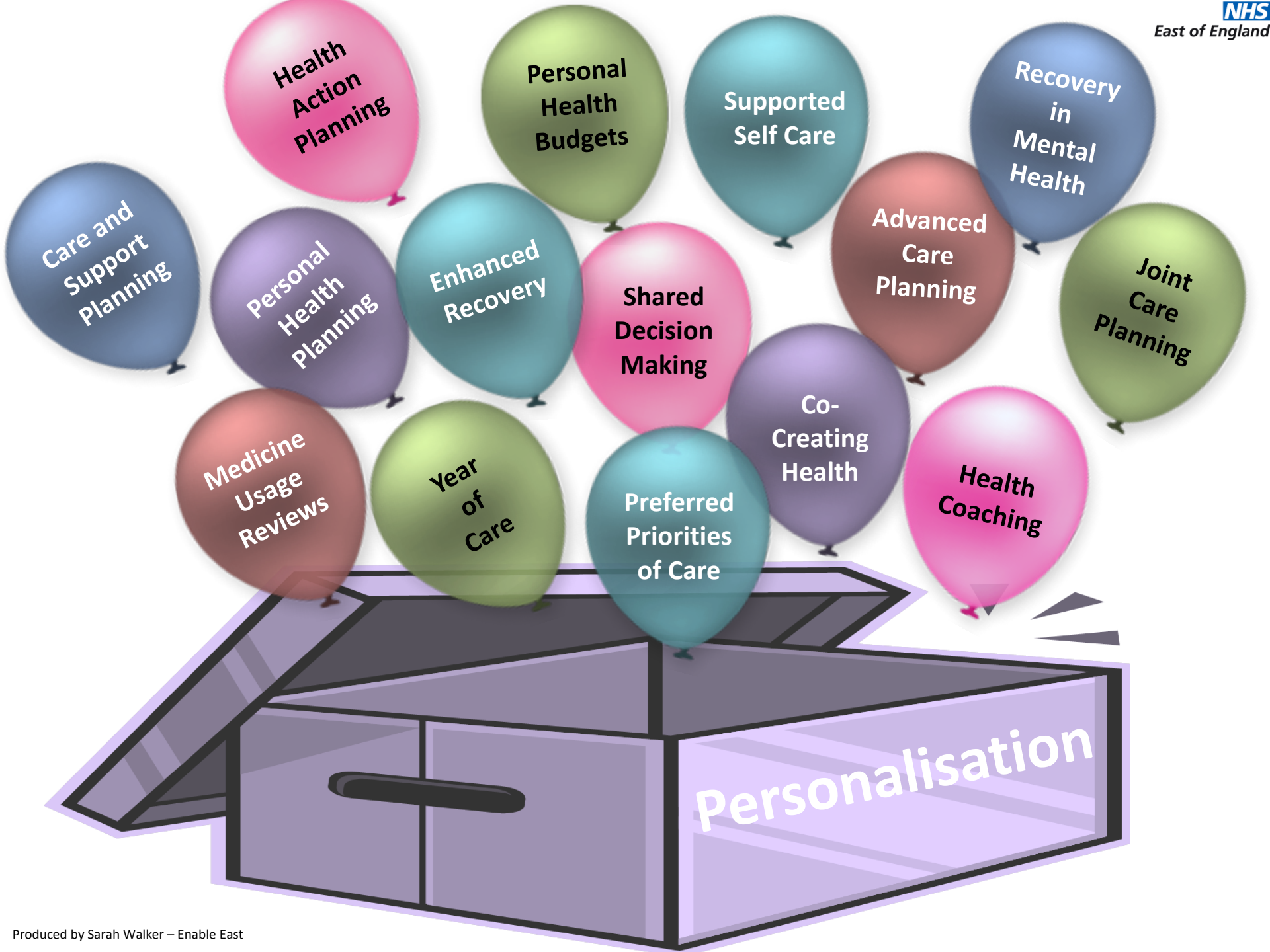
Overview

- Personalisation- a shift in relationship rooted in a movement for change driven by people themselves
- Personalisation and recovery
- Five essential parts of a personal health budget and the underpinning principles
- The steps of the personal health budget process
- What can money be spent on and who can have one
- Money alone won’t make it work
- Core purpose- focus on ordinary lives and personal outcomes
- How might services move towards personal health budgets



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Personalisation and personal health budgets

Summary key concepts for providers of services

Personalisation- rooted in a movement for change

- Having left institutions, many disabled people found themselves living in the community but segregated from it and denied the opportunity to play a full part in family and community life.

