Integrated Personal Commissioning

Personal budgets, integrated personal budgets and personal health budgets
Summary guide
## Contents

1 **Introduction** 
   1.1 Background 
   1.2 Who is this document for? 
   1.3 Definitions: personal budgets, integrated personal budgets and personal health budgets 
   1.4 IPC personal budgets: what this looks like for people and families 
   1.5 IPC personal budgets: what needs to be in place 

2 **IPC personal budgets: what needs to be in place** 
   2.1 All three options for managing the money are in place with access to direct payment support services and third party budgets 
   2.2 A joined-up process for IPC personal budget implementation and review 
   2.3 An individual statement of resources is provided to everyone who can have an IPC personal budget, which provides an indicative budget 

3 **Ensuring equal access** 
   More information 

   **Annex A: IPC operating model for personal budgets** 
   3.1 Guidance on personal budgets 
   3.2 What is an IPC personal budget – definition and purpose 
   3.3 Options for managing the budget 
   3.4 Key issues to consider: 

   **Annex B: Developing a joined-up administrative process for personal budgets** 

4 **References**
1 Introduction

1.1 Background

Integrated Personal Commissioning (IPC) and personal health budgets are part of a wider drive to personalise health, social care and education.

They promote a shift in power and decision-making, to enable a changed, more effective relationship between the NHS and the people it serves, aligning to the Five Year Forward View.¹

IPC is a partnership programme between NHS England and the Local Government Association. It supports the improvement, integration and personalisation of services, building on learning from personal budgets in social care and progress with personal health budgets.²

This guide provides best practice advice, not statutory guidance. The IPC operating model sets out the essential components of IPC and provides a template for local areas to follow. It provides a best practice approach for implementing personal health budgets.³

The model is aimed at IPC areas, but will be of interest more widely. This includes NHS commissioners and others involved in providing health, education and social services, including the independent and voluntary sectors, as well as people interested in personal health budgets or IPC.

1.2 Who is this document for?

This summary guide is intended to help local authorities and the NHS to implement IPC and personal health budgets. It is aimed at people who are leading local implementation in IPC areas, and people implementing personal health budgets across England. It is also relevant for people with lived experience of care and support and voluntary, community and social enterprise (VCSE) organisations.

Since October 2014, there has been a legal right to have a personal health budget for adults eligible for NHS Continuing Healthcare (NHS CHC) and those eligible for children and young people’s continuing care, unless there are exceptional circumstances. This is not a right to have a direct payment but clinical commissioning groups (CCGs) do need to have the capability to make direct payments available.

Local authorities and the NHS also have statutory duties in relation to integration. The relevant guidance⁴ for local authorities and the NHS encourages a joined-up approach for personal budgets. The advice in this guide and the supporting resources sets out the learning so far on how this can be achieved. It is relevant for all CCGs and local authorities in relation to integrated personal budgets and personal health budgets.

The specific requirements of the IPC model for personal budgets are set out in section 2 and in Annex A: IPC operating model for personal budgets and Annex B: Developing a joined-up administrative process, showing how local authorities and the NHS can deliver a common approach which meets the requirements set out in this guidance. The same steps and processes need to be in place for all areas delivering personal health budgets, and the IPC model provides a best practice approach for implementation.
1.3 Definitions: personal budgets, integrated personal budgets and personal health budgets

Different terminology is in use for personal budgets for children and young people, personal budgets in adult social care and personal health budgets for people receiving NHS services. The IPC operating model aims to put in place a seamless approach for personal budgets. As a result, people and their families will have the same experience of care and support and how services are delivered, regardless of whether their care and support is funded by the local authority or the NHS. The IPC key features show what people would expect to see if IPC and personal health budgets are working well.²

This guide uses the following terms:

- personal budgets: where the budget is wholly funded by the local authority
- integrated personal budgets: where the budget includes funding from both the local authority and the NHS
- personal health budgets: where the budget is wholly funded by the NHS
- IPC personal budgets: an umbrella term used in IPC to describe personal budgets which could include local authority or NHS funding, or both.

