

S117 aftercare Personal Health Budgets (PHBs)

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NHS England and NHS Improvement



Outcomes for today



Understand the context for extending the Right to Have to people eligible for S117 aftercare

Introduction to s117 aftercare and the guidance supporting the right to have a PHB

What good looks like – some case examples from Bonnie / elsewhere

Overview of some common frustrations & routes for challenge

Support available

Timeline for the 'Right to Have' a PHB



Since October 2014 adults who are eligible for Continuing Healthcare and children eligible for Continuing Care have had the 'Right to Have' a PHB

All CCGs were informed in 2018 that PHBs must be the default operating model for everyone in receipt of a home care package and adult NHS continuing healthcare as **from April 2019**

In **early 2018** a national consultation was also held on extending the legal right to have to other groups – including people eligible for s117 aftercare and Personal wheelchair budgets (PWBs)

February 21 2019 the Department of Health & Social Care announced that, building on the Long Term Plan commitment to increase access to PHBs, they are extending the legal Right to Have to people eligible for S117 Aftercare and PWBs

The legal right to have for people eligible for s117 Aftercare and PWBs came into effect as of **December 2nd 2019**

Why offer PHBs in mental health?

Personal health budgets were first piloted across England between 2009 and 2012

One of the central findings of the pilot evaluation was that personal health budgets led to an **improved quality of life and a reduction in the use of unplanned hospital care**

Benefits were particularly evident for people with mental health conditions and with high levels of need and were noted to be cost effective

[PHBE report](#)

People eligible for s117 aftercare who are already being offered PHBs are reporting improved health, wellbeing and quality of life outcomes and the ability to live in the community with support tailored to their individual needs -

NDTi reports

Staff tend to report improved job satisfaction and an ability to work creatively
“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” (NDTi report)

Potential for addressing health inequalities - it is anticipated that personal health budgets can have a positive impact on health inequalities through offering greater choice, control and culturally appropriate services.

Race Equality Foundation - phase 2 report

“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”

Why focus on S117 aftercare?



S117 aftercare aims to

‘..maintain patients in the community, with as few restrictions as are necessary, wherever possible.’

The definition of aftercare allows people to develop a personalised approach to meeting health needs

‘After care can encompass healthcare, social care and employment services, supported accommodation and services to meet the person’s wider social, cultural and spiritual needs, **if these services meet a need that arises directly from or is related to the particular patient’s mental disorder, and help to reduce the risk of a deterioration in the patient’s mental condition.**’

[Code of Practice](#) Chapter 33

Why s117 aftercare?

Eligibility for s117 aftercare is very 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)

[Rethink](#) leaflet on s117 aftercare

Sections that automatically trigger s117 aftercare



- S3 Treatment order
- S37 Hospital order instead of criminal conviction (court)
- S45a Hospital order post conviction (court)
- S47 Hospital order once sentenced (prison)
- S48 Interim Hospital Order (waiting to be sentenced in prison)

Any questions so far?

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3. What are Personal Health Budgets? (page 7)

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, which is planned and agreed between the person, their representative, or, in the case of children, their families or carers and the local NHS team.

It is not new money, but money that would normally have been spent by the NHS on a person's care being spent in a more flexible way to meet their identified needs.

The use of personal health budgets is one way of providing more personalised care and means tailoring services and support for people to enable them to have choice, control and flexibility over their care.

- 3.1 Personalised Care & Support Planning
- 3.2 Managing a PHB
- 3.3 Reviewing a PHB

4.2 Who has the right to have a PHB?

The Explanatory Memorandum defines eligibility for section 117 after-care as:

‘The provision or arrangement of help and support for people who have been detained in hospital under sections 3, 37, 45A, 47 or 48 of the Mental Health Act 1983, when they leave hospital. Section 117 after-care services include healthcare, social care and employment services, supported accommodation, and services to meet people’s social, cultural and spiritual needs – as long as the needs arise from or are related to the person’s mental condition and helps reduce the risk of their mental condition getting worse. **It also applies to people if they have been discharged onto a community treatment order (CTO), granted leave of absence under section 17 leave and are section 117, or are a restricted patient on a conditional discharge**’

Rights to an IMHA apply when..



