



Personal Health Budget
Report for South Sefton CCG & Southport & Formby CCG
Phase One Findings

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Personal Health Budget Phase 1 Consultation Report

Background

Following a successful pilot programme by the Department of Health, which ended in October 2012, the Government announced that from April 2014, Eligible Persons will have the “right to ask” for a Personal Health Budget (PHB) , including by way of a direct payment. From October 2014, this right to ask was converted to a “right to have” a PHB.

The Government has confirmed a commitment in the NHS mandate 2014-2015 that anyone with a long term condition, who can benefit from a PHB, should have the right to ask for one by April 2015.

What is a Personal Health Budget (PHB)?

PHBs are the allocation of NHS funding which patients, after an assessment and planning with their clinical team, are able to personally control and use for the services they choose to support their health needs. This enables them to manage identified risks and to live their lives in ways which best suit them. Enabling people to exercise choice and control over their lives is central to achieving better outcomes for individuals.

For **Eligible** Persons there is a duty on CCGs to:

- Consider any request for a PHB;
- Inform them of their right to ask for a PHB (April 2014);
- Inform them of their right to have a PHB (October 2014)
- Provide information, advice and support in relation to PHBs.

There are five essential characteristics of a PHB. The person with the PHB (or their representative) must:

1. Be able to choose the health outcomes they want to achieve
2. Know how much money they have for their healthcare and support
3. Be enabled to create their own care plan, with support if they want it
4. Be able to choose how their budget is held and managed
5. Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

There is a requirement to engage to raise awareness of individual’s right to a personal health budget (PHB), to ensure that there is an understanding of what the

offer will mean and to manage expectations in relation to the delivery of PHB's across the borough of Sefton. To consult and enable feedback on the proposed literature which has been developed to promote and explain PHB's, which are intended to be available on the CCG's website from April 2016.

It is likely that this will have an impact on 3rd sector organisations, social care colleagues, health practitioners and advocacy services ability to signpost appropriately following request.

Consultation Process

Phase 1 of the consultation process has been conducted by Sefton Carers Centre on behalf of NHS South Sefton and NHS Southport and Formby CCG, following Sefton Carers Centre successful bid to secure funding to promote PHB's across the borough of Sefton.

The full consultation on Personal Health Budgets will take place in two phases detailed by the timescales below;

Phase One 1st February 2016 – 29th February 2016

Phase Two 1st April – 30th April 2016

Method of engagement: Focus groups with a maximum of 10 people per group

Patient representation groups to include:

- Parents of children eligible for Continuing Care (CC). If a child receives CC, they will have an education, health and care plan (an EHC) plan, or will be transferring to one very soon.
- Adults eligible for Continuing Health Care (CHC), including individuals with Long term health conditions, Learning disabilities and Mental health conditions.
- Service users in receipt of PHB's.

The process will include residents from both the North and South of the borough of Sefton. Protected characteristics data will also be collected.

Areas to receive feedback on:

Individuals will be shown copies of literature that has been compiled to promote and explain what Personal Health Budgets are. The understanding and clarification of the points below will be sought;

- Is there an understanding of what the offer of a PHB means? Specifically, seeking understanding on what the distinction between the 'right to ask' and 'right to have' change means in practice, gather expectations of this.
- Assess how well people feel their needs are understood and how well their needs are currently met
- Assess if any individual has been turned down for PHB in the past, what did they ask for and was it explained clearly and understood the reasons for PHB being turned down
- What would be the likeliest use for PHB funding should it be received?
- What is felt to be the biggest barrier to accessing the funding?
- General concerns/reservations from actual or potential PHB budget holders
- Testing of literature for proposed leaflets including a standard leaflet and an easy read version in addition to proposed website text to receive feedback on if the level of information is sufficient or there are any changes required to be made to address any areas not currently covered/explained sufficiently

The above are the key themes/questions which will be used to shape the discussions.

How the results may help to shape future work plans:

- Look to revise proposed literature dependent on feedback from the consultation if changes are requested to be made
- Managing expectation, working with service users, local residents, NHS workforce and partner agencies is key in clarifying and being realistic as to the delivery of PHB's in Sefton.

Phase 2 consultation process post 1st April 2016 to focus on NHS professionals across the wider NHS, partner organisations and service users.

The remainder of this report will focus upon the findings from Phase One only.

Phase One Findings

A total of 96 people were involved in Phase one, the full breakdown of personal characteristics is shown in Appendix 1.

A further collection of comments/views were gathered from a Service user group with Learning Disabilities. Due to time constraints the project worker for this group circulated the easy read document as part of their scheduled meetings and views and comments were reported back. These views are included in the Easy read leaflet feedback section.

The methodology used consisted of;

11 focus groups

6 face to face 1:1 interviews

7 telephone interviews (in these instances the focus group guide was used over the telephone interview to facilitate the discussion and a copy of the literature was emailed out allowing 1-2 days to look through the text and then a follow up phone call was made to find out views and comments on the text)

1 email only correspondence due to this being the only communication method that could be utilised and requested by the individual to allow them to be involved in the process.

Focus Group Discussion Themes

Is there an understanding of what the offer of a PHB means? Specifically, seeking understanding on what the distinction between the 'right to ask' and 'right to have' change means in practice, gather expectations of this.