For children and young people with education, health and care (EHC) plans, a personal budget can include funding for special educational, health and social care provision, in order to secure the provision and achieve the outcomes specified in the EHC plan.

In IPC areas, people have the option of an IPC personal budget to give them choice and control of their care and support. IPC personal budgets can include education, social care, or health funding.

An IPC personal budget is money provided to achieve health, wellbeing and learning outcomes set out in an agreed, personalised care and support plan. The purpose is to enable the person and their carers to exercise greater choice and control over how their needs are met and achieve better outcomes.³ There are three options for managing the budget:

- 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.

An IPC personal budget can include a combination of these approaches. The budget may be held by the person or by someone else acting on the person’s behalf.
IPC builds in a whole life, whole family approach, which takes into account the needs of carers, including young carers. Carers can be eligible for support in their own right and those who meet the national eligibility criteria can be offered personal budgets as a way to meet their support needs. NHS England has published advice on carer health and wellbeing, setting out the responsibilities of local authorities and the NHS.

The sections below, together with Annex A: IPC operating model for personal budgets and Annex B: Developing a joined-up administrative process, describe the IPC model for implementing personal budgets across education, health and social care. It is also the best practice model for personal health budgets more widely.

1.4 IPC personal budgets: what this looks like for people and families

- It’s clear from the start of the process who could get an IPC personal budget, and what money can be included.
- IPC personal budgets become the mainstream approach for people who are eligible for them.
- The personalised care and support plan makes clear what the budget can be used for and what outcomes are expected.
- People and families get the same joined-up experience regardless of where the money comes from.
- People and families can get advice on arranging care and support, recruiting personal assistants and on managing direct payments.

1.5 IPC personal budgets: what needs to be in place

- All three options for managing the money are in place with access to direct payment support services and third party budgets (see section 2.1).
- A joined-up process for IPC personal budget implementation and review (see section 2.2).
- An individual statement of resources is provided to everyone who can have an IPC personal budget, which provides an indicative budget (see section 2.3).
2 IPC personal budgets: what needs to be in place

2.1 All three options for managing the money are in place with access to direct payment support services and third party budgets

2.1.1 What is this?
As part of a common approach to delivery of IPC personal budgets, people have the option to take their personal budget as a notional budget, a third party budget or as a direct payment.

2.1.2 Why do this?
Having all three options available enables people and families to agree what works best for them. This is supported by evidence from the personal health budgets evaluation.

2.1.3 What does this mean in practice?
Information, advice and direct payment support services. There is information and advice for people taking up personal budgets which are jointly commissioned and funded. This could include information on local authority and NHS websites, printed information, and recruitment and payroll services for people taking up direct payments who wish to employ their own personal assistants.

A common approach to making direct payments. There is a shared set of mechanisms for making direct payments which are jointly commissioned and funded. This could include shared use of prepaid cards or managed accounts (see Options for managing the money).

Local authorities have a duty to establish and maintain information and advice services relating to care and support for adults and support for carers. Local authorities must also ensure the provision of information and support for disabled children and young people and those with special educational needs and their parents, including advice on personal budgets. This is provided by local independent advice and support services.

A common approach for third party budgets. There is a shared approach in place for third party budgets, which enables people and families to put in place very flexible and tailored support arrangements (such as trusts and individual service funds).

2.1.4 Where can I find out more?
The Personalised health and care framework includes the following advice and tools:

- Annex A: IPC operating model for personal budgets
- Options for managing the money: Personal health budgets and Integrated Personal Commissioning
- IPC and personal health budget finance and commissioning handbook
2.2 A joined-up process for IPC personal budget implementation and review

2.2.1 What is this?
The local authority and the CCG have agreed a common set of arrangements and policies for delivering IPC personal budgets. This will usually mean that one organisation takes the lead, and that policies and procedures are aligned.

