

Personalised Care and mental health

July 6th 2021

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Today's session:

- National Context for personalised care
- Personal Health Budgets (PHB) & Integrated personal Budgets (IPB) & work in the adult mental health space so far..
- Work with CYP mental health services & Transitions
- Some feedback from you .. **and a short comfort break**
- Laura Yourston, Team Manager, Haltemprice CMHT – East Riding of York / Humber Teaching NHS FT
- Some feedback from you
- National support / information
- Any final questions

National context

Personalised Care

The **Long Term Plan** states:

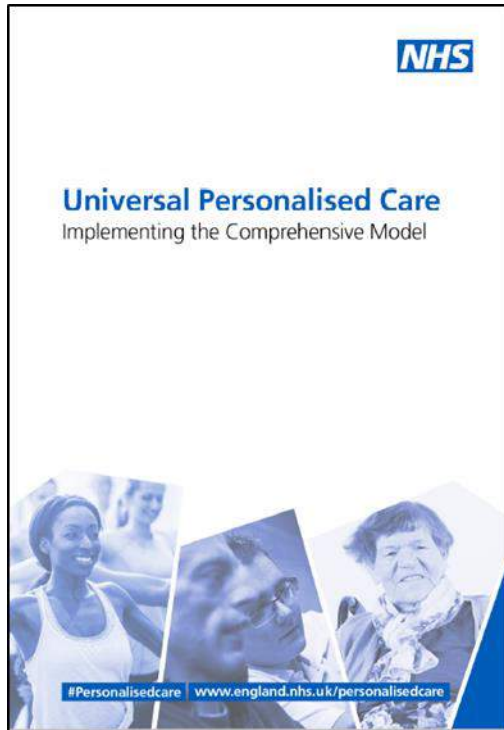
1. People will get more control over their own health, and more personalised care when they need it
2. Personalised care will become a part of business as usual for the health system
3. Roll out a comprehensive model of personalised care to 2.5 million people by 2023/24

Personalised Care & Support Planning – over **750,000** people expected to benefit with a shift to a different conversation

Social Prescribing – **900,000** people to benefit by 2023/24

PHB - up to **200,000** people will benefit from a PHB by 2023/24

Universal Personalised Care: Implementing the Comprehensive Model



- Launched in January 2019.
- Confirms how we will deliver personalised care so it is 'business as usual' for 2.5 million people (adults and children) across the health and care system by 2024, as set out in the NHS Long Term Plan.
- **Key commitments by 2024 include ensuring 200,000 people have a personal health budget and that all GP practices have access to a social prescribing link worker so that 900,000 people can benefit from social prescribing and community-based support.**
- Will be delivered with partners from across national and local government, and organisations from across health, care, voluntary and community-based sectors, as well as with people with lived experience.

<https://www.england.nhs.uk/personalisedcare/upc/comprehensive-model/>

Personalised Care Operating Model



WHOLE POPULATION
when someone's health status changes

30% OF POPULATION
People with long term physical
and mental health conditions

Cohorts proactively identified on basis of local priorities and needs


**LEADERSHIP,
CO-PRODUCTION
AND CHANGE
ENABLER**

Shared Decision Making

People are supported to a) understand the care, treatment and support options available and the risks, benefits and consequences of those options, and b) make a decision about a preferred course of action, based on their personal preferences and, where relevant, utilising legal rights to choice (All tiers)

Personalised Care and Support Planning

People have a proactive, personalised conversation which focuses on what matters to them, delivered through a six-stage process and paying attention to their clinical needs as well as their wider health and wellbeing.

Review

A key aspect of the personalised care and support planning cycle. Check what is working and not working and adjust the plan (and budget where applicable)


**FINANCE
ENABLER**


**WORKFORCE
ENABLER**

Optimal Medical Pathway

Social Prescribing and Community-Based Support

Enables professionals to refer people to a 'link worker' to connect them into community-based support, building on what matters to the person and making the most of community and informal support (All tiers)

Supported Self Management

Support people to develop the knowledge, skills and confidence (patient activation) to manage their health and wellbeing through interventions such as health coaching, peer support and self-management education (Targeted and Specialist)

Personal Health Budgets and Integrated Personal Budgets

An amount of money to support a person's identified health and wellbeing needs, planned and agreed between them and their local CCG.

May lead to integrated personal budgets for those with both health and social care needs (Initially Specialist)


**COMMISSIONING
AND PAYMENT
ENABLER**



2021/22 Operational Planning and Contracting Guidance

Personalised Care Commitments:

- 1.2 million personalised care interventions in 2021/21
- Population health management and personalised care approaches in primary care
- Personalised care approaches in other key areas including maternity, cancer, **mental health and learning disability.**

**PHB / IPBs &
adult mental
health so far..**



Community mental health framework for adults & older adults



- Delivery of integrated, personalised, place-based and well co-ordinated mental health care & support.
- Break down of barriers between:
 - mental health and physical health
 - health, social care, voluntary, community and social enterprise (VCSE) organisations and local communities
 - primary and secondary care.
- Focus on **addressing inequalities in access to mental health services & outcomes** through the adoption of more rights-based care based on greater choice and engaging early with communities.
- Explicit recognition of the need to **strengthen relationships with local community groups and the VCSE** & the imperative for **alliance partnerships within the VCSE mental health sector to:**
 - a) best identify needs
 - b) provide effective personalised care & support for people with mental illness & poor mental health.

