



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

Carers

NHS England Information Reader Box

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Contents

1	Introduction	4
1.1	Who is this document for?	4
1.2	About carers	4
1.3	An overview of IPC and personal health budgets for carers	5
1.4	Carers' individual experience of IPC and personal health budgets	5
2	How the IPC 'key shifts' relate to carers	6
2.1	Proactive coordination of care	6
2.2	Community capacity and peer support	6
2.3	Personalised care and support planning	6
2.4	IPC personal budgets and personal health budgets	7
2.5	Personalised commissioning and payment	8
3	More information on IPC and personal health budgets	8
	Appendix: Summary of some of the guidance and legal duties that relate to carers	9
1.	The duty of cooperation	9
2.	The Forward View into action: planning for 2015/16 ¹⁶	9
3.	Duty to assess carers' needs	9
4.	Duties to address the needs of young carers, parent carers and to adopt a "whole family approach"	9
5.	Delegation of authority for carers' needs assessments	9
6.	Protecting carers' information	10
	References	10

1 Introduction

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

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

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

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

1.1 Who is this document for?

This quick guide explains what IPC and personal health budgets are and how they work in the context of carers, and focuses on what IPC could mean for carers who provide unpaid care for people living with complex needs. It is one in a series of quick guides exploring the impact of IPC and personal health budgets on specific groups of people or services.

This quick guide is primarily intended for commissioners and providers who are developing local plans to implement personal health budgets, particularly those who are commissioning and providing support for carers or those supporting the expansion of personal health budgets.

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

All of the quick guides in this series should be read alongside the personal health budget and IPC expansion plan³ and the IPC emerging framework⁴ which provide an overview of the current policy direction and context around the delivery and development of personal health budgets and IPC in health and social care.

1.2 About carers

Carers are people who look after family, partners or friends in need of help because of illness, frailty or disability. Carers include adults looking after other adults, parent carers looking after disabled children and young carers under the age of 18.

The Care Act 2014 entitles all carers to an assessment of their needs. This provision works alongside other measures in the Act (Sections 60-64) that enable a 'whole-system', 'whole-family' approach to assessment and support, and requires the cooperation of local authorities and all agencies involved in public care.⁵

Caring can have a significant impact on a carer's own physical and mental health and their education and employment potential. Carers are more than twice as likely to suffer from poor health compared to people without caring responsibilities.⁶

This in turn can affect a carer's ability to continue to provide care and support and lead to the admission of the cared for person to hospital or residential care.⁷

1.3 An overview of IPC and personal health budgets for carers

IPC offers an opportunity to develop an integrated approach to the identification, assessment and support of carers' health and wellbeing needs. This is across health and social care and - in the case of children - education. It is aligned with NHS England's agreed aims for an integrated approach to carers' health and wellbeing.⁸ These are to:

- maintain the independence, physical health and emotional wellbeing of carers and their families;
- empower and support carers to manage their caring roles and have a life outside of caring;
- ensure carers receive the right support, at the right time, in the right place; and
- respect the carer's decision about how much care they will provide and respect the carer's decision about not providing care at all.

1.4 Carers' individual experience of IPC and personal health budgets

The following statements outline how a carer might expect to experience IPC:

- A proactive approach to recognising carers and helping them maintain their health and wellbeing;
- A community and peer approach to build knowledge, confidence and connections;
- A different conversation that includes the carer as an expert care partner in care planning for the person they care for, and where they can discuss their needs in their own right;
- A shift in control over any resources available to the carer, and a joined-up approach to make plans work well for everyone in the family; and
- A wider range of care and support options for carers to choose from, including support with caring, a break from caring and a life outside of caring.

2 How the IPC 'key shifts' relate to carers

IPC aims to deliver transformational change by working with carers as expert care partners. This includes involving carers both in planning care for the person they care for and in the planning, redesign and shaping of services. Carers will also be identified as champions and leaders in developing IPC, and IPC will directly benefit carers by identifying and supporting their health and wellbeing needs.

The IPC operating model is underpinned by five 'key shifts' in how care will be experienced differently.⁹ This section sets out what will be different for carers.

2.1 Proactive coordination of care

Within IPC, carer clinics, annual carer health checks and carer drop-in services can help provide opportunities to proactively identify and support carers, including young carers.