2.2.2 Why do this?
A joined-up approach makes it easier for people and families to manage their budget. It keeps the system simple, avoiding duplication of process, and helps to ensure that delivery is in line with relevant guidance and legal requirements.

2.2.3 What does this mean in practice?
Policy and governance framework for IPC personal budgets. The local authority and the CCG will need to agree a shared operating process which sets out who can get an IPC personal budget, the roles of each organisation, how decisions are made, timescales for agreeing a budget, how a budget can be used, the options for managing the money and how use of the budget will be monitored and reviewed.

A common approach for review and monitoring of IPC personal budgets. There is a joint, regular review of personalised care and support plans and monitoring of spend. The review focuses on the health, wellbeing and learning outcomes for the individual, and is in line with statutory requirements.

2.2.4 Where can I find out more?
The Personalised health and care framework includes the following advice and tools:

- IPC and personal health budget finance and commissioning handbook
- Annex B: Developing a joined-up administrative process
2.3 An individual statement of resources is provided to everyone who can have an IPC personal budget, which provides an indicative budget

2.3.1 What is this?
The statement of resources makes clear which groups of people can get an IPC personal budget, and what money can be included in the budget. It is available to everyone who is eligible for an IPC personal budget at the start of the personalised care and support planning process. The statement includes an indicative budget calculated for each person; apart from this element the information can be made public. For children and young people with EHC plans, information about the personal budget (if applicable) is set out in section J and this will include the amount of the budget. The published version of the statement of resources will not include any personal data – such as a person’s indicative budget.

2.3.2 Why do this?
For people and families, the statement of resources improves clarity and transparency for the person and the system about what services the person currently receives and what money can be controlled by them.

For commissioners, the process of developing a statement of resources provides a way to understand what NHS, social care and education funding is used for people in the cohort, and a process to decide what can be included in IPC personal budgets. This will require work to understand how money is currently used on service provision and explore how to release money from block contracts.

2.3.3 What does this mean in practice?
The local authority and the CCG provide a statement of resources for each group in the IPC cohort. To produce the statement of resources the local authority and the CCG will need to agree what elements of education, social care and NHS funding can be included in IPC personal budgets. There are two parts to the statement of resources:

• Commissioner statement of resources: this shows average spend for people in the cohort across education, health and social care, and makes clear what can be included in an IPC personal budget.

• People and families statement of resources: this shows what education, health and social care funding can be included in an IPC personal budget, and provides an indicative budget.

The published version of the statement of resources will not include any personal data – such as a person’s indicative budget.

2.3.4 Where can I find out more?
The Personalised health and care framework includes the following advice and tools:

• Statements of resources summary guide

• IPC and personal health budget finance and commissioning handbook
3 Ensuring equal access

Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

• given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it

• given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services, and to ensure services are provided in an integrated way where this might reduce health inequalities.

Personal budgets, integrated personal budgets and personal health budgets are important tools which can help local authorities and the NHS to meet the needs of all sections of the population. For people who are eligible, a budget can enable care and support to be tailored to fit with the person’s specific needs and circumstances. This can be particularly helpful for people who have been poorly served by conventional health and social care services.

• Examples of how personal budgets, integrated personal budgets and personal health budgets work for different groups are available on the NHS England website.\(^1\)

Steps that local authorities and the NHS can take to help ensure personal budgets, integrated personal budgets and personal health budgets work well for groups with protected characteristics defined in the Equality Act 2010\(^2\) include:

• making information about personal budgets, integrated personal budgets and personal health budgets available in a range of formats

• working with VCSE organisations, peer support networks and community groups to ensure that personal budgets, integrated personal budgets and personal health budgets are actively offered and to provide feedback on how well the local approach is working

• ensuring that all three options for managing a budget are available to all

• monitoring take-up by groups with protected characteristics.

More information

This summary guide is part of the Personalised health and care framework which provides detailed advice and practical tools to support local implementation.\(^2\)

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

england.integratedpersonalcommissioning@nhs.net

england.personalhealthbudgets@nhs.net
Annex A: IPC operating model for personal budgets

This section of the guide provides:

• definitions for IPC personal budgets and the options for managing a budget
• advice to help local areas ensure that their approach to implementation of personal budgets is consistent with the relevant guidance and regulations, including statutory duties on cooperation and integration.

