

**Personal health budgets and Integrated
Personal Commissioning quick guide**

NHS Continuing Healthcare

NHS England Information Reader Box

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Contents

1	Introduction	4
1.1	Who is this document for?	4
1.2	Personal health budgets and IPC in NHS CHC: Background	5
2	Impact of personal health budgets on NHS CHC	6
3	Creating truly holistic personalised care and support planning – how IPC can help	6
4	Additional benefits of personal health budgets and IPC	7
4.1	Supporting people in hospital	7
4.2	Delegation of healthcare tasks	7
5	Ambition and support available	8
6	More information on IPC and personal health budgets	9
7	References	9

1 Introduction

The NHS in England is implementing personal health budgets and Integrated Personal Commissioning (IPC) as part of a wider drive to make health, social care and education more personalised. This is in line with the NHS Five Year Forward View.¹

Personal health budgets are a way to improve outcomes by giving people more choice and control over the care they receive. They focus on personalised care and support planning, and let people choose how to meet their healthcare needs in different ways. Personal health budgets can be managed in three ways: a direct payment, a third party budget or a notional budget. Introductory information about personal health budgets and the ways they can be managed is available on NHS Choices.²

The evidence shows that, when implemented well, personal health budgets are a cost-effective way to improve people's quality of life and experience of care. They also help people manage their own health and reduce their reliance on acute services.

While personal health budgets are relatively new for the NHS, personal budgets have been used in social care for much longer. Building on what's been learned in both the NHS and social care, and because of the drive to increase integration across services, IPC is being developed as an approach to delivering care and support for people with the most complex needs. It enables people to join up the funding available for their health and care so they experience seamless care and support. The IPC operating model explains each element of IPC, and provides a framework that can be used to guide local implementation.³

1.1 Who is this document for?

This quick guide focuses on the potential benefits of personal health budgets and IPC for people in receipt of NHS Continuing Healthcare (NHS CHC) or continuing care in the case of children and young people. It is one in a series of quick guides that explore the impact of personal health budgets and IPC on specific groups of people or services.

This quick guide sets out what is currently known about:

- the use of personal health budgets for people in receipt of NHS CHC and continuing care in the case of children and young people;
- what the national ambitions are;
- what support is available to help clinical commissioning groups (CCGs) build the capability to deliver personal health budgets well for this group.

This quick guide is primarily intended for commissioners and providers who are developing local plans to implement personal health budgets. In particular it is for those who are commissioning and providing NHS CHC and continuing care for children and young people to support the expansion of personal health budgets in this area.

It may also interest people working in the voluntary, community and social enterprise (VCSE) sector, and anyone interested in learning more about the role of personal health budgets and IPC in NHS CHC.

It should be read alongside the personal health budget and IPC expansion plan³, and the IPC emerging framework⁴, which provide an overview of the current policy direction and context around the delivery and development of personal health budgets and IPC.

1.2 Personal health budgets and IPC in NHS CHC: Background

The independently evaluated personal health budgets pilot⁵ showed that adults in receipt of NHS CHC were amongst those who benefited the most.

Following these positive results, government introduced a legal right to have a personal health budget⁶ for adults in receipt of NHS CHC and children and young people in receipt of continuing care. This is not a right to have a direct payment, but CCGs do need to have the capability to make direct payments available.

The NHS has a responsibility to help more people take up this right to a personal health budget, and CCGs have legal duties to offer and deliver them. By 2020, NHS England expects this to mean that, unless there are exceptional circumstances, everyone living in their own home who is eligible for NHS CHC or continuing care in the case of children and young people, and who could benefit from a personal health budget, will have the opportunity to take up their right.

The majority of people in receipt of NHS CHC receive their care and support in care homes. However, a significant proportion (between 25-30% at any one time) receive care and support in their own home. Personal health budgets are already a routine delivery mechanism in some CCGs for this group of people, who may want more choice, flexibility and control over who comes into their home, what care and support they get, and when. Personal health budgets and IPC are ways to give people more choice and control, so they choose how their budget will be used to meet agreed outcomes, with the agreement of their NHS team.

As stated, CCGs have a legal duty to develop the capability to deliver personal health budgets for people in receipt of NHS CHC and children and young people in receipt of continuing care. Published 'local offers' and NHS England's voluntary data collection show that the majority of CCGs are focusing their early introduction of personal health budgets on this group. In 2016/17, around 6,500 people in receipt of NHS CHC chose to have a personal health budget, a 47% rise on the 2015/16 figure. Going forward this total is expected to increase significantly.

