

# Personal health budgets mandatory data collection guidance

Version 3, 1 May 2023

1. This guidance is correct at the time of publishing, but may be updated subsequently to reflect changes in advice as necessary. Any changes since version 1.2 (June 2021) are **highlighted in yellow**.
2. Please use the hyperlinks to confirm the information you are disseminating to the public is accurate. The document is intended to be used as a PDF and not printed: weblinks are hyperlinked and full addresses not given.
3. The latest version of this guidance is available [here](#).

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# 1. This document

This document provides guidance for all **Integrated Care Boards (ICBs)** in England regarding the completion of the mandatory personal health budgets data collection implemented on a quarterly basis from July 2018 onwards. This data is being collected by **NHS England (formerly NHS Digital)**.

This guidance replaces all previous NHS England guidance regarding the collection of personal health budget data.

## What information is being collected?

- The total number of people with a personal health budget being provided by your **ICB** on the **first day of the quarter**
- The personal health budget activity **during the quarter**
- **Cumulative in-year** personal health budget data, to align with the NHS Mandate expectations
- The model people are choosing to manage the budget.

**Subgroup data:** Information on which groups of children and adults are receiving personal health budgets, which may overlap. This information is based on the financial year to date (YTD).

# 2. What is a personal health budget?

A PHB uses NHS funding to create an individually agreed personalised care and support plan that offers people of all ages greater choice and flexibility over how their assessed health and wellbeing needs are met.

The personalised care and support planning conversation identifies the care, support and services the PHB will be spent on. This can include a range of things to give people access to care, support and services that are holistic, innovative and build on their strengths.

The following groups have a legal right to have a PHB – adults in receipt of NHS continuing healthcare, children and young people eligible for continuing care, people eligible for aftercare services under section 117 of the Mental Health Act and people eligible for an NHS wheelchair.

The rollout of PHBs is not confined to these 'right to have' groups. Ensuring more people can benefit from personalised care is one of the key practical changes set out in the NHS Long Term Plan, which sets the ambition to increase the uptake of PHBs to 200,000 people by 2023/24.

For people to have a personalised and integrated approach to care a **person (or their representative)** should:

- be able to access information and advice that is clear and timely and meets their individual information needs and preferences
- experience a co-ordinated 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 health budget, a person **(or their representative)** should:

- **get an** upfront\* an indication of how much money they have available for healthcare and support
- have enough money in their 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.

[\*there may be flexibility when an indicative budget is discussed as part of a one-off personal health budget.

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

To be able to count as an ongoing personal health budget the six key features in blue and marked with a '➤' above need to be in place.

**Reminder: The data counted in this data collection only relates to the number of personal health budgets that have met all six features above. This is important to ensure there has been a genuine shift in choice and control to individuals.**

### Managing the money

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

- **Notional budget:** the money is held by the NHS, and services are commissioned by the NHS according to the agreed personalised care and support plan.
- **Third party budget:** 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 for healthcare:** a direct payment is a monetary payment to a person (or their representative or nominee) funded by the NHS, to allow them to purchase the services that are agreed in the personalised care and support plan. A direct payment support service may provide support with payroll and/or budget management – this is often referred to as a direct payment managed account.

More information on the underpinning regulatory requirements of all personal health budgets can be found on the NHS England [website](#).

## 3. Frequently asked questions about completing the data collection

### 3.1 If a person has more than one personal health budget, should this be counted twice in the total number of the data?

No, the data included should be a count of people. If a person has a personal health budget from more than one service area, ICBs should consider how these can be integrated so the person has one personalised care and support plan and overall budget to meet their health needs.

Each person can still be counted in more than one section of the collection related to specific health needs – eg they could have a learning disability and also be eligible for section 117 aftercare services under the Mental Health Act.

### 3.2 Should we count notional budgets, or only third party and direct payments?

All three kinds of budgets should be counted. The key question to ask is whether the six key features of a personal health budget are in place. Personal health budgets can be offered as notional budgets, third party payments or direct payments, all of which should be counted in the data collection.

### 3.3 If a person has both a notional element and a direct payment element, how many times should we count them?

#### 3.3.1 Total (questions 1 and 4 – see Annex A)

Where an individual's personal health budget includes both a notional element and a direct payment element, they should only be counted once in questions 1-4.