We know that PHB/IPBs can lead to:

- People's **quality of life and wellbeing improving**.
- People benefitting more when PHBs are implemented in a way that enables **more choice and control**.
- **Total spending falling** for people with high levels of needs.
- People receiving NHS Continuing Healthcare **or with mental health needs spending less time in hospital**.
- People with high levels of need can benefit more than those with relatively mild needs, although relatively small budgets can still have enormous impact
- Partnerships with the VCSE strengthen the personalised care offer

[phbe](https://phbe.nhs.uk)

“My PHB sorted out practical things that were stressing me out... We talked about what would help me stay out of hospital. They really listened to me.”

“These are aspirations we should help with: meaningful activity for a purposeful life.”

Staff at these sites said they are committed to delivering PHBs and believe they are beneficial – they reported improved morale and job satisfaction from seeing the difference PHBs have made.

That input from voluntary sector partners and strong leaders inspired and supported them - although capacity and workload issues sometimes affected PHB delivery.

The PHB process can enable culture change – staff said that offering budget holders genuine choice and control requires a new way of working that can be unfamiliar and requires ongoing support and training.

Our areas of focus this year:

1.0 December 2nd 2019 PHBs became a **right to have** for people subject to s117 where a health need is identified

Mason's Story

- Mason had received 18 months' therapy as a mental health inpatient.
- A personal health budget meant he could receive a flexible support package which included weekly psychological support and occupational therapy through a notional PHB.
- He has successfully lived at home for a year - "I am alive and here for my boys".
- Saving to the system - £1,495 per week.

Right to have in s117 aftercare

- ▶ Came into effect on **December 2nd 2019 and remains in place.**

Eligibility for s117 aftercare is clear: ‘s117 requires clinical commissioning groups and local authorities, in cooperation with voluntary agencies, to provide or arrange for the provision of after-care to patients detained in hospital for treatment under Section 3, 37, 45A, 47 or 48 of the Act who then cease to be detained’

Funding is identifiable: ‘Mental health aftercare services must be jointly provided or commissioned by local authorities and clinical commissioning groups’ (people can already request a direct payment from social care)

[Guidance](#)

[s117 Rth webinar](#)

[direct payments for healthcare](#)

Human Rights Act – article 8: right to a private & family life.

Right to have

Right to have in S117 applies:

- at the aftercare planning stage in hospital
- At any planned review of the s117 aftercare package of support in the community (inc CTR / CETR)

Outside of the right to have areas everyone has the right to ask for a PHB and a PHB can be offered in any pathway.

Adult mental health pathway examples:		
Site:	PHB offer:	Pathway
City & Hackney CCG	VCSE Alliance developed an offer for people 'stuck' in secondary MH community services – 488 people	Recovery pathway – inc s117 aftercare
Birmingham & Solihull CCG	Trust developed s117 PHB offer for people 'languishing' in CMHTs and extended this to wards – 100+ people	s117 aftercare –community review & hospital discharge
Tameside & Glossop CCG	Individualised Commissioning Team developed a PHB offer and process for people 'stuck' in placements – 70+ people	Out of Area placements - discharge from hospital /residential care
Oldham CCG	CCG and LA worked together to develop an integrated s117 PHB process	s117 aftercare – integrated offer
Nottingham CCG	Survivors of domestic violence	Trauma pathway
South East London CCG	Developing PHBs across South London for people in their 'complex cases' group	Complex Care pathway
Hull CCG	Testing out s117 PHB	S117 aftercare
Vale of York CCG	Testing out s117 PHB	S117 aftercare
N Lincs CCG	Offering mental health PHBs	Pathway to be confirmed
East Riding of York CCG	Offering mental health PHBs	Pathway being formalised
Ipswich & East Suffolk CCG and West Suffolk CCG	A rehabilitation programme funded through PHB aimed at individuals in our community who are suffering the effect of severe and enduring mental impairment	Community mental health pathway

Our areas of focus this year:

2.0 Health inequalities: personalised care can be targeted & tailored to help meet the needs of individuals who experience health inequalities in any mental health pathway

A review of Personal Health Budgets for people from Black and minority ethnic communities

Reflect

When done well, PHBs have been shown to be a life-changing support option that makes a significant contribution to Black, Asian and minority ethnic people's ability to manage their wellbeing.

A key strength of PHBs is offering a greater sense of agency and a heightened focus on the positive relationship between an individual's lived experience, their needs and their wellbeing.