100% of the respondents were not aware of the change in terminology from the 'right to ask' to the 'right to have' a PHB.

When asked how this would be perceived if they saw the 'right to have' wording, 76% agreed that they would interpret this to mean that if they met all of the eligibility for CHC/CC then they would be able to automatically transfer to a PHB.

17% had perceived 'the right to have' PHB as being something additional to CHC/CC funding.

7% had concerns that should they not receive and be successful in getting a PHB, does this mean they would then lose their entitlement to CHC/CC funding.

The overall expectation would therefore appear that those already in receipt of CHC/CC funding can automatically switch over to a PHB should they request to do so.

Assess how well people feel their needs are understood and how well their needs are currently met

Those individuals that were currently in receipt of a PHB, 5% of those involved in this engagement felt that their needs were met fully and understood completely by their healthcare team and demonstrated in their care plan which they felt they had full input into as did other family members where appropriate.

53% of individuals were not aware of PHB's as potentially being something they would be eligible for. These individuals had a range of complex long term conditions, mental health conditions and learning disabilities.

25% of individuals that had children with complex health care needs also were not aware of PHB's as potentially being an option available to them.

The comments below relate to CHC/CC funding only, although outside of PHB's the feedback could be useful to pass on to the CHC/CC teams.

11% of individuals were in receipt of CHC/CC funding and they felt that their needs were fully met and understood by their healthcare team. There was some reluctance for these individuals to move to a PHB or consider switching over to one as they felt their current care plans met their needs and they did not feel they knew enough about PHB's to know what moving over to one would mean to them.

9% of individuals that had applied for CHC/CC and not been successful, they felt that their needs were not understood or met. 2% of these individuals felt that the members of the panel assessing the applications did not have enough understanding/history of the case to be able to fully understand the needs. 7% had a general concern that the funding is something that is there however it's so difficult to obtain that very few people have success in obtaining it.

Individual Comments:

"PHB's allow me to live my life how I want and the way I want"

"I was not happy with the lack of consistency with Carers I was getting, so PHB has helped me employ my own Personal Assistants which gives me the flexibility and continuity of care that I require"

"I put my support plan together with healthcare professionals and my family who also care for me, at all times I was involved and leading on this care plan. I now have the flexibility to live my life how I want to and this helps to support my mental wellbeing"

"NHS staff I am in contact with know how complex my healthcare needs are but apart from Social Care funding, no one has ever spoke about CHC/CC or PHBs. My family provide most of my care and this has a big impact on my family members with my Son having to give up his job to care for me"

Assess if any individual has been turned down for PHB in the past, what did they ask for and was it explained clearly and understood the reasons for PHB being turned down

No individual that was part of phase 1 had applied and been turned down for PHB's, the following comments relate to CHC/CC funding applications only.

9% of individuals had made an application for CHC/CC and not been successful in receiving this. 4% of these individuals did request a re-assessment of needs and they are still waiting for this to happen.

The main concerns with regards to the unsuccessful applications were;

- Lack of communication, it was felt people get passed to different people and don't have a named contact to deal with the application process
- Inconsistencies in staff knowledge of CHC/CC/PHB's with some staff in the NHS workforce appearing to be unaware of them and not being able to offer advice/support with the process
- Concern over who assesses applications panel and how well the members have an understanding of the individuals need and history. 2% of individuals had concern with regards to a Social Worker that provided a home visit for 10 minutes a few days prior to their assessment panel to find out about the

individual and this was felt inappropriate as in that short visit there was concern over how well that staff member could really represent the individual at panel assessment, when prior to this the individual had no real contact with the Social Care team for quite a considerable time.

Individual Comment:

“We were advised to apply for CHC for my partner by our Community Psychiatric Nurse as my partner’s health care needs were so severe; however, we were unsuccessful with our application. We were told the health needs are not quite high enough. I look at my partner and wonder how high they have to be as I would say they are at the top end of the scale. It would be useful to have a bench mark to know just how bad things have got to get. I wonder is there a limit as to how much is available locally in funding and what is the cap on this?”

What would be the likeliest use for PHB funding should it be received?

Overwhelmingly, 92% of individuals would utilise PHB’s to employ their own Personal Assistants to be trained to provide the health care they need in their own home to offer the flexibility of being able to have visits at set times when required and have the continuity of the same person that can get to fully understand health care needs and meet them to allow the individual to still be able to fully live their life how they want to. 67% of these individuals felt that PHB’s could have an instrumental part to play in allowing a person to be able to stay in their own home by receiving their nursing care at home through training of their own personal assistants and this could help to prevent the need for going into a care home and help to avoid hospital stays where possible..

8% of individuals would use the PHB to make life easier for them due to mobility issues and would spend it on equipment if appropriate with stair lifts being mentioned frequently and other equipment such as wheelchairs/walking aid frames to assist in improving their mobility in and out of the home and access to swimming/exercise to improve mobility also being mentioned.

What is felt to be the biggest barrier to accessing the funding?

69% of individuals said information and knowledge about PHB’s is the biggest barrier to accessing the funding. Those individuals in receipt of PHB’s 3% found out through a family/friend member or through their own internet research by chance and 2% from nursing staff based in the hospital.

