

Personal Health Budgets – A Briefing

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. Our vision for personal health budgets is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive.

1.1.1 What are the essential parts of a personal health budget?

The person with the personal health budget (or their representative) will:

- Be able to choose the health and wellbeing outcomes they want to achieve, in agreement with a healthcare professional
- Know how much money they have for their health care and support
- Be enabled to create their own care plan, with support if they want it
- Be able to choose how their budget is held and managed, including the right to ask for a direct payment
 - Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

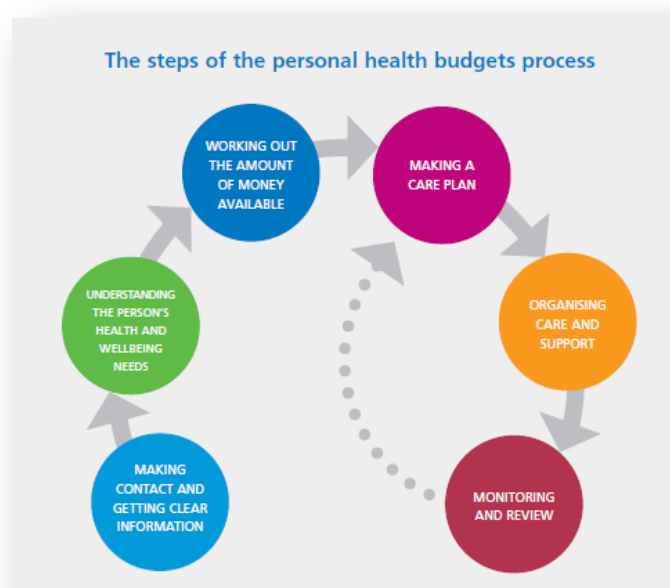
1.1.2 How can a personal health budget be managed?

Personal health budgets can be managed in three ways, or a combination of them:

- **Notional budget:** the money is held by the NHS
- **Third party budget:** the money is paid to an organisation that holds the money on the person's behalf
- **Direct payment for health care:** the money is paid to the person or their representative

The NHS already has the necessary powers to offer personal health budgets, although only approved pilot sites can currently make direct payments for health care. All sites will be able to offer direct payment from August 2013.

1.1.3 What are the stages of the personal health budgets process?



There is a wealth of clear information about personal health budgets available [here](#).

1.2 Results of the National Pilot

The final independent evaluation report about the pilot programme "Evaluation of the personal health budget pilot programme" has been published on 30 November 2012 by the personal health budgets evaluation (PHBE) team, led by the University of Kent.

Read the report in full below. An executive summary is on pages 9-12, and sets out the study's design and methodology, the impact of personal health budgets on quality of life and care-related outcomes, key findings, user and carer perspectives and recommendations for policy and practice. The evaluation found that personal health budgets improved people's quality of life. The findings show that:

- People had a significant improvement in their care-related quality of life and psychological wellbeing. Their health 'status' stayed the same.
- Benefits were more marked where people had higher levels of need.
- Personal health budgets also worked better where people were given more choice and control, both over what they bought and how they received the budget. In contrast, where the pilot site imposed a lot of restrictions, personal health budgets tended to worsen people's outcomes.
- People reported positive impacts of their personal health budget both for themselves and for other family members. They also talked about the change in their relationship with healthcare professionals.
- Family carers were more likely to report a better quality of life and perceived health than carers of people in the control group.

The evaluation did not report any differences in finding for people on the basis of gender, ethnicity or income.

The evaluation also found personal health budgets to be cost-effective, particularly for people who get NHS Continuing Healthcare and those who use mental health services. It showed that:

- Where people had a higher budget, overall savings were made for the NHS at the same time as people's quality of life improved. This was partly due to people choosing to meet their health needs in different ways that cost less - such as training their care staff to carry out health tasks like changing dressings.
- Some of these new ways meant that people bought care and support which the NHS doesn't offer - NHS commissioners will need to plan for this.
- In-patient costs fell for people with a personal health budget, suggesting that people receiving personal health budgets had fewer stays in hospital.

Overall, the report suggests that personal health budgets are beneficial, to both the individual and the NHS, especially when they give people genuine choice and control.

For further information please contact your CCG Personal Health Budgets Champions **(to be confirmed at CHC Reference gp meeting)**:

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