NHS England

Personal health budgets and Integrated Personal Commissioning

National expansion plan

NHS England Information Reader Box

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1 Executive summary

This document sets out NHS England's expansion plan for personal health budgets. It describes how NHS England will support clinical commissioning groups (CCGs) to meet the NHS Mandate. This says that by March 2021, 50,000 to 100,000 people will benefit from a personal health budget or integrated personal budget (where funding comes from health, social care and – in the case of children – education).[1]

This document is part of the Personalised health and care framework which includes a range of publications and practical tools. These help professionals across the country to implement Integrated Personal Commissioning (IPC) and personal health budgets effectively.

1.1 Who should read this

This document is aimed at professionals working in CCGs and in sustainability and transformation plan (STP)[2] areas including accountable care systems (ACSs), where personal health budgets need to be included in commissioning and operational planning.

It will be relevant to professionals working in the voluntary, community and social enterprise (VCSE) sector and in local authorities. This is because personal health budgets make it easier to join up services around the person and enable money to be used on things not traditionally commissioned by the NHS. It will also interest people who have or may get a personal health budget, either for themselves or someone else.

1.2 Who can benefit

NHS England intends that personal health budgets be routinely offered to everyone who could benefit, including children and young people. It recently set a stretching ambition in its operational planning and contracting guidance[3] to deliver 50,000 personal health budgets or integrated personal budgets by 2019. All CCGs have submitted trajectories showing how they will meet their part of the commitment.

This document explores the different groups of people who could benefit from having a personal health budget. This includes:

- adults in receipt of NHS Continuing Healthcare
- children and young people receiving continuing care
- people with a learning disability and/or autism
- people living with multiple long term conditions, including physical or mental health conditions and people living with frailty
- people with a physical disability.

IPC and personal health budgets can help the NHS and local government to meet the needs of all sections of the population and reduce health inequalities. Personalised care and support is tailored to fit the person's specific needs, circumstances and preferences. This can be particularly helpful for people who are less well served by conventional health and social care services.

1.3 What do we expect to happen

In the longer term, NHS England expects the number of people with personal health budgets to increase rapidly. It is envisaged that personal health budgets will become a mainstream model in some areas of NHS-funded care, and develop in new areas, such as personal maternity care budgets (PMCBs) and personal wheelchair budgets.

The IPC programme will help to drive the expansion of personal health budgets by creating a wider model of personalised care for people with ongoing, high support needs in England. Personalisation goes far beyond personal health budgets. The IPC approach enables people of all ages to maintain their health, wellbeing and independence. This is achieved through targeted peer support, community capacity building and an expanded role for the VCSE sector in preventing or reducing the need for unplanned care.

IPC is being offered to key groups:

- children and young people with a learning disability or complex needs
- adults with a learning disability
- adults with a physical disability
- adults with living with multiple long term conditions, including physical or mental health conditions, and people living with frailty

IPC areas across the country are expanding personalised care and personal health budgets sustainably. They are creating common frameworks so that the approach can be easily adopted in other places. The IPC programme has recently been extended to new areas. This is the first stage of a national rollout that will establish IPC as a mainstream model of integrated health and care for up to five per cent of the population[4] across half of England by 2021.

NHS England, CCGs, IPC areas and others are jointly responsible for creating the conditions and providing the support that will enable this expansion. Their work will also mean that the NHS Mandate commitment can be met; and that personal health budgets and IPC will become business as usual across England.

2 Introduction: personal health budgets and IPC

There is a growing shift towards personalisation and integration across health and social care. The NHS Five Year Forward View[5] included commitments to increase the choice and control people have over their care. Personal health budgets and IPC are key mechanisms in delivering this change.

People are living longer and with more complex health needs. Seventy per cent of the health service budget is now spent on people with long-term conditions[6]. Population-based approaches may not address individual needs: one size does not fit all. IPC and personal health budgets can be part of the solution because they enable the NHS to respond better to people for whom traditional healthcare models do not work well. They also help commissioners and providers to understand better the needs of the local population.

Personal health budgets also have a part to play in meeting the financial challenges facing the NHS. The personal health budgets evaluation showed that when people take more control of their care, the total cost of care to public services often falls.[7] This is because people's health and wellbeing improves, resulting in a shift from unplanned acute care usually in hospital to more planned care and support being provided at home and in the community. There can also be a reduction in care costs as agency care is replaced with directly employed personal assistants.

While personal health budgets are relatively new for the NHS, personal budgets have a longer history in social care, as set out in Figure 1. The term 'personal health budget' is used to distinguish those forms of personal budget that include NHS funding. Personal health budgets can be either 100% NHS-funded, as is the case in NHS Continuing Healthcare, or joint-funded. Joint-funded budgets are also referred to as 'integrated personal budgets' and receive funding from health and another funding source such as social care or education. 'IPC personal budgets' is used as an umbrella term to describe personal budgets that could include health, social care or education funding or a combination of all three (see the Personal budgets, integrated personal budgets and personal health budgets summary guide).

Figure 1: History of personal budgets in social care and personal health budgets

1970s/80	**Independent Living Movement** asserted disabled people's right to control and self-determination
1988	**Independent Living Fund** was introduced
1997	**First legislation for direct payments in social care**
2000	**NHS Plan** committed to redesigning the NHS around the needs of patients
2001	**Valuing People reforms**
2005-07	**Social care individual budgets pilots**
2007	**Putting People First** introduced personalisation into social care policy for the first time
2009-12	**Personal health budgets pilots**
2012	**Health and Social Care Act** introduces a duty on CCGs to involve people in decisions about their care
2012	**First NHS Mandate** sets the expectation that personal health budgets will made available in NHS
2013	**Direct payment in healthcare regulations**
2014	**Children and Families Act** introduced new obligations on the NHS to ensure that children with a Special educational need or disability get the support they need, including the option of a personal budget
2014	**Care Act**
2014	**Legal right to have a PHB in NHS Continuing Healthcare is introduced**
2014	**Five Year Forward View** published, with commitment to introduce Integrated Personal Commissioning
2015	**IPC programme launched** with nine demonstrator sites
2016	**NHS Mandate** sets a clear expectation that 50-100,000 people will have a personal health budget by 2020/21

2.1 Personal health budgets: what they are and why they matter

Information for the public about personal health budgets is available on the **NHS Choices website**.

Personal health budgets give people more choice and control over the care they receive, and improve health and wellbeing outcomes. In 2016-17, over 15,800 people received a personal health budget. Central to personal health budgets is personalised care and support planning which is when care and support planning discussions focus on what people and their families want to achieve rather than just their health needs.

Personal health budgets start from the principle that people who need long-term support from the NHS should be seen as experts in their condition and partners in their care, rather than passive recipients of services. The personal health budgets process recognises people as assets, with skills and talents, rather than merely sets of diagnoses and deficits.

Personal health budgets help people think about their particular health conditions in the broader context of their overall health and wellbeing and consider what support they need to manage their health and tackle the wider determinants of ill health. This includes a focus on community support and inclusion.

Early learning suggests that personal health budgets work best where three conditions are met:

- A person has a complex long-term condition or disability, whether stable or fluctuating, which needs ongoing NHS support.
- A person could benefit from a more personalised and coordinated approach, for example because they are not getting the help and support they need from traditionally commissioned services.
- The personal health budget represents value for money, taking into account the short and long-term impact on outcomes and user experience, the cost of the budget itself, and any costs associated with it.

2.1.1 Options for managing a personal health budget

Personal health budgets can be managed in three ways (or a combination of these):

- Notional budget: the local authority or the NHS manages the budget and arranges care and support.
- Third party budget: an organisation independent of the person, the local authority and NHS commissioners manages the budget and is responsible for ensuring the right care is put in place, working in partnership with the person and their family to ensure the agreed outcomes can be achieved.
- Direct payment: the budget holder has the money in a bank account or an equivalent account, and takes responsibility for purchasing care and support.

2.1.2 Benefits of personal health budgets

The personal health budgets evaluation[7] demonstrated that they were cost-effective for people living in their own homes and supported their rollout beyond the pilot phase.

Box 1: The evidence on personal health budgets: better outcomes, lower costs

Personal health budgets were independently evaluated in a major controlled trial (2009-2012) involving 70 areas. Over 1,000 adults receiving a personal health budget participated in the trial. A comparable number of adults were in the control group. Therefore the findings can be robustly attributed to the effects of the personal health budget.

The evaluation demonstrated that personal health budgets are cost-effective, improve quality of life and reduce unplanned hospital admissions.

Personal health budgets can:

- help people to feel in control of their health and remain independent
- improve quality of life and psychological wellbeing
- make the relationship between people and health professionals much more equal
- promote supported self-management and reduce reliance on NHS services
- improve the experience of care for people with complex needs, enabling service integration at the level of the person
- enable access to a wider range of support than that traditionally available from the NHS.

