

Personalisation and Personal health budgets

NHS Alliance Conference 19 November 2010



What is Personalisation?



Personalisation wherever it is being practised is about:

- Individuals having choice and control, being involved in decision making.
- Services being built up around an individual's needs and preferences not making the individual work around the system.
- A holistic approach, taking into account their health, personal, social, economic, educational, mental health, ethnic and cultural background and ensures that services are designed around their needs.

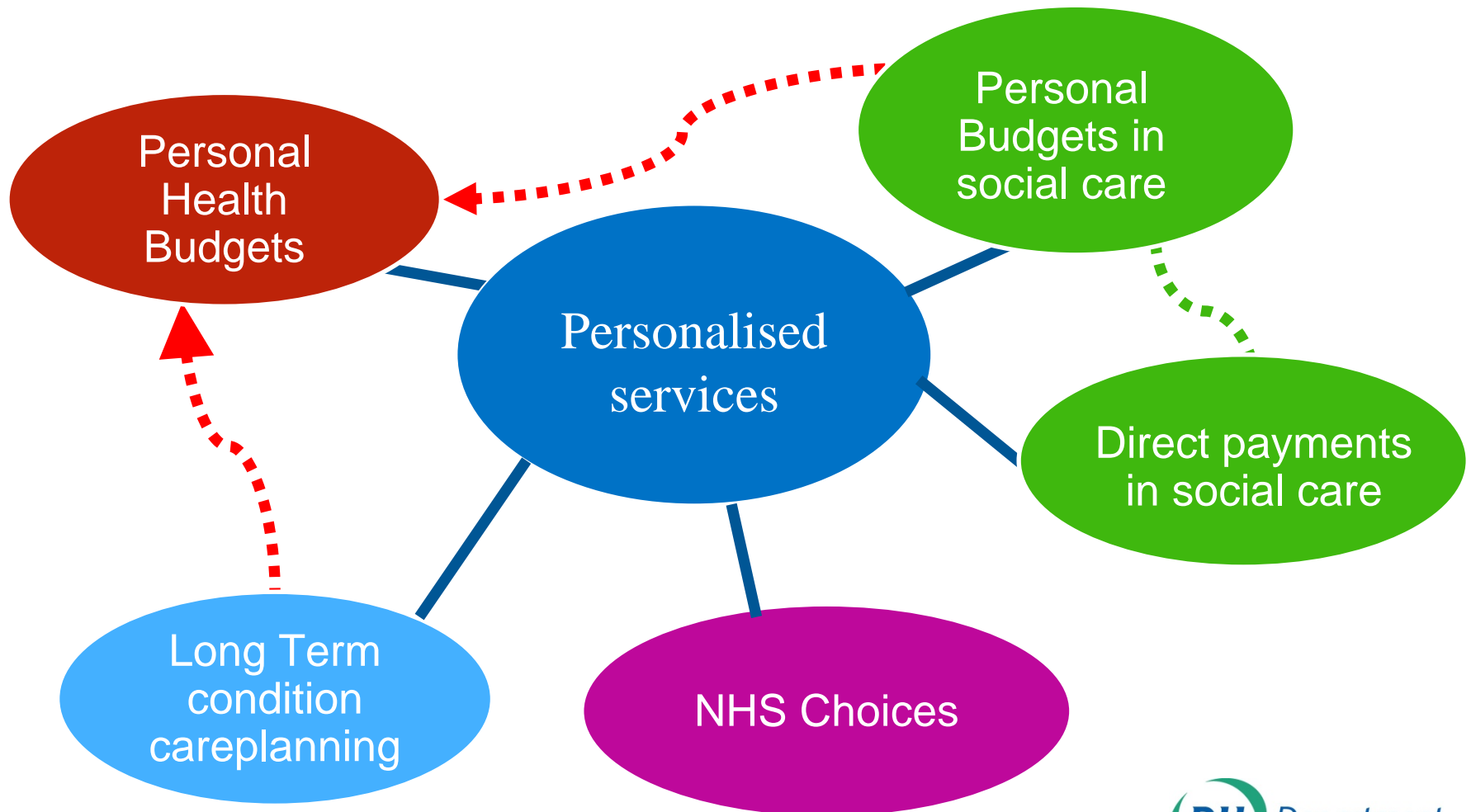
Why personalise care?



