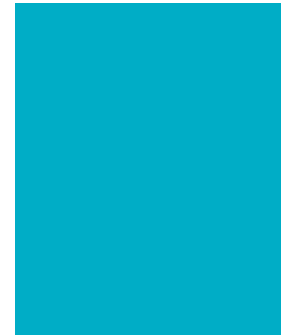


Personal health budgets – opportunities and challenges



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The story so far – personal health budgets

- **Pilot programme** - large scale controlled trial evaluation 2009-2012.
- **Results** - better outcomes, reduced use of hospital, cost effective especially for people with the highest needs.
- **Right to ask from April 2014** - in NHS Continuing Healthcare (includes **joint packages** and **children**).
- **NHS Mandate** - will be an option for people with long term physical and mental health conditions who could benefit **from April 2015**.
- **Direct payment regulations**– NHS everywhere in England can offer direct payments from **August 2013**.

If you're going to do it... do it right

Evaluation - benefits of personal health budgets depend on how they were introduced.

Best results – people know budget up front; advice and support available; choice and flexibility over how to spend budget , choice on how it is managed.

Scale-up - challenge of maintaining the integrity of the values.

To work well, personal health budgets need

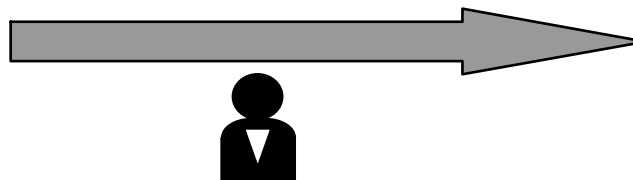
- **good support** from all parts of the system
- **co-production** with people with direct experience

Opportunities – changing peoples' lives

Traditionally...

Anita and her husband had very little choice or control over how money is spent on her care, who comes into their home and what care she gets. Money goes to providers chosen by the commissioner.

Individual



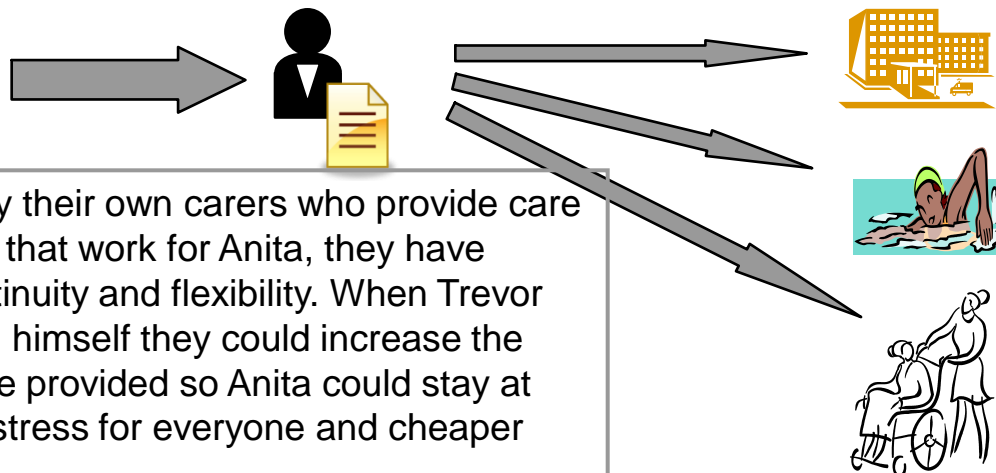
Provider(s)



Services commissioned from a narrow range of providers. Limited flexibility and no continuity. Anita has complex needs and requires support every day, but different people coming in daily caused stress and as they did not know her this resulted in safety concerns, poor outcomes and patient experience.

Under personal health budgets....

Anita's health needs are assessed. A budget is allocated to her husband for them to choose how to meet (most of) Anita's needs in agreement with the commissioner.