Personal health budgets were found to be more effective when people had genuine choice and control over the services they received. In contrast, results were poor when choice was restricted, for example when people got a choice of one service from a list of three, rather than the freedom to decide the care and support they wanted.

The evaluation found that overall personal health budgets were cost-effective. They tended to improve or maintain people's outcomes, at lower or the same total cost to the system.

For people in receipt of NHS Continuing Healthcare who were living in their own homes, the evaluation found a reduction in 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 receiving NHS Continuing Healthcare can reduce costs when implemented in the right way. In 2017/18, NHS England will be exploring this in more detail, looking into the ongoing cost-effectiveness of the expansion of personal health budgets.

Beyond NHS Continuing Healthcare, early indications show that significant efficiency savings can result from more coordinated and personalised care. However it is harder to make savings because, unlike NHS Continuing Healthcare, where support is generally commissioned on an individual basis, the majority of health and care services are commissioned at a population level, making it difficult to move money out of existing contracts.

Integrated personal budgets for families with disabled children (sometimes known as individual budgets) were piloted from 2009 to 2012. The aim was to bring together different funding streams to provide a holistic and joined-up package of support, therefore widening the scope of choice and control for these families. It made possible the development and delivery of user-led support plans which met family needs holistically, rather than providing compartmentalised and fragmented support.

In summary, personal health budgets can help with the financial challenges currently facing the NHS, while improving the quality and outcomes of people's care.

> **"If someone else had chosen the exact same things as stated in my plan, it wouldn't have had the same impact on my life. It's the fact that I've thought about and chosen for myself; I've taken some control and purchased back, if you like, the self-worth I'd thought I'd lost forever!"**
> **Sandie, personal health budget holder**

Personal health budgets build on what was learned from personal budgets in social care. It is anticipated that over time more people will have integrated personal budgets that combine funding from health and social care (and education in the case of children and young people). Personal health budgets can have a wide impact on the culture, practice and systems of the NHS. They could play a part in ensuring the future sustainability of the system by promoting self-management, reducing unplanned admissions and helping ensure the NHS provides care and support that is better aligned to people's individual needs and preferences.

2.2 Integrated Personal Commissioning (IPC)

IPC is a partnership programme between NHS England and the Local Government Association (LGA). The programme is supporting areas across England to develop a personalised model of integrated care for adults, children and young people with high ongoing care and support needs. The IPC emerging framework[4] describes the approach in more detail and explains IPC can become a mainstream model of care for around five per cent of the population by 2021.

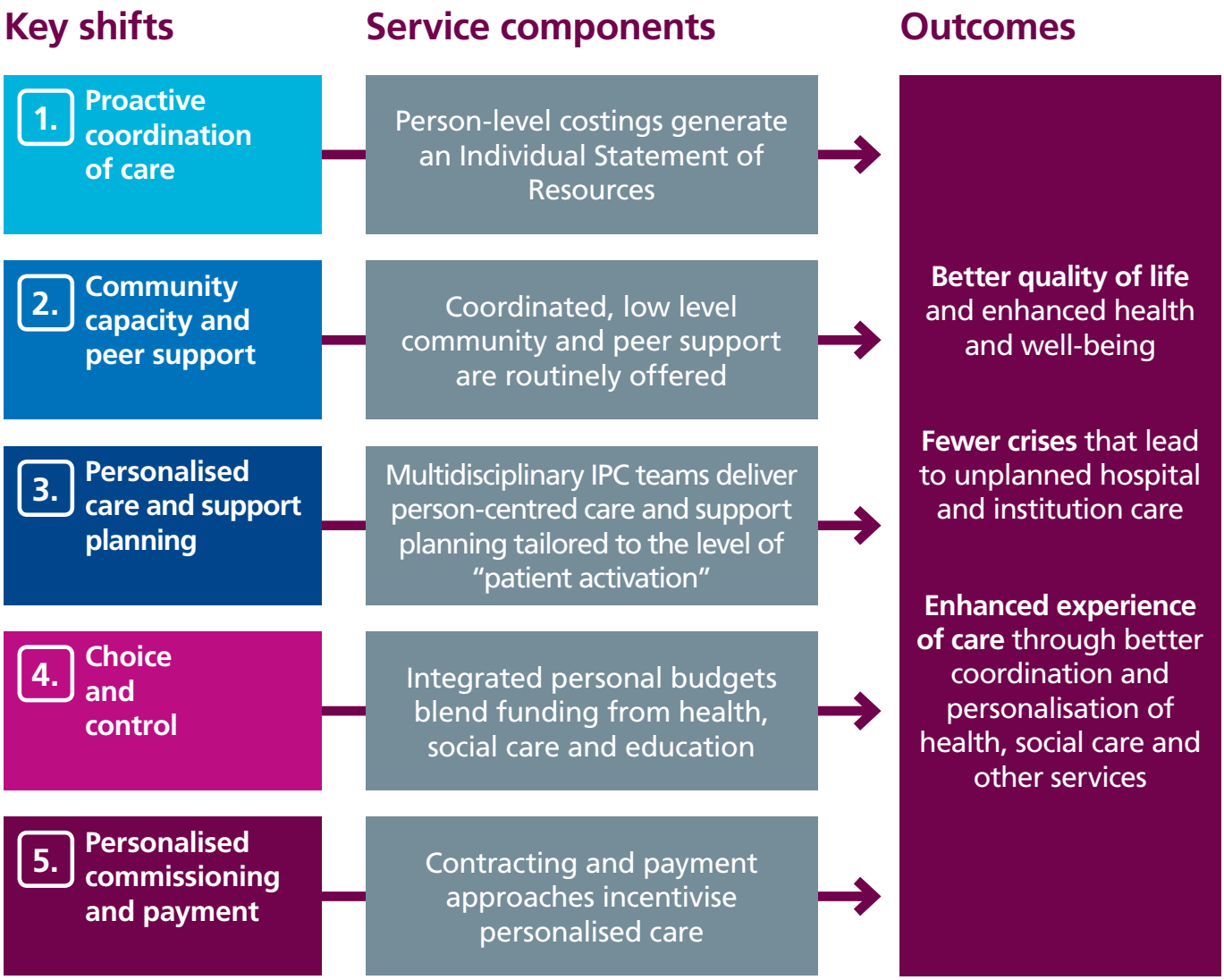
IPC enables people to join up the funding available for their health and care so they experience a seamless approach, regardless of whether funding is from the NHS, the local authority or potentially in the future other funding streams. IPC also provides a model to help the NHS and local authorities to meet their statutory duties on integration[8].

As outlined in the IPC emerging framework, IPC is a practical delivery model. It enables a 'whole system' personalised approach for people with the highest health and care needs. It joins up health, social care and other services (such as education for children and young people) at the level of each person and their family. And it empowers people to take an active role in their health and wellbeing, with greater choice and control over the care they receive.

The IPC programme is tackling key issues. It is also creating the conditions that will enable personal health budgets to be delivered through a joined up-approach across health and social care, where they will become a mainstream part of the health and care system. Education is a key part of this approach for children.

The emerging framework for IPC is characterised by five key shifts in the model of care, with a number of specific service components. This is shown in Figure 2. Other documents in the Personalised health and care framework include details of these shifts. NHS England is working with the areas taking part to develop tools and methods that can be easily adopted in other places.

Figure 2: IPC key shifts



2.3 The relationship between personal health budgets and IPC

Personal health budgets enable a person-centred approach and more choice and control, and are central to the IPC model. IPC builds on the learning from personal health budgets and brings together health and social care funding. Not everyone who benefits from IPC will have a personal health budget, but where people have personal budgets from multiple sources (health, social care or education) they will be brought together as an IPC personal budget.

Personal health budgets will also be available to people not included in IPC, where more traditional service methods don't entirely meet their needs, for example for equipment, wheelchairs and orthotics.

There are six stages to the personal health budgets process (see Figure 3). Building on these six stages, the IPC operating model has been developed to take integration across health and social care into account. The six steps can be used by areas focusing on personal health budgets.[12]

Figure 3: The six steps of the personal health budget process

The steps of the personal health budgets process

2.4 Key features of personal health budgets and IPC

Where someone is part of IPC or has a personal health budget, they will:

- be able to access information and advice that is clear and timely and meets their individual information needs and preferences
- experience a coordinated approach that is transparent and empowering
- have access to a range of peer support options and community based resources to help build knowledge, skills and confidence to manage their health and wellbeing
- be valued as an active participant in conversations and decisions about their health and wellbeing
- be central in developing their personalised care and support plan and agree who is involved
- be able to agree the health and wellbeing outcomes* they want to achieve, in dialogue with the relevant health, education and social care professionals.

