

## Rotherham Clinical Commissioning Group's Personal Health Budget Local Offer

### Introduction

A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual. It is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). It isn't new money, but a different way of spending health funding to meet the needs of an individual.

Co-produced, personalised care and support planning is at the heart of making personal health budgets work well. The plan helps people to identify their health and wellbeing goals, working with their local NHS team, and sets out how the budget will be spent to enable them to reach their goals and keep healthy and safe

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. There is a longer term objective to widen the availability of personal health budgets to others who could benefit.

*Forward View into action: Planning for 2015/16*<sup>1</sup> states:

*"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.....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."*

### **Local Context**

(Information taken from Rotherham's Joint Strategic Needs Assessment)<sup>2</sup>

Rotherham's population is both growing and ageing, as people live longer. Latest figures show that by mid-2014 the population of Rotherham was at its highest ever level, at an estimated 260,100.

In line with the rest of the country, the most significant demographic change occurring in Rotherham is the growth in the number of older people. 18.8% of the population are aged 65 and over but this will rise to a projected 20.7% by 2021.

The table below identifies that the increase in population growth will be in the oldest age groups; these are the people most likely to be in receipt of some form of social care. Rotherham's total

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<sup>1</sup> Planning guidance for the NHS, setting out the steps to be taken during 2015/16 to start delivering the NHS Five Year Forward View

<sup>2</sup> Rotherham's Joint Strategic Needs Assessment (JSNA) (2015) <http://www.rotherham.gov.uk/jsna/site/index.php>

population is expected to increase by 3.5% by 2024 but the numbers of people aged over 85 are projected to increase by 41%.

Age Group	2014	2019	2024
0 – 17yrs	56,400	56,700	57,800
18 – 64yrs	154,700	154,600	153,000
65 – 84yrs	43,100	46,700	50,200
85+yrs	5,800	6,600	8,200

Rotherham’s CCG Personal Health Budget information is available on the CCGs website <http://www.rotherhamccg.nhs.uk/personal-health-budgets.htm>

The CCG view Personal Health Budgets PHB’s as a tool to support personalisation , which can result in an offer of a direct payment. This also recognises that that a direct payment PHB will not be available to all in scope to the Local Offer, and that PHB’s are targeted at those with the highest, complex needs, which will be a small part of the population.

There is no new money locally to support Personal Health Budgets. Continued detailed work is still needed in areas such as service contracts and budgets. Future publications of our local offer will provide additional details on how we will achieve the aspiration of wider delivery.

The CCG will as a minimum accept any expression of interest in a Personal Health Budget and will offer a personalised conversation to explore the reasons for the request. These conversations will focus on improving outcomes, and whether needs could be met differently, resulting in a personalised care plan.

When CCGs consider expanding Personal Health Budgets to other groups, this should be in line with equality legislation. CCGs also need to consult widely as they develop their local plans. The Local Offer is subject to an Equalities Impact Assessment which will be refreshed as the Offer is reviewed in future years.

### **Integrated Personal Commissioning**

Following an announcement by Simon Stevens in 2014, the Integrated Personal Commissioning (IPC) programme was formally launched in April 2015 as a partnership between NHS England and the Local Government Association.

IPC is a new approach to joining up health, social care and other services at the level of the individual. It enables people, carers and families to blend and control the resources available to them across the system in order to ‘commission’ their own care through personalised care planning and personal budgets., IPC also supports people to develop their knowledge, skills and confidence to self-manage through partnerships with the voluntary and community sector (VCSE), through community capacity building and peer support.

IPC is one of the key steps towards delivering the NHS Five Year Forward View. It supports the improvement, integration and personalisation of services, building on learning from personal budgets in social care and progress with personal health budgets.

Nine demonstrator sites have been selected to redesign the model of care for people with complex needs in England.

Each demonstrator site is working with one or more of the following groups, who typically have high levels of need from both health and social care:

- Children and young people with complex needs, including those eligible for education, health and care plans.
- People with multiple long-term conditions, particularly frail older people
- People with learning disabilities with high support needs, including those who are in institutional settings or are at risk of being placed in these settings.
- People with significant mental health needs, such as those eligible for the Care Programme Approach (CPA), or those who use high levels of unplanned care.

The goals of IPC are:

- People with complex needs and their carers have better quality of life, and can achieve the outcomes that are important to them and their families
- Prevention of crises in people's lives that lead to unplanned hospital and institutional care
- Better integration and quality of care.

Rotherham CCG will closely monitor demonstrator sites learning in developing its own integrated personal commissioning approach. Subsequently Rotherham CCGs local offer will be periodically updated to identify progression in this area.

### The Local Offer

There is an expectation that Personal Health Budgets should expand towards 1 in 1,000 people, this equates to approximately 260 people in Rotherham. The national pilots have demonstrated that benefit from a PHB derives from the level of need rather than particular diagnosis or condition. The planning guidance for 2015-16 allows local flexibility on which groups will be offered personal health budgets.

Demonstrated below is Rotherham CCG and partners current position with information on our plan to progress the local offer in 2016 – 2017.

