

Health and Wellbeing Strategy Report Update

Title (BHWP Strategy Priority	Integrated Personal Commissioning - Personal Health Budgets - July 2018
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1. Background

- 1.1 Personalisation and personalised care is a key feature of the NHS' Next Steps on the Five Year Forward. Birmingham CrossCity CCG was part of NHS England's Integrated Personalised Care Programme and since merging to become Birmingham and Solihull CCG, the CCG has been selected as a Personalised Care Demonstrator Level 2 site.
- 1.2 As a Personalised Care Demonstrator Level Two site, the CCG is committed to:
- improve people's health and wellbeing outcomes and experience of care through involving them in designing support around their individual needs and circumstances
 - prevent crises that lead to unplanned hospital and institutional care through supporting effective self-management
 - deliver improved value for the health and care system through quality improvements, better integration of care and reductions in demand and cost.
- 1.3 The Memorandum of Understanding agreed with NHS England sets the following targets:
- At least one per cent of the population will have personalised care (as defined within the personalised care minimum dataset). Specifically, this will incorporate:
 - number of people using Patient Activation Measure (PAM) or equivalent methodology such as long term conditions PROM
 - people accessing self-management support, such as health coaching, self-management education, peer support and social prescribing
 - people with a personalised care and support plan as defined within the personalised care minimum dataset.

- 1.4 Achieving the take up of at least 1040 PHB/integrated personal budgets (at least 1:1000 population of the GP registered population.)
- implementing PHBs as the default position for adults in receipt of NHS Continuing Health Care with community based packages of support.
- 1.5 The development and implementation of personalisation across a range of services will be embedded within Birmingham and Solihull CCG Integration plans as the Sustainability and Transformation Plan is progressed.

2. Current Update on : Activities, Progress and Developments

- 2.1 Thus far the focus has been on increasing the uptake of Personal Health budgets whilst the Personalised Care Memorandum of Understanding was being agreed and currently personal health budgets are currently being delivered in the following area:

Adult Continuing Health Care: A task and finish group is to be set up to plan to make Personal Health Budgets default for all home care packages. This is a requirement from NHS England as part of the MOU. 75 Adult PHB's are in place and moved across from AGEM CSU to MLCSU in the transfer of delivery of CHC.

Children's Continuing Care: The above mentioned task and finish group will incorporate Children's continuing care in the planning. 50 children's PHBs moved from AGEM CSU to MLCSU in the transfer of delivery of CCC.

Mental Health: The CCG is working with a third party support planning agency to embed a worker into BSMHFT for 1 year. The worker will rotate around the 4 hubs on a quarterly basis. The individual will be in place on 16th July 2018. This post is expected to help the Trust put 250 PHBs in place over the next year.

Learning Disabilities: Approximately 25 PHBs have been delivered in this cohort since April 2017. A TCP Personalisation post has been created to assist in the delivery of Personal Health Budgets in this area as well as having responsibility for personalised care planning.

End of Life: This is a 3 month pilot funded from the Better Care Fund which was expected to deliver 30 PHBs in End of Life Care. John Taylor Hospice and BVSC have been procured to work on this pilot.

Looked after Children's Mental Health and Emotional Wellbeing:

Birmingham was selected as one of seven sites to trial this nationally. The pilot project runs to March 2019 and is expected to deliver 40-50 PHBs. This project is working across Social Care and Health and since the CCG merger, the CCG are exploring the potential for expanding the project to include Solihull.

Wheelchairs: This is an area for development with a planning meeting scheduled for the end of July 2018 to develop plans for trialling Personal Wheelchair Budgets in Solihull with a further expansion to Birmingham expected in the future.

3. Current and Emerging Risk and Issues

There is a risk around achieving the targets agreed in the MOU. There are no financial implications for not delivering against the MOU however, there is reputational risk and in the longer term Personalisation is expected to deliver improved health outcomes. Achieving targets set on this programme will require significant organisational and system-wide change as well as a drive from commissioners and organisations to implement personalised approaches to care.

4. What is your Ambition?

NHS England mandated targets are for delivery of 1040 PHBs by end of March 2019.

As a team, we want PHBs to be default in the following areas by March 2019:

- Adult CHC
- Children's Continuing Care
- S117 MH
- Wheelchairs

Should the concept of offering PHBs to Looked after Children with Emotional wellbeing and Mental Health Support needs be proven, we would be aiming for commissioners to make funding available from within existing contracts to continue delivering PHBs or provide funding to continue to pilot a small number of budgets.

4.1 What needs to happen to get there?

Plans to be put in place for default delivery.

Commissioners and provider organisations to be engaged in the Personalisation Agenda and open to the benefits and short term consequences of Personalised care and personal health budgets.

4.2 What does this look like – Numbers, Impact & Outcomes?

Achieving targets as set by NHS England and delivering truly personalised care to individuals in Birmingham and Solihull.

5. How can the Health & Wellbeing Board Support you?

The Health and Wellbeing Board is request to support the system response to improving the uptake of PHB and the personalisation agenda by Health and Social Care colleagues through the MoU with NHS England

6. What can the Health and Wellbeing Board Track and Influence?

BSOI CCG has a programme group in place to monitor and track implementation, briefings can be provided to the Health and Wellbeing Board as required