11% of individuals felt that there needs to be a central team/named contact assigned to an individual to deal with PHB’s as its interpreted there is a lack of continuity in the

core staff that administer and assess PHB eligibility. To provide quality assurance and reduce potential variances in the assessment process it's suggested a standard core team for PHB's would be required.

20% of individuals had a concern that if they took a PHB does this mean they no longer receive their Social Care funding and there was much confusion over NHS and Social Care funding streams and in particular the terminology 'Personal Budgets' and 'Direct Payments' from Social Care were often confused with 'Personal Health Budgets' and 'Direct Payment' from NHS budgets.

Individual Comments –

“The main issue I had was finding out about the progress of my PHB, I had difficulty getting to speak to a specific person that was over my case, who knew what was happening.”

“I would never have known about PHB's if a friend who lives in another area had not told me about them. I know people who are like me and would be eligible but they have never heard about them or know who to contact.”

“Each time I got a different person and each time I had to go through it all again, they couldn't tell me anything regarding the progression of my case.”

“How can you apply for these things when you don't know about them?”

“I wasn't informed about anything – I had to contact them all the time and hardly anybody would contact me back. They didn't seem to know what was going on. Eventually, things did move, but the whole process took a long time“

General concerns/reservations from actual or potential PHB budget holders

86% of individuals said that not enough is known about PHB's locally and there is not enough awareness amongst staff that could potentially promote PHB's to those that are likely to be eligible.

Individual Comments:

“Nobody knows about the CHC/PHB's - it is important to get that message across.”

“Doctors should know if somebody is likely to be eligible and submit a request, otherwise it's a slow process.”

“There isn't enough information about CHC/PHB's in public knowledge so this should be addressed in the health section more.”

“I think once you qualify you should be given somebody to contact over your case directly - a specific person who can keep you informed about how the case is processing and who you can contact, as I found this was the hardest part of my PHB.”

“Once you are in receipt of a PHB the support plan and care needs are met 100%, it's the application process that requires improvement.”

Summary of key Conclusions:

- Initial awareness of CHC/CC/PHB's, the general level of awareness appears low and the promotion and understanding of PHB's from health professionals appears to vary greatly.
- Clarity and a Clear Application Process – who to contact to start the initial discussion about PHB's?
- Those already in receipt of PHB have found it difficult to have a named contact and what has been called a 'central team' that works solely on the above funding to provide the continuity to an individual. Individuals feel they currently get passed from person to person and don't have one named lead.
- Timescales, it would be helpful for individuals to know an expected timescale when they do make an application for funding as some individuals felt they waited a long time with little feedback and they struggled to speak to someone to find out how the application was progressing.
- There have been a number of recommended changes to the leaflets and website text as detailed in the next section of this report.

Recommendations

- Improve local awareness of PHB's, especially amongst the NHS workforce, Social Care workforce and local Community, Voluntary and Faith organisations that could be key workforces to be in a position to have contact with individual's that may be eligible for a PHB.
- Seek to provide some further clarification surrounding what the Social Care offer is and what the NHS offer is. Closer working going forward may help to improve this so individuals are clear on what their eligibility is from both sources of funding. It should be ensured that the Social Care workforce feel confident and have enough information to discuss NHS funding and likewise the NHS workforce is clear on what can be accessed via Social Care.

- Provide a clear process for How to Apply for a PHB, stating clearly who to contact in the first instance for an initial discussion.
- Aim to provide a named contact to any individual in the process of applying for a PHB so they have a contact number and name to contact to find out how their application is progressing.
- Look to provide a timescale so an individual will know approximately how long the application process can take.
- Make suggested changes to the PHB leaflets as suggested by PHB/CHC/CC Service Users and potential PHB/CHC/CC Service Users.

Personal Health Budget Standard Leaflet Feedback

Personal Health Budgets

What do they mean?

In Sefton

Produced by Midlands and Lancashire Commissioning Support Unit for NHS South
Sefton CCG & Southport & Formby CCG

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Introduction

It has been suggested by some that this opening line makes the leaflet feel like a leaflet for Professionals and not for people that would potentially be eligible to receive a PHB.

The aim of Personal Health Budgets (PHBs) is that patients are given a set amount of money and can decide what care is best for them, in partnership with their NHS team. PHBs are aimed at giving you more choice and control over how money is spent on meeting your health care and wellbeing needs.

Together with your NHS team you will develop a care and support plan. The plan sets out your personal health and wellbeing needs, the health outcomes you want to achieve, the amount of money in the budget and how you are going to spend it.

Suggested to change to the information below under a title of What is a Personal Health Budget?–

A Personal Health Budget is an amount of money to support your identified healthcare and wellbeing needs, planned and agreed between you, or your representative, and your local NHS team.

PHB's are aimed at giving you more choice and control over how money is spent through a care and support plan that will be developed between you and your NHS team. The plan sets out your personal health and wellbeing needs, the health outcomes you want to achieve, the amount of money in the budget and how you are going to spend it. You will be able to use your budget for a range of things to help you meet your goals, including personal care and equipment.

Who can have a PHB?

From 1 October 2014, adults who are eligible for fully funded NHS Continuing Healthcare funding, and children eligible for NHS continuing care, have a right to have a PHB.