If this leads to a personal budget, integrated personal budget or personal health budget, a person will:

- get an upfront indication of how much money they have available for healthcare and support
- have enough money in the budget to meet the health and wellbeing needs and outcomes* agreed in the personalised care and support plan
- have the option to manage the money as a direct payment, a notional budget, a third party budget or a mix of these approaches
- be able to use the money to meet their outcomes in ways and at times that make sense to them, as agreed in their personalised care and support plan.

* and learning outcomes for children and young people with education, health and care plans.

Where someone has a personal health budget, they should experience all the key features listed above, not just those specifically listed under the personal budget section.

In personal health budgets there are a few exceptions where a direct payment is currently not an option, for example in personal maternity care budgets or personal wheelchair budgets. Beyond this, CCGs, ACSs and STPs should be planning their expansion of personal health budgets to include direct payments. Any offer or delivery of a direct payment must comply with the Direct Payment Regulations 2013.[9]

This does not mean that everyone will have a direct payment; a local personal health budget offer can be wider than the amount of money available for direct payments at any point. For example, if you have freed up one per cent of your contract value – which might cover an assumed 100 direct payments – you could reasonably expect to deliver 300 personal health budgets, using the planning assumption that approximately two thirds of recipients will opt for notional budgets which draw on already commissioned services (see section 4.2.1).

3 The vision for personal health budgets and IPC

The NHS Mandate aims for between 50,000 and 100,000 people to have a personal health budget or integrated personal budget by March 2021.[1] This equates to between one and two people per thousand of the population, including children, young people and adults living with complex long-term health conditions (either physical, mental or both) and people of all ages with a learning disability.

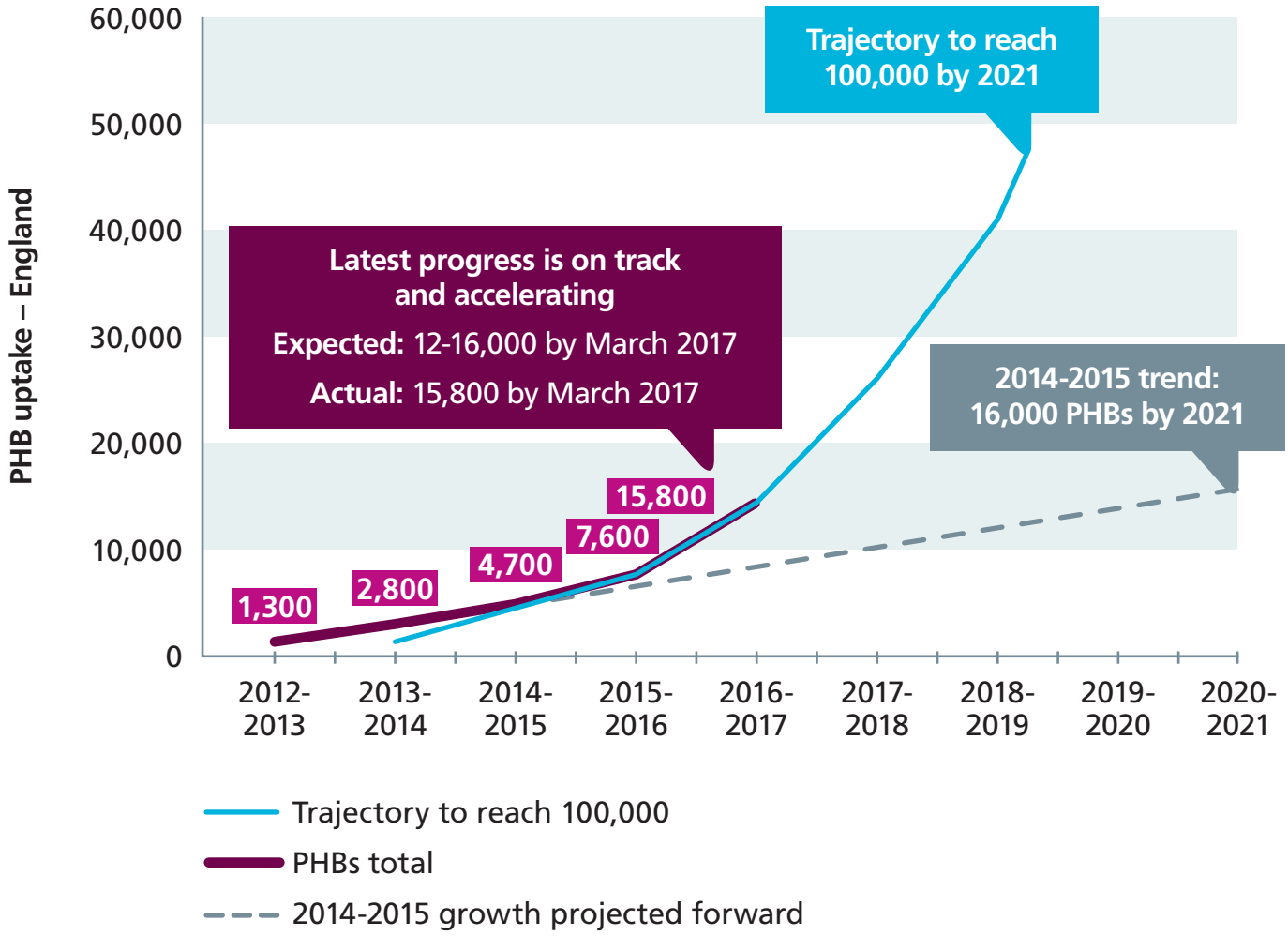
Delivering this will take focus and determination. There is already good progress with over 15,800 people benefiting from personal health budgets in 2016/17. This is an increase of 108% increase on the 2015/16 figure. The total includes around 1,500 children and young people.

NHS England recently set a stretching ambition through its operational and contracting planning guidance[3]. This requires all CCGs to deliver their share of 50,000 personal health budgets by 2019 and to submit trajectories for doing so.

To deliver 50,000 personal health budgets two years ahead of the NHS Mandate commitment will be challenging. NHS England wants to go further. We will be encouraging CCGs to develop trajectories beyond this milestone to deliver an even wider expansion by 2025. This will require personal health budgets to become a mainstream aspect of some areas of NHS-funded care. Personal health budgets are also expected to expand to additional service areas. These include maternity care through personal maternity care budgets, and the expansion of personal wheelchair budgets. Section 4.4 discusses some of the areas where NHS England is currently exploring the potential of personal health budgets.

IPC and personal health budgets aim to improve service integration around the person and their family. This forms part of the increasing integration across the system, particularly through new care models. The policy frameworks for multispecialty community providers (MCP)[10] and primary and acute care systems (PACS)[11] make clear that new care model 'vanguards' will be required to fully implement personal health budgets and IPC for people with high, ongoing care needs. The MCP framework also discusses a model for people with particularly complex and extensive needs (called the 'extensivist model'). This is a more clinical or medical focused model of care, though with similar aims to IPC. NHS England is exploring how personal health budgets can dovetail with this model, and the potential for personal health budgets to be enablers of the delivery of some parts of the extensivist model, enabling people to commission services that are not traditionally commissioned by the NHS. There are clear expectations on STPs and ACSs to make personal health budgets and IPC available (see section 4.6.4).

Fig 4: Progress towards the NHS Mandate commitment



By March 2021, NHS England expects personal health budgets, delivered through the IPC approach, to be a mainstream model for people with the highest health needs in England. The national rollout will see IPC become a routine approach to integrated health and care for up to five per cent of the population across half of England. It will also be aligned to the spread of new care models.[4]

Box 2: What will be different by March 2021?