....**you are detained** under the Mental Health Act 1983

(**except** where detained in an emergency under section 4, detained under section 5 holding powers, or you have been taken to a place of safety under section 135 and 136 of the Mental Health Act)

...**you are "liable to be detained"**

this **includes people** on leave of absence from hospital, absent without leave from hospital, where a court order or application for admission has been made in relation to someone.

...**you are subject to a community treatment order (CTO)**

...**you are subject to guardianship**

...**you are a conditionally discharged restricted patient**

...**you are a voluntary/informal patient and certain treatments, including neurosurgery, are being considered for you**

Right to have a PHB: s3, 37, 45A, 47 or 48; Community Treatment Order (CTO); granted leave of absence under section 17 leave and are section 117, or; are a restricted patient on a conditional discharge

4.2 When does the right to have a PHB apply?



Chapter 33 of The Mental Health Act Code of Practice states that ‘planning of after-care needs to start as soon as the patient is admitted to hospital’. Therefore, a personal health budget can be considered:

- Whenever planning is taking place for section 117 mental health after-care needs during an admission to hospital, or;
- At any assessment held to review the person’s section 117 after-care package of support in the community, which may be managed by either the local authority or the NHS. This will include Care and Treatment Reviews (CTR) for adults, or Care Education and Treatment Reviews (CETR) for children, who have a learning disability and/or autistic people who are section 117 eligible.

Changes to the Care Programme Approach



Care Programme Approach (CPA):

‘After-care planning for all patients admitted to hospital for treatment for a mental health disorder should be planned within the framework of the Care Programme Approach (CPA)’

CPA position statement, <https://www.england.nhs.uk/publication/care-programme-approach-position-statement/>

“High-quality co-produced, holistic, personalised care and support planning for people with severe mental health problems living in the community: a live and dynamic process facilitated by the use of digital shared care records and integration with other relevant care planning processes (eg section 117 Mental Health Act)”

“The CPA should continue to be used within prisons and will be included within the planned prison mental health specification review during 2021/22”

4.4 No recourse to public funds (NRPF)



“After-care services must be provided free of charge and are not subject to any immigration exclusions, so nationality and immigration status are not factors that affect whether a person can receive after-care under section 117” and “The Department of Health’s Code of Practice: Mental Health Act 1983 must be followed for people with NRPF.”

Care provided while a detained inpatient under the Mental Health Act is excluded from the general provisions for NHS charging for overseas visitors, and the section 117 after-care which this activates is also treated as being available not only without charging or means-testing, but regardless of being NRPF (Regulation 18 of The National Health Service (Charges to Overseas Visitors) Regulations 2015).

However, once that person’s entitlement to section 117 support ends, or if that patient requires healthcare beyond the section 117 after-care package, then the patient may be subject to charging for NHS care, under those Regulations.

4.6 Considerations for children & young ‘people in transition

Section 117 after-care applies across all ages. Therefore, young people transitioning into adult services will continue to have the right to a personal health budget for their after-care’

6. Preparing to provide PHBs and PWBs



‘CCGs should ensure that all people who become s117 eligible are advised of their rights under s117, including the right to have a personal health budget’

NOTE: Personal health budgets more widely do not alter NHS eligibility policy. Only those people who are eligible to receive NHS services will be able to have a personal health budget including a direct payment.

The CCG would need to be satisfied that the benefit to that individual of having a personal health budget and/or direct payment for healthcare represents value for money, and; that healthcare delivered via personal health budget direct payment will provide the same or improved outcomes as traditionally commissioned care.