- This led to a call for independence which was expressed by the desire of individuals to take control of their support in order to create a more meaningful, more integrated and more fulfilled life for themselves as active participants in the community.

- The concept is about enabling a shift in relationship from passive recipient of care to an active participant; and to be able to control support so that it meshes with things that are important to each of us as individuals.

So what is personalisation?

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Personalisation is an approach described by the Department of Health as meaning that "*every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings".*

It means that services and support should be tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.

At its heart, personalisation is about a **shift in relationship** between public services, like Social Services and the NHS, and the people they serve.

Shift in relationship

Traditionally the underlying system of power has been: ‘doctor knows best’.

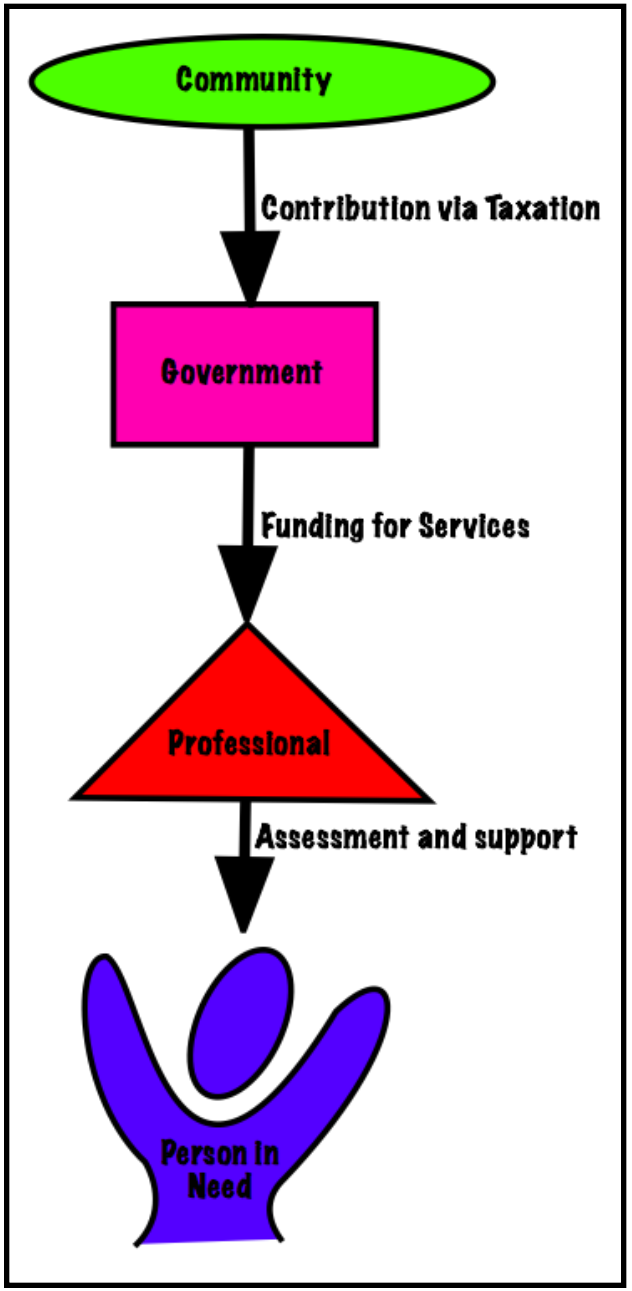
Professionals and commissioners have worked out what they think we need.

They buy things they think will help.

We have to slot in.

We feel we should be grateful and stay as passive recipients.

It’s been a one-sided relationship where professionals held all the power.



Shift in relationship- meaning what?

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- Shift from passive recipient of care to active participant
- Shift in power and control over the decisions that matter most to some-one
- Shift in responsibility towards a more equal relationship
- Shift towards addressing how to manage risk and how to achieve health outcomes together
- Shift towards seeing both health professionals and people with long term health conditions and illnesses as having important knowledge skills and ideas to contribute.

The twin concepts influencing mental health policy

- Recovery and personalisation both challenge the current predominance of professional clinical knowledge over the expertise of lived experience;- and instead call for a synthesis of both of those vital perspectives and knowledge.

- At their core, both recovery and personalisation are rooted in self determination and reclaiming the rights of full citizenship for people with mental health problems.