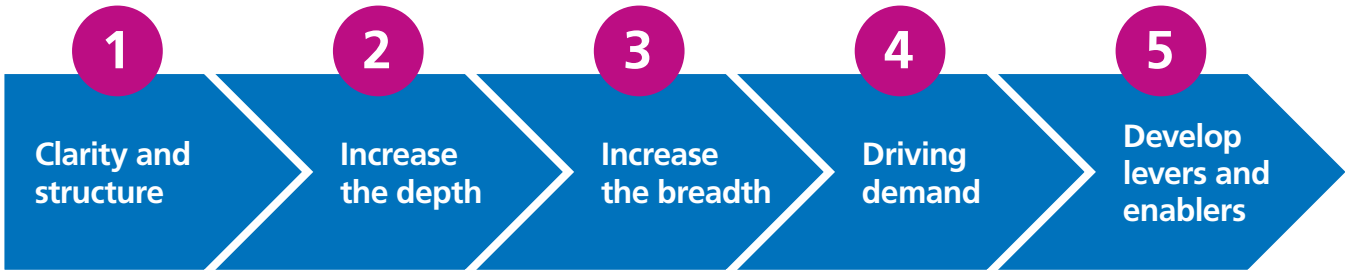
By March 2021, the operation and management of personal health budgets will be easy for people and the system routinely available as a mainstream part of NHS care. This means that:		
People who could benefit will know they can have a personal health budget.	The system will know the cost per case for elements of NHS care, making it simple to set budgets and agree personalised care and support plans.	People will receive a statement of resources that is clear about the funding available and the outcomes it can be used to meet.
The system will operate a single, robust process that will seamlessly combine NHS, social care and other services into integrated personal budgets for people with ongoing health and care needs.	People will have access to information, advice and support that is proportionate to their needs, to develop their plans, including from care coordinators and voluntary sector organisations.	The system will commission the infrastructure that enables people to make informed decisions with the support they need to make best use of personal health budgets, working with conventional and non-traditional providers to personalise the services and support options available.
People will have a choice where possible of a range of ways to manage their personal health budget, including direct payments, third party and notional budgets that offer meaningful choice and control.	The system will have simple ways to track, monitor and manage spend that reduce bureaucratic burdens, while maintaining clinical oversight and financial controls.	People will design their own packages of care with the support they need and make greater use of community and universal services to address the wider determinants of health and wellbeing.
The system will learn from the collective creativity of many thousands of commissioners and use this intelligence to improve and further personalise care for the whole population.	People will be able to access services that are more appropriate for their needs and preferences, from any provider that can offer the service at an acceptable cost.	The system will be able to free up funding from existing contracts so that people, with appropriate support from the system, can access services that are more beneficial for them.

No one will be forced to take more control than they want, but personal health budgets will become business as usual, building on learning from the mainstream use of personal budgets in social care. The number of personal health budgets could increase significantly beyond the current NHS Mandate ambition in the longer term.

4 Achieving the vision: a five point delivery plan

In order to achieve the national vision for personal health budgets, NHS England is implementing a five point delivery plan.

1. Simplify the delivery model, and create infrastructure to support it.
2. Increase the take-up of personal health budgets for people who can benefit (increasing the depth).
3. Increase the breadth of areas and services where personal health budgets are offered.
4. Stimulate demand for personal health budgets.
5. Develop national levers and enablers to support expansion.



4.1 Achieving the vision: simplifying the delivery model

The Personalised health and care framework supports local implementation of IPC and personal health budgets. It has been developed so that many tools and resources can have a wider application across the NHS. The framework will provide practical support to new care models, Transforming Care Partnerships (TCPs) and other initiatives, as well as STPs interested in enhancing their approach to personalisation, self-management and community-based support.

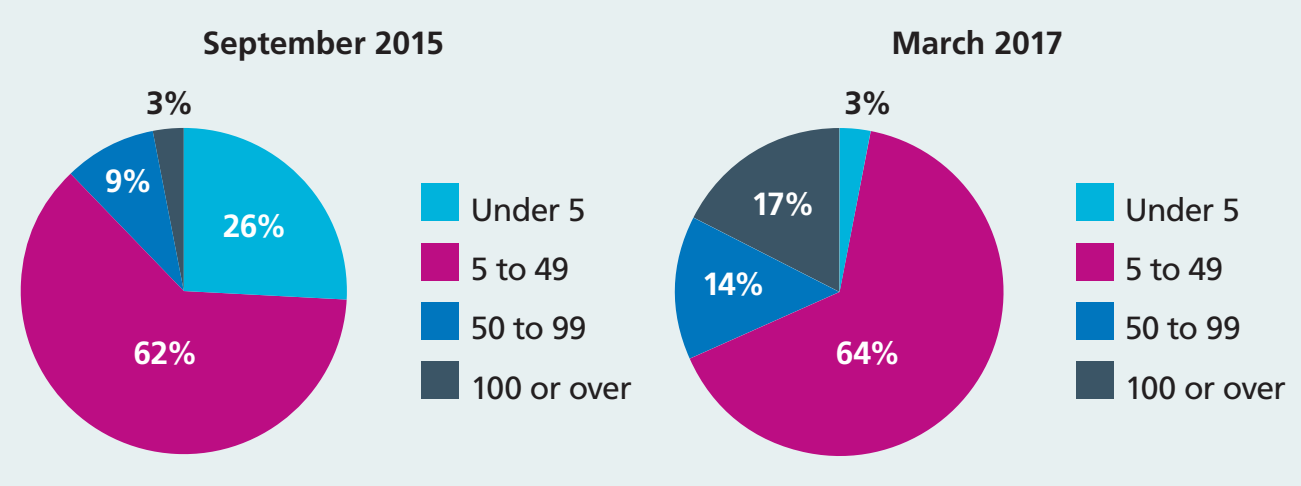
The framework includes the following sections:[13]

- Plain English guide and films
- National expansion plan (includes this document and a series of quick guides covering specific groups, and one considering equalities and health inequalities)
- Proactive coordination of care
- Community capacity and peer support
- Personalised care and support planning
- Personal budgets, integrated personal budgets and personal health budgets
- Personalised commissioning and payment
- Co-production
- Finance and commissioning handbook.

4.2 Achieving the vision: increasing take-up

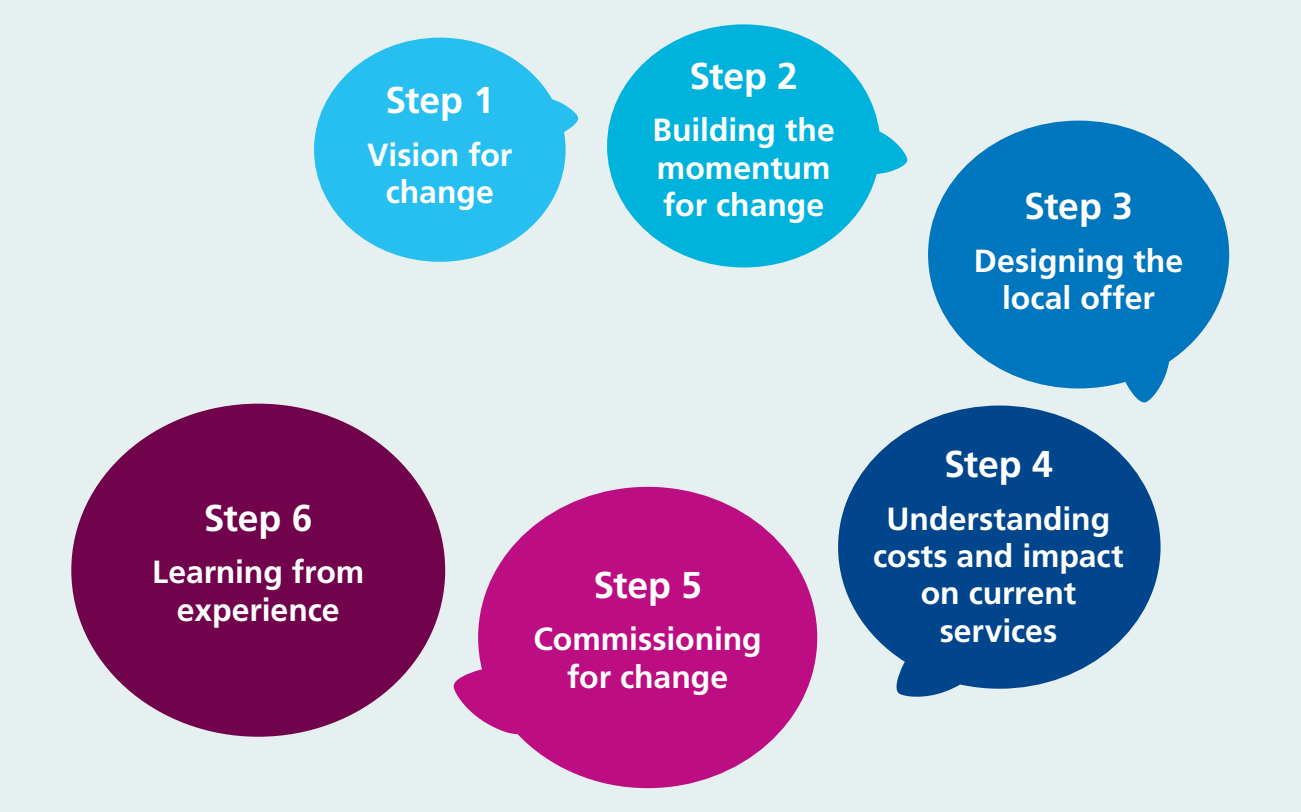
The uptake of personal health budgets varies between CCG areas in all regions. However the balance is rapidly changing. In September 2015, 54 CCGs reported having fewer than five personal health budgets in place while six had 100 or more personal health budgets. By March 2017, the number of CCGs with fewer than five personal health budgets had fallen to only six, while 38 CCGs reported delivering 100 or more personal health budgets. This is shown in Figure 5.