They employ their own carers who provide care and support that work for Anita, they have control, continuity and flexibility. When Trevor was taken ill himself they could increase the hours of care provided so Anita could stay at home, less stress for everyone and cheaper

Malcolm's story

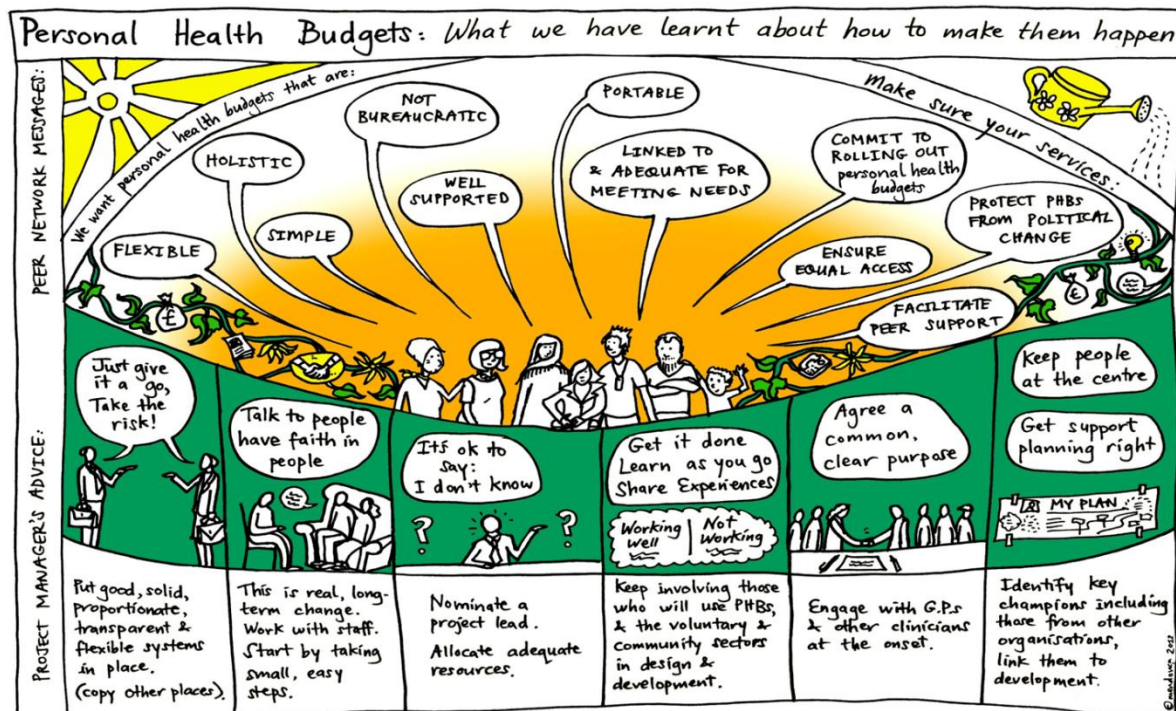
Malcolm diagnosed with frontal lobe dementia after family noticed significant changes, and an extended hospital stay
4 days at a day centre put in place to support them

When the family had choice over the support, they tailored a support plan to keep Malcolm as happy and engaged as possible, and to give themselves a break

Three and a half years later Malcolm still lives at home, despite assumptions that he would need to be in nursing home care by now.

Challenges

- Early days in the NHS
- If you're going to do it... very counter cultural
- Takes dedicated time and energy to introduce well
- Needs infrastructure around it – support for people and families to plan and manage care.



What are we doing?

- Practical help and support:
 - We have 183 CCGs (out of 211) signed up to our support programme to help them introduce personal health budgets in CHC by April 2014
 - 8 x 6 day Accelerated Development Programmes to support them on their way, plus loads more help and coaching.
 - We have 4 years of learning, stories and guides, captured in our on-line toolkit
- Programmes to demonstrate how this solves a problem – and how it can be done.
 - Going Further Faster - sites who are working with us to help us address key issues – such as how to build and implement strategies to introduce personal health budgets seriously beyond Continuing Healthcare, including for joint budgets

To find out more:



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