- Personalisation, personal budgets in social care and personal health budgets in the NHS can help embed and enhance recovery-oriented practice.

What is a personal health budget?

A personal health budget is an amount of money to support a person's health and wellbeing needs, planned and agreed between the person and their local NHS team.

The 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.

Five essentials parts

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

- ✓ 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 the health outcomes they want to achieve;
- ✓ 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.

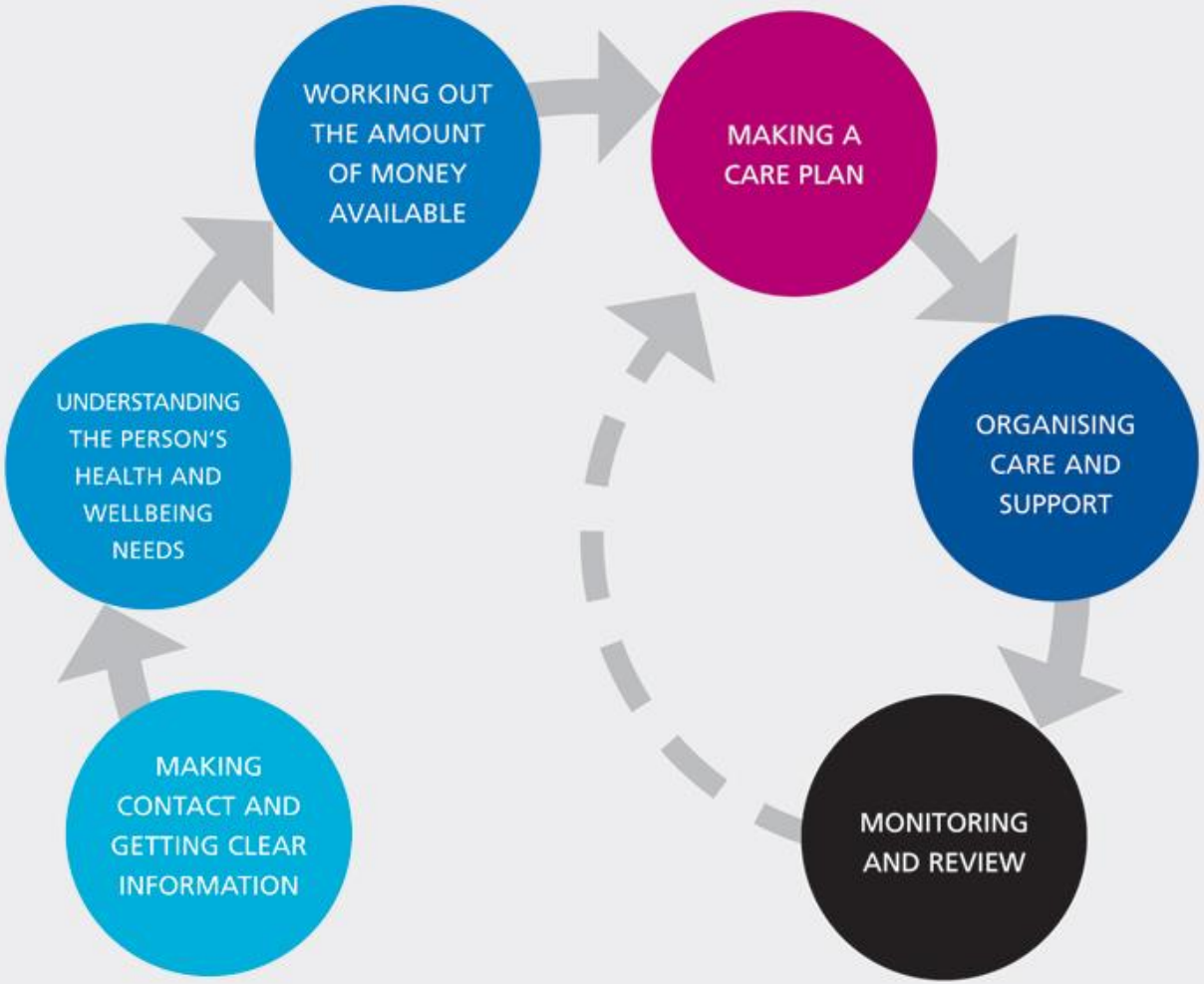
Background and principles

The principles underlying personal health budgets are as follows:

- “They must uphold NHS values and be free at the point of delivery and not depend on ability to pay.
- They must support safeguarding and quality.
- They must support the tackling of inequalities and protecting equality.
- They must be voluntary.
- They must support the making of decisions as close to the person as possible.
- They must support partnership working.”