Good PHBs empower people to manage their care to the best of their ability, but also to challenge the support options that are available to them if they are not content with what is offered.

Remember

It is important to consider intersectional factors when supporting people who are stepping down from inpatient to community mental health services.

There should not be any stress about goals, but a clear focus on recovery. It is important that the individual, and not their diagnosis, is at the forefront.

Many people from BAME communities may have experienced racism, discrimination or have been let down by services previously.

Respond

Create clear, concise and consistent communication that is widely-available in a range of languages and formats. COVID-19 lockdown has demonstrated how powerful digital resources can be.

Engage with regional and national Personalised Care networks and staff networks to reflect on best practice and enhance provision.

Develop a network of key contacts within the local community and empower them to learn how to effectively engage with the commissioning process; Collaboration benefits everyone.



Action learning sets

- A programme of work to support the findings of the [Race Equality Foundation health inequalities targeted use of personal health budgets phase 2 report](#) with systems in 2 regions (East and North West)
- Working in partnership with the Association of Mental Health Providers and the Race Equality Foundation
- focus on a set of tangible activity measures and actions that local health and care systems can take to address inequalities in mental health through personalised care, and;
- how Personal Health Budgets (PHBs) can help secure greater equity in access to services and support for minoritised communities

Reviewing and improving the use of Personal Health Budgets (PHBs) in South East London - Disability Advice Service Lambeth (DASL) [Here](#)

“There is no flexibility. As far [as they are] concerned it's [PHB] only for employing care, not any of the other healthcare related costs etc. The panels do constantly say no to things too. **A common excuse is "it hasn't been done before", which is completely irrelevant given it should be individualised.** The entire team do their very best to confuse, refuse, & avoid legal responsibilities. No support in training, recruiting, organising, they even did not write my care plan. I'm not really sure what they have done other than say no!”

**PHB/IPBs,
CYP &
transitions**



CYPMH Sites:	PHB offer:	Pathway
LB Islington CCG	Pilot PHBs offered through Emotional Wellbeing youth workers, VCSE.	Early intervention/ prevention
Basildon & Brentwood CCG	CYP aged 11-18yrs who have not been attending education for over 60 days due to ongoing emotional wellbeing /mental health concerns, VCSE partnership	CYP out of school and on medical needs register
Thurrock CCG	Step down from CYP mental health services, VCSE partnership	Generic CAMHS (& TBMIND 18-25 work)
Bedfordshire CCG	PHB Offer for complex CYP known to CYP mental health services and Social Care & at risk of admission to hospital	2 pathways: Dynamic Support register and; EHCP / SEND
East Lancashire & Blackburn with Darwen CCG	Primary Mental Health Team within local CYP mental health services will use PHB's to support good mental health and continued recovery, to reduce the burden on services, promote choice and build resilience	Early intervention/ prevention
Durham	Pilot a PHB offer for CYP who are eligible for s117 aftercare in one part of the Strategic Transformation Partnership	Section 117 aftercare
Guildford & Waverley – Surrey Heartlands CCG	Children Looked After, aged 8-17 years & who are not engaging with CYP mental health services	Children Looked After with mental health needs
Tower Hamlets CCG	Secondary school age CYP with an Autistic Spectrum Condition and/or Learning Disability, or significant traits/ with no formal diagnosis of these, and; either out of School or in a Pupil Referral Unit	CYP out of school & with a Learning disability &/or autism
Wandsworth & Merton CCG	PHB offer to prevent (re)admission for CYP who are s117 aftercare eligible, and others who have high needs	Section 117 aftercare; CYP with a Learning disability &/or autism
Ipswich and E&W Suffolk CCGs	PHB offer within the newly commissioned crisis intervention/HTT for CYP	Crisis pathway
Calderdale CCG	CYP who are on the medical needs register and unable to attend school because of mental health needs	CYP out of school and on medical needs register
West Kent CCG	Develop a PHB pathway for CYP who are s117 aftercare eligible, stepping down from an inpatient setting, including CYP subject to Community Education and Treatment Review (CETR)	Section 117 aftercare / CETR
Cambridge & Peterborough CCG	Key worker roles supporting CYP with learning disabilities &/or Autism	Learning disabilities &/or autism pathway

Children & young people, mental health services and personalised care webinar, Tue 13th July, 1-2pm

- We will be holding a webinar drawing people's attention to the work – culmination of the development programme – on [Tues July 13th at 1-2pm.](#)
- This webinar focuses on personal health budgets (PHB) for children, young people and their families and will provide examples of how six sites across England have developed a PHB offer within a different pathway. Some of the examples presented will support sites/people working within children and young people mental health services. **There will also be case studies presented that can be applied to all age groups, references to the links between the Thrive Framework and personalised care,** and a Q&A session. This session may be of particular interest to commissioners, clinical staff, personalisation leads and Thrive Framework staff.
- [Register online to secure your place.](#)

Examples of transitions-based work :