[Guidance on Direct Payments for health care](#)

7. When should PHBs.. be provided? p19



‘If a person comes within the scope of the right to have a personal health budget, as outlined in section 4, then the expectation is that one will be provided. There may be some exceptional circumstances when a CCG considers a personal health budget to be an impracticable or inappropriate way of securing NHS care for a person. This could be due to the specialised clinical care required or because a personal health budget would not represent value for money, as any additional benefits to the person would not outweigh the extra cost to the NHS’

‘Any decision not to provide a personal health budget should always be made on an individual, case by case basis. CCGs should not make blanket assumptions that certain people will or will not be capable of managing a personal health budget. For example, **it should not be assumed that people with a learning disability lack mental capacity and would not be able to manage a personal health budget or a direct payment – the capacity test must be applied to each decision the person is being asked to make.**’

7.1 Deciding whether to provide a personal health budget and reviewing that decision

‘If a person and/or their representative, who comes within the scope of a right to have, requests a personal health budget and is turned down, the **CCG must set out in writing the reasons why the request has been refused.**

Once this information has been received, the person and/or their representative may request that the CCG reconsiders its decision. They may also provide additional information to the CCG that may be relevant to the decision.

The CCG must reconsider its decision upon such a request being made’

A suggested **good practice timeframe** for when a person requests reconsideration of a decision not to provide a personal health budget is included at 7.1 page 20

7.2 Deciding not to provide a DP

7.3 Deciding not to agree some elements of the PCSP

7.4 Deciding to delay the start of a PHB

8. Provision of a PHB in other settings p23



8.1 Nursing and residential settings

8.2 PWBs in nursing and residential care

8.3 s117 aftercare PHBs and the prison population

‘It would not currently be practical to provide a personal health budget for someone who is in prison or immigration removal custody, due to the security restrictions of the secure estate. Further work is required to explore the potential for this to form part of successful re-integration into the community and provide continuity of mental health support received whilst in detention. NHS England and NHS Improvement, the Ministry of Justice and the Department of Health and Social Care have committed to exploring the practicalities and potential during 2019/20 and 2020/21.

However, CCGs should ensure that people who are entitled to section 117 after-care with an offending history or who have been released from prison are not excluded from having a personal health budget if it is identified that this could meet their health and wellbeing outcomes in the community.

NHS England and NHS Improvement will support areas to consider this and the practical implications, alongside ongoing work to explore the

19 interactions with the health and justice system’

Any questions?

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What a PHB can look like when it works well..

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City & Hackney PHBs for mental health recovery



- The Advocacy Project commissioned by City & Hackney CCG to offer PHBs as part of the **mental health recovery pathway**.
- Adults receiving recovery focused support from mental health trust for a diagnosis of a **severe and enduring mental health condition**.
- Use the PHB to achieve a **recovery related goal**
 - supporting them to ‘step down’ on their recovery journey to self management of their mental health.
- Considered as part of the person’s care and recovery planning with clinician ‘**what will help me to be well and stay well**’.
- Relatively small budgets- average spend £277 (May 21)
- 742 referrals received, 305 people on a s117 (July 21)

Jenny's story

- Jenny (30) was discharged from hospital to the community mental health team.
- Team said she is making good progress but sometimes finds it difficult to communicate her needs and carry out tasks independently.

‘What will help me to ‘be well and stay well’

- Jenny and her OT met to plan what would help Jenny to ‘be well and stay well’.
- They used smiley face scales to support the conversation and wrote down ideas in a way that works for her.
- They talked about what is important to Jenny. Jenny loves painting and she would like to make friends.
- They planned how she could work towards her goal to make new friends.

Jenny's story continued

The PHB

- Membership at a local arts organisation to meet new people in an environment that she finds relaxing.
- Notional PHB
- Jenny has a support worker through a personal budget who could attend the sessions with her while she gained confidence.

Outcome

- "I love it! I feel happy, excited and lucky to be going to Core Arts. I love the painting and drawing the most. I have made one new friend and found an old friend from school again. I would like to meet up with them in the park soon, and maybe go to the cinema."
- Jenny is working towards attending Core Arts independently.

Sam's story

- Sam (41) received a warning from the housing manager as he had damaged items in his room.
- Sam's care coordinator asked him what had happened.
- He explained that when he hears voices 'pressure in my head', punching something gives a release and his voices go away for awhile.