IPC encourages local agencies to work together to develop integrated systems that will help recognise and support the identified and emerging needs of carers, ensuring:

- recognition of the carer's right to a formal assessment of their needs in their own right;
- assessment and care planning respects the carer's decision about how much care they will provide, including any decision about not providing care at all;
- carers are listened to and included as expert care partners in care planning; and
- appropriate support is identified that enables carers to choose to continue their caring role, to continue contributing to their family and social networks and to engage in activity and employment outside of the home.

2.2 Community capacity and peer support

IPC and personal health budgets help people build their knowledge, skills and confidence so they can manage their health and wellbeing better. This includes helping carers become expert care partners who can actively get involved in shaping health and care services. Carers are also recognised as needing information and support in their own right. A community and peer approach to building knowledge, confidence and connections includes connecting carers to carers' organisations as well as other neighbourhood and community resources.

2.3 Personalised care and support planning

At the heart of both IPC and personal health budgets is personalised care and support planning geared towards maximising a person and their family's potential for self-management.

This means involving carers as expert care partners in care planning for the person they care for, and also providing the option for carers to have a conversation or an assessment in their own right. Adopting a whole family approach to developing a plan can create new opportunities to achieve the best outcomes for the whole family. Sometimes an individual plan can have unintended consequences for other members of the family, particularly carers, and often small changes can help a plan produce better outcomes for everyone. It can also make best use of resources.

If all relevant parties agree, then plans for different family members can be combined to form a single plan in which there may be both individual and collective components. This can be a particularly helpful and balanced way of achieving desired outcomes for everyone in the family.

“It did me good because I actually sat down over a few days and wrote out a list of things... When you’re a carer, you’re so wrapped up in just trying to get through the day and the next day, you don’t really think outside the box.”

- Personal health budget evaluation¹⁰

2.4 IPC personal budgets and personal health budgets

Different terminology is in use for local authority funded personal budgets for children and young people; local authority funded personal budgets in adult social care; and NHS funded personal health budgets. All are a key means of giving people greater choice and control over how their needs are met. Personal budgets are available to carers who are eligible in their own right for support. Non-means tested small payments can enable carers to choose ways to support their own health and wellbeing outcomes.

The management of personal budgets, integrated personal budgets or personal health budgets requires some knowledge and skill, and can also be time-consuming for the person managing the budget, either the person themselves or, as is often the case, their carer. However support should be available and there are different ways of managing the money: a direct payment, a third party budget or a notional budget.¹¹ It is therefore important that carers and others managing IPC personal budgets and personal health budgets are provided with information about each option and can choose an approach or combination of approaches that will work for them. Where direct payments are chosen, people and their carers should be provided with as much support and advice as they need and want. This is embedded across IPC and personal health budgets.

Personal health budgets can have a positive impact on carers’ lives as well as on the lives of the people they support. The personal health budget evaluation¹² suggested that:

- carers providing assistance to an individual in the personal health budget group were more likely to report better quality of life and perceived health compared to carers assisting an individual in the control group; and
- carers in the personal health budget group generally reported lower instances of having their health affected by their caring role.

“It’s changed my life actually because now I’ve got the flexibility of when I want respite... I can save up the hours for when it’s a nice day and I can ask [a paid care worker] to take [my son] out.”

(Carer, Personal health budget evaluation)

“Anything that’s positive in [my son’s] life is a positive to me. ... It’s definitely had an impact on my life as well because he’s just happier in himself, emotionally. ... He’s not so emotionally needy, which has made my life a lot easier.”

(Carer, Personal health budget evaluation)¹³

2.5 Personalised commissioning and payment

IPC provides an opportunity to develop an integrated approach across health, social care and the voluntary sector that supports carers’ health and wellbeing needs. Joint planning, agreement and cooperation can produce a joined-up approach to supporting carers, including young carers. Local data and information sharing processes can ensure that information follows the carer across their own care and support pathway. Patient identification and carer assessment tools can help with the early identification of changing carer needs at key times, for example as a young person moves from children’s to adult services.