The personal health budgets delivery process fits well with the case management approach of NHS CHC, as set out in the National Framework for NHS CHC and NHS-funded Nursing Care.⁷ There are a number of factors which facilitate the delivery of personal health budgets for this group, including:

- Individuals are clearly defined as eligible for NHS CHC;
- The national pilot evaluation showed that it is cost-effectiveness and people experience an improved care-related quality of life when living in their own home;
- The National Framework sets out that where a person is eligible for NHS CHC, the CCG is responsible for care planning, commissioning services and for case management.⁸ The services commissioned must include ongoing case management for all those entitled to NHS CHC, and;
- NHS CHC packages are often individually commissioned so funding is more easily identified for a personal health budget.

Having a well-established offer for this group also enables a transfer of skills and learning to personal health budget offers for new groups of people.

The IPC programme focuses on people with the highest level of need and the most complex conditions, which will include many people in receipt of NHS CHC or

continuing care in the case of children and young people. Areas involved in the IPC programme are developing their local IPC operating models. These include making personal health budgets the routine delivery model for people living in their own home and in receipt of NHS CHC. Outside IPC, some local authorities are helping CCGs deliver personal health budgets where there is already close or integrated working with shared systems, policies and processes.

2 Impact of personal health budgets on NHS CHC

The independently evaluated personal health budgets pilot demonstrated that people receiving NHS CHC living in their own home were among those who benefited most from them.⁹ It showed that overall, personal health budgets were cost-effective for people living in their own home, and they tended to improve or maintain people's outcomes at a lower or the same total cost to the system as a whole.

For people in receipt of NHS CHC, the evaluation found there was a reduction in people's indirect costs of care (i.e. those not covered by the budget), particularly inpatient costs. Furthermore, information gathered from seven CCGs suggests that personal health budgets for people in receipt of NHS CHC can be cost-reducing when implemented in the right way. In 2017/18, NHS England will be exploring this in more detail by looking into the ongoing cost-effectiveness of the expansion of personal health budgets.

Evidence gained during the pilot and early rollout of personal health budgets also suggests they impact on prevention as people manage their health better. Personal assistants can be employed directly by the person or their representative, and provide personalised care and support that is proactive and tailored to that person's needs and preferences. Personal assistants can gain an in-depth knowledge of the person, which can be important in recognising early signs of changing conditions or complications, triggering earlier treatment and reducing the need for acute services.

3 Creating truly holistic personalised care and support planning – how IPC can help

The NHS CHC Framework says: "Care planning for needs to be met under NHS CHC should not be carried out in isolation from care planning to meet other needs, and, wherever possible, a single, integrated and personalised care plan should be developed."¹⁰

People in receipt of NHS CHC or continuing care in the case of children and young people may also receive a wide range of other NHS-funded services. However, currently personal health budgets in NHS CHC often only include the care and support that would normally be provided through NHS CHC (e.g. that provided by a domiciliary care provider to meet their assessed needs). Through the IPC approach, people needing additional NHS care and support - for example wheelchair services, equipment or continence services - will experience greater coordination of care across different services, and greater choice and control over how their needs are met.

In 2017/18, NHS England will work with a range of stakeholders, including commissioners and providers of rehabilitation and equipment, to explore the potential of personal health budgets and IPC personal budgets in these areas. The risks and benefits of different options will be considered and potential operational models will be developed and tested.

As part of IPC, work has already begun to replace the wheelchair voucher scheme with personal health budgets. This goes beyond NHS CHC and continuing care in the case of children and young people to include others who have long-term conditions or disabilities and who access different rehabilitation and equipment services. NHS England will work with stakeholders, including those involved with developing personal health budgets in NHS CHC, to explore how other areas of NHS-funded care and support could be combined with NHS CHC. This could create care and support planning and delivery for this group that is more flexible and holistic.

4 Additional benefits of personal health budgets and IPC

4.1 Supporting people in hospital

Across the country, even within NHS Trusts, it varies as to whether a personal assistant (funded by health, social care or the person themselves), can continue to support that person when they are admitted to an acute setting.

Where this does happen, personal assistants continue to provide, where appropriate, the same care that they would in the community (e.g. positioning, communication, nutrition support) which complements the specific care necessarily provided by ward staff. During 2017/18, NHS England will work with key stakeholders, including NHS acute providers and people who employ personal assistants, to explore how personal assistants are supporting people in hospital and whether this is something that can be promoted in the future.