'What will help me to be well and stay well'

- His accommodation is important to him as it helps him feel safe.
- He is worried he could lose his accommodation. When he feels stressed the voices are worse and the need to punch or kick something is stronger.
- They planned what would help him to manage the voices in a safe way so he could sustain his accommodation.

Sam's story continued

The PHB

- A freestanding punchbag £105
- Sam did martial arts before retiring due to injury
- Direct Payment PHB requested a prepaid card to make payment in store.

Outcome

- “It helps when I feel stressed/feel pressure in my head (from voice), the pressure builds up & then I can punch the bag...it helps to release the pressure & the voice subsides.”
- Improved ReQol scores
- Planning a future PHB to support him to leave his accommodation and feel part of the community.

Mason's story

Mason had received 18 months' therapy as a mental health inpatient. He and his family really wanted him to be discharged, but they were very worried about this possibly placing him at risk.

When he was discharged, the services typically offered to him would have been psychology, including a referral for a community assessment and a psychology course.

Together with the multi-disciplinary team (MDT), his care co-ordinator and his family, he developed his unique section 117 personal health budget package, with two elements:

- Weekly psychological support from an independent practitioner of his choice
- Occupational Therapy to provide a structure to access wellbeing activities, practice coping strategies and develop skills.

Mason's story continued

Mason was discharged and, at last contact (12 months after discharge), he was living safely at home with his family, with the support he needs. He continued to receive psychological and OT support to manage his thoughts, feelings, flashbacks and safety, and to help him structure the time when his family are not with him. During this period, he only needed one voluntary 24-hour admission to hospital.

His support was being reviewed regularly to ensure it continued to meet his needs and reduced as clinically appropriate in agreement with him.

Tameside and Glossop CCG estimate the package of care saves the NHS £1,495 a week, as well as giving Mason priceless independence and time at home with his family

Background info

- Len was 63 and lived alone in an independent flat owned by a Housing Association.
- Len moved to his own accommodation when he began to hear voices & became paranoid after marrying his now ex-wife – a situation exacerbated after Val gave birth to their son, when Len's paranoid thoughts transferred to the baby.
- Val continued to care for Len until he passed away
- A referral to Occupational Therapy (OT) identified that Len's mobility had deteriorated and his care co-ordinator thought OT might be able to offer some assistive equipment.
- Len was described as “one of those people that have been in services a long time” and “difficult to engage with”.
- His delusions meant that he would often squat on his haunches and bark like a dog.
- The referral highlighted the need to speak to Val about what Len needed as he would be unable to express himself.

‘What matters to you’ - Len

- The first visit was with his care coordinator to his home address, with Val also present.
- Whilst his care co-ordinator and Val chatted about how Len had been that week and what was happening with his medication the OT observed that Len was clearly more interested in her boots and so engaged with him
- She asked Len if Val could help him to answer some questions as she really needed to understand what was happening and what was important to him in order to help.
- She explained she would ask him questions and that, if she didn't understand his response, then Val could fill in the gaps.
- This conversation established that Len wanted:
 - the pain in his knees to go away
 - to stop taking medication
 - to stop being incontinent at night, and;
 - to see Val everyday.

Understanding Len

It was assumed that the night incontinence was a physical issue

However conversations that included Len and Val established he did not have any incidents when he used certain types of bedding.

- Through use of a small PHB, Len was able to choose his own bed linens.
- The impact of this was that:
 - a) he had better sleep as the bed sheets were not wet;
 - b) Val didn't have to keep washing bedding every day;
 - c) Len was no longer embarrassed at seeing Val change the bed every day and take it for washing.
 - d) Len did not have to undergo any physical health investigations, which he had clearly been refusing to date.

It was thought that Len did not have capacity to make informed decisions when in contrast, he just didn't have the ability to communicate his thoughts and wishes in the time he had previously been given.