Group of service users affected/Project	Number of people currently in scope	How this will be delivered	Partners involved
<b>These Groups already have a <i>Right to Have a PHB</i>:</b>			
<b>Children in receipt of NHS Continuing Care (CCC)</b>	<b>30</b>	Pathway for assessment and finance in place for Direct Payment, Notional or Third Party Budgets. Updated policy for Personal Health Budgets currently in the CCGs ratification process.	CCG, Rotherham Metropolitan Borough Council, Active Independence.



<b>Group of service users affected/Project</b>	<b>Number of people currently in scope</b>	<b>How this will be delivered</b>	<b>Partners involved</b>
<b>Children with special educational needs and disabilities as part of their Education, Health &amp; Care plans (EHCP)</b>	<b>0</b>	Joint policy development with the Local Authority for Personal Budgets/Personal Health Budgets – final version being agreed prior to progression through the ratification process. Development to integrate decision panels currently underway.	CCG, Rotherham Metropolitan Borough Council, Active Independence.
<b>Adults in receipt of NHS continuing health care</b>	<b>76</b>	Pathway for assessment and finance in place for Direct Payment, Notional or Third Party Budgets. Updated policy for Personal Health Budgets currently in the CCGs ratification process.	CCG, Rotherham Metropolitan Borough Council, Active Independence.
<b>Joint Funded adults including MH and LD (As required by the Bubb Report)<sup>3</sup></b>	<b>12</b>	Pathway for assessment and finance in place for Direct Payment, Notional or Third Party Budgets. Updated policy for Personal Health Budgets currently in the CCGs ratification process.	CCG, Rotherham Metropolitan Borough Council, Active Independence
<b>Those eligible for s117 Mental Health Act Aftercare</b>	<b>0</b>	For s117 eligible patients the CCG is developing a Personal Health Budget offer to all funded eligible individuals in 2016 – 2017 utilising current systems developed for eligible Continuing Care individuals.	CCG, Rotherham Metropolitan Borough Council, Active Independence
<b>Individual LD (As required by the Bubb Report<sup>4</sup> -health led</b>	<b>0</b>	Rotherham CCGs current offer includes any individual with any form of continuing care funding. Additional development is being undertaken by relevant commissioner to expand our local offer is being undertaken including learning from the Integrated Personal Commissioning demonstrator sites.	CCG, Rotherham Metropolitan Borough Council, Active Independence

<sup>3</sup> WINTERBOURNE VIEW – TIME FOR CHANGE Transforming the commissioning of services for people with learning disabilities and /or autism. Sir Stephen Bubb 2014



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Group of service users affected/Project	Number of people currently in scope	How this will be delivered	Partners involved
<b>Proposed expansion of PHB 2016-17:</b>			
<b>SEND children with significant needs that do not meet CCC and have a high primary - secondary care usage</b>	<b>20</b>	The CCGs local offer includes personalised care planning via commissioned services and guided conversation including voluntary sector support on an individual basis.	CCG, Rotherham Metropolitan Borough Council, Active Independence.
<b>LD with significant needs that do not meet CHC/CCC but have a high primary - secondary care usage</b>	<b>15</b>	The CCGs local offer includes Personalised care planning via commissioned services and guided conversation including voluntary sector support on an individual basis. Report through the Better Care Fund Delivery Group	CCG, Rotherham Metropolitan Borough Council, Active Independence.
<b>Long Term Conditions, with significant needs that do not meet CHC/CCC but have a high primary - secondary care usage</b>	<b>10</b>	The CCGs local offer includes Personalised care planning via commissioned services and guided conversation including voluntary sector support on a individual basis. Report through the Better Care Fund Delivery Group	CCG, Rotherham Metropolitan Borough Council, Active Independence.
<b>MH with significant needs that do not meet CCC but have a high primary - secondary care usage</b>	<b>10</b>	The CCGs local offer includes Personalised care planning via commissioned services and guided conversation including voluntary sector support on a individual basis. Report through the Better Care Fund Delivery Group	CCG, Rotherham Metropolitan Borough Council, Active Independence.

The target set of 0.1% population of 260,000 to achieve NHSE target for expansion are detailed below.

Area of expansion	Current	Target	Requirement
Mental Health	0	20	↑ 20
Long Term Conditions	0	20	↑ 20
Childrens Continuing Care	30	40	↑ 10
Section 117 Patients	0	5	↑ 5
Learning Disabilities	0	15	↑ 15
SEND Children	0	20	↑ 20
Adults CHC	76	140	↑ 64

Expansion of PHB's and increased personalisation is dependent on all partners engaging with the detail of how to make change happen. This will require implementation plans with timescales, to be set out in the refreshed Local Offer 2017-18.

Continued consultation on this Local Offer will help determine our priorities for the future expansion; this will be partly dependent on the freeing up of resources to fund budgets.

Plans are in place through existing target groups and projects, which in part is increasing the uptake of Personal Health Budgets in groups where we already have an agreed process. From 2017 onwards plans will be developed in line with the analysis in the table above of benefits to individuals which will be included in the Local Offer. Current targets of expansion will be monitored by the BCF operational and strategic group.