The same steps and processes need to be in place for all areas delivering personal health budgets. The IPC model should be considered as a best practice approach.

3.1 Guidance on personal budgets

Personal budgets in education, health and social care are governed by separate regulations as set out in the following guidance:

• Special educational needs and disability code of practice: 0 to 25 years\(^{13}\)
  (includes guidance on the right to request a personal budget for children and young people with EHC plans.\(^ {14}\)
• Care and support statutory guidance\(^ {15}\) (includes guidance on personal budgets in adult social care).
• Direct payments for healthcare\(^ {16}\) and the right to have a personal health budget.\(^ {17}\)

The definition sets a common standard for personal budgets that is consistent with the relevant guidance. This document highlights where IPC areas should:

• align the approach across education, health and social care and across children and adults, working within the guidance
• take account of important issues and differences in the relevant guidance, and ensure that the guidance is fully applied.

3.2 What is an IPC personal budget – definition and purpose

An IPC personal budget is money provided to achieve health, wellbeing and learning outcomes set out in an agreed personalised care and support plan.

The purpose is to enable the person and their carers to exercise greater choice and control over how their needs are met and achieve better outcomes.\(^ {18}\)

IPC personal budgets include those provided by local authorities (using education and/or social care funding), personal health budgets funded by the NHS and integrated personal budgets where there is both local authority and NHS funding. Local authorities and the NHS have responsibilities to work together to achieve a joined-up approach.\(^ {19}\)

The IPC personal budget may be held by the person, or someone else acting on the person’s behalf. Different terms are used in health, social care and education – representative, nominee, nominated person or authorised person.
Money should only be included in an IPC personal budget if all three options for managing the budget are available. Outside IPC there may be other arrangements where direct payments are not an option, for example in personal maternity care budgets (PMCBs) or for wheelchairs (personal wheelchair budgets) in the NHS.

The term personalised care and support plan is used to include EHC plans, care and support plans, and care plans, as defined in the relevant guidance.20

3.3 Options for managing the budget

There are some differences in the terms used in the different guidance documents. The Think Local Act Personal jargon buster provides explanations for commonly used words. In IPC the following terms are used, based on the relevant guidance:21

- 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.

An IPC personal budget can include a combination of these approaches.

A managed account is a direct payment held in an account by an organisation such as a direct payment support service.

3.4 Key issues to consider:

The key features of IPC and personal health budgets make clear what people and their families can expect when IPC is in place and being delivered well.2

The IPC operating model provides a practical approach for local authorities and the NHS to integrate the approach to IPC personal budgets, which is consistent with all relevant regulations and guidance and the responsibilities of local authorities and the NHS to promote integration.2

Table 1 summarises key parts of relevant guidance, showing how these support the operating model and key features. Local authorities and the NHS need to be aware of the full wording of the relevant guidance.
### Table 1: How the IPC operating model is underpinned by guidance for local authorities and the NHS.