Figure 5: Pie chart showing variation in uptake of personal health budgets across CCGs



CCGs should be planning for more personal health budgets based on the priorities in the local joint strategic needs assessment (JSNA), the joint health and wellbeing strategy, and in STPs. There is also a need to increase the pace and scale of rollout to meet the expectations set out in the NHS Mandate. CCGs should be developing and publishing their local personal health budget offer, explaining where they are offering personal health budgets and how people can find out more about them locally.

Figure 6: Six steps to developing a local personal health budgets offer



While opportunities for expansion may differ across the country, there are similarities in the groups of people who can benefit from a personal health budget. In planning for their local expansion, CCGs will need to understand local commissioning and contracting arrangements and population needs, for example where people can benefit more from a more personalised and coordinated approach to their care. This may be where existing services are not working well for the person, or where other service options would benefit them more. CCGs are already making progress in the following ways.

4.2.1 Personal health budgets in NHS Continuing Healthcare and children and young people's continuing care

Personal health budgets should be a routine delivery model for CCGs administering NHS Continuing Healthcare (NHS CHC) for people living in their own home and children and young people's continuing care for home based packages of care. As they plan for the expansion of personal health budgets in line with the NHS Mandate, CCGs need to work with local providers to ensure they are introduced in a sustainable way. These groups already have a legal right to have a personal health budget (the right is for a personal health budget not the right to a direct payment, see different options for delivering PHBs in section 2.1.1) and a number of CCGs are already planning to make personal health budgets the main way of delivering community based care for these groups. 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.

4.2.2 Personal health budgets for other individually-commissioned services

These vary across the country. Examples include:

- section 117 (S117) aftercare arrangements for people sectioned under the Mental Health Act
- facilitating discharge from hospital or long-stay residential care for people with a learning disability and/or autism
- some longer term rehabilitation
- some wheelchairs and other equipment
- respite care or short breaks for children.

4.2.3 Joint-funded arrangements

Personal health budgets can be offered for the health component of joint-funded arrangements where the funding is readily available, so that all three ways to manage the budget can be offered (see section 2.1.1). These are described as integrated personal budgets, and could be offered to:

- people who do not qualify for NHS Continuing Healthcare, but who have health needs where personal heath budgets are being introduced or where joint packages of care are in place
- people with multiple long-term conditions or those with a single condition who need ongoing support to manage their health, including people living with frailty
- people receiving ongoing mental health services
- people with a learning disability and/or autism
- children and young people with education, health and care (EHC) plans
- people using end of life services.

4.2.4 Increasing take-up of direct payments

The option of taking the personal health budget as a direct payment is a key part of the model. It transfers more control to the person, and offers greater flexibility in the services that can be commissioned. However this does not mean that CCGs need to plan for all their personal health budgets to be delivered as direct payments. Not everyone will want a direct payment or be able to have one. CCGs should include notional budgets and third party budgets in their local planning. These arrangements mean that people know the cost of their care and support and get the chance to develop a care plan. They are suitable for people who choose to continue with traditional services, and when direct payments are not an option.

In the longer term, opportunities for increasing the offer and availability of personal health budgets will need to align with changes to provider contracts. This means being able to release funding from community, mental health and acute contracts. This is challenging and takes time to implement. IPC demonstrator sites have made some progress, although there is not yet a complete answer on how this should be done. The challenge is to offer people genuine choice and control around services, while managing the risk of services being destabilised, particularly in the short term.

CCGs can act early to support future or more long-term ambitions by:

- undertaking detailed work to understand the breadth and depth of commissioned services, including contract arrangements and use of services
- including personal health budgets as part of contract re-provision and within commissioning intentions, including work to identify new groups in-year
- developing clinical champions
- having a local peer network and other ways to enable people with lived experience of personal health budgets to influence how they are developed and delivered locally
- developing strong partnerships with local authorities, so that opportunities for integrated personal budgets can be explored, along with opportunities to share systems, processes and back office delivery functions
- developing relationships with local VCSE organisations which could support delivery of personal health budgets
- reporting regularly on personal health budget uptake, experience, cost-effectiveness and sustainability, to generate a local business case for scaling up
- ensuring personal health budgets become a well-established part of other initiatives such as local Transforming Care Partnerships, new care models, special educational needs and disability (SEND) plans, STP and IPC strategies
- adopting a gradual approach, for example through expanding personalisation to one service line at a time or to one group at a time, rather than attempting to implement for everyone and for all services at once.

While it will take time to change provider contracts, in the short and medium-term CCGs should invest in strengthening their local delivery structure to make sure that systems and processes are ready to deliver more personal health budgets.

Box 3: Personal health budgets: top ten priority actions for CCGs

1. Identify population groups that could benefit from personal health budgets, in line with planning guidance expectations and local priorities. Publish or update the local offer for personal health budgets, clearly setting out who can benefit and how people can find more information locally. Make sure that this information is included in the local SEND offer.
2. Develop and submit local trajectories for personal health budget expansion for 2017/18 and 2018/19 as part of operational planning, in line with the 2017-19 planning guidance. Include the number of adults with a learning disability who will have a personal health budget as required for Transforming Care.
3. Extend personal health budget provision in NHS Continuing Healthcare and children and young people's continuing care so that it becomes a routine delivery model for children and adults living in their own home.
4. Identify contracts where funding can be released to fund personal health budgets and signal these plans in commissioning intentions. Consider contract variations to expand the offer and availability of personal health budgets in year and target jointly commissioned packages under Section 75 partnership agreements.[12]
5. Engage providers and work collaboratively to respond to the NHS Mandate ambition, building capacity, capability and leadership locally to expand personal health budgets. This should include providers across all sectors – NHS, independent sector, VCSE organisations and social care.
6. Identify any IPC area within your STP area. Work with local government and the voluntary sector to plan IPC adoption for those with complex needs.
7. Ensure systems are in place for regularly reporting on personal health budget take-up, experience, cost-effectiveness and sustainability. A local personal health budget peer network can provide valuable qualitative data.
8. Establish a local peer network to ensure that the opinions of people with a personal health budget inform local system design and service improvement.

9. Ensure robust programme governance and decision-making processes that enable positive risk management. As part of developing a strong working relationship to explore joint-funding and systems sharing, these should involve the local authority. Ensure strong links between those leading work on personal health budget delivery and other relevant programmes, including Transforming Care, SEND reforms and new care models.
10. Engage with the NHS England personal health budget delivery programme. It offers a range of national and regional support with developing local capacity and capability. If your progress is slow or faltering, contact regional commissioning operations for support.

4.3 Achieving the vision: increasing the take-up of personal health budgets and IPC for people we know can benefit

NHS England wants more people to benefit from personal health budgets. This section sets out who might benefit in future. Personal health budgets will not be appropriate for everyone or for all NHS-commissioned care. The Direct Payment Regulations 2013 specifically exclude some services, for example primary care, medication, unplanned emergency care or surgical treatments. The regulations also exclude direct payments for some people.

4.3.1 Increasing the groups who could have a personal health budget (the depth of take up)

Currently, CCGs can choose where they introduce personal health budgets. All CCGs are required to offer personal health budgets to people living at home who are receipt of NHS Continuing Healthcare or children and young people's continuing care so in receipt of. In 2016-17, around 4,100 people in receipt of NHS Continuing Healthcare had a personal health budget.

Personal health budgets also form an important part of Transforming Care for people with a learning disability and/or autism as set out within the new service model in Building the right support. In 2016/17 over 4,100 people with a learning disability and/or autism had a personal health budget.