Your Continuing Healthcare funding and care package will remain in place if you choose not to have a PHB. It is completely voluntary.

Suggested it would be useful to have a breakdown here of who may be eligible for CHC/CC funding, what the criteria is? To provide examples of conditions that would be eligible. I appreciate this is difficult as not necessarily condition specific more about how the condition is affecting person's life and impact that has.

What is a PHB? – Could this be moved under the first section as suggested above?

Its felt this is duplication of the above introduction

A PHB is an amount of money, paid to you by the NHS to meet your healthcare and wellbeing needs; planned and agreed between the person or their representative and the local NHS team. You will be able to use your budget for a range of things to help you meet your goals, including personal care and equipment.

Some confusion over equipment are there examples of what could be bought as some people thought this implies things like wheelchairs etc however felt they should have access to this type of equipment already through Occupational Therapy, so would they now be getting charged for this service?

What does this mean for me?

People who are eligible for NHS Continuing Healthcare and Continuing Care for children will have much more say over how their health and wellbeing needs are met.

If you are receiving direct payments through social services, you may be able to transfer to a PHB with minimal or no disruption to your current arrangements if you become eligible for NHS Continuing Healthcare.

Confusion over if a person applies and qualifies for a PHB does this mean they lose their Social Care direct payment and switch to a PHB?

Who is delivering PHBs for patients in Merseyside?

The NHS North West Commissioning Support Unit (NWCSU) Continuing Healthcare Team are delivering PHBs with South Sefton CCG and Southport & Formby CCG.

It is the CCGs, which are local NHS groups, which buy healthcare services on people's behalf who are delivering PHBs with organisations providing support. Currently these organisations include Salvere, Your Life Your Way and SOLO Support Services. It is envisaged that over time a wider range of organisations, and therefore choice, will become available. These arrangements will be reviewed on an ongoing basis.

How does it work? – Suggested to change this to How do I apply and combine this with payment methods available as set out in website text?

There are three key steps to meeting health and wellbeing needs under the PHBs system: ~~Could remove this line and just list the steps below -~~

Step 1 – assessment of needs

Your care coordinator will ask you questions to find out what you need for your health and wellbeing.

It would not be known who a care co-ordinator is. The individuals currently in receipt of a PHB said they would not know who this would be. It has been suggested to include a list of all those people that you could ask first about PHB's such as a GP, practice nurse, district nurse, physiotherapist etc.

Step 2 – budget allocation

Your assessment of needs is used to calculate an 'indicative budget'. An 'indicative budget' is an estimate of the money needed to meet your health and wellbeing needs.

Step 3 – support planning and using the budget

Your care coordinator define care coordinator will then work with you, and those who support you, to decide how best to use the PHB to meet your needs. This will include your choice of how care is delivered.

This is written in a support plan, which both you and your care coordinator define care coordinator must sign.

While it can take some time to set up your health budget, we will make sure that this doesn't cause a delay in being discharged from hospital and an interim care package may be offered.

Could an estimated time be put in place to say how long potentially an individual may have to wait to know if they are eligible for a PHB for example, from initial application you should hear an outcome of your assessment within 3 months?

Will it affect my benefits?

A PHB is not a welfare benefit and is not a part of the benefits system.

This means that a PHB is not taken into account when calculating your benefits entitlement. PHBs are given in order to meet health and wellbeing needs, and cannot be spent for any other reason. The Merseyside NHS CCGs have a duty to ensure that payments are being used for what has been agreed with your care coordinator and documented in your support plan.

The NHS CCGs are entitled to recover any money that is not spent appropriately. Whatever form of PHB is used, the assessment and review process for Continuing Healthcare remains as it is now.

From where does the money come?

The funding comes from the same pot of money which pays for either fully funded NHS Continuing Healthcare or Continuing Care for children.

How will PHBs work for me?

The budgets could work in three ways:

1. **Direct payments** This is where either you or one of the agreed support service suppliers holds the funds to buy the care and support you and your local NHS team decide you need. For audit purposes you or your support service supplier will have to show on what the money has been spent. You will be the employer and will buy and manage the service yourself, supported by the support service supplier as your human resources advisor.
2. **A notional budget** – With a notional budget no money changes hands. You find out how much money is available and then talk to your local NHS team about the different ways to spend that money on meeting your needs. They will then arrange the agreed care and support.

3. **A budget held by a third party** – This is where a non NHS organisation holds the money for you and helps you decide what you need. After you have agreed this with your local NHS team, the organisation buys the care and support you have chosen, and they become the employer.

For people who lack capacity – This line caused offence to many and it's requested that its re worded. Could this be changed to –

A designated representative could be nominated to manage a direct Healthcare payment. The agreed representative is responsible for the money and, for audit purposes, has to show on what the money has been spent. The representative must involve the individual and act in their best interests.

The agreed representative is responsible for managing the direct healthcare payment, and buying and managing the service. The representative is responsible for the money and, for audit purposes, has to show on what the money has been spent. The representative must involve the individual and act in their best interests.

Must I have a PHB?

People do not have to change the healthcare and support that is working well for them, but if there's something that isn't working, that can be changed.

On what can my budget be spent?

