



Being in charge of your own services



This is an EasyRead version of:
**Personal budgets in health and social care -
The story so far and the next steps.**

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Council



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Introduction to Integrated Personal Commissioning



In July 2014, the boss of NHS England, Simon Stevens, said that there would be a new programme for health and care to come together.



Integrated Personal Commissioning means that someone's health and social Care money is brought together for them to have control over.



This will start next year in 2015.



It will be tried out in up to 10 places for the next three years to see how well it works.

It should help:



- people and their carers to have a better life



- people get the things they want



- get support that meets their needs



- people stay out of hospitals and homes



- services work together for someone.



There are 4 main groups of people who will start this work.



1. People with several illnesses that don't go away, including older people.



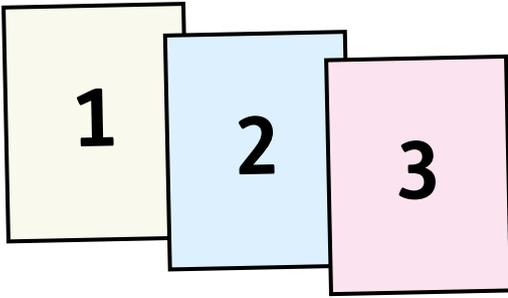
2. People with complicated learning disabilities, including those in Assessment and Treatment units like Winterbourne View.



3. People using Mental Health services.



4. Children and young people with complicated health and social care needs.



There are three parts to the work



1. Social services and the NHS will work out how much money each person can have and agree who pays



2. People will be able to have a person-centred plan that says what matters to them and their family



3. People who want to will get the chance to have a personal budget with money from the NHS and social services.



This is the chance for the NHS to use what patients know and can do to help their health.



It is the chance for Social Services to work together to make what they have already been doing better.



Think Local Act Personal has learnt a lot about how to make personal budgets work better for people.



This Easy Read paper explains what people who are working on the integrated commissioning programme need to know about and what needs to happen next.

Having Control over your Services



Ideas about having more control over your own service started over 25 years ago with Care in the Community.



Laws were changed to let people have the money to pay for their own social care support in the 1990s.



This will now happen in health care as well.



It can be confusing to know which services are paid for by Social Services and which are paid for by Health and the NHS.



If you are getting support in your own home with everyday needs it is paid for by Social Services.



If you are in a hospital getting an x-ray it is paid for by Health.



If you are in an Assessment and Treatment Unit like Winterbourne View it is usually paid for by Health, but might have some Social Services money as well.



It has been done differently in different parts of the country and lots of names have been used like:



- Direct Payments – when you get the money to spend on services yourself, or through someone close to you who spends it with you.



- Personal Budgets – when you have a set amount of money put aside for you that is used to pay for your services.
- Individual Service Funds – when your service holds the money and spends it on the things you want.
- Individual Budgets – where money from different places was all put together in one pot to pay for your services.
- Personalisation – a way of changing services so they are more about how a person wants their services.
- And from 2015, Integrated Personal Commissioning (IPC) – when someone’s Health and Social Care money is brought together for them to have control over.



TLAP started in 2011



It was our job to make sure the system changes from one where professionals know best, to a personal one.



Everyone agrees that these changes will take quite a long time.



But a lot has happened already, especially with personal budgets in social care.



We have done work on how organisations can work with patients to show what good care looks like, and feels like.



For example, we know.

1. What older people think is most important in looking after themselves, things like:



- keeping independent



- keeping in touch with family and friends



- keeping active.



2. What people with mental health problems think is most important in looking after themselves, things like:



- to be able to change support quickly



- early support



- support from other people with mental health problems and user led groups.



3. What children and young people think is most important in looking after themselves, things like:



- doing the things other young people do



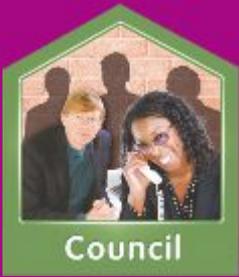
- having friends and a life



- other things happening in the community



These sorts of things need to happen under the IPC work.



What has been happening in Health and Social Care to give people control over their services?



People started having greater control over their care in social care about 30 years ago.



It meant that lots of people living in institutions moved out into their own homes.



Nearly all the long stay hospitals for people with learning disabilities closed.



Some people were able to get money to pay for their own support with Direct Payments.



Many more people got control over their money with personal budgets.



For this to work, people needed:

- information they could understand



- good advice and help



- help to stop problems getting worse



- more support in and from the community



- to use other services in better ways



- services that met their needs.



Personal Budgets in social care



The law was changed in 2014 to say that all people needing care and support should be getting a Personal Budget before too long.



(People will still have to choose to use a Personal health Budget.)



With a personal budget you should:

- have a personal care and support plan
- know how much money you can get before you start planning





- be able to choose how to manage that money by Direct Payments or someone managing it for you



- have a choice about who you want to help you make your plans about how to spend your money



- have more choice and control about what to spend the money on.



When people tried Personal Budgets they said they worked better for them and they got a better service for the money.

The numbers of people using Personal Budgets



At the moment 6 out of 10 people get a Personal Budget.



There is a difference between where you live. Some councils are not doing so well and in other places nearly everyone has a Personal Budget.



8 out of 10 people with learning disabilities have a Personal Budget.



Only 3 out of 10 people with mental health problems have a Personal Budget.



This is odd as we know lots of people with mental health problems do much better with a Personal Budget.



1 in 5 people getting a Personal Budget get it through Direct Payments.



The others have it managed by their local council or another organisation.



