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Personal Health Budgets

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Organisation: NHS England (National Health Service)

Country: United Kingdom

Level of government: Central government

Sector: Health, Social protection

Type: Financial Resources, Public Service

Launched in: 2009

Overall development time:

5 years

Link to the innovation's website

Description

Personal health budgets are budgets given to people with complex health needs or disabilities. Individuals work with their health professionals to decide how best to use this money and they agree on this in a plan. The money can be spent on a range of things, including equipment, exercise classes and personal carers. People may get the money as a cash payment or it could be managed by the National Health Service (NHS) or a third party.

People living in England who receive continuing care will be able to access personal health budgets from April 2014, and they will have a right to one from October 2014. They should become an option for all people who could benefit from April 2015.

Why the innovation was developed

People with long term or complex health needs want more control of their lives. People receiving high levels of NHS care in the community have no real say over who provides this or when or even what is done. This can result in reduced satisfaction, frustration and depression. People who receive care and support from both health and social services often experience very disjointed services which can result in duplication or gaps in service provision and delay as the two systems decide who funds things. People who have personal budgets in social care want the same level of control over their healthcare and do not want to lose packages of care which work for them if their funding stream changes from social care to health. To enable direct payments in healthcare (one method of managing a personal health budget) new legislation and regulation was required.

Objectives

Improve effectiveness, Improve efficiency, Improve service quality, Improve social equity, Improve user satisfaction

- Improve service outcome: Personal health budgets involve greater self-direction which we believe will increase outcomes as care is planned more holistically, in more detail with greater emphasis on prevention and what works for the individual.
- Improve service quality: People will have greater control over what services they receive and when they access them, and will decide who provides their care. We believe that this could improve service quality as people will choose alternative services if they existing ones are not meeting their needs.
- Improve cost efficiency: Personal health budgets are not about more money but rather using money differently. We anticipate that they will increase efficiencies as better planning and a greater focus on individuals will reduce access to secondary care.
- Improve user satisfaction: Having more control and being able to plan care and support - a more personal and holistic approach - will increase people’s satisfaction with the services they receive.
- Meet political priorities: Personal health budgets are part of a wider drive to personalise the services that individuals receive and give them real choice and control.

Main beneficiaries

Government bodies, Government staff, High-risk populations, Low-income groups, People with disabilities

Individuals with chronic, long term, complex physical or mental health needs, including those who also need social care support.

Existing similar practices

Personal budgets for other services
In public administration of my country
Department for Education and the Department for Work and Pensions
A similar policy has been implemented for adult social care services.

Personal budgets are also being tested for children with special educational needs and disabilities (covering education, health and social care) and adults with disability (covering the support they need to live their lives independently).

"Persoonsgebonden budget"
In other countries’ public administrations
Dutch Government
Similar approaches to personal budgets have been used in health systems internationally, such as the Netherlands and the US.

Results

Efficiency

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

- Where people had a higher budget (so higher levels of need), savings were made for the NHS as well as people's quality of life improving. 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.

Effectiveness

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 (although they needed hospitals less).
- Benefits were more marked where people had higher levels of need.

User satisfaction

- Two of the interim evaluation reports provided some qualitative information on the experience of personal health budget holders: they have found that the majority of those with personal health budgets are experiencing greater satisfaction. In addition, a number of patient stories have been published in written and DVDs format which provide anecdotal evidence of increased satisfaction.
- 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.

Other improvements

The views of some staff involved in the pilots are captured in individual case studies and have also been captured on a DVD. It is clear from the third interim report that many of the healthcare professionals involved in the pilot see the benefits of personal health budgets, especially the increased flexibility and genuine involvement of patients. Although it was recognised that care planning was more complex, and took longer, there was a view that personal health budgets would improve patient outcomes.

Evaluation

An independent, non-randomised control trial was published in November 2012.

An independent and multidisciplinary research team evaluated the pilot programme. This is led by the Personal Social Services Research Unit (PSSRU) at the University of Kent.

A controlled trial (without randomisation) was used in the evaluation. The design aimed to recruit 1 000 patients in the Personal Health Budgets (PHB) group and 1 000 patients in the comparison group over 12 months starting in 2010. The research design included both quantitative and qualitative approaches.

The pilot programme includes 70 sites, 20 of which were selected to participate in the in-depth evaluation. The primary care trusts (PCTs) in the wider cohort were asked to provide information on costs associated with implementing PHBs in their locality and information about the implementation process.

In addition, the evaluation examined whether personal health budgets have an impact on two specialist services: maternity and end of life care. The evaluation has ensured that PCTs intending to offer PHBs for these services are represented in the in-depth group.

http://www.phbe.org.uk

Development

Design

An impact assessment, including an equality impact assessment was drafted by analysts within the department. This was challenging as while there was evidence to support personal budgets in social care and some international evidence, there was no evidence to support their use in the National Health Service (NHS) – this is why we piloted them. The analysis was revised in light of the pilot programme.