“Personal health Budgets: First Steps” Department of Health 2009

The steps of the personal health budgets process



Are there any exclusions to what can be bought?

There are very few things excluded:

- GP services (GP contract);
- acute unplanned care (including A&E);
- surgical procedures;
- medication;
- NHS charges, eg prescription charges;
- vaccination/immunisation;
- screening.
- Tobacco
- Alcohol
- Gambling
- Debt repayment
- And anything illegal

Other than these there should be maximum flexibility and a focus on the health goals or outcomes being achieved. The independent research showed that those places which had maximum flexibility achieved the best outcomes.

Who can have a personal health budget?

- From April this year people who have been assessed as eligible for Continuing Health Care Funding can ask for a personal health budget (about 56,000 people).

- From October this year people who are assessed as eligible for Continuing Health Care funding will have the right to have a personal health budget (still through an agreed care plan signed off by the NHS).

- From April next year people with long term health conditions who can benefit from a personal health budget, will be able to ask for one.

National Context: Government Announcements

- Confirm objective in **Mandate** to NHS England
- Confirm **right to ask** for NHS Continuing Healthcare recipients by April 2014 (including children) and **right to have** by October 2014
- **Enabling NHS Commissioners** to offer personal health budgets to others who may benefit from April 2015
- **Clinical Commissioning Groups have the responsibility** for delivery even if Continuing Health Care services are being delivered by Commissioning Support Units.

Understanding the Mandate commitment

NHS Mandate Objective: "by **2015**… more people managing own health… everyone with Long Term Conditions including Mental Health, offered a personalised care plan… patients who could benefit have the option to hold a personal health budget… information to make fully informed decisions."

Legal Duties: from April 2014 everyone receiving NHS Continuing Healthcare has had the "right to ask" for a personal health budget. From October 2014 this will be a "right to have". Clinical Commissioning Groups have needed to have processes in place to deliver them since April 2014

Key message: an immediate, clear requirement around continuing healthcare (adults & children), and a much broader, longer term requirement around long term conditions.

Legal duties: NHS Continuing Healthcare and personal health budgets

The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) Regulations 2013 sets out CCGs' legal duties including:

- Duty to consider any request for a personal health budget;
- Duty to inform people eligible of their right to ask for a personal health budget;

The NHS pilot programme 2009-2012

- The independent evaluation showed that personal health budgets can lead to improved quality of life whilst meeting health needs, that they can be cost effective and reduce hospital admissions

In addition a subsequent survey of personal health budget holders and their carers showed:

- ✓ 73% reported a positive impact on independence
- ✓ 69% reported a positive impact on health

What have we learned?

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

Supporting a new relationship: money alone won't work

- Money alone won't achieve the core purpose of a personal health budget.
- Making personal health budgets work well depends on people making changes in their thinking, feeling and behaviour.
- People need to be empowered with good information
- Processes need to be transparent. People need to know **what the 'deal' is** and how decisions have been made.
- This requires a cultural shift in the NHS and the people it serves.

Personal health budgets- more than just money

- People need:
  - knowledge about how much money is available to them,
  - good information, including examples of how other people have used money flexibly,
  - a range of support to help them to plan and to put that plan into action,
  - choice over the outcomes they want to achieve
  - clarity of the “rules” surrounding how they can use the money and
  - a choice of ways in which to hold the money.

At the heart of personal health budgets is a care plan which makes use of both professional expertise and the knowledge and skills of the individual.

