



Report to Scrutiny Panel

Name of Scrutiny Panel	Health and Social Care Scrutiny Board	
Meeting Date	28 th March 2019	
Subject	Personal Budgets and Personal Health Budgets	
Wards Affected	All	
Report of	Ged Taylor, Interim Assistant Director, Adults Health & Social Care, Calderdale Council Sarah Antemes, Head of Commissioning – Continuing Healthcare/Mental Health and Learning Disability Services, Calderdale Clinical Commissioning Group	
Type of Item (please tick✓)	Review existing policy	
	Development of new policy	
	Performance management (inc. financial)	
	Briefing (inc. potential areas for scrutiny)	
	Statutory consultation	
	Council request	
	Cabinet request	
	Member request for scrutiny (CCFA)	Y

Why is it coming here?

This report is at the request of members of the Health and Social Care Scrutiny Board following a presentation on Personalisation at the February 28th meeting of the Board.

What are the key points?

Following a presentation on Personalisation at the February 28th meeting of the Board, further information is provided relating to personal budgets in particular relating to the number of individuals in Calderdale with a personal budget and related expenditure.

There is also information provided on the progress of developing and implementing personal health budgets in Calderdale CCG.

Case studies will be presented verbally to members outlining the experience of service users with a Direct Payment and a Personal Health Budget.

Possible courses of action

Panel are asked to:

- Note the contents of the report

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Should this report be exempt?

No

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1. Background

At the Health and Social Care Scrutiny Board on the February 28th, the Board received a presentation on Personalisation in relation to Adult Social Care. Members requested further information relating to personal budgets in particular relating to the number of individuals in Calderdale with a personal budget and related expenditure.

Members also requested information on the progress of developing and implementing personal health budgets in Calderdale from Calderdale CCG.

Case studies will be presented verbally to members outlining the experience of service users with a Direct Payment and a Personal Health Budget.

2. Personal Budgets

The presentation to the February Board included reference to personal budgets as the amount of money, following an assessment, which a council thinks is needed to help someone who is eligible to live independently and safely at home. This is arrived at taking account of their care and support needs.

An individual may have to make a financial contribution to their Personal Budget. This contribution is calculated in accordance with the Council's Fairer Charging Policy

A support plan may decrease in budget following a review of needs to reflect an increase in independence.

The different types of Personal Budgets that are available are:

- Direct Payments (DP) Cash Payment.
- A Managed Budget where the person requests the Local Authority to arrange commissioned services on their behalf
- A Mixed Budget where the person uses a mixture of the above i.e. a combination of Direct Payment and Care Managed Service
- An Individual Service Fund where an independent sector provider holds money on behalf of the person

Direct Payment

Those eligible for a personal budget can choose to take their personal budget in the form of a direct payment. The money included in a direct payment is a means-tested cash

payment through which the individual can arrange for their own care and support. The individual can choose to employ their own personal assistant through a direct payment but have the council arrange and pay for other services on their behalf.

A direct payment is designed to be used flexibly and innovatively and there should be no unreasonable restriction placed on the use of the payment, as long as it is being used to meet eligible care and support needs as set out in the individual's care and support plan. The care and support plan should reflect what outcomes are to be achieved and what proportion of the direct payment is to be used for the outcome.

So for example, while direct payments can be used to facilitate social activities it should not pay for them. Also food and drink cannot be paid for via a direct payment. The use of direct payments is monitored and increasingly prepaid cards are being issued to service users as the means of payment.

When a recipient has accumulated an amount of their direct payment over a period of time and their needs have been met over that period of time then the accumulated amount must be returned to the Council. Any underspend of Direct Payment does not belong to the service user.

The Council can discontinue payments if the person fails to comply with a condition imposed under regulations to which the direct payments are subject or if for some reason the Council no longer believes it is appropriate to make the direct payments. For example, the Council might discontinue the direct payment if it is apparent that they have not been used to achieve the outcomes of the care plan.

Individual Service Fund

Some Councils including Calderdale, developed another option of an Individual Service Fund (ISF) where an independent provider holds money on behalf of the person. The provider is accountable to that person and is responsible for arranging and/or providing some of the services.

ISFs were designed to provide more choice but without all the responsibilities that come with managing a direct payment but have had mixed success with many providers unable to facilitate the flexibility and choice service users experience with a DP. In Calderdale we are in the process of moving the majority of people with an ISF to a managed service.

Carer Direct Payment

A Carer Personal Budget (also known as a Carer Direct Payment) is a sum of money to help a carer to pay for things which will help them in their caring role. It allows a carer to have more control over how they are supported. To get a personal budget an individual will need to have had a carer's assessment.

If someone is eligible following a carer's assessment they are given a personal budget and the amount they receive will depend on their situation and will be paid as an annual lump sum. A support plan is created which will show how the support will be arranged and how to spend the personal budget.

3. Personal Budgets and Support for Adults in Calderdale - Profile

We currently have **1,980** adults receiving a personal budget. Of these:

- **582** people are getting their personal budget in the form of a Direct Payment
- **242** people are getting their personal budget in the form of an Individual Service Fund (ISF)
- **110** people are getting a direct payment for respite support

According to the latest national data that we have which is for 2017/18, 30.4% of adults in Calderdale, who were receiving support, had a direct payment. This meant that in terms of the percentage of service users with a DP Calderdale:

- **6th** out of the 15 Yorkshire and Humber Councils
- **8th** best Borough in the North (out of 20)
- **54th** out of 152 councils nationally

In relation to expenditure the following table sets out the costs of DP/DP respite/ISF

	Direct Payments	DP Respite	ISF
Total weekly expenditure	£184,919	£0	£81,380
Average weekly expenditure per service user	£318		£337
Total annual expenditure	£9,615,765	£453,974	£4,243,397
Average yearly expenditure per service user	£16,550	£4,127	£17,534
Number of service users	581	110	242

4. Personal Health Budgets

What is a personal health budget?