In 2017, NHS England expects all Transforming Care Partnerships to be offering and delivering personal health budgets, resulting in at least 10,000 people with a learning disability receiving a personal health budget by March 2021 (see the quick guide People with a learning disability and / or autism.[13]

Personal health budgets are currently available to children and young people who have a special educational need or disability (SEND), who have an education, health and care (EHC) plan, those eligible for children and young people's continuing care or, in the case of young adults, NHS Continuing Healthcare. In 2016/17, over 1,500 children and young people had a personal health budget

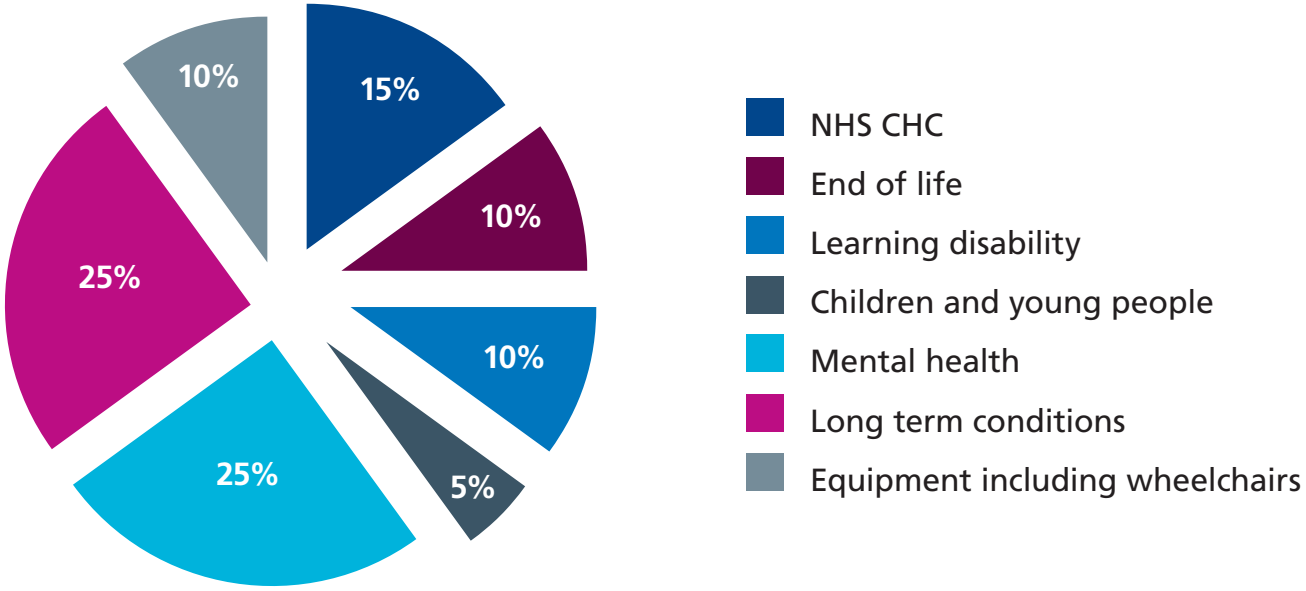
NHS England wants to build on this to ensure that more children and young people have access to a personal health budget. This includes through IPC which aims to join health, social care and education services to ensure children, young people with high levels of need, and their families, experience seamless care and support focused around what is important to them. People who are in the scope of the Transforming Care programme, especially children and young people, could particularly benefit. IPC is an opportunity to look at new and innovative models of care for this group.

Beyond these groups, CCGs can decide – in response to local need and priorities – which groups of people or services to include in their published local personal health budgets offer. The Summary guide: Proactive coordination of care explains who can benefit from IPC.[13]

Figure 7 gives an estimated breakdown of which groups could make up the NHS Mandate personal health budget numbers. This is based on an assessment of where CCGs have concentrated their implementation plans so far, combined with information about where it is relatively more straightforward to introduce personal health budgets for different groups. The actual position will depend on where CCGs feel it is best to implement personal health budgets reflecting local priorities.

Figure 7: Potential share of personal health budget by group

Potential share of 100,000 PHBs by 2020



These numbers and proportions are based on the following assumptions:

- There is a high uptake of personal health budgets by people eligible for NHS Continuing Healthcare who are living in their own home.
- For end of life, this could include a range of care, for example some aspects of palliative care or some fast track NHS Continuing Healthcare.
- There is a high uptake of personal health budgets by those with a learning disability and/or autism, who are living in the community with individually-funded packages of care, fully or partially funded by the NHS.
- Other people with a learning disability, including those with one or more long-term

conditions, and those living with frailty could also benefit from a personal health budget to enable their health to be better managed.

- Personal health budgets will mainly be taken up by children and young people receiving continuing care, or those with special educational needs or disabilities, who have an education, health and care plan.
- The equipment and wheelchair figure (10%) is based on the number of people who access wheelchair services and the number who currently take the option of a voucher.
- The long-term conditions figure (25%) includes some people with integrated personal budgets for care. It will include living with multiple long term conditions, people living with frailty, and some people with a single long-term condition who need a lot of support from the NHS. The figure could increase, but is currently constrained by the challenge of extracting funding from existing contracts.
- The mental health figure (25%) could also increase, given the numbers of people who have been on the Care Programme Approach for more than 12 months. As with other long-term conditions, one constraint is extracting funding from existing contracts.

These numbers should be taken as indications of plausible scenarios. The assumptions above are based on the areas of expansion that CCGs have been exploring, and could change significantly, for example if an area is able to extract funding from contracts for community services without inappropriate destabilisation of the provider. If this were to happen, it would potentially significantly increase the number of personal health budgets that could be offered to people with long-term conditions.

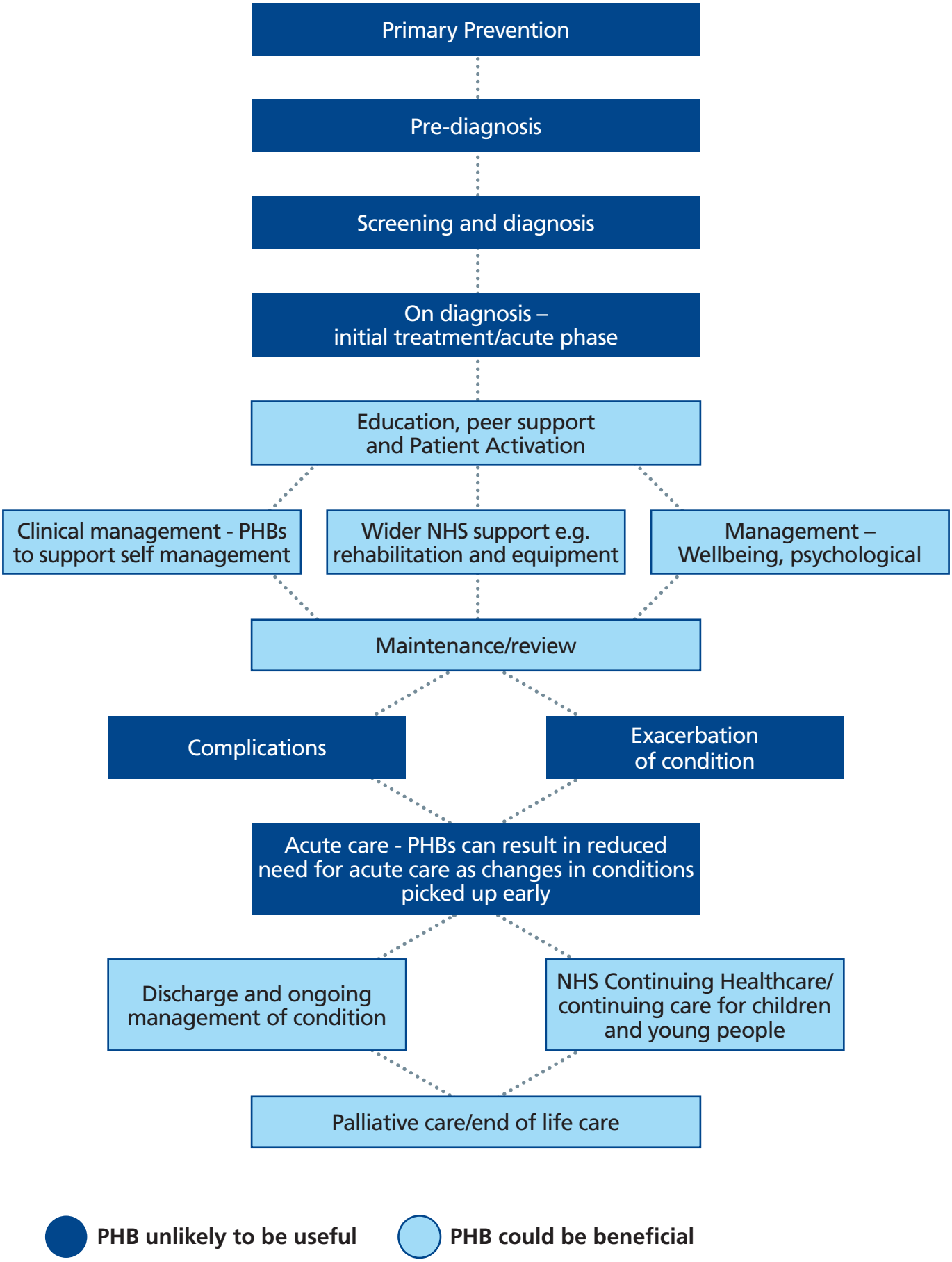
A series of quick guides provide more detail on the ambition and potential of personal health budgets in the following areas: NHS England **Personalised Health and Care** website.

- NHS Continuing Healthcare
- People with a learning disability and/or autism
- Children and young people
- Long-term conditions
- Wheelchairs
- Equalities
- Carers
- End of life care
- Mental health

4.3.2 Personal health budgets in the clinical pathway

Figure 8 shows where, according to early learning, personal health budgets may be most appropriate in a typical clinical pathway.