The aim of PHBs is to allow you real flexibility in planning the care that you need. PHBs are intended to be used for a range of services to help meet people's goals, such as personal care and, in some cases, selected equipment. People will not pay for emergency care or normal care from a family doctor from their PHB budget.

On what can't I spend my PHB?

People are not allowed to spend the money on:

- gambling
- debt repayment
- alcohol
- tobacco
- anything unlawful

The PHB can't be used to part-fund treatments alongside patients' own money. If a patient for any reason wanted to purchase additional care, privately, this would need to take place separately. However, a patient could use their budget to purchase private services that meet their personal health outcomes e.g. a private physiotherapist.

Can I employ a relative?

Ordinarily, no. The CCG / NWCSU will need to confirm that it is necessary to employ a relative / partner or anyone living in the same household as you, in order to satisfactorily meet your care needs for that service; or to promote the welfare of a child for whom direct healthcare payments are being made. If family members close relatives and / or people living in the same household as you are to be employed, using a direct healthcare payment, the CCG / NWCSU must agree and record this in the care plan.

Will I be asked to show how I have spent the money?

Yes, patients are required to keep basic records. Your PHB bank account will be audited. PHBs can only be used as agreed in your PHB care plan. The records will be subject to audit arrangements by NWCSU Finance Department.

The balance of the bank account will be reviewed regularly and any money that has not been allocated to your care or support, excluding the contingency funds, will be returned to your CCG (unless a prior agreement has been made with the care coordinator).

More information

Depending on personal preference, there are two organisations working with your local NHS who support people with PHBs.

Salvere will help you to employ your own team of staff or SOLO will employ your team of staff.

Contact them or see their websites for more information.

Salvere:

Visit www.salvere.co.uk

By Telephone: 01772 535683

By email: contactus@salvere.co.uk

By post: Salvere
Suite 6 Leyland House
Lancashire Business Park
Centurion Way
Leyland PR26 6TY

SOLO Support Services Ltd:

Visit www.solosupportservices.co.uk

By

Telephone 0115 815 7010 needs formatting

By Textphone: 0115 815 7010

By email: info@solosupportservices.co.uk

By post: SOLO Support Services Ltd
34 Millicent Road
West Bridgford
Nottingham NG2 7PZ

Your Life Your Way:

Visit www.ylyw.org

By
Telephone 0845 387 1107 needs formatting
By email: referrals@ylyw.org.uk
By post: YLYW
8 Brunel Court, Rudheath Way
Gadbrook Park, Cheshire
CW9 7LP

If you want to share experiences, advice and support with other people who have a PHB, their carers and families, you can visit the **peoplehub** website:
www.peoplehub.org.uk.

NHS Choices helps people find reliable information about treatments, conditions and healthy living, and to comment on their own hospital experience at www.nhs.uk

Find out more about PHBs on NHS Choices at www.nhs.uk/personalhealthbudgets

To find out **all about choice** go to:
www.nhs.uk/choiceinthenhs/yourchoices/allaboutchoice/pages/allaboutchoice.aspx

For more information about the right to choose where you get treatment, ask your GP, CCG or visit:
www.nhs.uk/choiceintheNHS/Yourchoices/Pages/Yourchoices.aspx

Your health, your way (also called the patients' prospectus) supports people to take a more active role in decisions about their care, control their condition better, and have a better quality of life visit:
www.nhs.uk/Planners/Yourhealth/Pages/Yourhealth.aspx

Information Prescriptions are a quick and easy way to provide information about your condition and local services at: www.nhs.uk/ipg/Pages/IPStart.aspx

NHS complaints information - If you unhappy with your NHS services Contact:

**North West CSU
Customer Care Team**

TBC

TBC

TBC

TBC

Telephone: TBC

Email: TBC

CCG Contact Details

TBC

Standard PHB Leaflet Re worded taking into account all above highlighted suggested changes

What is a Personal Health Budget?–

A Personal Health Budget (PHB) is an amount of money to support your identified healthcare and wellbeing needs, planned and agreed between you, or your representative, and your local NHS team.

PHB's are aimed at giving you more choice and control over how money is spent through a care and support plan that will be developed between you and your NHS team. The plan sets out your personal health and wellbeing needs, the health outcomes you want to achieve, the amount of money in the budget and how you are going to spend it. You will be able to use your budget for a range of things to help you meet your goals, including personal care and equipment.

Who can have a PHB?

From 1 October 2014, adults who are eligible for fully funded NHS Continuing Healthcare funding, and children eligible for NHS continuing care, have a right to have a PHB. A PHB is designed to provide you with much more say over how your health and wellbeing needs are met.

Your Continuing Healthcare funding and care package will remain in place if you choose not to have a PHB. It is completely voluntary.

If you are receiving direct payments through social services, you may be able to transfer to a PHB with minimal or no disruption to your current arrangements if you become eligible for NHS Continuing Healthcare.

Can I have a Personal Health Budgets as well as a budget through Social Care?

Yes. If the professionals who help you agree that you should try a PHB and you already have a social care budget they may be able to find a way to combine all this into one budget.

Who is delivering PHBs for patients in Merseyside?

The NHS North West Commissioning Support Unit (NWCSU) Continuing Healthcare Team are delivering PHBs with South Sefton Clinical Commissioning Group and Southport & Formby Clinical Commissioning Group.

