. NHS Norwich CCG is fully committed to expanding its Local Offer for PHBs / IPBs beyond adults eligible for Continuing Healthcare and children receiving continuing care. This Local Offer sets out the proposed strategy for achieving this over the next four years. It is proposed that work in 2016-17 will focus on expanding PHBs and exploring IPBs with people with learning disabilities in the first instance.

2. Personal health budgets and integrated personal budgets

[What is a personal health budget?](#)

- 2.1. “A personal health budget (PHB) is an amount of NHS money to support a patient’s identified health and wellbeing needs, planned and agreed between them and their 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.”¹ It is not new money, but is money that would normally have been spent by the NHS on a person’s health care, being spent more flexibly to meet their identified needs and outcomes.

¹ <http://www.nhs.uk/choiceintheNHS/Yourchoices/personal-health-budgets/Pages/about-personal-health-budgets.aspx>

[What is a personal budget?](#)

2.2. PHBs work in a similar way to personal budgets (PBs), which are widely used in adult social care and is an amount of social care money to meet a person's social care needs.

[What is an integrated personal budget?](#)

2.3 An integrated personal budget (IPB) is combined health *and* social care money to meet a person's health *and* social care needs.

[Principles of a PHB / IPB:](#)

2.4 An individual will be able to choose the health and wellbeing outcomes they want to achieve, with support and in agreement from their local NHS team.

2.5 An individual will know how much money they have available for their care and support;

2.6 An individual will be enabled to create their own care plan, with support if they want it;

2.7 An individual will be able to choose how their budget is held and managed, including the right to ask for a direct payment;

2.8 An individual will be able to spend the money in ways and at times that make sense to them, as agreed in their care plan.

[How does a PHB / IPB work?](#)

2.9 Personalised care planning is central to PHBs / IPBs. It is the process by which an individual or their representative, together with their healthcare professional, designs and agrees services to meet the individual's health, wellbeing, and potentially social care needs, in the way that works best for them.

2.10 A care plan sits at the centre of the PHB / IPB. The care plan sets out: the individual's health, wellbeing and potentially social care needs; the outcomes they want to achieve; how they will measure whether the outcomes are being achieved; the amount of money available in the budget; and how they are going to spend the budget to meet the identified outcomes. The care plan requires approval from the local NHS team.

2.11 Risks and benefits are identified and discussed, and consideration is given as to what level of risk an individual wants to take in their life. Approaches that might help to eliminate, reduce or manage those risks while still achieving the identified outcomes are agreed.

- 2.12 When considering how services and goods will be purchased, the individual or their representative decides how they want to manage the budget. They can choose to manage it in one of, or any combination of, the following three ways:
- 2.12.1 A notional budget - where the local NHS team holds the budget and uses it to purchase services for the individual, in line with the agreed care plan.
 - 2.12.2 A third party budget - where an organisation independent of the individual and the NHS manages the budget and purchases services on the individual's behalf, in line with the agreed care plan.
 - 2.12.3 A direct payment - where money is transferred to the individual or their representative to enable them to purchase services them self, in line with the agreed care plan.
- 2.13 The individual can use their PHB / IPB to purchase services and goods agreed in their care plan. There are some services and goods that cannot be purchased, for example alcohol, tobacco, gambling, debt repayment, and anything illegal or unlawful. Some NHS services are also excluded such as emergency or acute services, and most primary care services such as visits to a GP or dentist.
- 2.14 Monitoring and reviews are crucial in the PHB / IPB process and in safeguarding. It is essential to check at appropriate intervals how the PHB / IPB is being spent, whether the individual's needs have changed, and whether the care plan is achieving the agreed outcomes. The ultimate aim is to strengthen the individual's ability to achieve the outcomes they want. Some people need more frequent monitoring and reviews than others, for example if they have a degenerative or fluctuating condition or lack mental capacity, or where other particular risks are identified at care planning that need regular monitoring. Depending on what is agreed at the review, changes can be made to the resources, support or controls in the care plan.

3. Key legislation, regulations and guidance for PHBs and IPBs

- 3.1. The "right to have" a PHB came into effect on 1 October 2014 and applies to adults eligible for NHS Continuing Healthcare and children eligible for continuing care.
- 3.2. The *Children and Families Act 2014* gave children and young people aged up to 25 with special education needs and disabilities (SEND), who have an education health and care (EHC) plan, the option of a PHB.
- 3.3. *The NHS Mandate 2015-16* (Department of Health, 2014) states that from April 2015 "patients who could benefit will have the option to hold their own PHB as a way to have even more control over their care".

3.4. *Forward View into Action: Planning 2015-16* (NHS England, 2014) placed an expectation on CCGs “to lead a major expansion in 2015/16 in the offer and delivery of PHBs to people, where evidence indicates they could benefit.” It also set an expectation that by 1 April 2016, “PHBs or IPBs across health and social care should be an option for people with learning disabilities”, in line with Sir Stephen Bubb’s *Winterbourne View* (2014).

3.5. *The NHS Mandate 2016-17* (Department of Health, 2015) sets a goal of: 50-100,000 people to have a PHB or an IPB nationally by 2020 (up from the current 4,000). It also requires NHS England to produce “a plan with specific milestones for improving patient choice by 2020, particularly in maternity, end-of-life care and PHBs”.