People using Direct Payments usually do better than people who don't.



What people said about Personal Budgets

These are the most important things people getting Personal Budgets want:



- good health
- a better life
- being treated with dignity and respect
- choice.



Most people say they got a better service with a Personal Budget.

Most people using Personal Budgets said they:



- were as independent as they wanted to be



- got the support they needed

- were supported with dignity



- had better health



- had more choice and control



- felt safe



- it didn't help them get a job



Carers said Personal Budgets:



- gave them the support they needed



- helped with money



- made their lives better

Problems with Personal Budgets



For people trying to get a Personal Budget, there is still:



- too much red tape



- too many delays



- too many rules



- too many people left confused.

Personal Budget Money



Few people steal or use their Personal Budget wrongly.



Personal Budgets do not usually save councils money or cost more.



There might be some savings from changing not very good services that cost a lot.

Personal Health Budgets



A Personal Health Budget is NHS money for you to spend on your health care needs.



With a Health Budget you should:

- be able to choose what you want to try to do



- know how much money you have



- make your own care plan, with support if you want it



- be able to choose who manages the money including having it as a Direct Payments



- be able to spend the money in ways that make sense to you.

When Health Budgets were tested they found people had:



- a better life
- their health got better
- less emergency stays in hospital



- used other services less



- cost less for people with difficult needs



- more independence



- the support they wanted



- support with dignity and respect



- control over their services and their lives



- better mental health



- felt safe in their homes



- got on well with supporters



- felt their health needs would be met



What Health Budgets can't do

People found health budgets didn't usually help with:



- how they got on with friends



- where they lived



- getting a job.



Next steps - What is happening next to give people more control over their care?



Changing Social Care

The law now says that Social Services need to help stop problems from getting worse.



Some tests have shown that working in this way saves money, but not many areas have made plans to make this happen.



More areas have made cuts to these services.



Personal Budgets has meant Social Services use contracts to support groups of people all together less often.



Social Services run less of their own services.



More day services have changed to be more in the community.



As people have more control of their money the job of social services changes.

They need to make sure people have a choice of services to spent it on.



More areas have web sites showing what is available in their area.

Organisations working together



There is still a lot to do to make sure health, social care, housing and other services are working well together.



Tests found that:

- people feel more able to look after themselves



- people need to see their GP less often



- patients are involved in making decisions



- people work better together as teams



- there is better information sharing between services and with the patient



- getting a service is faster



- more is known about patients

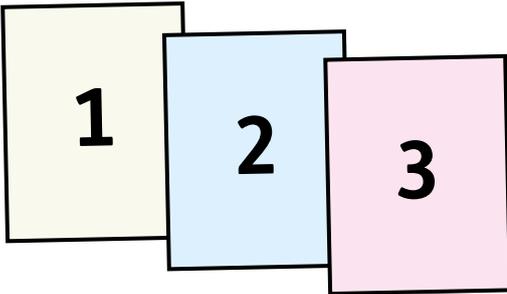


- there is more use of new ways of working in care.



Using what works

A lot can be learnt from Social Care about things like, information, employing PAs and web sites giving people choices.



There are 3 main areas to work on.



1. Support for communities and people to look after themselves



We know from social care that people will need information, advice and support from others with the same illness.

We want to see:



- user groups giving support and advice



- help for people to meet together



- making sure local activities include people



- services doing these things.



- 2. Changes to how services are bought



If people are buying their own services themselves they need a choice to buy from.

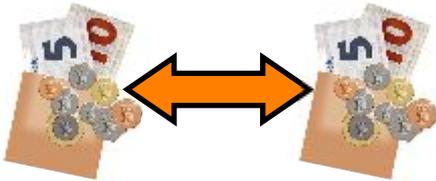


This means the NHS buyers need to:

- find out what people might want
- think differently about how this has always worked
- plan what needs to change
- free up money for Health Budgets and not pay twice for services
- make the changes happen.



3. Bringing Health and Social Care Personal Budgets together



From testing we found out that:

- people need to think differently



- you need to learn from social care



- join up information with social care so people are less confused



- having one joint plan helps



- some people can get NHS and social care money together in their personal budget



- using the systems social care has can save lots of time and money.



We do know cutting red tape getting a Personal Budget helps.



People need to know:

- as early as possible, how much it is



- what help there is to plan



- that they are being listened to



- that it isn't too difficult or slow



- they can have it as a Direct Payment.



We also think that Care Planning needs to:

- give good information



- hear what people want and need



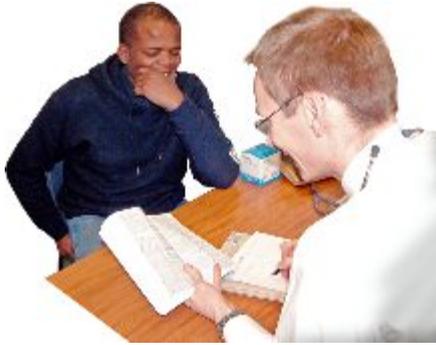
- say what professional help is needed



- involve other important people in someone's life



- include what people want to happen



- work out the best treatment



- include what people can do for themselves



- include people's whole life, not just their treatment



- include the risks



- be owned by the person not the service.



What's next

 think local
act personal

 NHS
England



TLAP will help NHS England on the IPC programme.



You can find more information on:
www.personalhealthbudgets.england.nhs.uk

and

www.thinklocalactpersonal.org.uk



If you use Twitter, you can find us at:
[@tlap1](https://twitter.com/tlap1)

and

[@nhsphb](https://twitter.com/nhsphb)

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