

Title of paper:	Personal Health Budgets Update
Meeting:	Governing Body, 29 th November 2013
Author:	Emma Parkinson, Personal Health Budgets Project Manager on behalf of the Personal Health Budgets Task & Finish Group
email:	emma.parkinson@surreydownsccg.nhs.uk
Exec Lead:	Karen Parsons, Chief Operating Officer

Purpose	To Agree	
	To Advise	
	To Note	

Development

The Personal Health Budget November 2013 update was reviewed by the Continuing Health Care Reference Group and the Chief Operating Officer prior to the Governing Body.

Executive Summary and Key Issues

- The Minister of State for Care Services, Normal Lamb, announced the national roll out of personal health budgets on 30 November 2012. Personal health budgets will initially be aimed at people who are already receiving NHS Continuing Care, who will have a “right to ask” for a personal health budget from April 2014 and from October 2014 this group will further be given the “right to have” a PHB (excluding cases where there is a compelling clinical or financial reason otherwise). CCGs can decide to offer personal health budgets to other groups that they feel might benefit.
- The CHC Reference Group has created a personal health budgets Task & Finish Group, and have engaged the services of a project and change manager to drive the project between now and April. The Task & Finish Group will make recommendations to the CHC Reference Group for decision or escalation to the Surrey CCG Collaborative as required.
- A stakeholder engagement event is scheduled for 4th December aimed at clinicians, commissioners, patients, carers, care workers, providers, community services, CCG finance teams, Surrey County Council and voluntary organisations with the aim of truly co-designing our personal health budgets service
- The project will require significant cultural change (patient-centred planning and risk enablement) - we will commission a 6 to 8-month culture change

programme which will work with all groups over an extended period of time to tackle the necessary changes in thinking and practise.

- Phase 1 (December to March)
 - It is proposed to work with a maximum of 20 existing and new continuing healthcare funded patients between December 2013 and March 2014.
 - Close joint working with Surrey County Council is proposed to benefit from existing provision for the support of personal budgets and direct payment facilities.
- Phase 2
 - From April to October 2014 the roll out of personal health budgets will be managed closely to ensure that we can continue to learn as we implement, ensure good patient experience as we scale, and control the impact on the CHC team.
 - From April 2014, a mixed-economy model is proposed to ensure patient choice and flexibility of providers
- Our working assumption from the pilot is that there will be a neutral impact on CHC care package budget (some budgets will be higher and some lower than today, but that on, average, we will see little difference to funding) but there will be recurrent management costs (to include incremental care planning/brokerage resource costs, direct payment administration, pre-paid card administration, direct payments support, advocacy, communications).
- In December 2013, a personal health budget impact assessment will be developed which will provide some guidance for estimated budgetary impact in time for the 2014/15 budget cycle.

Recommendation(s): The update is to advise the Governing Body of the current position and future plans.
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Attachments: Personal Health Budgets – November Update

Implications for wider governance

Quality and patient safety: The implementation of Personal Health Budgets should increase patient choice and control, and enhance patient experience

Patient and Public Engagement: As set out in this Update

Equality Duty: Equality of access to personal health budgets will be imperative and we plan to ensure that we offer a mixed economy approach to service provision.

Finance and resources: There is a potential financial impact – there are likely to be incremental management costs associated with provision of PHBs (although costs of care packages themselves are likely to remain steady). A budget impact assessment to be provided in December for your review

Communications Plan: A full communications plan is in development and will be shared in December

Legal or compliance issues: People who are already receiving NHS Continuing Care will have a “right to ask” for a personal health budget from April 2014 and from October 2014 this group will further be given the “right to have” a Personal Health Budget .

Risk and Assurance:

1. **Risk:** Significant cultural change for CHC team, CCG commissioners, patients & carers, with greatest changes around a person centred approach & risk enablement
Mitigation: six to eight-month culture change programme
2. **Risk:** Amount of change for the CHC team – recommendations from the CHC review are have just been published
Mitigation: Ensure robust programme management of all linked projects (CHC Review, PHBs, Residential re-tender, Home care retender)
3. **Risk:** Short timeframe
Mitigation: Hired project and change manager to provide focus and drive through to completion
4. **Risk:** Complexity (Surrey wide & 6 CCGs) – due to the short timelines it will be imperative that we can make decisions quickly
Mitigation: Robust governance and decision-making structure in place
5. **Risk:** Potential of missing opportunities for integration
Mitigation: Work closely to align with Surrey County Council priorities and secure senior engagement
6. **Risk:** Market not yet ready for personal health budgets – has potential to significantly changed what is commissioned, how it’s commissioned and by whom
Mitigation: Market stimulation and support will be provided as part of the project