It is the person who should be counted, including if their budget is managed in more than one way. For example, if part of a person's NHS continuing healthcare package is covered by a notional budget and another element covered by a direct payment, this should count only once in the ICB total.

### **3.3.2 Breakdown (questions 4a, b and c – see Annex A)**

For the breakdown of how the budget is delivered (questions 4a, b and c), all methods of delivery should be counted in the relevant breakdown box of the total.

For example, if a person is receiving a personal health budget as a direct payment for part of the package, and via a notional budget for another part of their package, this should be recorded in both the direct payment section and the notional budget section of the question.

### **3.4 Should we count people receiving joint-funded packages?**

Yes. If an **ICB** is contributing NHS funding to a social care or education package, there is a health need identified, and the six **key** features of a personal health budget are in place, this should be counted as a personal health budget. This may be via a Section 75 agreement or another joint funding arrangement. Some examples of this may be for people with learning disabilities, or when carers receive some joint funding to meet their identified health needs.

Where a person has a joint funded package of care or a social care package and also receives NHS community based care, this aspect of the care should only be counted as a personal health budget where the six key features are met including the option of a direct payment.

### **3.5 Should people be counted if the personal health budget was only for part of the package, or was given on a one-off basis?**

Yes. All personal health budgets should be counted.

As part of reporting on activity data, (see Annex A questions 1-3) a one off personal health budget should only be counted in the quarter that the personal health budget was delivered and should be reported as part of the number of budgets that started (question 2) and ended within that quarter (question 3).

As part of reporting on cumulative data (please see Annex A – questions 4-18) all personal health budgets should be counted if they were provided at any time in the financial year to date.

A one-off budget is:

- Used to buy a single item or service, or a single payment made for no more than five items or services, and;
- Where the individual is not expected to receive another direct payment in the same financial year, and;
- Can be paid into the person's ordinary bank account (or that of a nominee or representative).

There may be flexibility of when the indicative budget is discussed as part of a one-off budget.

### 3.6 At what point in time can a person be counted?

**Notional budgets:** Where a person has a notional budget, the personal health budget is considered to be in place at the point at which the **personalised care and support** plan and budget have been agreed with the person, and the planned services have been arranged.

**Third party and direct payments:** Where a person has a direct payment or a third party budget, the personal health budget is considered to be in place once the amount of the direct payment or third party budget has been agreed with the person, and all the relevant processes for setting up the direct payment or third party budget have been completed.

(This is the point at which the NHS has taken every action needed to put the direct payment or third party budget in place, and where any delays to the client actually receiving the payment are not within the control of the NHS.)

If a personal health budget is being delivered using a pre-paid card, the personal health budget would be considered to be delivered as a direct payment as long as the card can be used freely, as agreed in the **personalised care and support** plan, without any restrictions on what service or item it can be used for.

Pre-paid cards and **e-wallets** should not be the only available option for people to receive a direct payment. There should always be the option of receiving a direct payment into a conventional bank account. If the option to receive the direct payment into a bank account does not exist, then this cannot be counted as being a direct payment.



### **3.7 Should you count personal health budgets for people in residential care?**

Yes, if the six key features of a personal health budget are met including the option of a direct payment.

### **3.8 Who should complete the data submission?**

One person from each ICB should complete the data submission; however, you may need to involve more than one person in your ICB to gather the information required. For example, personal health budgets may be delivered by colleagues working in your mental health trust or by social care colleagues in joint funded services, eg learning disabilities.

Please ensure that the lead manager for personal health budgets at the ICB has reviewed and agreed the content before it is submitted to ensure all personal health budgets are being counted. To change or update the data submitter contact NHS England data collections team at [data.collections@nhs.net](mailto:data.collections@nhs.net).

### **3.9 What cannot be counted?**

If the six key features are not met, this cannot be counted as an ongoing personal health budget. There should be a health outcome identified (in some instances this may be a preventative health outcome) and health funding included within the personal health budget. If these are not in place, then it cannot count as a personal health budget. Personal maternity care budgets cannot be counted within this data collection at this point, as they are a different model of delivery.