Len continues to be supported through his CMHT in Birmingham & Solihull

Common frustrations in accessing s117 PHB

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Common frustrations

- Lack of knowledge & information across NHS staff about the right to have
- Lack of knowledge across partner organisations – LA, VCSE etc
- Complex local arrangements for s117 – often LA leads and health find it hard to locate a budget for people other than those in very ‘complex’ situations.
- People / carers simply not knowing they are s117 eligible & local registers not being kept up to date – making it difficult to identify them
- Understanding what makes an ‘Integrated Personal Budget’ as opposed to a joint funded poc
- Current funding streams / finance structures not enabling payments or different solutions for people – leading to budgets not following on from agreed plans

| Adult mental health pathways examples: | | |
|--|---|--|
| Site: | PHB offer: | Pathway |
| City & Hackney CCG | VCSE Alliance developed an offer for people 'stuck' in secondary MH community services – 742 | Recovery pathway – inc s117 aftercare (VCSE Alliance) |
| Birmingham & Solihull CCG | Trust developed s117 PHB offer for people 'languishing' in CMHTs and extended this to wards – 120+ people | s117 aftercare – community review & hospital discharge (MH Trust led) |
| 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 (CCG led) |
| Oldham CCG | CCG and LA worked together to develop an integrated s117 PHB process | s117 aftercare – integrated offer (CCG / LA partnership) |
| Nottingham CCG | Survivors of domestic violence | Trauma pathway |
| South East London | 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 |
| Lancashire & Cumbria STP | Developing an offer targeted at elderly people in local community | Older people CMHF |
| East Riding of York CCG | Offering 1-off mental health PHBs in complex care | Pathway to be formalised |
| IESCCG and WSCCG | A rehabilitation programme funded through PHB aimed at individuals in our community who are suffering the effect of severe and enduring mental impairment | Community based offer – VCSE led |

| 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 |
| 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 ³⁵ | Key worker roles supporting CYP with learning disabilities &/or Autism | Learning disabilities & autism pathway |

Common frustrations continued



- Staff who are fearful – either of a perceived threat to their role / job &/or of perceived risks to the person / organisation
- Staff who are not trained in personalised care & support planning and how to set outcomes with people &/or;
- unable to hold a conversation that focuses on ‘what matters to the person’
- Lack of time to hold proper conversations with people – even when they are detained in hospital
- Myths such as ‘it takes too long’ &/or people will mis-use the money

Kai's story



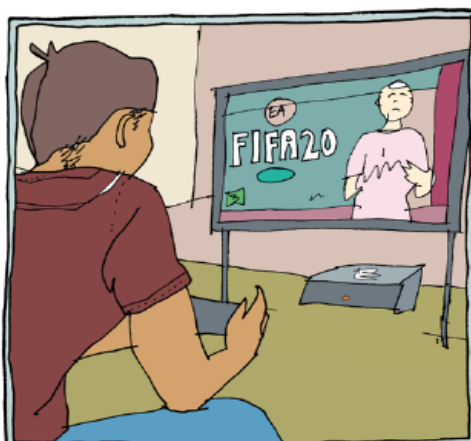
I DON'T HAVE A MENTAL HEALTH PROBLEM. THEY MESS UP YOUR BRAIN WITH MEDICATION.



THEY (CARE COORDINATOR) SAID THE PHB IS FOR ACTIVITIES TO KEEP YOU OCCUPIED BUT THEY DIDN'T ALLOW ME WHAT I WANTED



MY CHOICE WAS A FIFA GAME BUT THEY SUGGESTED A CINEMA CARD. IT WAS ALL DONE ONLINE. I HAVEN'T USED IT YET'.



IT'S ANNOYING BECAUSE THE FIFA GAME WOULD FILL TIME AT HOME AND HELP ME AVOID NEGATIVE THOUGHTS.



I DIDN'T ASK FOR A PHB BUT IT SEEMED LIKE THEY DIDN'T WANT TO GIVE ME MY CHOICE OR LET ME HAVE THE MONEY.



PHBS ARE A GOOD IDEA - BETTER THAN MEDICATION. BUT PEOPLE SHOULD DECIDE HOW TO SPEND IT THEMSELVES.'