IPC and personal health budget workforce development plans across sectors need to include carer awareness training so that practitioners develop an understanding of how to identify and support carers. This includes raising awareness of young carers so that practitioners understand their responsibilities around identifying and addressing their needs and that there are no ‘wrong doors’. Integrated processes and procedures should include a focus on carers and whole family approaches. This will help support and embed good practice in relation to carers.

3 More information on IPC and personal health budgets

The Personalised health and care delivery framework provides more detailed advice and practical tools to support local implementation.¹⁴

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Appendix: Summary of some of the guidance and legal duties that relate to carers

1. The duty of cooperation

The Care Act 2014 introduces a number of reforms to the way that care and support for adults with care needs are met. It requires local authorities to adopt a whole system, whole council, whole family approach; coordinating services and support around the person and their family, and considering the impact of the care needs of an adult on their family, including children and carers.

2. The Forward View into action: planning for 2015/16¹⁵

This sets out how the NHS will go about implementing its duties under the above act, including a clear expectation that: “CCGs alongside local authorities ...draw up plans to identify and support carers and, in particular, work with voluntary sector organisations and GP practices, to identify young carers and carers who themselves are over 85, and provide better support.” Furthermore, “In developing plans, CCGs should be mindful of the significant changes to local authority powers and duties from April 2015 under the Care Act 2014 [sic].¹⁶ Plans should focus on supporting young carers and working carers through the provision of accessible services, and services for carers from vulnerable groups”.

3. Duty to assess carers’ needs

The Care Act 2014 introduces a requirement to make an assessment of carers on the appearance of need. The new provision works alongside measures in the Care Act 2014 (Sections 60-64) to enable a “whole family approach” to assessment and support, for example in addressing the interrelated needs of young carers and their families.

4. Duties to address the needs of young carers, parent carers and to adopt a “whole family approach”

Both the Care Act 2014 and the Children and Families Act 2014 address the needs of young carers clearly and directly. The Children and Families Act 2014 builds on the Children’s Act 1989 to amplify the rights that improve how young carers and their families are identified and supported, and extends the right to an assessment of their support needs to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it. Thus, the principle of the whole family approach applies across all age groups and across all categories of care.

5. Delegation of authority for carers’ needs assessments

Section 79 of the Care Act 2014 provides for local authorities to delegate some, but not all, of their care and support functions to other parties. This power to delegate is intended to allow flexibility for local approaches to be developed in delivering care and support, and to allow local authorities to work more efficiently and innovatively, and provide better quality care and support to local populations.

6. Protecting carers' information

Under the Data Protection Act 1998, organisations have a duty to protect the personal data they collect and use. Health and local authorities are used to informing service users about how their information is used and shared to support their care, and it will be important to ensure that carers are provided with the same level of information. It will also be important to ensure that carers are happy with this information sharing and have an opportunity to voice any concerns in relation to it.

References

- 1 **NHS Five Year Forward View**, NHS England 2015.
- 2 **NHS Choices**.
- 3 The IPC Operating Model, The Personal Health Budgets and IPC Expansion Plan, and the wider framework documents can be found on the **personalised health and care section of the NHS England** website.
- 4 See: <https://www.england.nhs.uk/healthbudgets/wp-content/uploads/sites/26/2016/05/ipc-emerging-framework.pdf>
- 5 See: Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- 6 (2004.) **In Poor Health: the impact of caring on health**. Carers UK. Referenced in NHS England's commitment to carers 2014.
- 7 (2012.) **Assessment, eligibility and portability for care users and carers**. London: Department of Health. Referenced in NHS England's commitment to carers 2014.
- 8 (2016.) **An integrated approach to identifying and assessing carer health and well-being**. Leeds: **NHS England**. This includes a Memorandum of Understanding between health and social care which is also supported by The Association of Directors of Adult Social Services (ADASS) and a range of carers' organisations.
- 9 **NHS England Personalised Health and Care** website.
- 10 See: www.phbe.org.uk
- 11 **NHS England Personalised Health and Care** website.
- 12 (2012.) **Evaluation of the personal health budget pilot programme**. London: Department of Health.
- 13 See: www.phbe.org.uk
- 14 **NHS England Personalised Health and Care** website.
- 15 See: <https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/forward-view/>
- 16 See: http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

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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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