### **3.10 Can personal wheelchair budgets be counted?**

Personal wheelchair budgets can be counted in this data collection but should not be included separately in the total figures if the person is already receiving a personal health budget, eg through NHS continuing healthcare.

This collection counts the number of people with a personal health budget rather than the number of separate budgets they may receive from different NHS services. The intention is that people will have one personalised care and support plan that includes all health needs, rather than being delivered via a number of personalised care and support plans and service silos.

Direct payments are currently not routinely available as an option for managing a standalone personal wheelchair budget. Therefore, where a direct payment is requested, it would either need to meet the whole cost of the wheelchair (which may be appropriate as part of an NHS continuing healthcare package), or be part of an integrated package of care; and clearly able to demonstrate the health and wellbeing outcome which required a contribution via a separately commissioned service.

Personal wheelchair budgets can be counted in questions 10 for children and 17 for adults in the data collection. When considering if the personal wheelchair budget can be counted throughout the year and when to only count in one quarter the following should apply:

- A personal wheelchair budget can count as an ongoing personal health budget if annual reviews are being done.
- A personal wheelchair budget can count as a one-off if money for the wheelchair and agreed number of years' maintenance is paid as a lump sum and no reviews are taking place.

Further information on personal wheelchair budgets and the full range of deployment options available can be found [here](#).

### **3.11 How do I count personal health budgets for people eligible for Section 117?**

These budgets should be counted in line with all other personal health budgets. When filling in the breakdown section of the collection, these should be included in questions 8, 8a, 9, 9a, 15, 15a, 16 and 16a. People receiving mental health support via a personal health budget, not via section 117, should only be included in question 8, 9, 15 and 16.

### **3.12 Can one-off PHBs for hospital discharge be counted?**

One-off PHBs for hospital discharge can be counted in this data collection under questions 10 (children) and 18 (adults). The collection counts the number of people with a PHB rather than the number of separate budgets they may receive from different NHS services, therefore one-off PHBs should not be included separately in the total figures if the person is already receiving a PHB, eg through NHS continuing healthcare.

### **3.13 Can I count a person more than once in the subgroup sections of the data collection?**

Yes, the totals from the subgroup questions do not need to add up to the totals in the mandatory collection. This data is intended to provide further information about the groups of people who are receiving personal health budgets, so people may fit into more than one group. For example, an adult who is eligible for NHS continuing healthcare and has a learning disability would be counted in both of the relevant questions.

### **3.14 At what age is a person considered an adult?**

In the subgroup section of the data collection, anyone over 18 years is considered an adult and should be included in the total adult question (question 12). However, if someone over 18 is receiving an education, health and care plan (EHC), they can be counted in the EHC question (question 7) as part of the breakdown and in any other adult question within the voluntary section (eg NHS continuing healthcare question 13).

### **3.15 Are there any information governance implications of sharing this data with NHS England?**

No personal data is being requested as part of this data collection, just counts of individuals receiving personal health budgets depending on condition.

If there are any concerns that the numbers in the table could lead to re-identification of any individual, further advice should be sought from your local information governance lead prior to releasing this information to NHS England. If a decision is made not to provide this information, due to risk of re-identification, NHS England should be informed of this.

## **4. Why are NHS England collecting the data, and how will it be used?**

The NHS Mandate sets an ambitious objective that 200,000 people will have a personal health budget by 2023/24. In addition, the following groups have a legal 'right to have' a personal health budget - adults in receipt of NHS continuing healthcare, children and young people eligible for continuing care, people eligible

for aftercare services under section 117 of the Mental Health Act and people eligible for an NHS wheelchair.<sup>1</sup>

The data collected here on quarterly activity will be used to monitor progress against the NHS Mandate and the roll out in areas with a legal right.

NHS England will use the national headline data in a variety of ways including in internal and public reports/publications. ICB level data will be used internally to update regional NHS England teams to inform ICB assurance. ICB level data will also be shared with other relevant NHS programmes. The PHB data collection publication can be accessed [here](#).

A personal health budget can be managed in up to three ways. Universal Personalised Care outlines the expectation that at least 40% of PHBs in a local area are managed as a direct payment or third party budget (this excludes personal wheelchair budgets). Comparing the number of direct payments compared with other models (notional or third party budgets) provides a proxy measure of the quality of the personal health budgets on offer.

