

Governing Body (public) meeting

DATE: 21 May 2015

Title	Personal Health Budgets for Children & Young People	
Recommended action for the Governing Body	That the Governing Body: NOTE the current position with regard to introducing personal health budgets (PHB's) for children, and proposed next steps with regard to other groups of patients.	
Executive summary	This short paper outlines that a policy covering the offer of PHBs to children with continuing care needs and Education, Health and Care Plans is being finalised. It highlights that a PHB has been agreed for one young person in advance of this, using the principle of the existing PHB policy for adults with CHC eligibility, and it sets out the proposed next steps.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	<ul style="list-style-type: none"> • Risk of fraud • Safeguarding risks – including risk of exploitation
	Equality and diversity	People eligible for PHB are potentially amongst the most vulnerable of our patients. It will be essential to ensure that this complicated process is accessible and comprehensible to all.
	Patient impact	Personal Health Budgets are enablers of choice and person centred care.
	Financial	<ul style="list-style-type: none"> • Increased financial infrastructure costs to calculate and administer personal

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		budgets; <ul style="list-style-type: none"> • Cost of providing budget management advice and support; • Cost of audit and review of PHBs; • Increased care planning and costs due to requirement to negotiate a budget offer; • Potential higher costs of care due to imperfect resource allocation tools; • Project management costs to achieve the required timescales including promoting PHBs and engaging the public.
	Legal issues	As with the current Continuing Healthcare process the assessment and calculation of PHBs will inevitably be subject to legal challenge from time to time.
	NHS constitution	Personal Health Budgets support Principle 4. The NHS aspires to put patients at the heart of everything it does.
Consultation (public, member or other)	The PHB policy for children and young people requires agreement from the local authority (children's and adult's social care and education). Parents of children with Special Needs will be consulted via a local voluntary group, Parents Voice.	
Audit (considered/approved by other committees/groups)	The PHB policy for children will require approval by the Finance Sub-Committee.	
Communications plan	The policy will be promoted via the SEND (Special Educational Needs and Disabilities) Local Offer website (hosted by LBB) and via the CCG website.	
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Date	1 May 2015	

Personal Health Budgets for Children & Young People

Introduction

Bexley Clinical Commissioning Group approved the Personal Health Budgets Policy for Adults with Continuing Health Care needs in April 2014. Take up of the offer of a Personal Health Budget has been very limited and, a year later the first two PHBs are being put in place. In the meantime the expansion of PHB's beyond Continuing Healthcare is proceeding.

The publication of 'Forward View into action: Planning for 2015/16' set out the following: '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 the evidence indicates they could benefit. As part of this by April 2016, we expect that personal health budgets or integrated personal budgets across health and social care should be an option for people with learning difficulties in line with Sir Stephen Bubb's review. To improve the lives of children with special educational needs, CCG's will 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 their local Health Watch and include clear goals on expanding personal health budgets within their local joint Health & Well-being Strategy'.

The guidance produced by NHS England lists the following groups as potentially the subject of the 'major expansion'

- 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;
- 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);
- people who make ongoing use of mental health services;
- 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, spinal injury or mental health recovery.

Current Position

At the current time we are focusing on ensuring that we are able to offer PHBs to children and young people as above. We have been approached by the parent of a young person, nearing transition to adult services, who wished to employ her own carers to look after her severely disabled child during school holidays. We have decided to be flexible in agreeing to this, in advance of having a specific policy in place for children and young

people, drawing on the principles of the adult policy and Local Authority direct payment agreements.

A PHB policy for children and young people is in the process of being developed. It is more complex than the adult CHC policy because of the need for it to cover the requirements of the Children & Families Act 2014 with respect to children with Education, Health & Care (EHC) Plans. EHC Plans replace statements of special educational need and extend from the age of 0-25. The latter expansion of the age range adds an additional complexity because it therefore requires the policy to take account of the different eligibilities for social care and continuing healthcare when young people transition to adults services.

The policy needs therefore to be developed in consultation with LBB's Education services, children's social care and adult social care. When finalised, it is a requirement of the Children & Families Act that it is publicised on the SEND (Special Educational Needs and Disabilities) 'Local Offer' website. <http://www.bexleylocaloffer.uk/>. The aim is to complete this by the end of May 2015 for approval by the Finance Sub-committee in June.

In the meantime if there are further requests for PHB's they will be managed on a case by case basis on the principles outlined above.

Next Steps

In terms of progress to offering personal budgets to other groups as listed above, work on this will continue during 2015/16. According to the Frequently Asked Questions (Gateway reference 03043) there is a degree of flexibility in the timetable for rolling out PHB's. *'.....all CCGs should continue to ensure that people eligible for NHS Continuing Healthcare and families of children receiving continuing care can exercise their right to have a personal budget. They should plan to expand personal health budgets and joint personal budgets across health and social care for people with learning disabilities who have complex needs and children with special educational needs and disabilities as part of the integrated EHC plans. They should also consider other groups who could benefit from the flexibility that a personal health budget gives individuals'*

It is therefore suggested that PHBs for people with learning disabilities are the next priority after children, and this will form the focus for 2015/16. This will also require working with the local authority which the Integrated Commissioning Unit is well placed to do. A timetable for considering rolling out to other groups will be developed within the year and in the meantime, in the event of a request from an individual we will try to be flexible on a case by case basis.

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1 May 2015