

Meeting of BNSSG CCG Governing Body

Date: Tuesday 4th June 2019

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda number: 7.1

Report title: Personal Health Budgets Assurance Report

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Report Sponsor: Janet Baptiste-Grant

1. Purpose

Governing Body members discussed the CCG's Continuing Healthcare (CHC) Commissioning Policy on 7 May 2019, and requested further clarity on the following:

- The support the CHC team provides to patients in regards to PHBs
- How the team support people who find discussing healthcare options with a professional difficult, particularly around the appeals process and how the CHC team support people through this process
- How the decision is made to manage PHBs (whether it is notional budget or managed by a third party)
- Does the CCG monitor who receives a PHB and is this broken down to see if there are any groups not represented
- How PHBs work within CHC budgets
- Further assurance generally on how PHBs are managed

This supplementary paper provides additional information on each of the requested areas.

2. Supplementary Information

The support the CHC team provides to patients in regards to PHBs

The CCG currently supports all three methods of PHB delivery via notional, third party, and direct payments. For each PHB route there is support offered to assist CHC eligible individuals in identifying the right care and support for them.

With all PHBs, the CCG's CHC nurses, working in either Bristol Community Health, or North Somerset Community Partnership, engage with the individual eligible for CHC to explore the different ways in which care can be commissioned. The additional support provided to individuals for each PHB route is summarised below:

- Notional PHBs are supported by the CCG's Brokerage Officers to identify suitable care providers with care staff able to meet the individual's needs.
- Third-party PHBs have the support from a brokerage organisation separate to the CCG to recruit and employ personal assistants to meet the individual's needs.
- Direct payment PHBs allow an individual to take on full responsibility for running the care package, but the option is also available to employ a company to manage elements of the PHB on that person's behalf.

How the team support people who find discussing healthcare options with a professional difficult, particularly around the appeals process and how the CHC team support people through this process

Eligibility for CHC means that an individual has been assessed as having a "primary health need" and as such is very likely to require the ongoing input of a range of health professionals. The CCG recognises that some individuals may find conversations about care options difficult, whilst other individuals have a very clear opinion as to how they wish their care package to be configured.

In relation to PHBs specifically, where CHC eligible individuals require more support to discuss care options, the CCG's PHB delivery model provides dedicated input from a named case manager to support an individual to develop their own care and support plan. In developing a care and support plan the individual, case manager, and any advocate/family representatives will explore the different ways in which care needs could be managed and create a clear plan for how this can be achieved via the PHB.

The CCG also supports individuals who wish to engage with independent and voluntary sector organisations when developing options for how they wish for their care to be delivered, which can be helpful where a person has difficulty engaging with health professionals.

The CHC PHB processes work in accordance with the CCG's Mental Capacity Act & Deprivation of Liberty Safeguards Policy 2018-2020 to ensure that individuals are encouraged to participate as fully as possible in shaping how care will be delivered. A trusted relative or friend, or an Independent Mental Capacity Advocate, may be able to help the person to express wishes or aspirations or to indicate a choice between different options.

How the decision is made to manage PHBs (whether it is notional budget or managed by a third party)

The CCG's CHC Commissioning Policy outlines the intention to deliver all home care packages at a minimum as a notional PHB, with the expectation that many are delivered as direct payments, or third party budgets. This is in line with the NHS England expectation that a PHB is the default option

for a CHC care package at home. A notional PHB involves the CCG remaining responsible for holding the PHB money and arranging care and support as agreed with the CHC eligible individual.

Individuals receiving care at home are routinely offered the opportunity to take greater choice and control of their PHB by utilising a third party or direct payment PHB option, but this is a step that individuals must choose voluntarily.

Does the CCG monitor who receives a PHB and is this broken down to see if there are any groups not represented

The CCG has not yet reviewed the take up of PHBs across the nine protected characteristics to identify whether key groups are under/over represented. Following the merger of the three CCGs there is also the opportunity to review the take up of PHBs across the different health communities of Bristol, North Somerset and South Gloucestershire. The CHC team has scheduled a review of PHB adoption, to include equalities and demographic analysis, for completion by February 2020.

How PHBs work within CHC budgets

PHBs for individuals eligible for CHC are funded from within existing CHC budgets.

Further assurance generally on how PHBs are managed

The CCG's CHC team will be running a session with members in the seminar that precedes the August 2019 Governing Body meeting. The session will allow members to gain a greater understanding of the current delivery model for PHBs in BNSSG, the future development plans for wider take up of PHBs, and to hear of examples of how PHBs are being used to meet the needs of individuals with complex care needs funding by CHC.