Personal health budgets
Integrated Personal Commissioning and personal health budgets are key pillars of the NHS Five Year Forward View. They empower people and communities to take an active role in their health and wellbeing with greater choice and control over the care they need.

Integrated Personal Commissioning (IPC) is redesigning the ways the system will work for people with complex needs in England. It includes an integrated approach to personal budgets for people with health and social care needs.

A personal health budget is an amount of money to support a person’s identified health and wellbeing needs, planned and agreed between them, or their representative, and their local Clinical Commissioning Group.
Individual level experience of IPC

- A different conversation with the people involved in your care, focussed on what’s important to you
- A shift in control over the resources available to you, your carers and family
- A community and peer focus to build your knowledge, confidence, and connections
- A proactive approach to improving your experience of care and preventing crises
- A wider range of care and support options tailored to your needs and preferences
The impact of IPC
Who’s benefitting from IPC?

All areas delivering IPC are working with one or more of the following groups of people, who typically have high levels of need, often across health and social care:

* **Children and young people with complex needs**, including those eligible for education, health and care plans.

* **People with multiple long-term conditions**, particularly older people with frailty.

* **People with learning disabilities** with high support needs, including those who are in institutional settings (or at risk of being placed in these settings).

* **People with significant mental health needs**, such as those eligible for the Care Programme Approach or those who use high levels of unplanned care.
IPC – Demonstrators and Early Adopters

Following a rigorous shortlisting and interview process in 2015, a number of areas were selected to be IPC ‘demonstrators’, and lead the way in designing this model of care for people with complex needs in England.

Barnsley; Cheshire West & Chester; Gloucestershire; Hampshire; Lincolnshire; Luton; Northern, Eastern and Western (NEW) Devon; Portsmouth; South Devon and Torbay; South West consortium; Stockton-on-Tees; Tower Hamlets

These demonstrators were joined by additional IPC ‘early adopters’ in late 2016, representing the first stage of national roll-out:

Birmingham and Solihull; Hertfordshire; Islington; Nottingham City; Nottinghamshire; Sheffield.
Personal health budgets are part of mainstream NHS

- **Continuing healthcare:** ‘Right to have’ in NHS continuing healthcare and children’s continuing care care since October 2014.

- **Children and Families Act 2014:** Children who have special educational needs should have a single assessment, an Educational, Health and Care Plan and the option of a personal budget.

- **The NHS Mandate 2015-16:** From April 2015, people with long term conditions who could benefit should have the option of a PHB.

- **The NHS Mandate 2016-17:** 50-100,000 people to have a PHB or integrated personal budget by 2020…produce a plan with specific milestones for improving patient choice by 2020 particularly in …personal health budgets.
Evidence from the National Evaluation 2009-2012

- Positive impact on care-related quality of life and psychological well-being.
- Did not have an impact on health status or health-related quality of life (positive or negative).
- Positive impact on people’s outcomes with budgets of £1000 or more.
- Overall personal health budgets were cost effective—particularly in the continuing healthcare and mental health subgroups.
- Positive impact on people’s outcomes when there is more choice and control.
Aim of personal health budgets

• To give people greater **choice, flexibility and control** over the health care and support they receive.

• An opportunity for people to work in **equal partnership** with the NHS about how their health and wellbeing needs can best be met.

• Personal health budgets are **not about new money**, but about using resource differently.
Principles underpinning personal health budgets

- NHS values still hold
- No entitlement to ‘more’
- Services should be safe and effective
- Personal health budgets should be a positive experience
- Access to services that best suit the individual
- Control over decision making
- Not mandatory
- Support planning is key
Budget spend

YES

• Services agreed in a care plan which will meet health and wellbeing objectives
• Services should be appropriate for the state to provide

NO

• GP Services
• Acute unplanned care (including A&E)
• Surgical procedures
• Medication
• NHS charges e.g. prescription charges, Vaccination/immunisation/Screening
• Gambling, debt repayment, alcohol, tobacco

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CARE PLAN

At the heart of a personal health budget is a care plan, developed by an individual in partnership with their healthcare professional.

Notional budget: the money held by NHS

Third party budget: the money paid to an organisation that holds the money on the person's behalf

Direct payment for health care: the money is paid to the person or their representative
Five essentials

The person with the personal health budget (or their representative):

✅ must know how much money they have for their health and care support;

✅ is enabled to choose the health and wellbeing outcomes they want to achieve in agreement with a healthcare professional;

✅ is enabled to create their own care plan, with support if they wish;

✅ is able to choose how their budget is held and managed, and can have a direct payment if they wish;

✅ is able to spend the money in ways and at times that makes sense to them, as agreed in their plan.
The Governments Mandate to NHS England for 2017/18

2.4. NHS England should ensure the NHS meets the needs of each individual with a service where people’s experience of their care is seen as an integral part of overall quality. We want people to be empowered to shape and manage their own health and care and make meaningful choices, particularly for maternity services, people with long term conditions and as set out in the Government’s response to the end-of-life care Choice Review.

Overall 2020 goals
50,000-100,000 people to have a personal health budget or integrated personal budget

2017/18 Deliverables
Continue to make measurable progress to embed Personal Health Budgets for those with a legal right and expand their use in other groups, including wheelchair users, those with learning disabilities, and in end-of-life care and expand the Integrated Personal Commissioning programme.

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Developing a Local Offer
What CCGs need to do

Planning guidance 2015/16 - expectation for all CCGs to have a published local offer by 1st April 2016. Details on individual CCG websites.

The local offer should provide clear answers to questions such as:
• Who can get a personal health budget?
• Which organisations are involved?
• How can professionals and the public find out more information?
• How can people apply for a personal health budget?

All offers should include:
• Those eligible for adult NHS continuing healthcare & children’s continuing care.
• Children with special educational needs and disabilities.
• Adults and children with learning disabilities.
Ambitions and collecting data

CCGs will want to explore other areas in order to meet the commitment of a major expansion:

• 1 in 1,000 people (0.1% of the population) – ambition for each CCG by March 2019
• 2 in 1,000 people (0.2% of the population) – ambition for each CCG by March 2021
• 2 in 1000 people – for the IPC demonstrators by March 2018
• 1 in 1000 people – for the IPC early adopters by March 2018

Improvement and Assessment Framework

• CCGs to report on PHBs in mandatory data collection in 2017/18
• Data published on MyNHS – shows number of PHBs per 100,000 pop