Looked after children with mental health needs pilot

[LAC_Project_Learning_Report_Final_Report_Jan_2020_\(5\).pdf \(ims.gov.uk\)](#)

<https://youtu.be/bpvSvICUyWw>

<https://youtu.be/fYzVXLnxMH4>

Changing young people's lives through personalised care: Thurrock's story <https://www.youtube.com/watch?v=U7wLOUMiGH0>

NCB - CYP & young adults Mental Health and Social Deprivation Project
(focus on 14-25 age range - report pending)

NCB Emerging findings – what young people and young adults liked most about PC

Personalised



“Able to fit to your needs and wants”, “meets our individual needs – our needs are not the same”, “individuality”

Feasible

“Super quick to get into”/ “no long waiting lists”

Holistic



“I feel accepted”

Reliable

“How warm and friendly the support worker is”

*Solution-
focused*



“Opened up opportunities like college and volunteering”

Flexible



“Different conversations process worked really well” – “enlightening questions”

“Can be referred into different services, support agencies and groups”

Example of other opportunities: Carers PHBs

- Surrey Heartlands ICS offer PHBs through a number of services including Mental health, CHC, wheelchair services
- Carers PHB are funded through the Better Care Fund (BCF) and administered by GPs.
- This process includes the development of a carers care and support plan and signposting on to other carer services.
- Professional guidance has been developed which includes a carer information leaflet.
- In 2020/21 1,560 GP Carers PHBs were delivered

Feedback

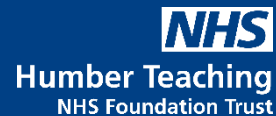
Please take 10 minutes to:

1. Identify where PHBs or Integrated budgets are already being offered within mental health services locally, and/or;
2. Where there might be a gap or issue within your local services that a Personal Health Budget / Integrated Personal Budget might provide a useful part of the solution?

Care Programme Approach Review replacement & Redesign

East Riding of Yorkshire Council &
Humber Teaching Foundation
Trust in collaboration with Hull City
Council

Laura Yourston
Team Manager
Haltemprice CMHT



The aims of replacing CPA

- To develop a person centred review for mental health services to use which places service users at the heart of the review.
- Create a review that allows service users to communicate their wishes, evaluate their progress and agreed plans, celebrate success and create future plans.
- To ensure that the review is strengths based, reflective of the well-being principles and is recovery focused.
- Is inclusive of carers and or/significant others.
- To create a review that is inclusive of health and social care and combines NHS and Social Care reviews
- To ensure that the review meets performance needs of the NHS, East Riding of Yorkshire Council and Hull City Council but in a way that does not impact on the review being personal centred and a high standard of quality.
- Reflects the duties and principles of the Mental Health Act, Mental Capacity Act and the Care Act and other statutory guidance.



Co-production is key throughout each of the above points



Why update the current review?



- Created in 1991 and reviewed in 2008 – time to review and modernise?
- New legislation – The Care Act 2014, CPA was aligned to a 1990 Community Care act which the Care Act replaced. New principles, values and approaches
- Evolution of Mental Health Services inc Principles of recovery, strong focus on family and personal strengths
- Co-production of documents and approaches are needed as this has a strong evidence base behind them.
- Local Transformation of CMHT's, increase collaboration between health and social care
- Criticisms that the review is primarily 'clinical' document and has become too administrative and lost it's value (taken from multiple studies about CPA)

Steps taken

Identify a work stream

Meet with performance (NHS and Local Authority)

Meet with the involvement group

Share the progress and draft and start to establish next steps



Work stream – what was identified

A review needs to be....

- Rights based, inclusive of relevant legislation
- Recovery focused with a definition of recovery which is not just medical/clinical but represents the principles of the recovery model
- Co-produced
- Has strengths based practice at it's core
- Focuses on the goals set by the service user
- Reviews previous goals including progress made, barriers and an evaluation of services
- Is not an initial 'assessment' – it is a review!
- Talks about what hasn't worked so well
- Is not too long
- Involves the right people

Aims of the review update

Places service
users at the
centre

Adopts
personalisation
principles

Is a
collaboration
between
health and
Social Care

Inclusive of
carers/significant
others

Co-created with
service users,
carers and
professionals

Rights based
reflecting
current
legislation

Strengths
based and
celebrates
success

Promotes
communication
and
engagement

Recovery
focused and
underpinned
by theories
and models

Evaluates
progress and
agreed plans and
identifies future
plans

Performance – what was essential and not negotiable

- Nationally set data requests – Employment, Housing, ensuring that people have been asked about abuse
 - Key demographic information NHS number, DOB
 - Key review information – date, time, duration and location of the review
 - Date of the next review
 - Name of key worker
 - Type of review eg initial, follow up, transfer
 - Offer of support/assessment for carers
 - Outcome of the review
 - Signature
 - Ensuring that the Mental Capacity Act is considered
-
- Hull CC – met with the principle social worker who is sharing this with the leads within the council

