**Personal Health Budgets**

**Service Providers Questions**

The following template is to be used to highlight any questions which, we organisations providing services via a Personal Health Budgets can raise with local commissioners to ensure that all questions are answered and those others unable to attend all the meetings, are able to be kept informed.

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| **Question** | **Response** | **No** |
| Who will sit on the Panel to assess PHB’s and how often will the Panel meet.  | There will be 2 panels:1. SEPT Care Planning Board 1 to confirm and validate the PHB applications and this sits fortnightly2. Authorisation Panel - this will be an interim to January 2015 health commissioners' panel meeting monthly from December 2014 to support transition of the CSU with a view that each CCG will be responsible for authorisation from February 2015 |  1 |
| What is the “SPOC” and assessment target timeline.  | SEPT is undertaking redesign of services through their Community Transformation Programme and will provide progress information to stakeholders  |  2 |
| Who will be responsible for writing the individual clients Care Plan after the PHB has been agreed by the Panel.  | The Care Plan will be developed by the Service User in conjunction with the Care Coordinator before the application is referred for authorisation. Please refer to the attached Process Map. |  3 |
| Who will sign off on the Care Plan.  | SEPT Care Coordinators will work with service users to develop the Care Plans and will have responsibility of ensuring support plans align with the Care Plans and evidence how agreed outcomes will be delivered by the services identified in the support plans |  4 |
| Invoicing process and how will providers be paid forthe service the offer | ECDP has been commissioned by the CCGs to provide the brokerage services and will be responsible for paying invoices |  5 |
| What is the PHB RAS level  | RAS level will not be set for PHBs at this stage |  6 |
| What is the period of the PHB and the review process.  | The type of PHB will be determined by the assessed needs and the service user will agree with the Care Coordinator when reviews will be undertaken.  |  7 |
| What is the total PHB budget – What will happen should the PHB run’s out | The PHB budget will be determined by the assessed needs and if the needs change the PHB will be varied accordingly during reviews |  8 |
| Who will be responsible for allocating any additional funds to the clients.  | As above – no.8 |  9 |
| What will happen to those clients who fail the assessment undertaken by “SPOC”  |  As above – no. 2  |  10 |
| What does the Care Plan process look like  | The process will follow the CPA care planning and management  |  11 |
|  What happens to those clients who present in “Crisis”  | Clarity is required from VSOs what the parameters of “People who present in crisis” references to enable an appropriate response  |  12 |
|  How much money will each service user be entitled to (ballpark figures would be nice)? |  Each service user's budget will be dependent on assessed needs |  13 |
|  What happens when the client is no longer eligible for PHBs (i.e. 6 months after discharge from the CMHT) but the service provider assesses that the service user still needs support to prevent their needs escalating into crisis? | Needs will be reviewed and assessed through the statutory care planning and management processes |  14 |
|  What are the administration arrangements for PHBs and how can we ensure these are kept to a minimum to prevent back-office costs from escalating? | The CCGs have commissioned ECDP to disburse PHBs therefore service users will not incur any additional costs |  15 |
|  How can NHS/LA commissioners be satisfied with the quality and appropriateness of provision when the commissioning is through the individual i.e. how could you prevent ‘rogue traders’ entering the market? | The system have adequate checks from the care planning through to authorisation to ensure credibility and integrity of service provision is assured |  16 |
| How can we ensure the CMHT as the gatekeepers of the PHBs and care plans talk about and distribute information about the different services available to the service user appropriately, accurately and fairly |  Service provision will be dependent on assessed needs and meeting these with clearly agreed outcomes ensuring quality and value for money. The service user will explore choice of providers to meet assessed needs within budget |  17 |
| Do you have a process flow chart indicating targets for each stage |  Please refer to the process map |  18 |
| How do we deal with “walk ins” who are distressed and need assistance (Crisis) | Clarity is required from VSOs what the parameters of “People who present in crisis” references to enable an appropriate response |  19 |
| How is the creation of a Care Plan with a potential Service User financed | Please refer to the process map | 20 |
| Who will be carrying out the assessments in SEPT | SEPT Care Coordinators | 21 |
| What will be the assessment process and procedure | Please refer to the process map | 22 |
| What about the Clustering Directive | SEPT is in the process of clustering people on their caseloads | 23 |
| How will we interface with the Broker when required | ECDP will provide a contact details for this | 24 |
| Can we request an assessment direct | A provider should be able to liaise with the care coordinator as long as the service user has consented to this | 25 |
| What progress reports are expected and how often | CCGs will get reports from ECDP relating to disbursements of the funds and progress from care coordinators in regards to care management | 26 |
| How will the creation of the reporting details be financed | Both ECDP and SEPT are already commissioned by the CCGs | 27 |
| When do you anticipate authorising the first PHB | The expectation is that PHBs will phase in from January 2015 | 28 |
| How are you collecting the numbers of assessments for the assessment team | Providers have already shared the details of current service users known to secondary care with SEPT and any new clients will be supported through the system by their care coordinators | 29 |
| Who receives the progress reports if any | Addressed above – no.26 | 30 |
| What documentation will we receive when a Service User asks us for help | When a PHB has been authorised ECDP will inform the respective provider of the details | 31 |
| Why are a significant number of our existing Service Users being discharged from CMHT | As above – no.2 | 32 |
| What is the maximum time for an assessment and budget authorisation | The expectation is it should not take more than 12 weeks | 33 |
| What services can we provide and invoice during the evaluation period or are you providing special finance for this period | Providers with block contracts should continue meeting their contractual obligations and if CCGs identify that other services would be required to meet any gaps they shall commission these  | 34 |
| What provision is being made for those Service Users who do not meet the eligibility criteria but do require some low level support to minimise the risk of them escalating up the eligibility ladder | CCGs will communicate through their respective commissioning intentions in October how these needs will be met | 35 |
| How will you guarantee payment if the Service User is managing their own budget | ECDP will be supporting service users to ensure they are clear on their responsibilities towards providers  | 36 |
| What role will Public Health play in the support for Mental Health | This will be communicated through the commissioning intentions in October | 37 |
| What training/documentation is being provided to GP’s to ensure they are aware of the new procedures | The GPs are part of the governance and are well versed with the personalisation agenda and respective processes in place | 38 |
| When do you expect to call the first person for assessment | The assessments will actively begin in November 2014 | 39 |
| How will the service function during the transition period i.e. until clients come through to the service? | CCGs have already commissioned services to 31st March which covers the transition period | 40 |
| Will the provider receive the monies in bulk i.e. for an 8 week course; will this be paid all at once?  | That is the expectation but each service needs to liaise with the service user and ECDP in this regard | 41 |
| Will the monies come directly to the service or the client? | This will depend on how the client has set up the management process of their PHB | 42 |
| What happens to the current service users that are either beyond the stage of attending a recovery college, or not confident enough to attend a Peer group without support. | There will be services in place to ensure service users’ needs are addressed | 43 |
|  Are you funding any aftercare services to ensure the Service User does not slip back into care | The care planning and management process will ensure service users’ needs are addressed as they change and this will be reflected in care plans and subsequent support plans | 44 |
| What is the period between completion of care and relapse where the Service User needs to go through the whole process again. | As above – no.44 | 45 |
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