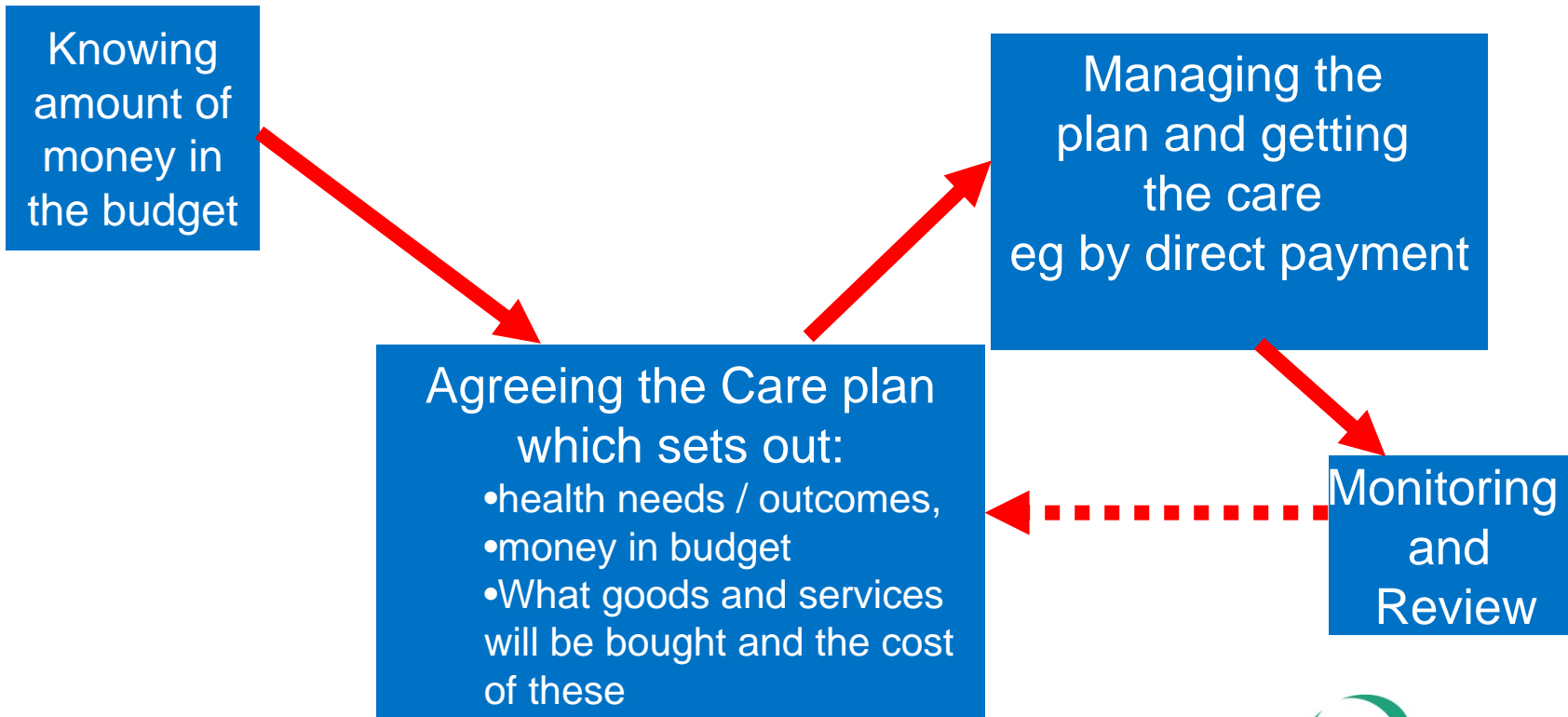
Its better for:

- **the individual** as they get services which suit them, improving health and wellbeing outcomes and allowing them to achieve personal goals such as such as returning to work or living independently;
- **their carers** and other family members as their needs and other commitments can be taken into account, eg by having more control over when someone (and who) comes into the family home;
- **professionals** as it enables a more holistic and proactive approach improves health outcomes and as a result can be empowering;
- **the system** as it generates some efficiency savings, for example reductions in hospital admissions, out patient appointments and GP consultations;

Personalisation: what is currently available in health and social care?