Involvement group

- Meeting with the involvement group which included people with lived experience of mental health and carers
- Presented background to CPA and the proposed changes

‘Reviews can feel done to you, not with you’

‘don’t used closed questions, it’s too black and white’

‘Reviews don’t always feel person centred’

‘Reviews should be strengths based’

‘we want a copy of the review’

‘get rid of ‘on track’ it can make you feel a failure if not on track’

‘combing reviews sounds better’

‘make sure if someone provides feedback, it’s shared’

‘we want to negotiate how frequently we review the care plan, even if informally’

‘it would be helpful to have short term and long term goals... a recovery destination’ To be no longer than an hour

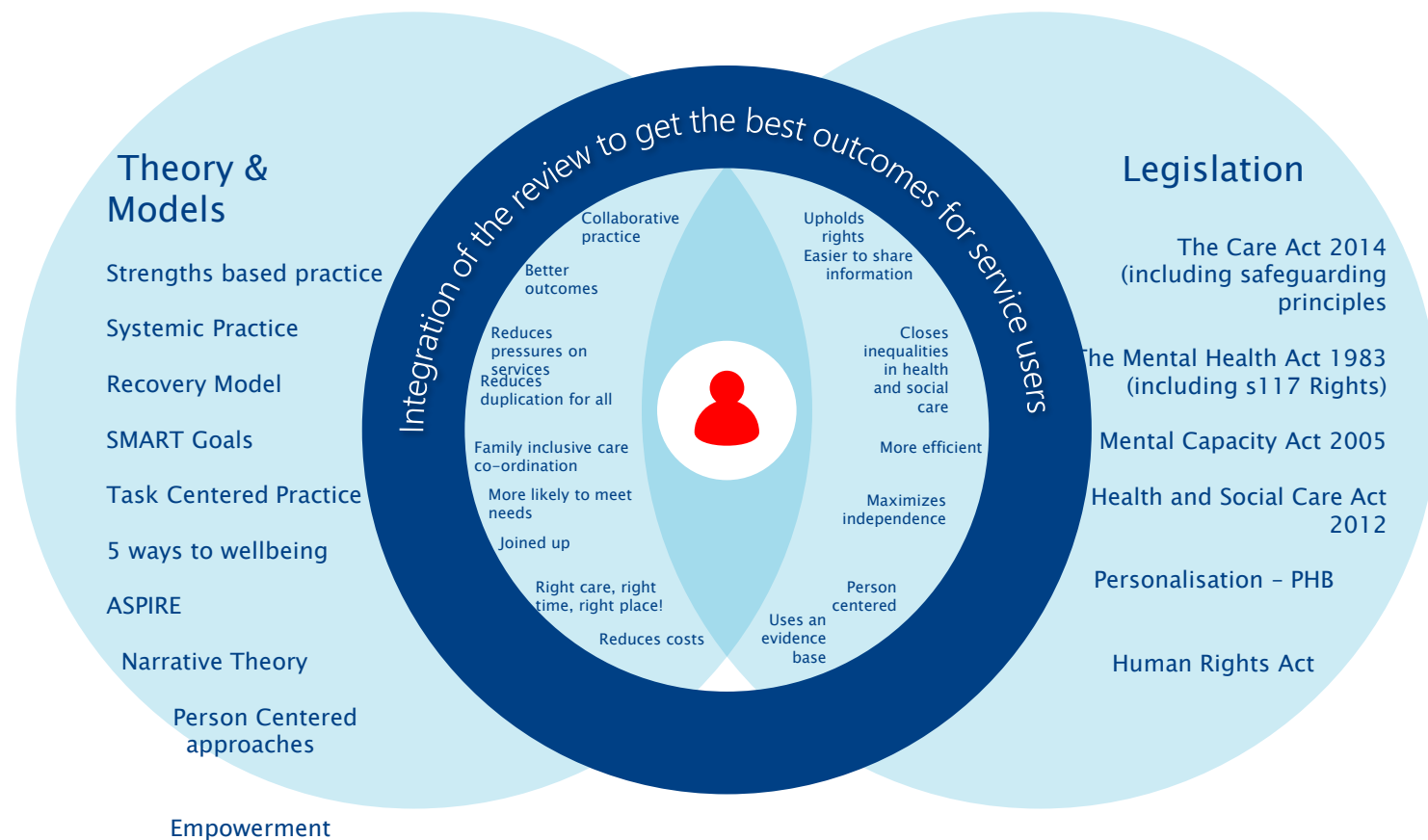
‘It should be written in the first person ‘I’

Current CPA – wasn’t reflective of the groups needs

Meeting with stakeholders

- Family Therapy – Ensuring that the review is systemic and inclusive or carers/family members/important people
- NHS England – Personalisation Lead, Janet Blair and Rebecca Barrow
- Dr Karen Linde – Social Work lead supporting the transformation with and led Social Work for Better Mental Health
- Gemma Laister – Principle Social Worker for Hull City Council
- NHS leadership board - TBC
- OMMS – TBC
- Principle Social Worker
- CCG
- Jayne Heley NHSE Senior Manager, Personalised care
- Lauren Saunders Recovery Strategy Project Lead
- Health Watch TBC

What underpins the Review?