Link to equality impact assessment: http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/DH_094806

A public consultation was carried out in 2013 to inform how personal health budgets should be implemented, for example what restrictions should there be on how the budgets can be used.

Design time: 6 months

Testing

A three and a half year pilot programme involving around half the Primary Care Trusts in England is underway. Pilot sites had the flexibility to decide what patient groups to include in their local pilot and how to implement them locally, informed by local needs and structures.

An online “progress check” helped local sites develop their thinking and a national delivery support team provided advice and support and ensured that learning was collated and shared. Pilot sites worked with their social care colleagues locally to explore what lessons could be learnt from the local implementation of personal budgets in social care.

Testing time: 3, 5 years

Implementation

Tools used:

A national personal health budget delivery team is in place to provide support to clinical commissioning groups (CCGs) as they introduce personal health budgets. The support they provide includes:

- An accelerated development programme – a training programme to support project managers to put in place personal health budget systems, over 170 CCGs have signed up to this programme.
- A markers of progress tool.
- Access the toolkit and FAQ.
- Access the learning network;
- Access to regional networks.

Resources used:

- GBP 4 million per year programme funding during the pilot programme. This was used to provide: funding for pilot sites to support mainly one-off set-up costs relating to project management, the project board, developing local systems, developing the workforce, support planning and brokerage and developing the market.
- National delivery support: a small 6 person team in supporting local sites and collating and sharing learning.
- Regional support provided by Strategic Health Authorities.
- Support from a key third sector delivery partner.
- GBP 1.5 million per year to provide deliver support as described above.

Implementation time: 1,5 years

Challenges and solutions

Personal budgets change the relationship between people and the NHS (National Health Service). This results in a number of key challenges including:

- Cultural change of health professionals who are used to being the expert and telling people what to do.
- Cultural change in patients too, how to ensure they have the right information and support.
- How to free up money from traditional services so that people can do things differently.
- How to manage risks around what people want to do with their budgets.
- Fear that people will misuse the budgets or be conned.

The pilot programme explored these issues and a toolkit was developed building on the learning. National and regional networks and the development programme support people as they develop the process. A peers network for budget holders helps support individuals. We are building on this, introducing personal health budgets gradually and learning as we go along.

Partnerships

Government departments and bodies

Other Public Sector

A number of other Government Departments (such as the Department for Education, the Department of Work and Pensions and HM Treasury) have been involved in the development of personal health budgets. In addition, a number of bodies such as the Care Quality Commission, the Parliamentary health ombudsman and National Institute for Clinical Excellence (NICE) were involved.

Strategic Health Authorities

Other Public Sector

These regional NHS commissioning bodies helped to support pilot sites in their region and came together at a national level to inform policy development.

Organisations at local level of government

Other Public Sector

Pilot sites are located within Primary Care Trusts and we worked closely with them and their Local Authority colleagues.

Voluntary and user-led organisations

Civil Society

A number of these organisations are involved in developing the policy at a national level and helping to develop local practices and processes.

Service users

Other

We have an active “peer network” made up of people with budgets and some who are actively working towards getting them. This group is involved in our policy development and in the work to develop best practice and other practical information that will be needed as we rollout personal health budgets beyond the pilot programme.

Lessons Learned

Lessons Learned

- Personal health budgets are new to the National Health Service (NHS) and while much could be learnt from their use in social care, it was important to recognise that you cannot simply mirror what happens in social care in health.
- It took longer for pilot sites to develop the necessary local processes and get to the stage where people could be offered personal health budgets than was originally anticipated. Therefore, a longer development phase might have reduced this pressure.
- Having local champions (health professional and service user) is key. The power of real life experience should not be underestimated. But people need support both locally and across different pilot sites so they can share learning and support each other.
- Involving service users in design and development results in better policy and processes. However up-front investment is needed to ensure people have the right skills and are empowered to take an active role. People within the NHS need to develop skills, change attitudes and processes to make this happen.
- Strong leadership is vital at all levels within the organisation. In some sites there was less support from “middle management” which led to delays. People need to be supported to do things differently and take risks.

Conditions for success

- People need to see the benefits of the innovation – to patients, staff and the system.
- People need time to explore options and support (guidance and best practise as well as peer support and leadership).
- People need to be empowered to make the changes and freedom to try things, recognising if things don’t work first time its not failure.
- National and regional leadership and networks.
- Involving people who use services in the design and implementation.

Other information

Personal health budgets are part of a wider drive to personalise public services across England. On 25 September 2013, NHS England published ‘Transforming Participation in Health and Care’ which sets out responsibilities to involve patients and carers in decisions about their care and involved in collective decisions about NHS services.

Link to publication: http://www.england.nhs.uk/2013/09/25/trans-part/