

Personal health budgets

October 11 2011 – Mile End Hospital





What is personalisation ?

Personalisation wherever it is being practised is about:

- Individuals having choice and control, being involved in decision making.
- Services being built up around an individual's needs and preferences not making the individual work around the system.
- A holistic approach, taking into account their health, personal, social, economic, educational, mental health, ethnic and cultural background and ensures that services are designed around their needs.



Why personalise care?

It's better for:

- **the individual** as they get services which suit them, improving health and wellbeing outcomes and allowing them to achieve personal goals such as such as returning to work or living independently;
- **their carers** and other family members as their needs and other commitments can be taken into account, eg by having more control over when someone (and who) comes into the family home;



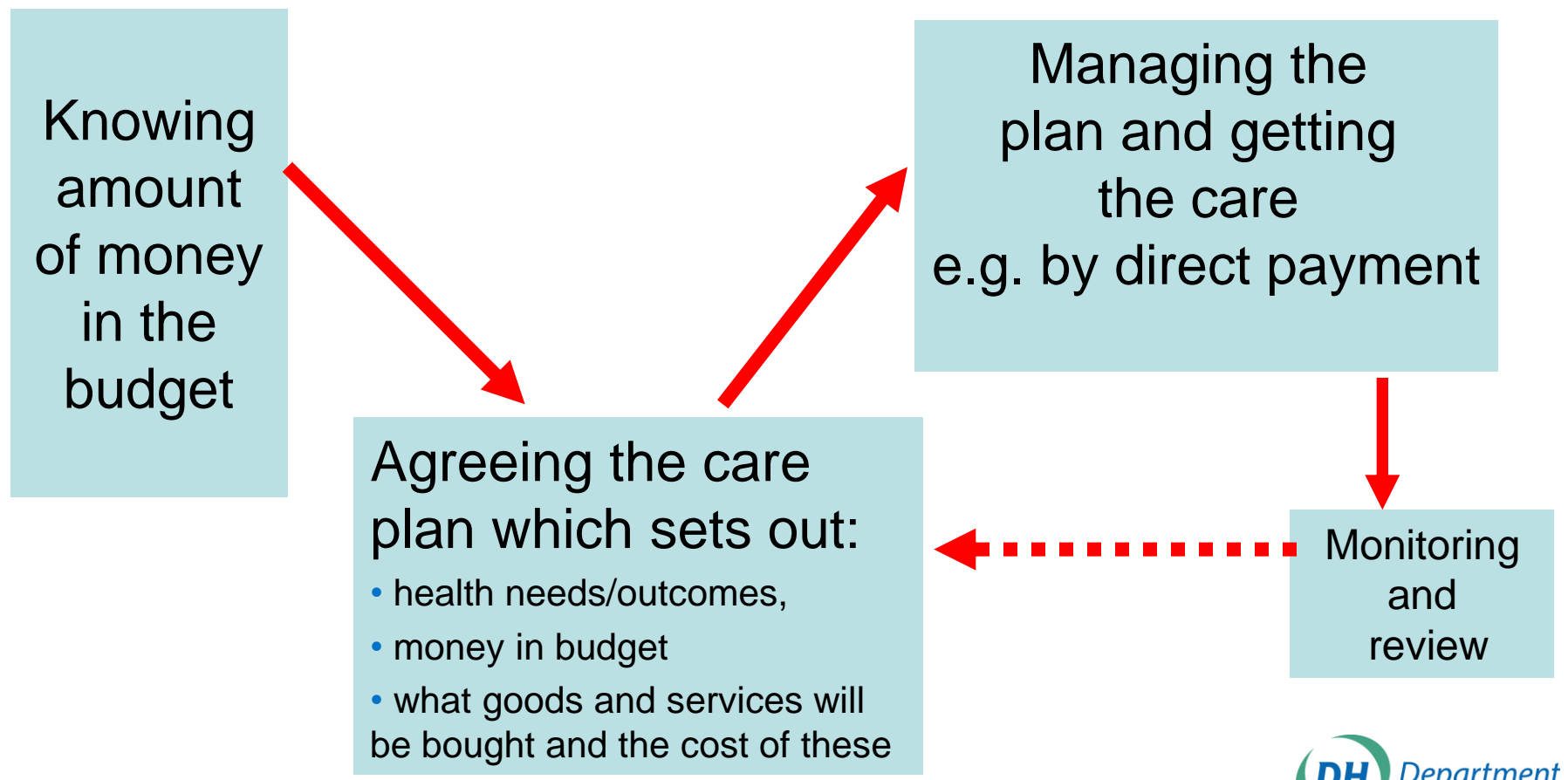
Why personalise care?