Figure 8: Personal health budgets in a typical clinical pathway



Personal health budgets may not play a significant role in helping people manage single conditions.[14] They become a more appropriate option as the number of conditions, or complexity and intensity of service use, increases. While NHS England understands personal health budgets to be most suitable for people with high levels of need, they could also benefit people with lower levels of need, where they have a health need which is suitable.

It is clear from early analysis that, while a large number of people have a single long term condition, they do not need to access a lot of services. The services they do use are not easily switched to alternative services that could be commissioned with a personal health budget. For example, while diabetes is a common condition, people with diabetes tend to make fairly low use of NHS services unless they have other long-term conditions or complications from having diabetes. Therefore, the proportion of people with diabetes who could benefit from a personal health budget is expected to be relatively small. However, some of this group receive additional services that are more suitable for personal health budgets. This could include people who have ongoing support from community services and/or district nursing to manage their condition, for example to give insulin injections or testing blood sugar levels.

In contrast, for other conditions, most notably Alzheimer's disease, other forms of dementia and long-term neurological conditions, the proportion who could benefit from personal health budgets or IPC is relatively high due to the types and intensity of NHS and other services and support they commonly receive.

Experience shows that personal health budgets are most appropriate for people who need a high of level of support to manage their health. This includes people living with multiple long term conditions, including physical or mental health conditions, people living with frailty and people with a learning or physical disability. For people with long-term conditions who need regular community support to manage their condition, personal health budgets may be an alternative to conventional ways of providing that support. For example, personal assistants funded through personal health budgets can have carefully selected healthcare tasks delegated to them. These could include giving injections, administering nebulisers, and tracheostomy care where this is assessed as appropriate by an occupationally competent practitioner, and accompanied by training and assessment of competence. This is already happening and the quick guide on long-term conditions contains more information on this.[13]

As highlighted by Figure 8 above, personal health budgets are not appropriate for clinical assessments, interventions and treatments such as buying medication, biochemical or other tests or for clinical reviews and follow-up. However, in IPC these aspects of care could be included in personalised care and support planning.

Personal health budgets could also have a role in secondary prevention. For example, a person living with frailty could use a personal health budget to increase activity, reducing or preventing further loss of muscle tone or mobility, and reducing the likelihood of falls. Evidence from the independent evaluation[7] suggests that personal health budgets impact on prevention more broadly. In addition personal assistants employed directly by the person or their representative provide personalised care and support tailored to that person's needs and preference. They can gain an in-depth knowledge of the person. This can be important in recognising early signs of changing conditions or complications, as it can trigger proactive management of symptoms or earlier treatment, reducing the need for emergency admissions.

While people will be able to choose some of the services they receive, this will not apply to all services. For example, there are many ways of improving a person's lung function and capacity, including some that may be outside of existing NHS services. In contrast, if somebody breaks their leg, the decision about how to fix it is a clinical one with much less scope for personalisation. Table 2 sets out which areas may be suitable for inclusion within a personal health budget.

Table 1: Scope of personal health budgets by service area

Type of provider	Potential of services for personal health budgets
Primary care	Some services (excluding GPs)
Community care	Significant – particularly therapies, rehabilitation and related, though not tests, for example foot checks for diabetics
Mental health	Significant, particularly community mental health services
Prescribing	Not yet any. In the longer term, it could be possible to withdraw funding from prescribing budgets to fund alternative treatment approaches which meet the same health outcome.
Acute	Generally none, though therapies and rehabilitation could be included
Social care	All community-based support
NHS -funded voluntary sector	Significant, particularly community services

4.4 Achieving the vision: increasing the breadth of areas and services in which personal health budgets are offered

NHS England is working with partners to adapt and develop the personal health budget model so that it improves care and experience for new groups of people and services. In 2017/18, NHS England will develop operating models in four important areas to help extend personal health budgets further:

- integrated personal budgets (See Personal budgets, integrated personal budgets and personal health budgets: **Summary guide**[12]
- personal wheelchair budgets (See Personal health budgets and Integrated Personal Commissioning quick guide: **Wheelchairs**[12]
- mental health of looked after children and care leavers (See Personal health budgets and Integrated Personal Commissioning quick guide: **Mental health**)[12]
- personal maternity care budget[15].

In addition to the groups discussed in section 4.3.1, early preparatory work is underway to explore the potential of personal health budgets in the following areas:

4.4.1 Support to manage long-term conditions

Many people with multiple long-term conditions or disabilities, including people living with frailty, rely on community and district nurses for health interventions that others can do for themselves or with a relative's help. This is often on a daily basis.

With the appropriate training, assessment of competence and clinical governance, an increasing number of people, families and carers want their personal assistants (funded by social care or through a personal health budget) to carry out healthcare tasks. Guidance on delegation of healthcare tasks, training and accountability is available on the NHS England **Personalised Health and Care** website. In 2017/18 NHS England will work with a range of stakeholders, including commissioners and providers of community services, to explore the potential for increasing the number of personal assistants who are trained and assessed as competent to carry out healthcare tasks.

Personal assistants can also play a role when someone is admitted to hospital (see the quick guide on long-term conditions NHS England **Personalised Health and Care** website). These arrangements are already working in some wards and departments but not others, even within the same NHS Trust. This can be confusing and distressing for people at a time when they need the most support. 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 if this is something that can be promoted in the future.

4.4.2 Rehabilitation and equipment

People living with multiple long term conditions, including people living with frailty and people with disabilities receive a wide range of ongoing NHS-funded services. Some are condition-specific and others more generic. Generic services include wheelchairs, equipment, orthotics, wigs, continence and hearing services. Currently these often operate as separate services, which can result in people experiencing a lack of coordination.

NHS England's guidance on commissioning for rehabilitation services[16] states that: "The needs of an ageing and diverse population, the changing burden of disease, and rising patient and public expectations mean that innovative ways of providing effective and efficient high-quality rehabilitation outcomes must be found." Personal health budgets and IPC may help to improve experiences and outcomes by joining up services into a holistic planning process and increasing choice and control. Personal health budgets will also increase the flexibility around how rehabilitation and equipment needs are met.

In 2017/18 NHS England will work with a range of stakeholders, including commissioners and providers of rehabilitation and equipment services, to explore the potential for and impact of personal health budgets and IPC on equipment and longer-term rehabilitation services. NHS England will develop operational models to be tested.

4.4.3 Health and work

There are currently around 4.8 million working age people with a long-term condition who are out of work, around 3.8 million of whom are disabled.[17] Non-disabled people are one-third more likely to be in work than disabled people. The Government wants to halve this disability employment gap.

Personal budgets are one way of giving people increased control over their employment support, and could help people gain or re-enter employment. Personal budgets can enable more effective integration of the health, care and welfare systems, helping disabled people and people with long-term conditions to move into or retain employment. Large-scale health-led employment trials, involving a small number of devolution areas, began in spring 2017. NHS England is exploring how personal health budgets and IPC can be incorporated into these trials.

4.4.4 Veterans' health

NHS England is exploring how it can support very seriously injured (physically and mentally) service personnel and veterans with personal health budgets and IPC as part of the Ministry of Defence's Integrated High Dependency Care System initiative[18]. The project is looking at how this group and other veterans can best be supported with their ongoing needs, recognising that a number of agencies may be involved in funding support.

4.4.5 Maternity services

The maternity choice and personalisation pioneers[19] have been developed to test ways of improving choice and personalisation for women accessing maternity services. The aim is to improve women's experience of maternity care, by offering them more choice and increasingly personalised services. They are testing personal maternity care budgets (PMCBs) as a way to empower women to take control of who provides their antenatal, intrapartum and postnatal care. PMCBs are notional budgets. The CCG buys services on the woman's behalf, and there is no option to have a direct payment. PMCBs involve a personal care plan, which is held by the woman, and ensures that the maternity tariff reflects a woman's choices.

4.5 Achieving the vision: stimulating demand for personal health budgets

4.5.1 Stimulating demand from people who could benefit from a personal health budget

People need a range of information, advice and support, tailored to their circumstances, to engage successfully with the personal health budget process. Each CCG should publish and regularly update their local personal health budgets offer to ensure that basic information is routinely available. As a minimum, this information should cover:

- who can get a personal health budget locally
- which organisations are involved in supporting delivery and how (such as voluntary sector organisations providing support to direct payment holders)
- where to go and who to speak to in order to find out more information
- how people can apply for a personal health budget.