4.2 Delegation of healthcare tasks

An increasing number of personal assistants, including those funded by personal health budgets, are being trained and deemed competent (with appropriate clinical oversight) to perform specific healthcare tasks (e.g. administration of medications including injections, routine dressing changes, and administering nebulisers). This is referred to as delegating healthcare tasks.¹¹

As the rollout of personal health budgets continues, NHS England expects to see the number of people who want their personal assistants to carry out healthcare tasks grow. During 2017/18, NHS England will do more analysis on what this might look like and what the impact and implications are for community and other providers, including governance and training issues.

Oxfordshire CCG, in conjunction with the local authority, has a well-established model for NHS healthcare practitioners to delegate healthcare tasks to personal assistants and other paid care workers. This is known locally as the Shared Care Protocol. It consists of an agreed list of healthcare tasks that can be delegated to a paid care worker once they have received client-specific training on each delegated healthcare task. The CCG, NHS provider trust and local authority have been exploring ways to revise and update their existing model of delegation and training to ensure it continues to work well within the changing landscape of personal health budgets, personal budgets and increasing numbers of people receiving care at home.

5 Ambition and support available

Personal health budgets should be a routine delivery model for CCGs providing NHS CHC packages of care for people living in their own home and children and young people's continuing care for home based packages of care.

In planning for the expansion of personal health budgets in line with the NHS Mandate, CCGs need to work with local providers to make sure personal health budgets are introduced in a sustainable way. People in receipt of NHS CHC and children and young people in receipt of 'continuing care' already have a legal right to have a personal health budget, and a number of CCGs are already planning to make personal health budgets the routine way of delivering community-based care for them. Having a well-established offer for this group also enables skills and learning to be transferred to personal health budget offers for new groups of people.

As previously stated, in 2016/17 around 6,500 people in receipt of NHS CHC chose to have a personal health budget, a 47% rise on the 2015/16 figure. Going forward this number will increase significantly as more CCGs develop capability to offer personal health budgets well and at scale, and as more people exercise their legal right. This could mean that up to 15,000 people in receipt of NHS CHC could have personal health budgets by 2020/21. Exact numbers of people in receipt of NHS CHC with a personal health budget will depend on local priorities, the individual needs of those in receipt of NHS CHC and whether people receiving it take up the offer of a personal health budget.

The uptake of personal health budgets varies between CCGs, however the balance is rapidly changing. In September 2015, 54 CCGs reported having fewer than five personal health budgets in place while six had 100 or more personal health budgets. By March 2017, the number of CCGs with fewer than five personal health budgets had fallen to only six, while 38 CCGs reported delivering 100 or more personal health budgets.

NHS England is providing a focused programme of support to help CCGs and other partners increase the number of personal health budgets for people in receipt of NHS CHC and continuing care in the case of children and young adults and ensure these personal health budgets are of a high quality. This will help people take advantage of their right to a personal health budget, and let people and CCGs experience the benefits of doing so. NHS England is currently offering a series of NHS CHC masterclass events, aimed at giving front-line NHS CHC staff the skills and confidence to deliver personal health budgets in a timely and sustainable way.

NHS England will be working with a number of CCGs and partners who have made significant progress implementing personal health budgets for people in receipt of NHS CHC in the community to spread good practice models and become mentors to neighbouring CCGs in their sustainability and transformation plan (STP) areas.

NHS England has produced an animation which sets out the key stages of personal health budgets in NHS CHC.¹²

6 More information on IPC and personal health budgets

The Personalised health and care delivery framework provides more detailed advice and practical resources to support local implementation.¹³

This quick guide has been produced by the Personalisation and Choice Group at NHS England. You can contact us at:

england.integratedpersonalcommissioning@nhs.net

england.personalhealthbudgets@nhs.net

7 References

- 1 **NHS Five Year Forward View**, NHS England 2015:
- 2 **NHS Choices**.
- 3 The IPC Operating Model, The IPC and personal health budgets national expansion plan and the wider framework documents can be found on the **personalised health and care section of the NHS England** website.
- 4 **NHS England Personalised Health and Care** website.
- 5 See: <https://www.phbe.org.uk/>
- 6 See: <http://www.legislation.gov.uk/ukxi/2013/2891/contents/made>
- 7 <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>
- 8 See: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care> see paragraph 77
- 9 See: www.phbe.org.uk
- 10 See: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care> paragraph 111
- 11 **NHS England Personalised Health and Care** website.
- 12 <https://youtu.be/Dc3GTLycZ5k>
- 13 **NHS England Personalised Health and Care** website.

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Email:

england.integratedpersonalcommissioning@nhs.net

england.personalhealthbudgets@nhs.net

The information provided in this framework can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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