<table>
<thead>
<tr>
<th>IPC key features and operating model</th>
<th>Rationale and links to guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It’s clear from the start of the process who could get an IPC personal budget and what money can be included.</td>
<td>The guidance sets out who must be offered a personal budget. The special educational needs and disability (SEND) code of practice makes clear that personal budgets are optional for families but local authorities are under a duty to prepare a budget when requested. Since October 2014, adults receiving NHS CHC and those receiving children and young people’s continuing care have had a right to have a personal health budget, unless there are exceptional circumstances. However IPC areas, like other CCGs, are extending personal budgets more widely in line with the NHS mandate.</td>
</tr>
<tr>
<td>• For these groups of people, IPC personal budgets are the mainstream approach.</td>
<td></td>
</tr>
<tr>
<td>• An individual statement of resources is provided to everyone who can have an IPC personal budget, which provides an indicative budget.</td>
<td>Methods of calculating personal budgets must follow the principles of transparency, timeliness and sufficiency. The statement of resources promotes transparency, meets the requirement to provide an indicative budget, and supports a joined-up approach across education, health and social care. All relevant guidance makes clear that an indicative budget should be provided at the start of the planning process. This can be combined with an approach to understanding needs that builds on the person’s strengths and capabilities. The personal budget must be sufficient to meet the assessed needs. Where means testing applies for adult social care, local authorities are required to calculate the person’s contribution to their personal budget. Any NHS element must cover the full costs of meeting the assessed health needs. There are a small number of exceptions where legislation enables personal contributions in the NHS, such as provision of wheelchairs, wigs, glasses and dentures. IPC areas should take this into account as they calculate indicative budgets.</td>
</tr>
<tr>
<td>• The person will know up front an indication of how much money they have available for healthcare and support.</td>
<td></td>
</tr>
<tr>
<td>• The person will have enough money in the budget to meet the health and wellbeing needs and outcomes agreed in the personalised care and support plan.</td>
<td></td>
</tr>
<tr>
<td>*and learning outcomes for children and young people with education, health and care plans.</td>
<td></td>
</tr>
<tr>
<td>IPC key features and operating model</td>
<td>Rationale and links to guidance</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>(continued)</td>
<td>Personal budgets set out in section J of an EHC plan include funding for special educational needs as well as health and social care provision. The budget must be sufficient to secure the agreed provision specified in the EHC plan and must be set out as part of that provision. Any essential costs for assessment, developing the plan, and review do not form part of the personal budget, and must be met by the NHS or the local authority. Personal budget holders must not be asked to pay towards these costs from their budget. Appropriate consent practices should be in place to ensure people and families are fully informed about how budgets are set and delivered and who their information will be shared with as part of this process.</td>
</tr>
</tbody>
</table>

- The person will be central in developing their personalised care and support plan and agreeing who is involved. CCGs have legal obligations which mean they are responsible for deciding who needs to be involved. In practice, the person can request that particular people are involved. The person must be genuinely involved and the wishes of the person and their family taken into account. The person's consent should be sought before speaking to any other people such as family or friends, providing they have capacity. All reasonable steps to involve the carer in agreeing how needs are to be met should be taken. Where the person has assessed eligible needs for social care that are being met by a carer, the carer must be involved in the care and support planning process. Local authorities have the statutory responsibility for developing EHC plans and must consult the child and the child's parents, or the young person if they are over 16, in the development of the plan, including the use of a personal budget. |
<table>
<thead>
<tr>
<th>IPC key features and operating model</th>
<th>Rationale and links to guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The person will be able to agree the health and wellbeing outcomes they want to achieve, in dialogue with the relevant health, education and social care professionals.</td>
<td>Outcomes should reflect what is important to the person and their family. To ensure health needs will be met, the CCG must approve the personalised care and support plan where there is an NHS element to the personal budget. In this case there are a number of specific requirements set out in guidance for what must be included. Outcomes the carer wishes to achieve, and their wishes around providing care, work, education and recreation where support could be relevant should be identified. EHC plans must establish outcomes across education, health and social care, based on the child or young person's needs and aspirations, as well as specifying the provision to support the achievement of these outcome.</td>
</tr>
<tr>
<td>- The person will have the option to manage the money as a direct payment, a notional budget, a third party budget or a mix of these approaches.</td>
<td>In IPC, a personal budget will normally be available as a direct payment, although some people are excluded from receiving a direct payment, as set out in the relevant guidance. The SEND code of practice makes clear when direct payments must be offered. However, there are extra conditions to be met for direct payment for special educational provision. The option of a direct payment into the person's separate bank account must be available. Prepaid cards and e-marketplaces may be helpful but should not be the only option for managing a direct payment.</td>
</tr>
<tr>
<td>- All three options for managing the money should be in place with access to direct payment support services and third party budgets.</td>
<td>In IPC, money should only be included in a personal budget if all three options for managing the budget can be made available. If this is not the case, a personalised care and support plan can be provided, without the offer of a personal budget. Outside IPC there may be circumstances where a direct payment is not an option, for example wheelchairs and personal maternity care budgets (PMCBs). Carers have a right to request that the local authority meets some or all of such needs by giving them a direct payment, which will give them control over how their support is provided.</td>
</tr>
</tbody>
</table>
## IPC key features and operating model