It is the Clinical Commissioning Groups, which are local NHS groups, which buy healthcare services on people's behalf who are delivering PHBs with organisations providing support. Currently these organisations include Salvere, Your Life Your Way and SOLO Support Services. It is envisaged that over time a wider range of organisations, and therefore choice, will become available. These arrangements will be reviewed on an ongoing basis.

How do I apply? (Need to include something under this section about timescales from application – getting PHB) Also need to agree on terminology used as makes reference to care co-ordinators/care managers etc).

Step 1 – Talk to your NHS team

Start by talking to the NHS team who currently look after you to find out whether you would be able to access a PHB. This might be a care manager, nurse or a social worker, who can tell you how PHB's work for people eligible for Continuing Healthcare funding or Continuing Care funding.

Step 2 – Understand your Health & Wellbeing needs

If you are able to access a PHB, a care manager or nurse will discuss with you how the PHB may work. An important part of setting a PHB is agreeing how the care you receive will benefit your health. This will include understanding your health and wellbeing needs through an assessment. The lead health professional will talk this through with you.

Step 3 – Budget Allocation

Your assessment of needs is used to calculate an 'indicative budget'. An 'indicative budget' is an estimate of the money needed to meet your health and wellbeing needs.

Step 4 – Personalised Support Plan

Your care coordinator will then work with you, and those who support you, to decide how best to use the PHB to meet your needs. This will include your choice of how care is delivered. This is written in a support plan, which both you and your care coordinator must sign.

Step 5 – Organise Care & Support

As soon as your Support Plan has been approved, your personal health budget will need to be activated - this can be organised in a number of different ways;

- **Direct payments** – Your agreed PHB money is paid directly to you to meet your identified health and wellbeing needs. You will be the employer and buy and manage the service yourself with support of a support service supplier if required that may act as your human resources advisor. For audit purposes you or your support service supplier will have to show on what the money has been spent.
- **A notional budget** – With a notional budget no money changes hands. You find out how much money is available and then talk to your local NHS team about the different ways to spend that money on meeting your needs. The local NHS team will then arrange the agreed care and support.
- **A budget held by a third party** – This is where a non NHS organisation holds the money for you and helps you decide what you need. After you have agreed this with your local NHS team, the organisation buys the care and support you have chosen, and they become the employer.

You can choose one or a combination of the three options above to best meet the needs as identified in your support plan.

A designated representative can also be nominated to manage a direct Healthcare payment where the individual is not able to manage this payment directly. The agreed representative is responsible for the money and, for audit purposes, has to show on what the money has been spent. The representative must involve the individual and act in their best interests.

Step 6 – Review

Your Support Plan should be reviewed at regular intervals to make sure that the support you are receiving through your PHB is meeting your needs. As your needs change, so might your personal health budget to make sure it is giving you the most appropriate support. Eligibility for Continuing Health Care and Continuing Care funding is also reviewed regularly.

Will it affect my benefits?

A PHB is not a welfare benefit and is not a part of the benefits system. This means that a PHB is not taken into account when calculating your benefits entitlement. PHBs are given in order to meet health and wellbeing needs, and cannot be spent for any other reason. The Merseyside NHS CCGs have a duty to ensure that payments are being used for what has been agreed with your care coordinator and documented in your support plan and are entitled to recover any money that is not spent appropriately

From where does the money come?

The funding comes from the same pot of money which pays for either fully funded NHS Continuing Healthcare or Continuing Care for children.

Must I have a PHB?

People do not have to change the healthcare and support that is working well for them, but if there's something that isn't working, that can be changed.

On what can my budget be spent?

The aim of PHBs is to allow you real flexibility in planning the care that you need. PHBs are intended to be used for a range of services to help meet people's goals, such as personal care and, in some cases, selected equipment. People will not pay for emergency care or normal care from a family doctor from their PHB budget.

On what can't I spend my PHB?

People are not allowed to spend the money on:

- gambling
- debt repayment
- alcohol

- tobacco
- anything unlawful

The PHB can't be used to part-fund treatments alongside patients' own money. If a patient for any reason wanted to purchase additional care, privately, this would need to take place separately. However, a patient could use their budget to purchase private services that meet their personal health outcomes e.g. a private physiotherapist.

Can I employ a relative?

Ordinarily, no. The CCG / NWCSU will need to confirm that it is necessary to employ a relative / partner or anyone living in the same household as you, in order to satisfactorily meet your care needs for that service; or to promote the welfare of a child for whom direct healthcare payments are being made. If family members close relatives and / or people living in the same household as you are to be employed, using a direct healthcare payment, the CCG / NWCSU must agree and record this in the care plan.

Will I be asked to show how I have spent the money?

Yes, patients are required to keep basic records. Your PHB bank account will be audited. PHBs can only be used as agreed in your PHB care plan. The records will be subject to audit arrangements by NWCSU Finance Department. The balance of the bank account will be reviewed regularly and any money that has not been allocated to your care or support, excluding the contingency funds, will be returned to your CCG (unless a prior agreement has been made with the care coordinator).

More information

Depending on personal preference, there are two organisations working with your local NHS who support people with PHBs. Salvere will help you to employ your own team of staff or SOLO will employ your team of staff. Contact them or see their websites for more information.