It's better for:

- **professionals** as it enables a more holistic and proactive approach improves health outcomes and as a result can be empowering;
- **the system** as it generates some efficiency savings, for example reductions in hospital admissions, out patient appointments and GP consultations. The cost of the care package may be reduced, although more likely to be cost neutral.



Four key stages of personal health budgets



Knowing amount of money in the budget

Agreeing the care plan which sets out:

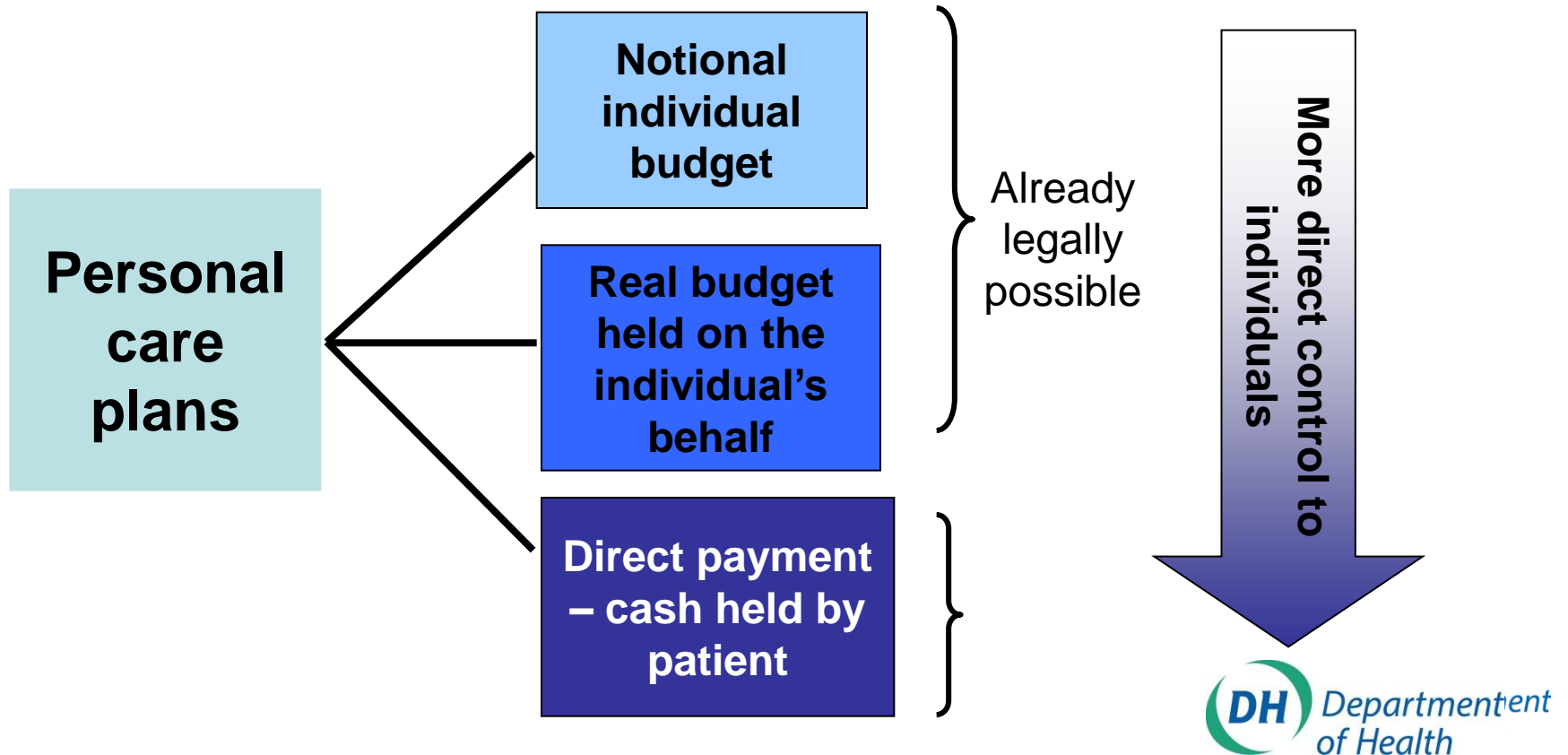
- health needs/outcomes,
- money in budget
- what goods and services will be bought and the cost of these