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

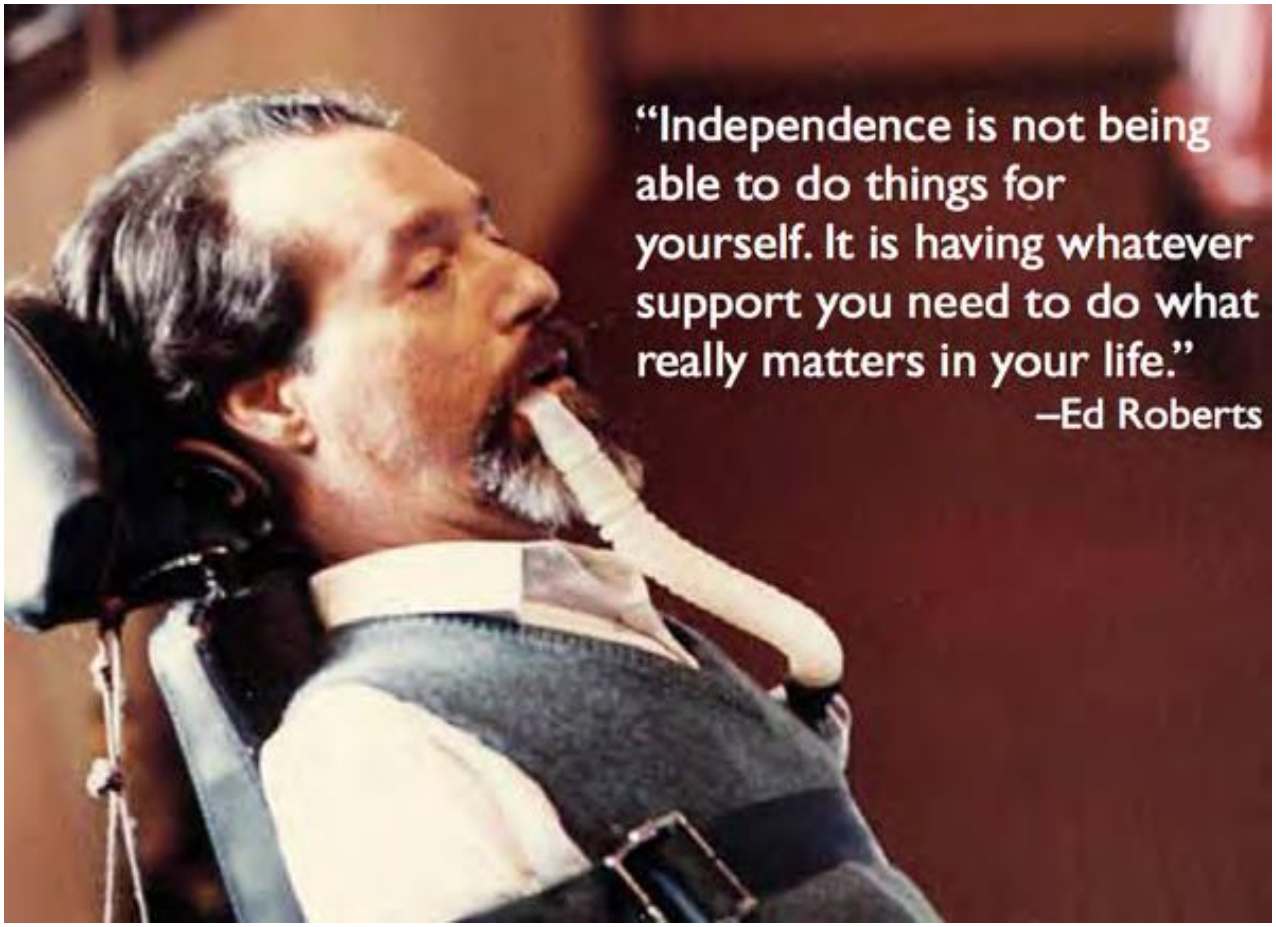
Third party budget:
the money paid to an organisation that holds the money on the person's behalf

Direct payment for health care:
the money is paid to the person or their representative

Recovery and Personalisation-a shared focus on the whole person

- One of the central reasons why personal budgets in either social or health care can be effective tools for recovery is that the very approach embeds the three core components of recovery:
    - Hope
    - Control
    - Opportunity
  - Recovery and personalisation both demand that we see people as whole people in their whole context. This means recognising that alongside diagnoses and illnesses, we also all have strengths, gifts and skills to contribute.
  - Recognising individuals as **whole people** who are so much more than just a diagnostic label, and **harnessing their strengths, preferences and motivations, will strengthen the possibility of recovery.**

Services that support living a life



Services that support ordinary lives

- Supporting people to rebuild their lives means breaking out of existing service systems and connecting with the pursuit of improvements in outcomes.

- It means placing far greater emphasis and value on housing, friends, social networks, education and employment, alongside clinical care and treatment.

- This will need greater coordination across services and greater flexibility of the use of social care and NHS resources.

- It also mean greater use of universal services and community resources that promote inclusion and social connection in contrast to community based services that have traditionally trapped people in segregated settings.