Salvere:

Visit www.salvere.co.uk

By Telephone: 01772 535683
 By email: contactus@salvere.co.uk
 By post: Salvere
 Suite 6 Leyland House
 Lancashire Business Park
 Centurion Way
 Leyland PR26 6TY

SOLO Support Services Ltd:

Visit www.solosupportservices.co.uk

By

Telephone 0115 815 7010 **needs formatting**

By Textphone: 0115 815 7010

By email: info@solosupportservices.co.uk

By post: SOLO Support Services Ltd
34 Millicent Road
West Bridgford
Nottingham NG2 7PZ

You can also contact the following local voluntary sector organisations that specialise in providing information and support to people with personal health budgets:

Sefton Carers Centre, 27 -37 South Road, Waterloo, Liverpool, L22 5RF

Tel: 0151 288 6060 www.sefton-carers.org.uk

Sefton CVS, 3rd floor, suite 3b, North Entrance, Burlington House, Crosby Rd North, Waterloo, L22 0LG

Tel: 0151 920 0726 www.seftoncv.org.uk

PHB Website Information

Draft Personal Health Budget CCG Website – Local Offer required to be published on the CCG website from April 2016

NHS South Sefton and NHS Southport and [Clinical Commissioning Group \(CCG\)](#) is offering people eligible for [NHS Continuing Healthcare](#) their own personal health budgets to manage.

We are also exploring how personal health budgets can be made available to people with a range of long-term conditions from 2016.

What is a personal health budget?

A personal health budget is an amount of money that can be given directly to a person receiving certain NHS care to allow them to pay for their help and support.

The allocation of this budget is agreed between the person, their Carers and their local NHS team. The budget is based upon a detailed care and support plan which identifies the health and wellbeing needs and outcomes of the individual.

Who can have one?

Since 1 October 2014 people who are eligible for NHS continuing health care (including children and young people eligible for NHS continuing care) have had the right to have a personal health budget.

If you're eligible for continuing health care or your child is eligible for continuing care, and you would like to consider a personal health budget, then you can work together with your NHS worker ([list who this could be GP, practice nurse etc](#)) to develop a support plan. The support plan, the proposed amount of money and how the budget will be managed then has to be agreed by your local Clinical Commissioning Group (CCG) who manages personal health budgets in your area.

If your child receives continuing care, they will have an education, health and care plan (an EHC plan) – or will be transferring to one very soon. For children, personal health budgets can contribute to some or all of the social, health or educational elements of this plan. In your area there will be a SEND 'local offer' and you can find out more about this on the Seton MBC website, <http://www.sefton.gov.uk/localoffer>

If you are someone who would like a personal health budget for yourself or someone you care for, talk to the local NHS worker who helps you most often with organising care for you or your child – this might be a care manager, a nurse or social worker. They will discuss personal health budgets with you.

NHS South Sefton and NHS Southport and Formby CCGs can now also offer personal health budgets to other groups of people who could benefit from them. The CCG's are currently exploring how personal health budgets can be made available to people with a range of long-term conditions.

How will it help me?

We believe everything we do should focus on people's individual health and wellbeing needs. That's why, wherever possible, we are trying to "personalise" the things we do.

Many people have said that by using a personal health budget, they have more flexibility, choice and control over how money gets spent on their care and support and makes them feel more involved and more positive.

A personal health budget enables you to work with a healthcare professional to prioritise the care needs that are important to you, and create a care plan that reflects your own personal health and social goals. Some examples of how a personal health budget may be used include;

- Having a personal assistant to help you with your daily life, or getting out and about
- Paying a carer to live in your home to help you
- Special equipment or changes to your home that help you do everyday tasks
- Supporting you to undertake activities that help you to be part of a community, such as taking an art class or joining a gym.

How can a personal health budget be organised? (Try and keep this section consistent with information in the leaflet, could the wording be changed to reflect the 6 steps in the standard PHB leaflet))

There are six basic steps to a personal health budget:

1. Get clear information

Start by talking to the NHS team who currently look after you to find out whether you would be able to access a personal health budget. This might be a care manager, nurse or a social worker, who can tell you how personal health budgets work for people eligible for Continuing Healthcare funding.

2. Understand your health and wellbeing needs

If you are able to access a personal health budget, a care manager or nurse will discuss with you how the personal health budget may work. An important part of setting a personal health budget is agreeing how the care you receive will benefit your health. This will include understanding your health and wellbeing needs. The lead health professional will talk this through with you.

3. Work out the amount of money that may be available

The CCG NHS Funded Healthcare team Nurse Assessors in conjunction with the lead professional in the community can work out the amount that is available. The amount of money will be based on your health and wellbeing needs and what a conventional package of care would look like. Have a chat with your nurse if you have any concerns.

4. Make a personalised care and support plan

If you choose to have a personal health budget you will need to have a personalised Support Plan. This is developed by you and the lead professional within the community and CCG NHS Funded Healthcare team Nurse Assessor. Together you will design a plan that meets your needs and meets

NHS funding rules. You will be supported throughout this planning process by a personal health budget advisor from an independent organisation. Your Nurse Assessor can give you details of the local organisations who can help you with this.