What it isn't

A catch all

An outpatient
appointment

Risk focused

Diagnosis led

An assessment

An admin task
list

A paper
exercise

Prescriptive -
SU can choose
what sections
are important
to them. This
may only be
one part



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Future Plans

NHS
Humber Teaching
NHS Foundation Trust

Launch the review to the
Division

Pilot and get feedback
from service users, carer
and professionals

Health watch review

Develop guidance
Written with service users,
carers and professionals

Up-date policy to reflect the
new documentation and
ensure that IT systems are
prepared

Develop training
to ensure that the
values that
underpin the
policy are shared

Implementation

The End Result – what has been created

- A review that gathers the necessary data but is not the main focus of the review
- A review that promotes engagement and communication, identifying preferences and prompts the reviewer to consider advocacy
- A review that celebrates success, identifies strengths, talks about concerns and identifies goals
- A review that is inclusive of carers and/or significant others and uphold the principles of Family Friendly care coordination and Carer's rights under the Care Act 2014
- A review that considers service user's rights throughout (MCA, MHA, DOLS, PHB, Care Act 2014, Human Rights Act)
- Is flexible for the service user and staff (including combining Care Act reviews with MH service reviews)
- Is proudly co-produced with people with lived experiences, carers and professionals at every step of the way
- A review that uses models, theories and legislation to get the best outcomes for people accessing MH services

Why I am accessing support.
What are the goals on my plan(s) and what has changed since the last review?

Do you have a Personal budget/support plan under the Care Act 2014? Or a Personal Health Budget Yes/No

If yes, is the plan in place supporting you to meet your identified outcomes?

Goals and outcomes from the last plan / review:

Guidance: what areas under the Care Act (eg managing nutrition) are being met and how?

Feedback:

Guidance: are there any changes since the last review/assessment, are identified needs being met?

What am I able to do, what do others help me with and what support do I require to achieve my goal/outcome?

Guidance: if there is a personal budget in place, please follow the appropriate review process as per the responsible Local Authority (see form b)

Celebrating success

What are my Strengths and Assets? What do I and others, think is working well?

Celebrating success

What are my Strengths and Assets? What do I and others, think is working well?

What am I, or others, worried about?

What needs to change to make me feel safe and more in control?

What is important to me? What goals do I have and what do I want to achieve by the next review?

Do I have a recovery destination?

How can my strengths and assets support my recovery journey?

Taking the above discussions about strengths, goals and concerns into consideration, if not already in place, should an assessment under the Care Act 2014 or a Personal Health Budget be offered?

Guidance: please consider the following areas as per the Care Act, Manage and maintain nutrition, Maintain personal hygiene, Manage toilet needs, Being appropriately clothed, Be able to make use of your home safely, Maintain a habitable home environment, Develop/maintain family and other personal relationships, Access/engage in work, training, education or volunteering, Make use of community services, Carry out caring responsibilities for a child. Should service, the person, family and voluntary services not be able to meet the person needs leaving them 'unmet' an assessment should be offered.

Outcome : support plan identified/goals met informally ☐ Offer a formal assessment /PHB ☐ Assessment accepted/declined

Thank you

Laura Yourston
Laura.yourston@nhs.net



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NHS
Humber Teaching
NHS Foundation Trust



**Support
available**



National Community of Practice - Implementation Framework following the 6 steps of a PHB/ IPB



Tuesday 25 May	10:00-11:30	<u>Making contact and providing clear information</u>
Tuesday 20 July	10:00-11:30	<u>Understanding health and wellbeing needs</u>
Tuesday 21 Sept	10:00-11:30	<u>Working out the money</u>
Tuesday 16 Nov	10:00-11:30	<u>Making a care plan</u>
Tuesday 18 Jan	10:00-11:30	<u>Organising care & support</u>
Tuesday 15 Mar	10:00-11:30	<u>Monitoring, review & evaluation</u>



New Implementation Framework overview



PHB Implementation Framework - Personalised Care Collaborative Network - FutureNHS Collaboration Platform

Policy

- Budget Holder profile
- Inclusion Criteria
- Clarity on PHB offer
- What services are the gateway to PHB access
- Explain notional / third party / direct payment PHB options

Policy

- Mapping & knowledge of existing services
- Scope of Use
- Purpose within clinical pathway

Policy

- Funding identified – CCG / LA / ICS / STPs
- Access to PHB
- Explain notional / third party / direct payment PHB options

Policy

- Agree PCSP Template
- Set out scope of people involved in developing PCSP policy / template

Policy

- Timeline for completion & submission of PHB request & approval set out
- Budget holder access to copy of PCSP & PHB request (digital / hard copy)

