

Bath & North East Somerset Council		
MEETING:	Health and Wellbeing Select Committee	
MEETING DATE:	25 th January 2017	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Personal budgets (including transitions)	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

1 THE ISSUE

- 1.1 This paper is to provide an update to the Committee on personal budgets within Bath and North East Somerset.

2 RECOMMENDATION

- 2.1 That the Committee note the contents of the report.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 This report is provided for information only.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 The Council provides personal budgets to all adults who are eligible for funded support from adult social care as required by the Care Act (2014), section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (Direct Payments) Regulations 2014.
- 4.2 Children and young people are provided with personal budgets as described by the Children and Families Act (2014), the Statutory Guidance and Code of Practice for special educational needs and disability 0-25 years (2014) and the 'The Special Educational Needs (Personal Budgets) Regulations (2014).
- 4.3 Guidance in relation to Personal Health Budgets dictates how the NHS provides Personal Health Budgets to individuals.

5 THE REPORT

5.1 What are personal budgets?

A **personal budget** is a sum of money that the Council calculates is sufficient to meet a persons' assessed eligible social care or education needs.

A **personal health budget** is a sum of money that the Clinical Commissioning Group (CCG) calculates is sufficient to meet a persons' assessed eligible health needs.

The person can choose how they wish to spend their personal budget, and can either take control of the money themselves in some cases (a **direct payment**), or can choose for the Council or CCG to arrange their care and support. People can also choose to have a combination of the two.

5.2 How does someone get a personal budget (or personal health budget)?

In order to receive a personal budget (or personal health budget), the individual has to have an **assessment**.

These assessments vary across adults and children's social care, education and health, and they are governed by different pieces of legislation. However, they all look at a person's life, strengths and abilities, what the person wants to achieve and what their needs for support are.

Following the assessment, the Council or CCG calculates the **indicative budget** for that person. This is a rough calculation of how much the Council or CCG thinks it would spend on meeting the person's needs. The method for calculating these indicative budgets varies across adults, children's and health.

This indicative budget is then refined through **care and support planning** during which the person clearly defines how they want their needs to be met and what they would like their budget to be spent on.

At the end of care and support planning, the final personal budget is agreed on. In the case of adult social care, this final personal budget may include an amount that the person contributes themselves (their **calculated charge**).

It's important to note that not everyone is currently eligible for a personal health budget, but the CCG is working on expanding the eligibility for these, based on NHS England guidance.

5.3 What happens in transition?

A person can transition at many stages, either from children's to adult social care, from social care to health, from health to social care or from children's continuing care to adult continuing health care (CHC).

These transitions should be as seamless as possible for the person.

(1) Children's to adults social care:

- In September each year, the Transition Lead receives data from the Special Educational Needs (SEN) team, Youth Connect, the looked after children team, the Lifetime team and data on young carers.
- The Transitions Operational Group uses agreed criteria to identify a young person aged 14 – 16 who is likely to need social care or adult continuing health care support into adulthood.

- During the ages of 14 to 18, the transition social worker or CHC team carries out a general assessment and talks to the young person, their parents, guardian, and/or GP and any assigned worker in children's social care to understand the child's needs in more detail.
- Between the ages of 14-16 the case can sit with the transitions team on 'hold' while the child is in receipt of support from children's social care or from children's continuing care.
- At age 16-17, the adult social worker attends school reviews, multi-disciplinary team (MDT) meetings, and requests children's health service input into the health and social care action plan.
- At this stage, the continuing healthcare (CHC) screening tool is completed if appropriate. Eligibility for adult CHC should be determined in principle by the relevant CCG when a young person is 17yrs old, so that, wherever applicable, effective packages of care can be commissioned in time for the individual's 18th birthday.
- The first adult Care Act assessment takes place for children in care at age 17, (which includes assessment, RAS and support plan).
- For young people who are not in care, the adult social care assessment process starts at age 17 ½ if there are identified ongoing social care needs.
- By the young person's 18th birthday, all funding should be in place within adult social care (if needed) to ensure a smooth transition into adult services.

(2) Adult social care to health:

- If a worker thinks that a person may be eligible for CHC funding, they should complete the CHC checklist. The CHC checklist can be completed by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) staff, care homes, district nurses, funded nursing care workers and social workers.
- The Nurse Assessor / Community Matron in the CHC team liaises with other teams, the person, family members and possibly refers to the GP records, and completes the Health Needs Assessment and the decision support tool.
- The Nurse Assessor / Community Matron makes a recommendation of eligibility from the outcome of the Decision Support Tool. All of the decisions are recorded on the shared record within Liquidlogic.

(3) Health to adult social care:

- If a person becomes ineligible for funding from health, a letter is sent to the person informing them of this, giving them four weeks' notice of the termination of funding from health and advising them to contact adult social care.
- A copy of the letter is also sent to the Sirona Advice, Signposting, Information and Safeguarding team (ASIST) within adult social care.

5.4 What current work is underway in this area?

The Council and CCG have been reviewing the policies that support direct payments as currently there are three separate ones which cover adult social care, children's social care and health. The review has recommended a single policy which covers all three areas.

The Council and CCG have also reviewed the support that is available to people who choose to have a direct payment and is recommending a pathway of support for people, which can cover adults, children's and health.

This pathway of support is being discussed with Virgin Care as the incoming Prime Provider for community health and social care support from April 2017.

In order to carry out these reviews effectively, the Council and CCG wrote out to all recipients of direct payments in January 2016 asking if people would like to be involved.

Following a good response to this letter, a group of direct payment recipients (**direct payment champions**) have been working with us during the year to refine and adapt our requirements for direct payment support.

5.5 How many people currently have a personal budget?

Personal Budget Summary for Adults and Children's 2015/16	Total Clients	Spend
Adults		
Personal Budgets	1569	£21,572,259.00
Direct payments (included in figures above)	513	£6,331,491.00
Children's		
Direct Payments - Disabled Children's Team	87	£402,308.00

Personal Health Budgets Summary 2015/16	Total Clients	Spend
Adults CHC	18	£945,673.00
Children's	1	£760.81
Children's CHC	4	£25,528.00

6 RATIONALE

6.1 The rationale behind the work that has been undertaken around direct payments has been to try and simplify the processes and policy in order to make it as simply and easy to understand as possible.

7 OTHER OPTIONS CONSIDERED

7.1 None.

8 CONSULTATION

8.1 The following were involved in the development of this paper:

- Senior Commissioning Manager, Better Care
- Integrated Personalised Commissioning and personal health budgets project lead
- Children's Continuing Care Nurse Manager
- Strategic Commissioning Officer, Children's Social Care
- Managers, Disabled Children's Team

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	<i>Wendy Sharman 01225 477922</i>
Background papers	<i>List here any background papers not included with this report, and where/how they are available for inspection.</i>
Please contact the report author if you need to access this report in an alternative format	