

Reference: FOI.ICB-2324/484

Subject: Children's Continuing Care Direct Payments PHBs

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE	
The figures for your ICB (NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE INTEGRATED CARE BOARD) published show that you have 8 Childrens Continuing Care (CCC) Direct Payment PHBs.		
Could you help me understand the following information for these 8 Childrens Continuing Care (CCC) Direct Payment PHBs.		
What percentage (%) does NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE INTEGRATED CARE BOARD use the following methods to promote / support these 8 CCC Direct Payment PHBs?	As of Q3 2023/24, the ICB has <5 CCC cases delivered as a direct	
 a. 3rd Party support companies (e.g. Enham Trust, Penderels, Solo Support, etc). b. ICB direct engagement/communication c. No support in place d. Do not hold this information. 	The ICB has worked with Enham Trust, Penderels, Solo Support, WECIL, Partner2Care (Sirona Care & Health), and Lifetime Service (Sirona Care & Health) to deliver PHBs on CCC cases.	
How often are <u>Direct Payments PHB options</u> promoted / advertised to the PHB community within your ICB? a. On initial PHB discussion at beginning of PHB journey b. Continuously / regularly through PHB lifespan	Health input into CCC cases can take a variety of forms, including traditional care and support, equipment, therapy and other forms of interventions.	



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c. On request d. Never	ICB CYP Clinical Advisors and Case Managers discuss options for accessing the agreed health elements of a young person's care
e. Do not hold this information.	package at the point of assessment for CCC.
3. Of these 8 CCC Direct Payment PHBs, what percentage (%) have employers / carers insurance?	As the number of cases is <5, the ICB must consider Data Protection principles when responses may indicate or disclose information relating to health as well as consider whether disclosure of
a. 75-100% b. 50-75%	information may allow members of the public to identify individuals.
c. 25-50% d. 0-25% e. Do not hold this information.	Even though the questions relate to PHBs, the responses may infer health information which is considered special category data under Article 9 of the UK GDPR.
4. Of these 8 CCC Direct Payment PHBs, what percentage (%) have contracts of employment for their employed carers?	The ICB has considered whether disclosure of the information would contravene principle (a): personal data shall be processed lawfully, fairly and in a transparent manner in relation to data subjects. The
 a. 75-100% b. 50-75% c. 25-50 d. 0-25% e. Do not hold this information. 	conditions for disclosing this type of data are: explicit consent and whether the data is already in the public domain. The ICB does not have consent to disclose the information and this information is not in the public domain. Therefore, disclosure would contravene principle (a) and the ICB has not disclosed the information.
5. Of these 8 CCC Direct Payment PHBs, what percentage (%) require regular medical training for their employed carers?	The ICB freedom of information policy outlines the requirement for the ICB to consider whether disclosure of low numbers could make individuals identifiable. In this case, the ICB has considered that patient identity may be realised by the very nature of being eligible
a. 75-100%	for continuing care. The packages of care are highly complex and
b. 50-75% c. 25-50%	usually for individuals who are well known within the health and social care sector. FOI responses are made publicly available and
d. 0-25%	the ICB has a duty to consider whether an individual could be



e. Do not hold this information.	identified by anyone, whether this is on a wider public or individual basis.
6. Of these 8 CCC Direct Payment PHBs, what is the percentage split (%) of clinical oversight (main lead) for the PHB?	The ICB also has an obligation to consider the expectations of the individuals involved. The ICB believes that the individuals would not expect details of their individual PHBs to be disclosed to the public.
a. Childrens Community Nurse (CCN)	
b. Registered Nurse (funded by the PHB package)	
c. Registered Nurse (not funded by the PHB package)	
d. ICB Clinical Lead	
e. Do not hold this information.	

The information provided in this response is accurate as of 28 March 2024 and has been approved for release by Rosi Shepherd, Chief Nursing Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.