Policy

- Timeframe for completing review & closure
- Set out process for mis-use of funds (linked to DPA)
- Evaluation of PHB for individual and for service

1. Making Contact & Providing Clear Information

Procedure

- Provide information in multiple Languages / formats
- Timely Information to Include
- Next Steps: space to set out follow up actions
- Expectations & Responsibilities of Budget Holder
- Contact details to make PHB enquiry in future

Governance

- Clarity of staff / clinician's role, responsibilities and actions across 6 steps
- Single provider of information

2. Understanding Health and Wellbeing Needs

Procedure

- Preparation by Staff
- Preparation with budget holder
- Contract Requirement

Governance

- How will you manage the assessment sign-off process

3. Working out the amount of money available for a PHB

Procedure

- Set out process to define and calculate value of budget options

Governance

- Process for calculating & approving budget
- Identify who has strategic oversight for all budgets
- Who holds Direct Payment Agreement with budget holder?

4. Personalised Care & Support Planning (PCPS)

Procedure

- PCSP approach across pathway
- **1 PLAN** inc risk /crisis management plans (if applicable)

Governance

- PCSP Training & Practice across pathway

5. Organising Care & Support

Procedure

- All PHB Contracts in place inc.
 - Direct Payment Agreement / Notional PHB Agreement / Third Party Provider Agreement (as applicable)
 - Budget Plan
 - Recovery Support Plan

Governance

- Definition of expected evidence / reporting against spend / activity
- Set out reporting lines

6. Monitoring, Review & Evaluation

Procedure

- Reporting templates –Clinical & budget review processes
- include clinical tool for outcome
- Resource use pre & post budget

Governance

- Set out reporting lines
 - who will produce report
 - who will receive reports
 - timelines & alerts
- Analysis of outcomes against recovery goal / purchase / DP value



New Implementation Framework overview - Governance

Governance	What to think about	Guidance, Tools & further reading
8. Clarity of staff / clinician's role, responsibilities and actions across 6 steps	<ul style="list-style-type: none"> Identify the staff roles within the pathway that will be using/helping to deliver PHBs. How will you support staff / clinicians to use your PHB offer as part of their support to patients? 	This Governance Framework can be used a template to map your governance against staff roles within services, and co-producing with key stakeholders.
9. Single provider of information	<ul style="list-style-type: none"> Do you have an existing organisation that could be the 'Single Source of Truth' (SSOT) on your PHB offer? If not, how will you provide information? 	When developing the responsibilities and duties that will need to be completed to support your PHB offer, embed these into roles / services, so they become part of business as usual.
Additional Resources to watch		
<p>In this video Becs shares how she used her PHB to purchase a sewing machine, and how this is allowing her to develop her skills in tailoring and creative fashion, while also improving her mental health and wellbeing.</p> <p>Joe talks about how using his PHB for music lessons has improved his confidence, and helped him to relax and be less anxious in this video.</p>		