There are 4 key stages Personal Health Budgets

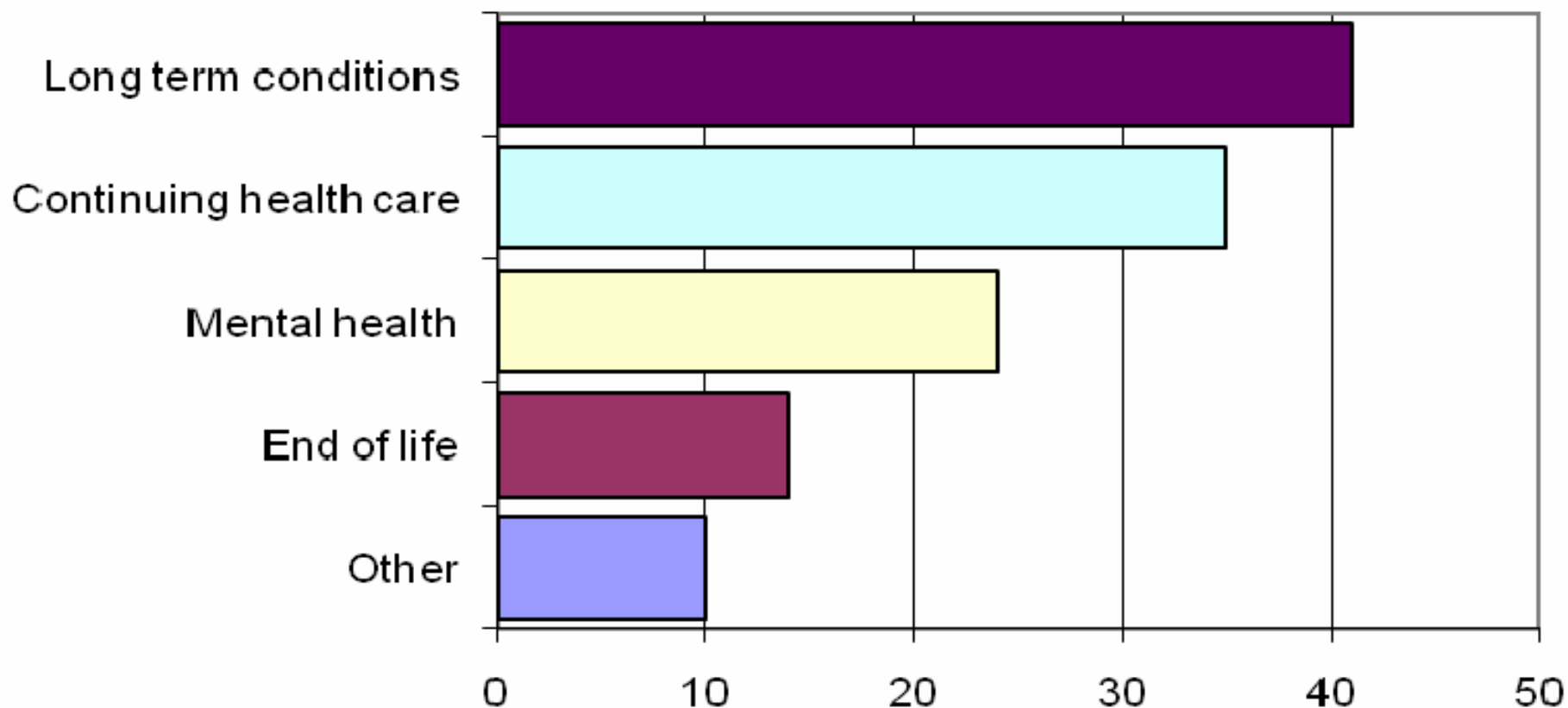


The Pilot Programme

Around half the PCTs are already involved across all SHA regions



Number of pilot proposals, by service area
(some bids contained more than one proposal)



Our overall approach



- During pilot phase the regulations and guidance will
 - Mirror rules for social care direct payments, wherever possible
 - Follow existing national policy (e.g. whether providers need to be registered with CQC)
 - Allow flexibility for local innovation:
 - new ways of meeting health needs
 - Different ways of implementing PHBs

- Experience during the pilot programme will inform the future direction of personal health budgets

Our overall approach cont.....



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- Who can have a personal budget?
 - Anyone who wants one. Needs should be such that a budget can be reasonably set
 - What can a budget be spent on?
 - Not emergency care or core GP services
 - Agreed care plan with agreed health and wellbeing objectives
 - Services should be appropriate for the state to provide
 - not gambling, debt repayment, alcohol, tobacco

Some Examples



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- Jane has Huntington's and has been cared for at home by her husband who used a personal budget in social care to employ a PA to help with day-time support. Jane's condition has changed and she now needs 24 hour care. A personal health budget meant that Jane's husband could continue to employ the same PA during the day and additional care could be arranged on top – for example at night. Ensuring continuity of care and saving money as no agency fees are paid.
 - Tom is 18, ventilator dependent with very complex needs. His personal health budget allows him to live at home. He does not need regular physio but when he develops a chest infection, the flexibility in his budget allows his mum to quickly arrange a physio thus preventing hospital admission.
 - Julie suffered major head injuries following a RTA – rehabilitation is a long slow process. Her family have used a personal health budget to use activities Julie used to enjoy as part of her rehabilitation such as swimming, dancing and singing.

July 2010: The White Paper Equity and excellence: Liberating the NHS:

“As part of personalised care planning, the Department will encourage further pilots to come forward and explore the potential for introducing a right to a personal health budget in discrete areas such as NHS continuing care. We also recognise that introducing personal budgets is operationally complex and the Government will use the results of the evaluation in 2012 to inform a wider, more general roll-out.”

October 2010 – CSR

“The Spending Review also shifts power directly into people’s hands by giving them more control over the money spent on public services. The Spending Review announces that the Government will look to significantly extend the use of personal budgets across a range of service areas including special education needs, support for children with disabilities, long term health conditions and adult social care.”

The Future.....



Clear Ministerial steer that personal health budgets are here to stay. That the pilot programme is as much about how to deliver them as about whether they work and who benefits most.

We need to start thinking about how they will sit within the new NHS structures.

They clearly need to link with a number of new policies such as:

- GP consortia
- Health and Wellbeing Boards and greater integration of health and social care
- Any willing provider
- NICE optimal care pathways

Conclusion: personal health budgets



- A lot of enthusiasm for personal health budgets and personalisation more generally.
- Still a long way to go – this will take time, and there are many risks and challenges to overcome
- But great potential to improve the quality of care and make services more personalised
- There is still time to get involved and help shape the future of personal health budgets

For more information, see our website
www.personalhealthbudgets.org.uk
or email the team at personalhealthbudgets@dh.gsi.gov.uk