Practical advice, tools & support from NHSE/I

[PHB Implementation Framework - Personalised Care Collaborative Network - FutureNHS Collaboration Platform](#)

NHS England and NHS Improvement



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



~~Tuesday 25 May~~ ~~10:00-11:30~~

~~Available on Future Collaborative Platform~~

Making contact and providing clear information

~~Tuesday 20 July~~ ~~10:00-11:30~~

~~Available on Future Collaborative Platform~~

Understanding health and wellbeing needs

Tuesday 21 Sept 10:00-11:30

Working out the money

Tuesday 16 Nov 10:00-11:30

Making a care plan

Tuesday 18 Jan 10:00-11:30

Organising care & support

Tuesday 15 Mar 10:00-11:30

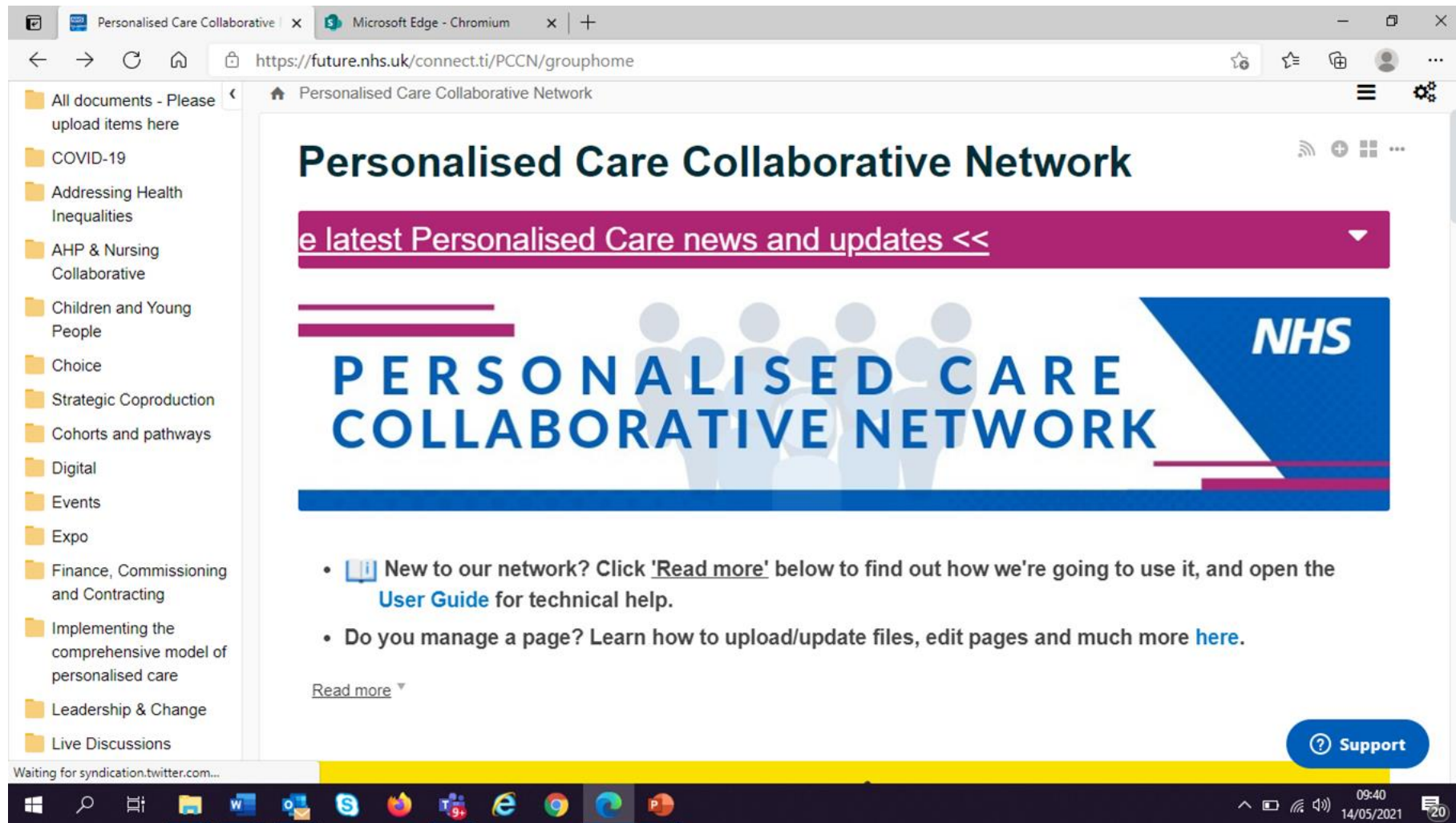
Monitoring, review & evaluation

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Finding the Case Studies online