A Personal Health Budget (PHB) is one way of personalising people's care to ensure the care they need. A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team, or with a partner organisation on behalf of the NHS (e.g. local authority). The initiative for PHBs originated from the government's Personalisation programme and much earlier than that from organisations of disabled people pressing for the right for autonomy in their lives and for control over the assistance they needed in order to live independently. Direct Payments and Personal Budgets for social care users have been available since 1996 and 2002 respectively.

Since October 2014, adults receiving NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a PHB. Since then take up has varied across the country with small numbers in many areas. There has been a national drive to significantly increase the number of PHBs and as such NHSE has set an ambitious objective that between 50-100,000 people will have a personal health budget by 2020/21. From 01/04/2019 all people eligible for CHC who receive care at home have to be given the option of a PHB.

What difference will a PHB make to the individual?

A personal budget is a way of recognising that each person situation is unique and that their needs may be met in different ways. Personalisation is built on the notion that service users are best placed to understand their own needs.

The PHB offer in Calderdale is clear that people will have much more say over how their health and wellbeing needs are met. Where people have health and social care needs the CCG and Local Authority will work together to deliver joined up plans that deliver the outcomes that people want.

Although numbers of PHBs have grown slowly there are many examples of the difference that it has made to people as they have exercised more choice and control over their care.

What is the impact of PHBs for health services?

National evidence on the effectiveness of personal budgets is still developing, however there is evidence of PHBs being cost effective for those eligible for CHC as people have been able to use their allocated budget for care in a more cost effective manner that meets their needs. For this client group there has also been a decrease in their use of primary and acute services. The Personal Health Budgets Evaluation Programme revealed that the use of PHBs was linked to significant improvements in patients care - related quality of life and psychological wellbeing, particularly for those with the greater levels of need.

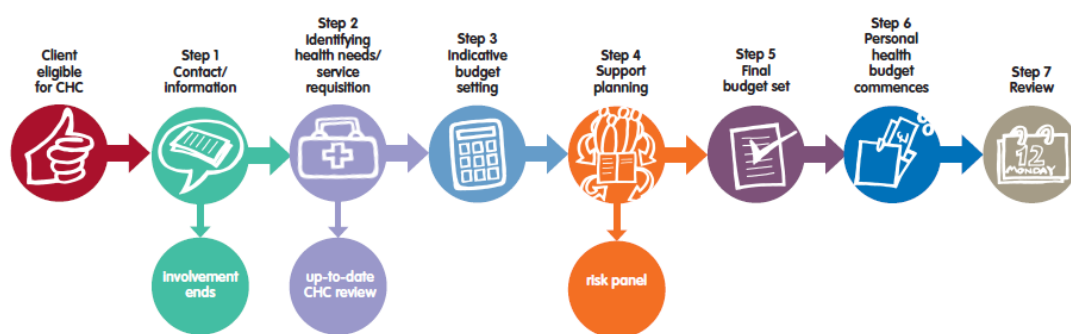
Locally there have been examples of improved health and wellbeing as people have developed support plans to meet their needs. The cost of PHBs in relation to traditional commissioned services has been comparable, with example of innovative alternatives to traditional care provision. Assurance of financial management is provided through individual audits and there have been no concerns about financial irregularities. The CCG currently commissions the audit function from CMBC as well as a direct payment 'set up' function.

PHB activity 2018/19

Over the course of the year there has been a steady increase in numbers from 22 in April 2018 to **48** at the current time, at a cost of **£1,653,975**. Whilst these numbers are small in comparison to the number of direct payments that the council provides this must be seen in the context that this is an evolving service offer. It is the ambition of the CCG to deliver another **100 PHBs** over the course of 2019/20 as the service provided as part of the CHC team continues to develop.

This activity is broken down into 21 CHC, 23 joint funded and 4 children and there are another 6 cases currently part way through the process.

There are 7 identified steps to completing the PHB process:



Expansion of PHBs beyond CHC

The Single Plan for Calderdale describes an ambition to deliver a shift in care away from hospital base care towards community and supported self-care. The Calderdale CCG Operational Plan 2017-19 also sets out the Calderdale vision for place based health, one of the key aims is that “People must be empowered to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes”

The use of a PHB is one of the ways to deliver a personalised approach to care through the empowerment of individuals. The NHS Long Term Plan sets out its vision for PHBs: “We will accelerate the roll out of Personal Health Budgets to give people greater choice and control over how care is planned and delivered. Up to 200,000 people will benefit from a PHB by 2023/24.”

Whilst the development of PHBs within CHC has taken time due to the complex needs of individuals, there was already a budget in place for this client group. When considering a wider roll out the funding arrangements become more complicated as monies may be already committed within existing contracts e.g. with NHS providers. Disaggregating block contracts to release funding was cited as one of the major challenges by commissioning managers in the PHB pilots and the Integrated Personal Commissioning Programme (IPC)

Across the region some CCGs are exploring the use of PHBs in areas other than CHC and these include wheelchairs, section 117 aftercare and learning about opportunities and challenges will be shared. At the current time the priority re PHBs for Calderdale CCG is to ensure that from 01/04/2019 all people eligible for CHC who receive care at home have to be given the option of a PHB.

The development of personalisation is a key component of delivering care closer to home and any future developments of PHBs will be considered as part of this work and in the context of CCGs operational plans.