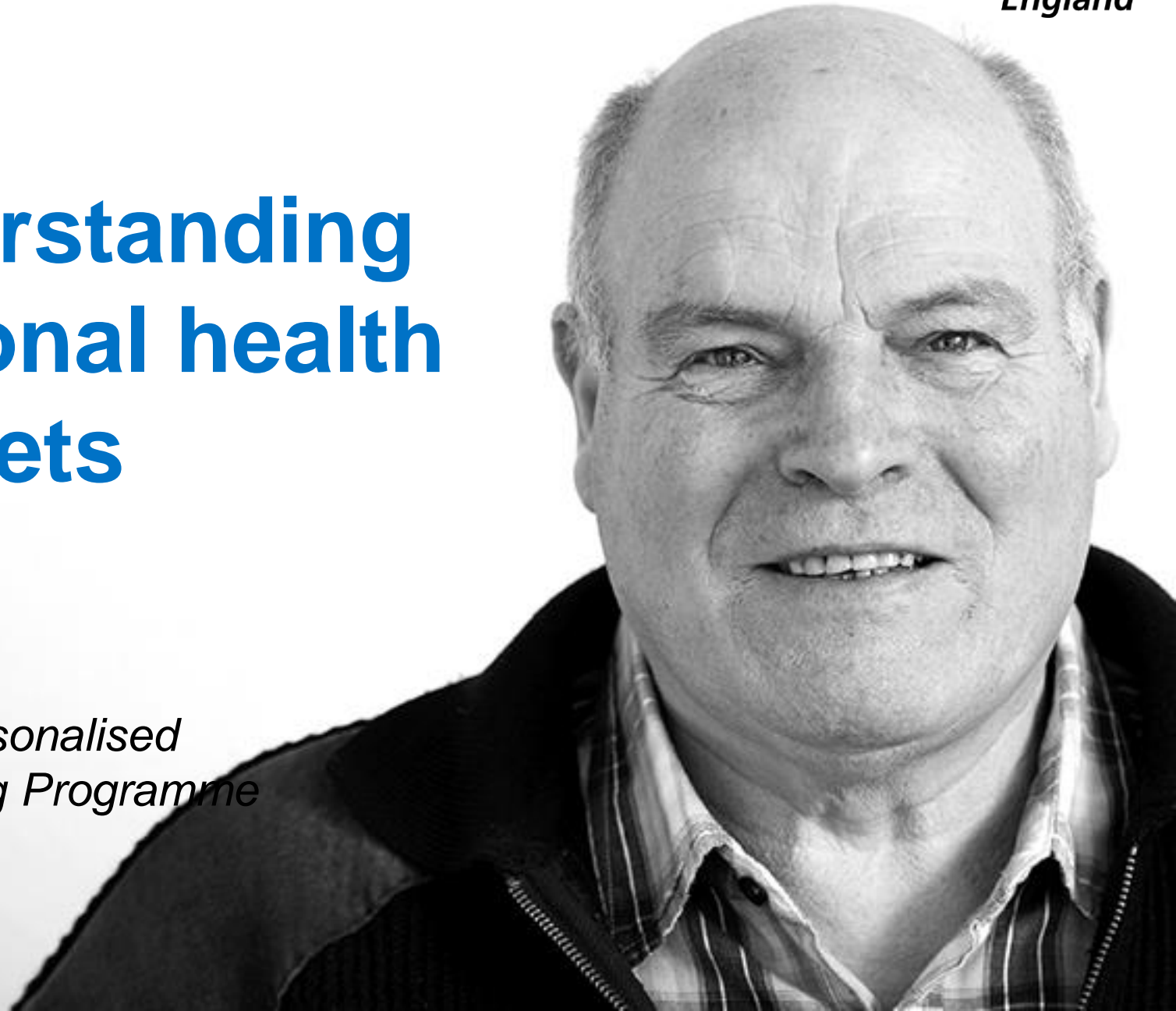


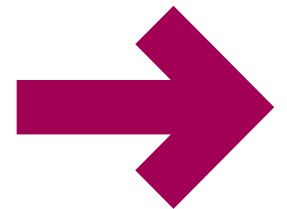
# Understanding personal health budgets



*Integrated Personalised  
Commissioning Programme*

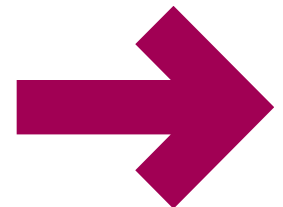
July 2016

# What are personal health budgets?

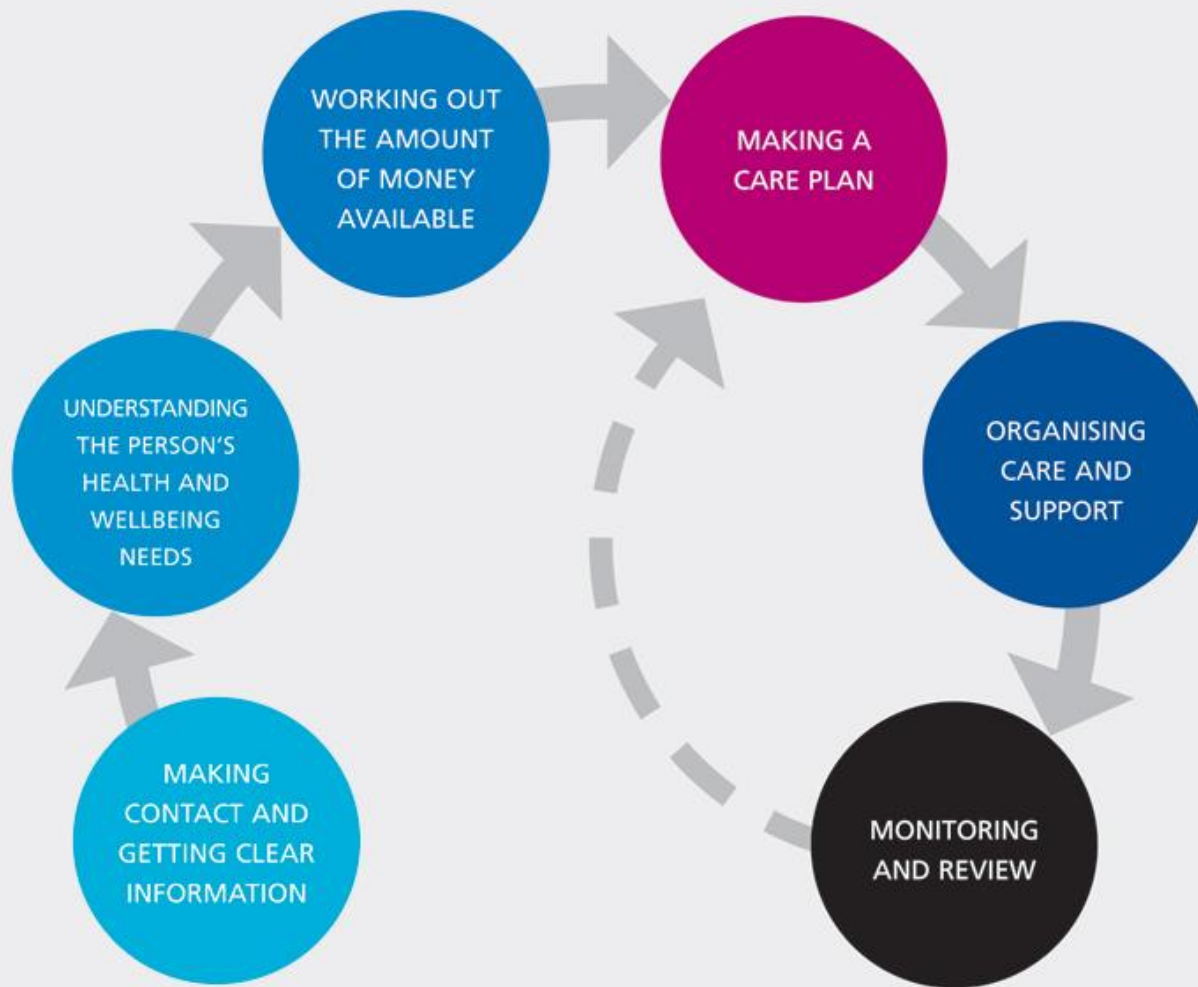


## What is a personal health budget?

- A personal health budget is an amount of money to support a person's individual health and wellbeing needs, planned and agreed between them, or their representative, and their local Clinical Commissioning Group

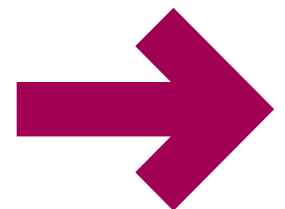


## The steps of the personal health budgets process



# Understanding People's Health and Wellbeing needs

- At the heart of the PHB process is a person led care and support plan
- Developed by the individual with the support of a health professional
- Plan identifies outcomes person wants to achieve
- A PHB may be a way of achieving them
- Different conversations in person led care



## CARE PLAN

At the heart of a personal health budget is a care plan, developed by an individual in partnership with their healthcare professional.

**Notional budget:**  
the money held by NHS