The key to stimulating demand is to build confidence in the quality of the offer and the systems that support people with personal health budgets. The best way to achieve this is for people to be actively involved in system design and improvement. NHS England will support this ambition in 2017/18 in the following ways:

- In each region, it will directly employ people with experience of having a personal health budget as part of the delivery team. This will help develop 'champions' who can help inform local VCSE organisations about personal health budgets. They will work with CCGs to help them embed co-production and active peer networks. They will also be personal health budget advocates, i.e. people will be more likely to take up a personal health budget offer if someone with experience of it talks about how they benefited.
- NHS England will continue to develop a network of national peer leaders, in partnership with **Peoplehub**, the national personal health budget peer network). This will provide an opportunity for people with experience of personal health budgets to develop the knowledge, skills and confidence to play an important part in national and local programme development and delivery.

4.5.2 Stimulating demand from the voluntary and community sector

The personal health budgets pilot programme showed that, to work well, support is needed from all parts of the system, including the VCSE sector. NHS England wants VCSE organisations in every local area to have in-depth expertise in supporting the delivery of personal health budgets. It also wants partnerships between CCGs and the VCSE sector to become commonplace.

VCSE organisations have a significant role to play in supporting the practical delivery of personal health budgets, for example involvement in providing:

- information, advice and guidance
- personalised care and support planning
- health coaching
- brokerage
- peer support and community navigation
- managing the money, including direct payment support services
- support with personal assistant recruitment.

Building on its work to date (in particular the Gearing Up programme[20] which helped local organisations develop their knowledge base around personal health budgets), NHS England will work with and through VCSE partners to create more momentum for these expansion plans. NHS England will:

- host a series of regional events in 2016/17 on the delivery of personal health budgets for VCSE organisations and CCGs. These will support and strengthen links between statutory services and VCSE organisations.
- work closely at a national level with both the Richmond Group of charities[21] and the Coalition for Collaborative Care[22] to promote understanding of and support for personal health budgets
- promote and encourage the expanded role of the VCSE sector in personalised care and support planning through the IPC programme and the common frameworks produced to support wider replication and spread.

4.6 Achieving the vision: levers and enablers

Many changes are needed in the health and care system before personal health budgets can become a mainstream part of how the NHS works. The majority can only happen at a local level, and are the responsibility of local health and care services and local communities. However, conditions also need to be created at the national level to support this transformational change. This section describes key approaches being taken to support personal health budgets and IPC expansion at national level.

4.6.1 National data collection

CCGs are currently reporting the number of personal health budgets through a voluntary 'markers of progress' survey. NHS England has worked with NHS Digital to put in place a formal national data collection from quarter one 2017/18. It shows the total number of personal health budgets in place, together with activity (new personal health budgets) by quarter, to show the rate of increase in each CCG. It also shows the number of personal health budgets, broken down by the three options (direct payments, third party budgets and notional budgets). As far as possible, the new collection will be aligned with the method and approach used in the established data collection for personal budgets in adult social care. Information on numbers of personal health budgets will be published at the local, and national level each quarter.

Regular reporting will help the NHS to focus on the number of personal health budgets being delivered. It is also crucial to focus on quality. The proportion of personal health budgets that a CCG delivers by direct payment will indicate a CCG's ability and willingness to hand greater control over to people. NHS England is exploring how to measure people's experience of receiving a personal health budget, building on work already underway as part of the IPC programme evaluation.

National data collection currently focuses on numbers of personal health budgets or integrated personal budgets in broad service areas. However, some of the service areas focus on groups with protected characteristics (children, people with learning disabilities, and people using mental health services).

4.6.2 Monitoring progress: the CCG improvement and assessment framework (IAF)

NHS England's operational planning and contracting guidance for 2017-19 requires CCGs to submit trajectories for achieving key improvement objectives, including expanding uptake of personal health budgets in line with the NHS Mandate. The planning guidance set CCGs a stretching ambition: to aim to deliver their share of the lower figure of the NHS Mandate commitment (50,000) by March 2019. These trajectories will be used to monitor the overall progress of CCGs towards meeting the NHS Mandate commitment.

In 2016/17, NHS England introduced a new improvement and assessment framework (IAF) for CCGs. The framework focuses on a small number of indicators, recognising that organisations have a finite capacity for change, and includes a headline count of the total number of personal health budgets per 100,000 population, with data to be drawn in future from the formal NHS Digital collection.

To increase transparency, the IAF indicators are now published on the comparison website **MyNHS**, allowing people to see how their local area is performing in comparison with others, and enabling CCGs to more easily benchmark performance against their peers.

4.6.3 NHS England guidance

NHS England's operational planning and contracting guidance requires all CCGs to submit trajectories as part of their local operational planning. The planning guidance also sets an stretching ambition to deliver 50,000 personal health budgets or integrated personal budgets by 2019.

The technical guidance in the current NHS standard contract[23] describes changes to the contract and opportunities to expand contracting beyond the NHS, increasing choice of provider.

The national commissioning quality and innovation (CQUIN) guidance 2017-19 includes personalised care and support planning.

4.6.4 Sustainability and transformation plans (STPs)

Health and care systems across the country have been asked to create ambitious local blueprints to implement the Five Year Forward View[5]. Sustainability and transformation plans (STPs) are place-based, multi-year plans built around the needs of local populations.

Expanding personal health budgets is among a small number of national challenges which STPs must tackle. As part of a "radical upgrade in prevention, patient activation, choice and control, and community engagement"[5], STPs should set out how a major expansion of personal health budgets is an integral part of their programme to hand power to people.

The expectations set for all STP areas by March 2020 were to ensure that:

- IPC is a mainstream model of care for people with the highest health and care needs, planned and delivered with partners in local government and the voluntary sector
- personal health budgets and integrated personal budgets, including the NHS and social care funding, are available to everyone who could benefit.

Box 4: Personal health budgets in sustainability and transformation plans (STPs)

In their plans, some STP areas have acknowledged the need to scale up the expansion of personal health budgets and the groups of people they will work with, but lack clarity about how they will do this. There are a number of opportunities for personal health budgets and the IPC programme to be enablers for the delivery of local STPs:

- Supporting people who are at the end of their lives to die in the place of their choice. Personal health budgets would help them to live as well as possible, and to die with dignity.

- By embedding personal health budgets and the IPC programme into 'business as usual' there is an opportunity for areas to meet their ambitions around reducing unplanned hospital admissions and length of stay, and increase the number of people receiving care closer to home with more services delivered outside of the hospital setting.
- Personal health budgets and IPC can provide people with greater choice and control, with a single point of contact, robust support planning and help for people to connect with their communities, to live an independent life, their way.
- Learning disabilities and mental health can be priority areas that increase personal health budget numbers.
- There are opportunities to link plans for delivering special educational needs and disability (SEND) reforms, Transforming Care Partnerships and new care models with personal health budgets and IPC.
- Personal health budgets and IPC can be incorporated in arrangements for joint and integrated commissioning, new contracting models, and different payment frameworks and commissioning arrangements.

Over time, the focus of NHS England's support for personal health budgets and IPC expansion will shift from individual CCGs and demonstrator sites to help STPs deliver these programmes as part of their local transformation plans.

4.6.5 Information governance

Both personal health budgets and IPC enable more integration of health, social care and education. Linking data and sharing information across organisations will be key to the success of IPC in particular. However it is essential to ensure that all aspects of confidentiality and security of personal information is considered before identifying and linking data. This can be done by carrying out a privacy impact assessment in line with the Information Commissioner's Office privacy by design approach.[24] The NHS England is providing advice and guidance to demonstrator sites. This will help CCGs consider the potential information sharing implications of this programme and make sure risks to personal and corporate information are managed appropriately. More information on information governance can be found in the finance and commissioning handbook.[12]

4.6.6 Legislative change

Since October 2014, there has been a legal right to have a personal health budget for people in receipt of NHS Continuing Healthcare or children and young people's continuing care, unless there are exceptional circumstances. NHS England will explore the potential to strengthen and extend the right to a personal health budget to other priority groups and services.

Personal health budgets are underpinned by the NHS (Direct Payments) Regulations 2013[25]. The NHS Commissioning Board and CCG (Responsibility and Standing Rules) Regulations 2012 were amended in April 2014 to include requirements on personal health budgets. These regulations were written with integration in mind, so closely mirror the equivalent regulations in adult social care and children's services (including the SEND code of practice[8]). However, there are some differences. Some of these are in terminology only, and NHS England is working to align these through IPC. Some are intentional and outside the control of NHS England, such as means testing in adult social care, but free comprehensive care at point of delivery in NHS and children's services. NHS England has worked with the Department of Health to amend two specific areas of the NHS (Direct Payment) regulations to bring them more in line with social care, to enable a more joined-up approach through IPC for people whose needs span health and social care. In light of these changes the guidance on direct payments for healthcare has been revised[26].

5 More information

This document guide is part of the Personalised health and care framework which provides detailed advice and practical tools to support local implementation.[12]

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

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Personal health budgets and Integrated Personal Commissioning
National expansion plan

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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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