## 5. Who can I contact if I have more questions?

For information relating to personal health budgets, please visit the [personalised care collaborative network](#). Alternatively, please contact the NHS England Personal Health Budgets Team ([england.personalhealthbudgets@nhs.net](mailto:england.personalhealthbudgets@nhs.net)).

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<sup>1</sup> <https://www.england.nhs.uk/publication/guidance-on-the-legal-rights-to-have-personal-health-budgets-and-personal-wheelchair-budgets/>

# Annex A: Personal health budget data collection

Please note: The total number of personal health budgets for **adults and children** in your **ICB** should be reported.

Reminder: Only count those personal health budgets where all six key features have been met. A person must:

- 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
- **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 their 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.

**The totals in the subgroup section of the collection (ie adult NHS continuing healthcare and adult mental health) do not need to add up to the total adult or total children questions at the head of these sections.** We are interested in understanding which groups of people are receiving personal health budgets, and these may overlap. For example, an adult who is eligible for NHS continuing healthcare and has a learning disability would be counted in both relevant questions.

**This document is for reference only and should not be completed.** The **NHS England data collections team** will provide log on details to allow the data submission.

Quarterly data		Total number			
1. Total Number of people with an open personal health budget on the first day of the Quarter					
2. Total number of people with a personal health budget that Started in Quarter					
3. Total number of people with a personal health budget that Ended in Quarter					
Cumulative Data		Total number	Delivered as a direct payment	Delivered as a third party budget	Delivered as a notional budget
4. Cumulative total number of people with a personal health budget Year To Date (YTD)					
Subgroup data - Children and young people		Total number	Delivered as a direct payment	Delivered as a third party budget	Delivered as a notional budget
5. Total number of children and young people with a personal health budget in the YTD?					
6. How many children receiving continuing care had a personal health budget in the YTD?					
7. How many children and young people with education, health and care plans had a personal health budget in the YTD?					
8. How many children with a learning disability and/or autism had a personal health budget in the YTD?					
8a - Of those, how many children were eligible for section 117 aftercare under the Mental Health Act?					
9. How many children who have a primary mental healthcare need had a personal health budget in the YTD?					
9a - Of those, how many children were eligible for section 117 aftercare under the Mental Health Act?					
10. How many children had a personal wheelchair budget in the YTD?					
11. How many other children had a personal health budget in the YTD?					

Subgroup data - Adults	Total number	Delivered as a direct payment	Delivered as a third party budget	Delivered as a notional budget
12. Total number of adults with a personal health budget in the YTD?				
13. How many adults receiving NHS continuing healthcare had a personal health budget in the YTD?				
13a. Of those, how many people were on the fast track process?				
14. How many adults receiving joint-funded packages had a personal health budget in the YTD?				
15. How many adults with a learning disability and/or autism had a personal health budget in the YTD?				
15a - Of those, how many adults were eligible for section 117 aftercare under the Mental Health Act?				
16. How many adults who have a primary mental healthcare need had a personal health budget in the YTD?				
16a - Of those, how many people were eligible for section 117 aftercare under the Mental Health Act?				
17. How many adults had a personal wheelchair budget in the YTD?				
18. How many other adults not included in the sub-categories above had a personal health budget in the YTD?				

### **Pointers to support data submissions:**

- Question 1 in the data collection is asking for live/open personal health budgets on the first day the quarter, this data should not include personal health budgets that ended before the first day of the quarter or financial year. For example, on 1 April 2020, only the current personal health budgets that are open on that date will be counted in this question.
- Question 4 is asking for all personal health budgets delivered within the financial year to date. Any personal health budgets ended within the year to date should still be included in this figure (until the next financial year).
- Question 4 we would expect will have a higher number than question 1.
- Subgroup questions are also asking for year to date information similar to question 4. Once all data is inputted for quarter 1, then each quarter the new personal health budgets should be added to the data for question 4 through to question 18 until the end of the financial year.
- When collecting data from external providers the relevant sections of the template could be sent to ensure that the data received matches data requests.



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This publication can be made available in a number of alternative formats on request.