5. Organise care and support

As soon as your Support Plan has been approved, your personal health budget will need to be activated - this can be organised in a number of different ways;

- **Notional personal health budget** – this means the CCG NHS Funded Healthcare team Nurse Assessor will buy the services you need directly from the service provider (e.g. a care agency)
- **3rd Party personal health budget** – this means we pass on the money to someone you know, who then organises your care for you (as described in your Support Plan)
- **Direct payment** – this means we pass on the money directly to you with support of an independent organisation, to organise your care (as described in your Support Plan)

You can choose one or a combination of the three options above.

Support is available to help you consider these options. If you choose to take a direct payment and therefore become an employer, you may want support with employment responsibilities (such as setting up banks accounts and payroll administration). Please see below for the contact details of some local organisations who can provide this support.

6. Make sure the money is working for you

Your Nurse Assessor is responsible for making sure the help and support you are receiving is meeting your needs. As your needs change, so might your personal health budget to make sure it is giving you the most appropriate support. Eligibility for Continuing Health Care and Continuing Care funding is also reviewed regularly.

Where can I find out more information?

If you want to know more or you have any questions about personal health budgets, you can contact the CCG's **NHS Funded Continuing Healthcare Team**:

- Call:
- Email

The CCG's have also approved a local policy that sets out the principles of how it will implement the delivery of personal health budgets across Sefton. Please visit the Plans section of this website to read **xxxxxxxxxxxx** for more information.

You can also contact the following local voluntary sector organisations that specialise in providing information and support to people with personal health budgets:

Sefton Carers Centre, 27 -37 South Road, Waterloo, Liverpool, L22 5RF

Tel: 0151 288 6060 www.sefton-carers.org.uk

Sefton CVS, 3rd floor, suite 3b, North Entrance, Burlington House, Crosby Rd North, Waterloo, L22 0LG

Tel: 0151 920 0726 www.seftoncvcs.org.uk

More information is also available on the [NHS England website](#).

To include here the links to relevant documents:

- Leaflet
- Easy Read Leaflet
- Policy

Easy Read PHB Leaflet main comments

- Suggested that images need to be changed to actual photographs
- Concern that a lot of the images are of money representing coins/notes and its felt more images are required to represent what the actual money can be spent on. Suggested more images of actual services/equipment should be used to balance the view and provide suggestions of what the money is for to those that can't read the text and are relying on images alone.
- Liked the case studies, found these really useful in providing an overview of what a PHB is.
- Liked the Questions at the end of the leaflet and felt this was a good summary
- Size and style of font good, any smaller font size would not work.
- Potentially look to slightly increase the space between words to avoid multiple words looking as one word in some cases. Change suggested to be made throughout the leaflet to slightly increase the gaps between the words.
- Use of colours in each section thought to be good and for those that could read it was felt the leaflet was easy to follow.
- Under the section 'What can you use a PHB for' in the section CAN it would be useful to add in more details about what it can be spent on by providing some further examples. It was felt the case studies provided some but other examples would improve the leaflet further.
- The sections and layout of the overall leaflet were liked and individuals commented that the leaflet was easy to follow.
- Requested that these leaflets should be made available to organisations that work directly with individuals with learning disabilities to ensure that the workforce in these organisations can raise awareness of PHB's with individuals/Carers where they feel someone may be eligible.
- Local details to be included at the end of the leaflet.

After an initial discussion with People First organisation it was suggested that photographs could be accessed from www.photosymbols.com

The cost of accessing the above images is £120/yr plus VAT for a single organisation user for 12 months. Terms as listed below –The basic package gives one named user access to the Photosymbols Library for a year, with discounts available if you want a longer subscription. When you place an order make sure you create your account and password as you will need these to log in to the picture library.

- ✓ Log-in from any computer
- ✓ Works on tablets and mobiles
- ✓ Monthly Picture and Template updates included
- ✓ Use in printed documents and PDFs
- ✓ Use in your website
- ✓ Easy Read Dictionary definitions
- ✓ No limit on downloads
- ✓ Runs in your web browser*
- ✗ Commercial use not permitted
- ✗ You cannot share your log-in

* Firefox, Chrome, Safari and IE 9 or above

Appendix A

Personal Characteristics of those involved in the Consultation process

Age Breakdown –

Age Group (Yrs)	Number of Individuals
17 - 25	8
26 - 35	15
36 – 45	19
46 – 55	24
56 – 65	12
66 – 75	6
Over 75	12

Ethnic Group –

Ethnic Group	Number of Individuals
White British	89
Black British	4
Chinese	3

Disabilities –

Disability	Number of Individuals
Learning	29
Mobility	12
Vision	3
Mental Health	21
A hidden impairment	2
Other	15
Not answered	14

Religion/Belief –

Religion/Belief	Number of Individuals
Christian	77
Jewish	2
Other	5
No Religion	12

Sexual Orientation –

Sexual Orientation	Number of Individuals
Heterosexual	92
Prefer not to say	4

Postcode –

First 3 letter of Postcode	Number of Individuals
L20	23
L21	4
L10	2
L22	6
L23	12
L30	8
L31	4
L37	11
PR8	15
PR9	11

Is your current gender the same as birth –

96 people - Yes