4. Work to date

4.1. Twenty-one NHS Norwich CCG patients are currently in receipt of a PHB²; all of whom are adults eligible for Continuing Healthcare. The national target of 50-100,000 people to have a PHB or an IPB by 2020, equates to approximately 215 – 430 people for NHS Norwich CCG. This figure includes those already in receipt of a PHB.

4.2. In November 2014, NHS Norwich CCG commissioned a small-scale PHB pilot for people with a long-term condition, specifically Type 2 Diabetes. The pilot ran for one year and comprised of twenty-one participants. The aimed to measure: the impact of a PHB on a person with a specific long-term condition; the effectiveness of the way in which the PHBs were delivered; and explored other options for delivering PHBs. NHS Norwich CCG will apply the learning from the pilot to the framework for and expansion of PHBs / IPBs.

5. Developing the Local Offer

5.1. NHS England has invited all CCGs to sign up to a development programme to support them in expanding their offer of PHBs / IPBs beyond adults with Continuing Healthcare and children with continuing care.

5.2. NHS Norwich CCG is fully committed to expanding its Local Offer to others where evidence indicates they could benefit. These intentions are reflected in its

² As of 23 March 2016

Operational Plan for 2016-17. This Local Offer sets out NHS Norwich CCG's proposed strategy for expanding PHBs / IPBs over the next four years. It is a 'live' offer and will evolve as the work progresses.

- 5.3. NHS Norwich CCG is proposing to focus on expanding PHBs and exploring IPBs with people with learning disabilities in the first instance, in line with *Forward View into Action: Planning 2015-16* (NHS England, 2014) and the *Winterbourne View* (2014). Building on the local integrated learning disabilities team, it is hoped that it will provide an opportunity to explore IPBs and enable integrated care planning and service delivery. There is also a potential for cost savings, given the high cost, highly complex nature of some the care packages required.
- 5.4. In addition to the learning from the Type 2 Diabetes PHB pilot, NHS Norwich CCG will learn from the implementation and ongoing delivery of PBs in adult social care, and from best practice nationally.
- 5.5. Where appropriate, NHS Norwich CCG will work in partnership with other Norfolk CCGs to undertake joint working, share learning and best practice.
- 5.6. NHS Norwich CCG will develop its Local Offer in co-production with professionals, people who use services and their carers / families, and engage with other key stakeholders including service providers.
- 5.7. This Local Offer was approved by NHS Norwich CCG's Senior Management Team (SMT) on 7th April 2016 and its Executive Team on 26th May 2016.

6. The vision

- 6.1. By 2020, PHBs and potentially IPBs will be embedded within NHS Norwich CCG's ways of working.

7. High level outcomes

- 7.1. In addition to achieving the outcomes agreed in an individual's care plan, PHBs / IPBs aim to achieve the following high-level outcomes:
- 7.1.1. Improved health, wellbeing and potentially social care outcomes for individuals;
 - 7.1.2. Improved self-management of long-term conditions and disabilities;

- 7.1.3. Enable a wider range of services and goods to be purchased, diversifying the local market;
- 7.1.4. Improved individual satisfaction with services;
- 7.1.5. Improved integrated between health and social care (for IPBs);
- 7.1.6. Reduced primary care visits;
- 7.1.7. Reduced secondary care visits;
- 7.1.8. Reduced unnecessary hospital admissions; *and*
- 7.1.9. Cost savings for high cost, highly complex cases.

8. Action plan for 2016-2020

8.1. Table 1 below outlines the high-level deliverables NHS Norwich CCG wishes to achieve over the next four years:

	Milestone	Timescale
2016-17	Local Offer approved by NHS Norwich CCG and Norfolk's Health and Wellbeing Board.	Quarter 1 (April to June)
	Project management approach established: <ul style="list-style-type: none"> • NHS Norwich CCG executive and clinical leads identified. • Project governance arrangements put in place. • Key project management documentation agreed. 	Quarter 1 (April to June)
	Existing PHB delivery service processes mapped and resources identified.	Quarter 1 (April to June)
	People with learning disabilities who could benefit from a PHB / IPB identified, including services working well and not working well for individuals, and existing contractual arrangements.	Quarter 1 (April to June)
	Communications Plan agreed and implemented.	Quarter 2 (July to Sept.)
	Provider engagement to discuss solutions to facilitate PHBs / IPBs.	Quarter 2 (July to Sept.)
	Contractual and financial implications of facilitating PHBs / IPBs identified.	Quarter 2 (July to Sept.)
	PHB / IPB delivery service process and resourcing agreed.	Quarter 2 (July to Sept.)
	PHB / IPB policy agreed.	Quarter 3 (Oct. to Dec.)
	PHB / IPB roll-out starts.	Quarter 4 (Jan. to Mar.)
	Other cohorts of people who could benefit from a PHB / IPB identified.	Quarter 4 (Jan. to Mar.)
	Local Offer updated to include detailed plans for 2017-18.	Quarter 4 (Jan. to Mar.)
2017-18	Minimum 72 people in receipt of a PHB / IPB.	
2018-19	Minimum 144 people in receipt of a PHB / IPB.	
2019-20	Minimum 216 people in receipt of a PHB / IPB.	

9. Next Steps

9.1. NHS England requires NHS Norwich CCG, among other CCGs, to:

- 9.1.1. Publish this Local Offer on NHS Norwich CCG's website.
- 9.1.2. Obtain 'sign off' of the Local Offer from Norfolk's Health and Wellbeing Board.