<table>
<thead>
<tr>
<th>IPC key features and operating model</th>
<th>Rationale and links to guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A joined-up process for implementation and review is in place.</td>
<td>Local authorities and the NHS have duties to promote integration(^{40}) and should work together to achieve a joined-up, streamlined approach. Review and monitoring should be proportionate, and encourage flexibility and innovation, while allowing the local authority and the NHS to meet their statutory duties.(^{41})</td>
</tr>
</tbody>
</table>
| • The person will be able to use the money to meet their outcomes in ways and at times that make sense to them, as agreed in their plan. | The personal budget can be used in flexible ways to achieve the agreed outcomes in the personalised care and support plan, enabling greater choice and control. The budget must be used in the ways set out in the plan. There are a few restrictions on how NHS money can be used. Some types of healthcare are excluded and the funding must be used on things that are legal and appropriate for NHS to fund.\(^{42}\) 
In education, funding cannot be used to fund a school or post-16 college place. Local authorities can refuse to prepare a budget where it would have an adverse impact on services for other EHC plan holders or where it would not be an efficient use of the resources.\(^{43}\) |
| • IPC adopts a whole life, whole family approach, which takes into account the needs of carers, including young carers. Where carers meet the eligibility criteria they can be offered personal budgets in their own right as a way to meet their support needs.\(^{44}\) NHS England has published advice on carer health and wellbeing, setting out the responsibilities of local authorities and the NHS.\(^{45}\) | Local authorities and the NHS have specific duties to meet in regard to carers, including young carers. The whole family approach is specifically supported by guidance.\(^{46}\) 
Plans should identify carers’ needs for support as well as the sustainability of the caring role and consideration of the carer’s potential future needs for care.\(^{47}\) 
Local authorities have a duty to assess parent carers on the appearance of need or where an assessment is requested by the parent.\(^{48}\) 
Where the carer also has eligible needs, the local authority should consider combining the plans for the person requiring care and the carer, if all parties agree.\(^{49}\) 
Plans should take into consideration a carer’s needs to enable them to fulfil their parental responsibilities towards their children, and ensure that young people do not undertake inappropriate caring responsibilities.\(^{50}\) |
Annex B: Developing a joined-up administrative process for personal budgets

This annex provides advice on how local areas can work towards a robust, common set of processes for implementing personal budgets across education, health and social care. The same steps and processes need to be in place for all areas delivering personal health budgets. Local authorities and the NHS have duties to promote integration. The IPC model provides a best practice approach.

The IPC emerging framework made clear that a joined-up administrative process is one of the service components that IPC areas will need to put in place. It is defined as:

“A process that allows participants to access their budget quickly and efficiently, regardless of how it is funded. Depending on assessed need, participants can access personal health budgets, personal budgets for social care (reflecting any amount the person must pay following a financial assessment) or integrated personal budgets that include funding from both, including education where applicable. This single, robust process enables combined payment and administration.”

The IPC programme has identified the following elements of a joined-up approach. Table 2 summarises these elements, and provides a self-assessment tool for local areas to assess, process and plan next steps.

Table 2: A joined-up process for personal budgets.