Moving towards personal health budgets

There is learning from social care which we can draw from, where many provider organisations have been moving towards personalisation over the past several years. Some of the steps which organisations have taken include:

- Establishing clarity of costs, especially management/overhead costs, and making those transparent;

- Moving towards “client account” or individual funds within the total budget, so people can see their budget and how much has been spent;

- Training in person-centred planning tools;

- Choosing how to gradually personalise services being offered- not trying to do everything overnight

Moving towards personal health budgets

- Sharing information about money available to people, for them to then start to consider and choose how they wish to be supported and make best use of that funding.

- Giving people examples of what others have done so they can see possibilities;

- Working with a few people to start to have different conversations and get to know people as unique individuals;

- exploring with people their life stories, creating one page profiles- appreciations of all they are good at and valued for;

- and crucially starting to find out what is working and not working from their perspective; and what matters most to them, alongside what matters for their health and wellbeing.

Moving towards personal health budgets

- These steps require shifts from traditional ways of doing things for both staff and people using services;

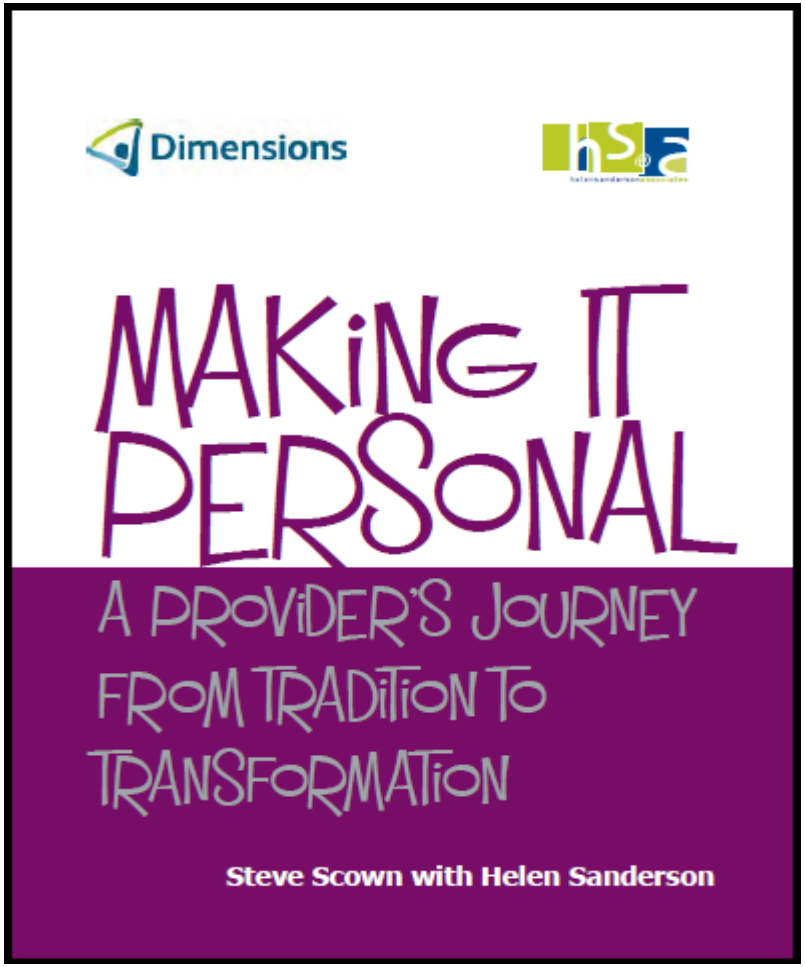
- Staff and people using services both need to gain confidence and to grow trust. There needs to honesty about what is possible and learning together as new processes begin to be developed;

- It’s not all or nothing, -not one person’s viewpoint but a synthesis of professional knowledge and an individual’s lived expertise;

- It’s not new money- it’s the same money being used differently- and the focus is on outcomes in people’s lives.

One example:-Seven lessons from Dimensions' experience of transformation

"We don't believe our journey and work should be adopted by another organisation in exactly the same way that we have done it. We believe each organisation needs to find its own solution."
http://www.dimensions-uk.org/about-us/leaflets-and-resources/making-it-personal-for-everyone/



What difference can personal health budgets and planning make?

"*Previously the vital question of how the individual would like to live their life was never asked. There was little planning around the individual and often the debate would be around generic symptom management, and too often on the professional assumption that any other way would be too risky or too onerous.*"

"Personal health budgets allow people to move from a world where others know best, to one where their input is valued above all others but not in isolation from others."