[PHB Implementation Framework - Personalised Care Collaborative Network - FutureNHS Collaboration Platform](https://future.nhs.uk/connect.ti/PCCN/grouphome)



The screenshot shows a web browser window with the URL <https://future.nhs.uk/connect.ti/PCCN/grouphome>. The page is titled "Personalised Care Collaborative Network". On the left, there is a sidebar menu with the following items: "All documents - Please upload items here", "COVID-19", "Addressing Health Inequalities", "AHP & Nursing Collaborative", "Children and Young People", "Choice", "Strategic Coproduction", "Cohorts and pathways", "Digital", "Events", "Expo", "Finance, Commissioning and Contracting", "Implementing the comprehensive model of personalised care", "Leadership & Change", and "Live Discussions". The main content area features a large header with the text "PERSONALISED CARE COLLABORATIVE NETWORK" and the NHS logo. Below the header, there is a purple banner with the text "The latest Personalised Care news and updates <<". A list of bullet points is displayed: "• New to our network? Click 'Read more' below to find out how we're going to use it, and open the User Guide for technical help." and "• Do you manage a page? Learn how to upload/update files, edit pages and much more here." A "Read more" link is visible below the list. In the bottom right corner, there is a blue button with a question mark icon and the text "Support". The Windows taskbar at the bottom shows various application icons and the system clock indicating 09:40 on 14/05/2021.

Personalised Care Collaborative Network

The latest Personalised Care news and updates <<

PERSONALISED CARE COLLABORATIVE NETWORK

NHS

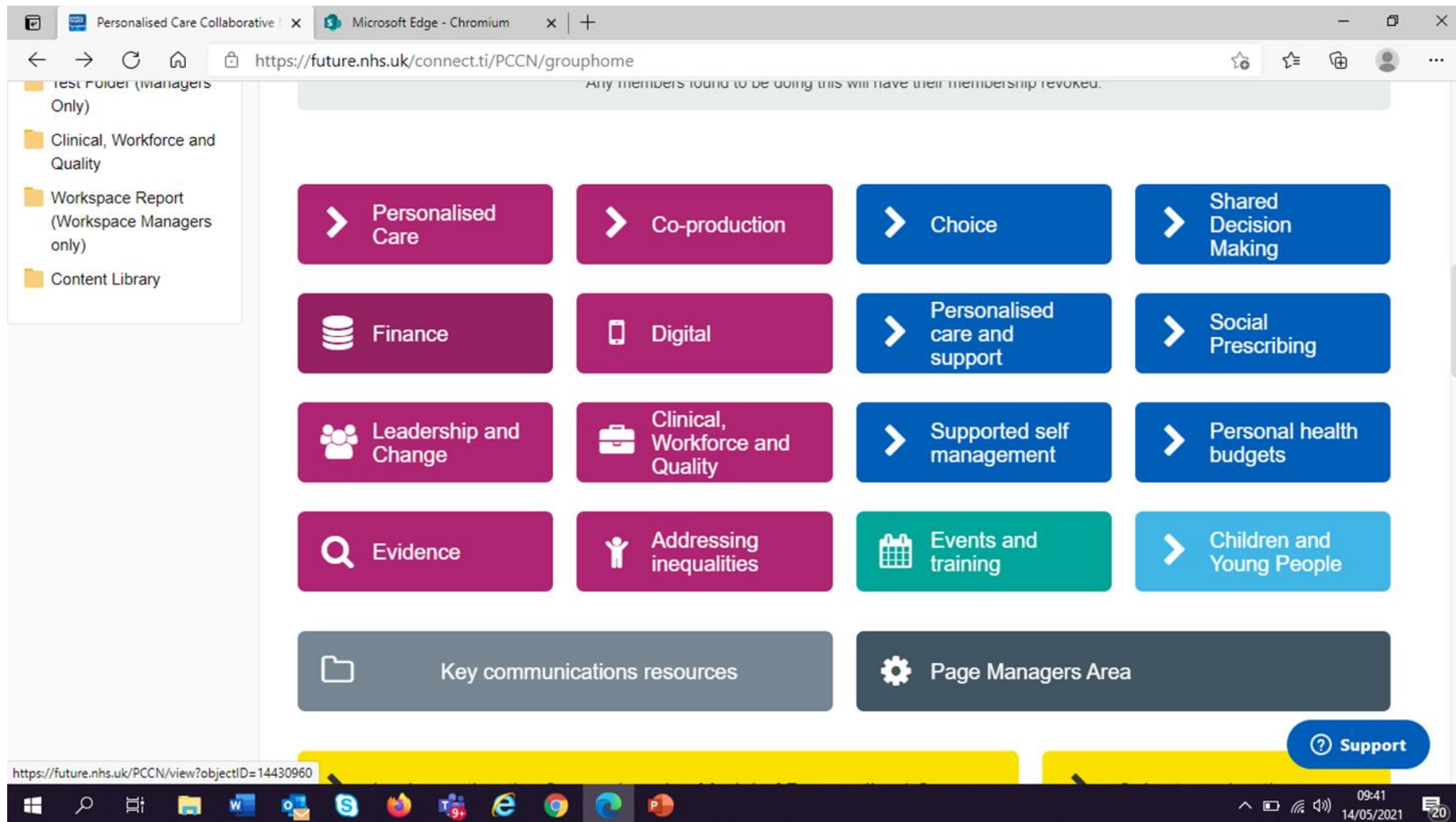
- New to our network? Click 'Read more' below to find out how we're going to use it, and open the User Guide for technical help.
- Do you manage a page? Learn how to upload/update files, edit pages and much more here.