<table>
<thead>
<tr>
<th>Element</th>
<th>Rationale</th>
<th>Self-assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common policy and governance framework.</td>
<td>Having a common policy helps to ensure that:</td>
<td>What do we already have that we can build on?</td>
</tr>
<tr>
<td></td>
<td>• people and families get a joined-up approach, avoiding delays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• each organisation’s requirements are met</td>
<td>Next steps:</td>
</tr>
<tr>
<td></td>
<td>• delivery is in line with relevant guidance and legal requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• it is clear who is responsible for what.</td>
<td></td>
</tr>
<tr>
<td>The local authority and the NHS have a joint policy in place for IPC personal budgets. This makes clear how decisions are made and includes a streamlined process for agreeing the personalised care and support plan and the budget.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Element</td>
<td>Rationale</td>
<td>Self-assessment</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Information, advice and support services. People and families have access to information and advice, whether their support is funded by the local authority or the NHS. This includes access to direct payment support services, which provide services such as a PA register, help with recruitment, training and payroll.</td>
<td>Local authorities and the NHS are required to provide this under the relevant guidance for both children and adults. Local authorities must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. Local authorities must also ensure services are available to provide information, advice and support to disabled children and young people, those with special educational needs and their parents. It may make sense for these services to be jointly commissioned and funded. This can include information, advice and support services provided by VCSE organisations. A common approach makes it simpler for everyone involved, and means the NHS can build on what is already available.</td>
<td>What do we already have that we can build on?</td>
</tr>
<tr>
<td>Statement of resources. This is provided to people who can get an IPC personal budget, and shows what money is used on their care.</td>
<td>The statement of resources is an aid to personalised care and support planning. It improves clarity and transparency for the person and the system about what services the person receives and what money can be controlled.</td>
<td>What do we already have that we can build on?</td>
</tr>
</tbody>
</table>

Next steps:
<table>
<thead>
<tr>
<th>Element</th>
<th>Rationale</th>
<th>Self-assessment</th>
</tr>
</thead>
</table>
| Notional budgets.  
A common delivery approach for notional budgets. | Having a common approach cuts duplication, and will help to make things easier for the person, particularly if they have an integrated budget or they move from local authority to NHS funding. | What do we already have that we can build on?  
Next steps: |
| Third party budgets.  
A common approach for third party budgets. | Third party budgets increase flexibility and enable choice of provider for people who don’t want a direct payment. A common approach will help to make things easier for the person, and to increase availability of third party budgets. | What do we already have that we can build on?  
Next steps: |
| Direct payments.  
A common delivery approach for direct payments across the local authority and the NHS. This could include a shared direct payment agreement, joint use of prepaid cards or an e-marketplace. | Having a common approach cuts duplication, and will help to make things easier for the person, particularly if they have an integrated personal budget or they move from local authority to NHS funding. | What do we already have that we can build on?  
Next steps: |
| Review.  
A joined-up approach to review and monitoring. | Local authorities and the NHS are required to carry out review and monitoring by the relevant guidance, which encourages a joined-up approach. Review and monitoring should be proportionate, and encourage flexibility and innovation, while allowing the local authority and the NHS to meet their statutory duties. | What do we already have that we can build on?  
Next steps: |
4 References


2. NHS England Personalised Health and Care website.

3. All IPC related documents can be found as part of the Personalised health and care framework on the NHS England Personalised Health and Care website.

4. Special educational needs and disability code of practice: 0 to 25 years 
   DfE 2015: 3.13 and 9.111, Care and support statutory guidance: Issued under the Care Act 2014 
   DH, 2016: 11.11, 12.24, 12.34, 12.60, 15.5. 15.15 and 15.16.

5. The definition is consistent with the SEND code of practice 9.95 and 9.97, 
   Care and support statutory guidance 11.3, and the personal health budget right to have guidance.

6. Care and support statutory guidance 6.120, 10.10 and 11.36-11.46.


8. Care and support statutory guidance 3.11, SEND code of practice 2.1.

9. An indicative budget is an approximate guide to how much money you may receive in your personal budget. It is not an exact figure: the final amount is agreed later. Think Local Act Personal care and support jargon buster.

10. SEND code of practice 9.103 sets out the requirements that must be met for the personal budget and the information that must be included in section J of the EHC plan.