**Third party budget:**  
the money 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

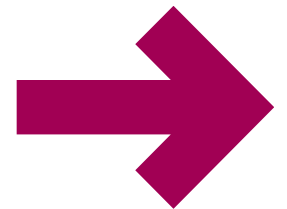


# Five essentials parts of a PHB

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

- ✓ be able to choose the health outcomes they want to achieve;
- ✓ 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;
- ✓ be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

# What are the rules?

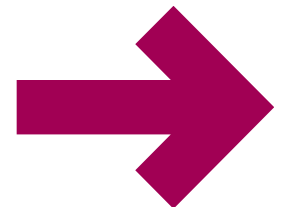




# What is excluded?

Services which are excluded:

- GP services (GP contract);
- acute unplanned care (including A&E);
- surgical procedures;
- medication;
- NHS charges, eg prescription charges;
- vaccination/immunisation;
- screening.



## What can they be spent on?

They can be spent on anything agreed in a care plan which will meet health and wellbeing objectives:

- equipment;
- personal care from personal assistants or agencies;
- physiotherapy;
- complementary therapies;
- supportive technology (eg computers, ipads, kindles).

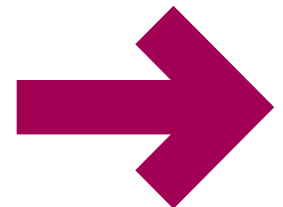
Services should be appropriate for the state to provide  
– not gambling, debt repayment, alcohol, tobacco.



# The Choice commitment

- The Government's response to the Independent Choice Review (NCPC 2015) sets out a “new national commitment for end of life care” based on “all dying people, without exception, [receiving] high quality care tailored to their needs and wishes.” by 2020.

5<sup>th</sup> July 2016



## 6 commitments

- honest discussions between care professionals and dying people
- dying people making informed choices about their care
- personalised care plans for all
- the discussion of personalised care plans with care professionals
- the involvement of family and carers in dying people's care
- a main contact so dying people know who to contact at any time of day



# Further reading



Guidance on Direct Payments for Healthcare: Understanding the Regulations



Frequently asked questions: Introducing personal health budgets beyond NHS Continuing Healthcare



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



Guidance on Direct Payments for Healthcare: Understanding the Regulations



# Futher information

- <https://www.england.nhs.uk/healthbudgets/>
- <http://www.swscn.org.uk/improving-quality/integration/>
- <https://www.gov.uk/government/publications/choice-in-end-of-life-care-government-response>