Managing the plan and getting the care e.g. by direct payment

Monitoring and review



Different ways of delivering a personal health budget





PHBs are a Ministerial priority

- 4th October 2011 – Government announcement that subject to the evaluation, by April 2014, everyone who is eligible for NHS Continuing Healthcare will have the right to ask for a personal health budget including a direct payment.
 - Between now and then, we will be working out how to introduce personal health budgets for this group, while also potentially looking towards rollout for other conditions



Personal health budgets and the Future Forum

NHS Future Forum recommendations to Government June 13, 2011

- We believe it is important for the Government now to set out a clear ambition for the role that personal health budgets will play in the future. This ambition will need to recognise that healthcare is complex and personal budgets are not right for everyone. Some people will not want one; they may prefer to leave the decisions in the hands of their GP. But where it is appropriate, it is important that commissioners and providers are geared up to support people in using their budgets.

The Government's response 20 June 2011

- Subject to evidence from the current pilots, the mandate to the Board will also make it a priority to extend personal health budgets, including integrated budgets across health and social care.....Our ambition is to use the powers in the Bill to introduce over time a right to a personal health budget.... We will consult further on the details..



Personal health budgets and the new infrastructure

- Patient-led NHS and choice
- Clinical commissioning groups
- Health and Wellbeing Boards/greater integration
- Quality standards developed by NICE
- Incentives for quality improvement
- Any qualified provider