13. Special educational needs and disability code of practice: 0 to 25 years, 
   DfE 2015.

14. Social care direct payments for disabled children and young people are governed by the Community Care, Services for Carers and Children’s Services (Direct Payments) (England) Regulations 2009. There is currently no guidance which applies to these regulations.

15. Care and support statutory guidance, DH 2016.

16. Guidance on Direct Payments for Healthcare: Understanding the Regulations, 

17. Guidance on the “right to have” a Personal Health Budget in Adult NHS Continuing Healthcare and Children and Young People’s Continuing Care, 

18. The definition is consistent with SEND code of practice 9.95 and 9.97, 
   Care and support statutory guidance 11.3, and the personal health budget right to have guidance.


21. SEND code of practice 9.101, Guidance on the “right to have” a personal health budget 3.2, Care and support statutory guidance 11.29 and 11.30 (uses the terms local authority-managed personal budget or managed account to mean a notional budget).

22. SEND code of practice 9.97.

23. Care and support statutory guidance 11.7, 11.11 and 11.7, Guidance on the “right to have” a personal health budget 3.1.


25. Care and support statutory guidance 11.24.

26. SEND code of practice 9.102, Care and support statutory guidance 11.3, 11.4 and 11.7, Guidance on the “right to have” a personal health budget.

27. SEND code of practice 9.22, Care and support statutory guidance 6.63, Guidance on the “right to have” a personal health budget 3.1.

28. SEND code of practice 9.102, Care and support statutory guidance 11.10, Guidance on the “right to have” a personal health budget 5.1.

29. SEND code of practice 9.102 and 9.119, Care and support statutory guidance 8.60 and 11.10, Guidance on the “right to have” a personal health budget 5.1.

30. SEND code of practice 9.21-9.26, Care and support statutory guidance 10.2 and 11.3, Guidance on the “right to have” a personal health budget 3.1.

31. Care and support statutory guidance 10.40.

32. SEND code of practice 9.21 and 9.103.

33. SEND code of practice 9.67-9.68, Care and support statutory guidance 6.9, 10.5 and 11.3, Guidance on the “right to have” a personal health budget 3.1, Guidance on Direct Payments for Healthcare 98.

34. Care and support statutory guidance 10.36.

35. SEND code of practice 9.2.

36. Care and support statutory guidance 12.18-12.22, Guidance on Direct Payments for Healthcare, Annex A.

37. SEND code of practice 9.101 and 9.119, Care and support statutory guidance 11.3, Guidance on the “right to have” a personal health budget 3.1.

38. Care and support statutory guidance 12.58 and 12.59.

39. Care and support statutory guidance 11.36-11.46.

40. Care and support statutory guidance 11.11, 11.12, 12.24, 12.34, 12.60, 15.5, 15.15 and 15.16, SEND code of practice 3.13 and 9.111.

41. Care and support statutory guidance 12.24, 12.34 and 12.60.
42. SEND code of practice 9.99, Care and support statutory guidance 11.3 and 11.7, Guidance on the “right to have” a personal health budget 3.1, Guidance on Direct Payments for Healthcare 22-28.

43. SEND code of practice 9.106 and 9.119.

44. Care and support statutory guidance 10.10 and 11.36-11.46.

45. Care and support statutory guidance 10.10 and 11.36-11.46.


47. Care and support statutory guidance 6.16-6.19.

48. SEND code of practice 4.45.

49. Care and support statutory guidance 10.40 and 10.73-10.80.

50. Care and support statutory guidance 6.65-6.73.

51. Care and support statutory guidance 4.88, 11.11, 11.12, 12.24, 12.34, 12.60, 15.5, 15.15 and 15.16, SEND code of practice 3.13 and 9.111.

52. IPC emerging framework, NHS England 2016

53. Care and support statutory guidance 3.2, SEND code of practice 2.7.
Personal budgets, integrated personal budgets and personal health budgets
Summary guide

www.england.nhs.uk/personalisedcare

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. Please contact 0300 311 22 33 or email england.contactus@nhs.net

NHS England Publications Gateway Reference 06631