Changing young people's lives through personalised care: Thurrock's story

<https://www.youtube.com/watch?v=U7wLOUMiGH0>

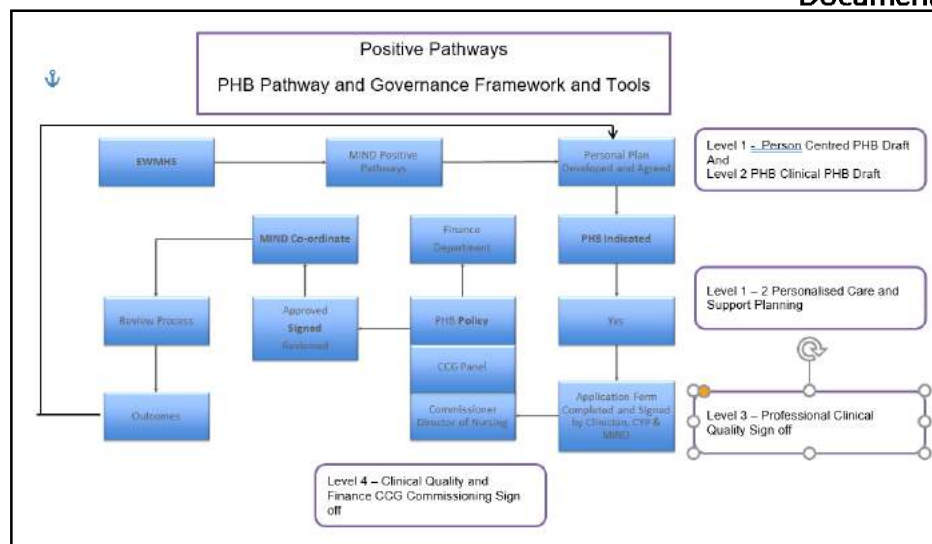




Document

Starting Out

Discovery through governance



PHB Governance Framework Approval process evidence							
Reference No		Name		Surname		DoB	
Total Value		Method for management		Provider			
Clinical	Financial	Clinical	Clinical & Financial	Clinical & Financial	Clinical	Clinical & Financial	Clinical & Financial
Understanding the person's assessed needs	Indicative Budget authorisation	Personalised Care and Support plan sign off	Final budget authorisation	PHB method (OP Notional/Third Party)	Personalised care and support plan review	Budget review, Stop/Continue	Audit
Level 1 PHB decision making by the person	Insert date of referral, identification / rationale and initial meetings				Insert review date		
Level 2 PHB clinical decision making	Insert dates of meetings and PHB proposal from clinical service professional/ service manager				Insert review date with professionals		
Level 3 Higher level organisational accountability		Insert PCSP proposal including outcomes and PHB setting and methodology			Insert Review report		Insert date of evaluation / audit process
Level 4 Highest level organisational accountability		Insert CCG Commissioning, Quality and Financial sign off			Insert outcome of review		Insert findings of internal quality review and financial audit

Principles from the outset

- **Partnership** approach, **shared vision** collaboration, co-design and will to test, learn and adapt
- **Personalised care approach** through a social prescribing model **personalised care and support plan** with a community assets based social prescribing offer and access to creative solutions via PHBs
- **focussed on identifying health needs and outcomes**

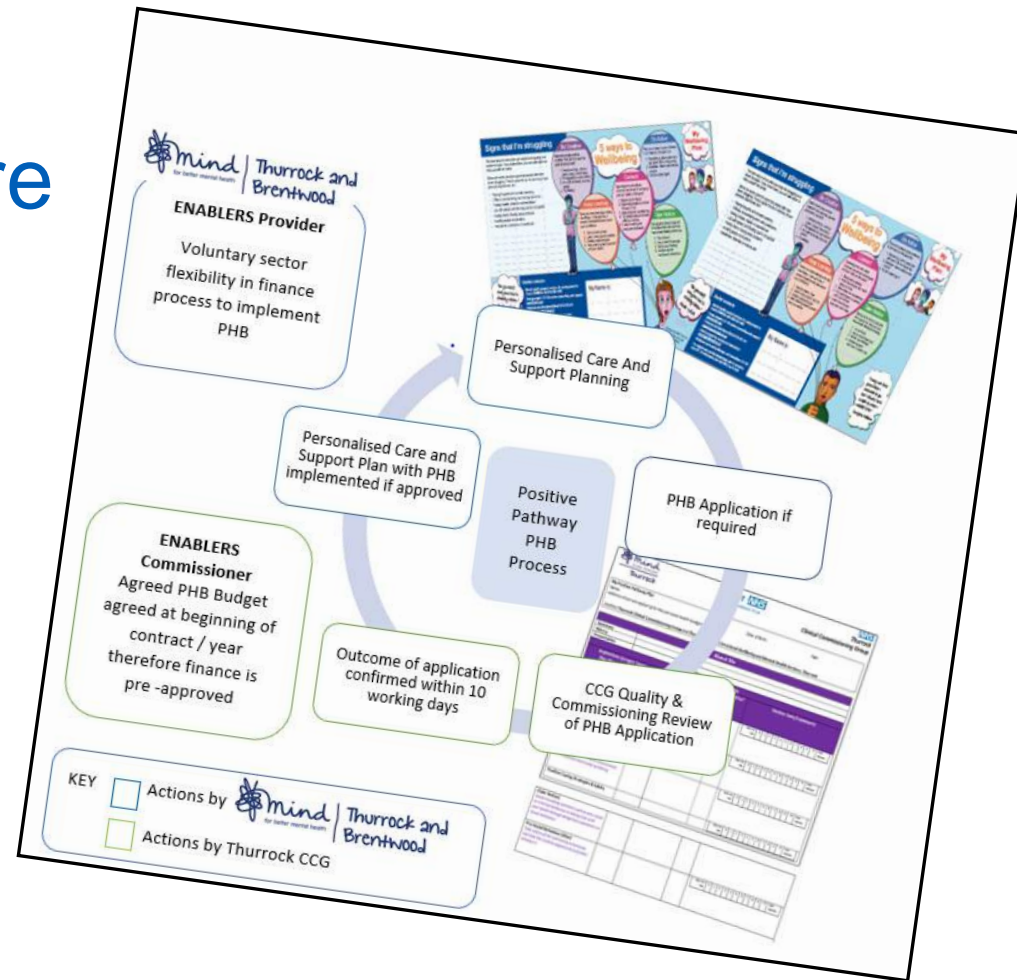
This [Governance Framework](#)



Confidence in Quality and Personalised Care

Has resulted in

- System **integration, relationships and partnerships** are flourishing.
- **Increased enthusiasm** from staff feeling that they can discuss a full range of creative solutions as a budget is available to support
- Sharing of **skills, knowledge and information** across statutory services / VCSE
- Professional, family and young person **increased confidence** when planning for and following discharge
- **Reducing stigma**



Any final
questions?

Thank you