[Read more](#)

Support

Finding the Case Studies online

[PHB Implementation Framework - Personalised Care Collaborative Network - FutureNHS Collaboration Platform](https://future.nhs.uk/connect.ti/PCCN/grouphome)



The screenshot displays the FutureNHS Collaboration Platform interface within a Microsoft Edge browser window. The address bar shows the URL <https://future.nhs.uk/connect.ti/PCCN/grouphome>. A warning message at the top states: "Any members found to be doing this will have their membership revoked." The left sidebar contains a navigation menu with the following items: "Test Folder (managers Only)", "Clinical, Workforce and Quality", "Workspace Report (Workspace Managers only)", and "Content Library". The main content area features a grid of 16 colored buttons, each with an icon and a label: "Personalised Care" (purple), "Co-production" (purple), "Choice" (blue), "Shared Decision Making" (blue), "Finance" (purple), "Digital" (purple), "Personalised care and support" (blue), "Social Prescribing" (blue), "Leadership and Change" (purple), "Clinical, Workforce and Quality" (purple), "Supported self management" (blue), "Personal health budgets" (blue), "Evidence" (purple), "Addressing inequalities" (purple), "Events and training" (teal), and "Children and Young People" (light blue). At the bottom of the grid are two grey buttons: "Key communications resources" and "Page Managers Area". A blue "Support" button with a question mark icon is located in the bottom right corner. The Windows taskbar at the bottom shows the time as 09:41 on 14/05/2021, along with various application icons.

Links to resources



Right to Have Guidance – December 2019

<https://www.england.nhs.uk/publication/guidance-on-the-legal-rights-to-have-personal-health-budgets-and-personal-wheelchair-budgets/>

Statutory guidance for s117 within the Mental Health Act Code of Practice, 2015

<https://www.gov.uk/government/news/new-mental-health-act-code-of-practice>

Direct Payment regulations for health care

<https://www.england.nhs.uk/publication/guidance-on-direct-payments-for-healthcare-understanding-the-regulations/>

Any Questions?



Please share your feedback using the QR code

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