A priority across government

NHS White Paper

Mental health strategy

Spending review

Carers' strategy

Right to Control

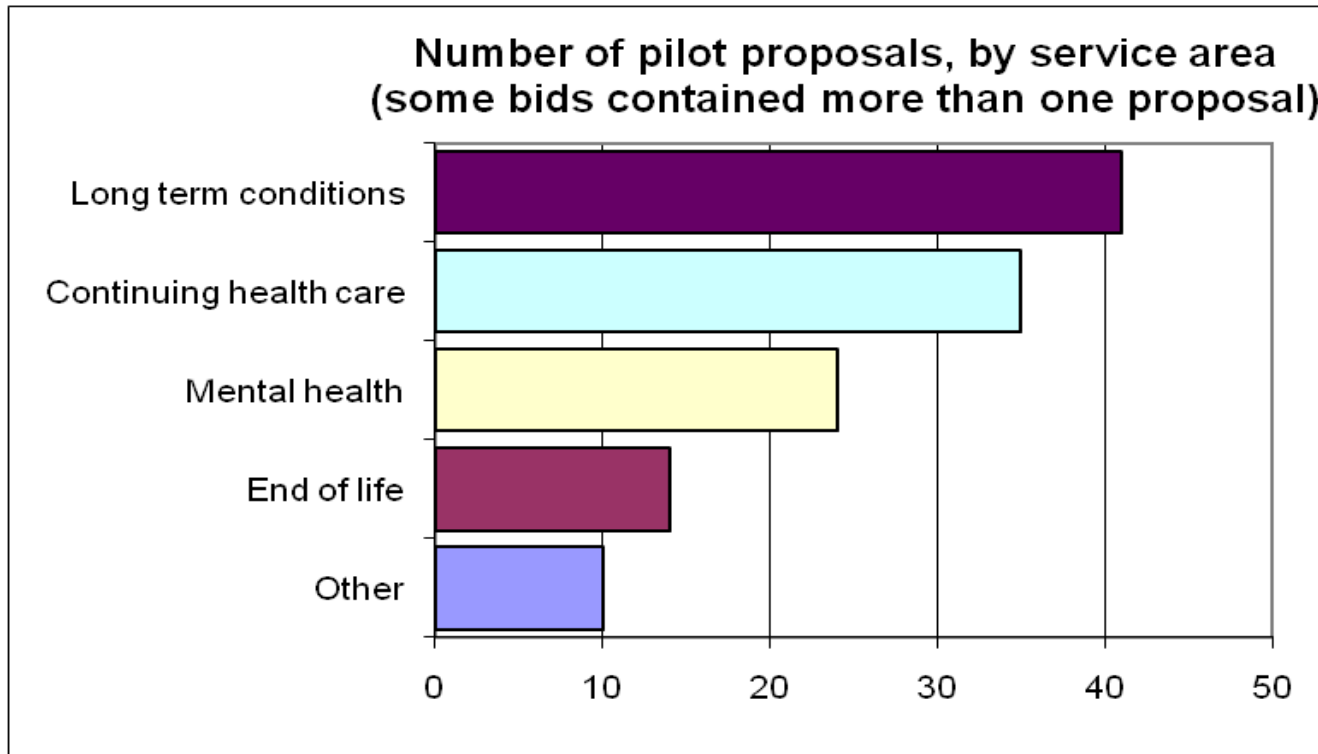
SEND Green Paper

DH Business Plan



The pilot programme

Around half the PCTs are already involved across all SHA regions





Our overall approach

- Who can have a personal budget?
 - Anyone who wants one. Needs should be such that a budget can be reasonably set
- What can a budget be spent on?
 - Not emergency care or core GP services
 - Agreed care plan with agreed health and wellbeing objectives
 - Services should be appropriate for the state to provide
 - not gambling, debt repayment, alcohol, tobacco



Evaluation of the pilots

The pilots will be robustly evaluated by an independent team, headed by Professor Julien Forder from PSSRU.

- 20 sites will be studied in depth, the remainder will be part of a wider cohort.
- Non randomised control trial – 75 patients in each cohort



Evaluation of the pilots

Evaluation is looking at:

- Health, wellbeing, experience and access
- Variation by condition and background
- Impact on staff
- Financial impact and cost-effectiveness
- Effect on NHS services
- Practical issues – what works, what doesn't



Valuable learning to overcome challenges:

- **Financial issues** such as how to set budgets and freeing up funding from existing block contracts;
- **Scope** of service areas that could be included, and conditions for which it is most appropriate;
- **Cultural barriers**: personal health budgets will involve a significant shift of power towards giving real power and choices to patients;
- The **staff** training and development needed to ensure staff have the necessary new skills, building the capacity to deliver personal health budgets on the ground;
- **Building the market** to ensure diversity of provision and real choice;
- **Back office** infrastructure.



Our overall approach

- During pilot phase the regulations and guidance will
 - Mirror rules for social care direct payments, wherever possible
 - Follow existing national policy (e.g. whether providers need to be registered with CQC)
 - Allow flexibility for local innovation:
 - new ways of meeting health needs
 - different ways of implementing personal health budgets
- Experience during the pilot programme will inform the future direction of personal health budgets



Some examples

- Jane has Huntington's and has been cared for at home by her husband who used a personal budget in social care to employ a PA to help with day-time support. Jane's condition has changed and she now needs 24 hour care. A personal health budget means that Jane's husband can continue to employ the same PA during the day and additional care can be arranged on top – for example at night. This ensures continuity of care and also saves money as no agency fees are paid.



PHBs and Learning Disabilities

- PHB pilot sites are looking at a range of conditions – learning disabilities is not a specific condition being covered, but some people will be picked up through NHS continuing healthcare
- Particular benefits for people with learning disabilities – NHS can now offer them the same flexibility they can have with social care.
- Logical step from person centred planning and support planning.
- Many techniques such as PATH can be incorporated into the planning process.



Stories

- Young man with learning disabilities and brittle diabetes who already had a personal budget for social care. Used his PHB to continue to fund a 20 year old PA who had supported him at school and had been trained to measure his blood sugar levels. The same PA now supports him with work experience and continues to monitor his diabetes.
- 28 year old man whose parents had been employed by agency to provide 24 hour care. Set up a trust to administer PHB, used a direct payment at 25% of the cost of the agency. They have involved the wider family which has increased the activities he can do as the agency had restricted the way the care was provided. The family are using some of the PHB for training to improve their skills.



Stories

- Mitchell is 19 and likes being outdoors with his friends. He has complex health needs that mean he is dependent on others. Following a medical crisis in 2001 which saw him go into an intensive care unit. The PCT organised a home care package made up of HCAs and nurses, but the family felt they had little or no control over many parts of their lives. Services were commissioned from the acute trust, which made all the decisions based on hospital procedures. In 2008, Mitchell became one of the first people to have a PHB. The family has recruited a new team of carers that are enthusiastic and committed, having a routine and regular staff is very important for Mitchell. This has been very positive for Mitchell and his family and they have all been able to benefit from greater independence.



Conclusion: personal health budgets

- A lot of enthusiasm for personal health budgets and personalisation more generally
- Still a long way to go – this will take time, and there are many risks and challenges to overcome
- But great potential to improve the quality of care and make services more personalised
- There is still time to get involved and help shape the future of personal health budgets

For more information, visit our Learning Network website www.dh.gov.uk/personalhealthbudgets

or email the team at personalhealthbudgets@dh.gsi.gov.uk