

Personal budgets in mental health

Key points on implementation

Who should read this briefing?

- Leaders and senior managers involved in providing and commissioning mental health services, whether new to personal budgets or looking for up-to-date information.

What this briefing is for

- From April 2015, clinical commissioning groups will lead a major expansion of personal health budgets, offering them to people with long-term conditions who could benefit. The Care Act 2014 also confirms personal budgets in law for people with eligible assessed social care needs, including the right to a direct payment. In many areas this is likely to include people who make ongoing use of mental health services.
- This timely briefing provides information about how personal budgets are already working in mental health, suggests groups who might benefit from having a personal budget and signposts practical information on implementation.

Key points

- The question is no longer whether to implement personal health budgets in mental health, but how to do so and for whom.
- People in receipt of NHS continuing healthcare and children receiving continuing care already have the right to have a personal health budget, and from April 2015 people with long-term conditions who could benefit should have the option of a personal health budget. Mental health clients will be among the groups who could be offered personal health budgets.
- People who have mental health problems whose needs cross health and social care boundaries may be able to have integrated budgets across health and care.
- There is evidence that people can achieve better outcomes with personal budgets in mental health. These outcomes are dependent on how well personal health budgets are introduced. The evidence is growing.
- For personal budgets to work well in mental health, a fundamental change in culture is necessary, from a service-based to a person-centred approach.
- The many areas that have been offering personal health budgets for years, and social care colleagues, can share useful learning on implementation. It is crucial to keep sharing learning as widely as possible.
- People should start now, rather than wait for perfect systems and processes to be developed, and start small, learning as they go.
- NHS England's policy is that personal health budgets operate within the NHS Constitution and will always be optional for patients.

Background

This briefing is part of a series of publications on personal health budgets produced by the NHS Confederation in partnership with Think Local Act Personal.

It includes the findings from in-depth interviews conducted by Blend Associates Ltd with 30 leaders from across the NHS, local government and the voluntary sector with experience and expertise in personalisation and personal health budgets in mental health. These are combined with published research and recent practice, examples from Going Further Faster sites that have already implemented personal health budgets in mental health, and the key themes from a workshop on personal budgets. The workshop, hosted by the NHS Confederation and Think Local Act Personal at the King's Fund in December 2014, brought together commissioners, providers and service users to discuss the latest developments in personal budgets in mental health.

“Individuals who are supported to engage more effectively with their condition and with healthcare professionals have a positive experience of their care, and experience better health outcomes.”

What is a personal budget?

People with long-term health or social care needs want more control and choice over the care they receive. They also want much more of a say in defining the outcomes from their health and social care that are important to them, and deciding how they will be achieved. There is also evidence that individuals who are supported to engage more effectively with their condition and with healthcare professionals have a positive experience of their care and experience better health outcomes.¹

Personal health budgets are a way of enabling people with long-term conditions and disabilities to have greater choice, flexibility and control over the healthcare and support they receive, and to be more involved in discussions and decisions about their care.

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. At the centre of every budget is a care and support plan. This plan helps the person decide their health and wellbeing goals, together with their NHS team, and sets out how the budget will be spent. Once the plan is agreed, the money itself can be managed in different ways:

- a 'notional' budget with no money changing hands
- a 'real' budget held by a third party
- a direct payment to the person.

It is also possible to join together personal health budgets with personal budgets for social care so that people can have a more seamless experience.²

Personal story: Ricky

Ricky has bi-polar disorder and has had a personal health budget for over three years. The outcomes that Ricky wanted to achieve with his personal budget are:

- to increase his understanding of his behaviour and learn to problem solve, to manage his thoughts and negative feelings
- to be able to give support to others
- to develop and maintain friendships and access social and leisure opportunities
- to regain confidence in himself
- to regain employment and be self sufficient.

This is how Ricky describes his experience of having a personal health budget:

“What did I have before this house, this was my life. I had nothing. Sue would come and see how I was every two weeks and we would sit here for an hour that was my only interaction. She would go away and I would take all my medication and go back into depression. My life was just meaningless. Since the personal health budget I have my computer, I can go on the internet and research my illness. I didn’t know what bi-polar was to be honest, I didn’t even know what I had. Being able to go on the bi-polar site, it’s helped me understand my illness and now I can manage it better.

“I am not seeing Sue so frequently now. It used to be once a fortnight, now its every two months, so there is a six-week gap there, which is quite good. There are still times when I need to see Sue.

“I am quite proud of myself to be honest. I am completing my Reiki Masters Degree this coming weekend and what that will allow me to do is I will be able to teach Reiki, not just give Reiki but teach. Then I will be able to earn an income from it. I have met some brilliant friends through it as well. Since I have been doing Reiki I go to a Reiki share group where I have met some beautiful people. It’s an opportunity to give something back for what has been given to me... life’s pretty good.

“With the budget, things are just amazing. I have this cinema card. If I am feeling a bit down and I need to go away from the house, concentrate on something else I can. I have this little card and I can go to the cinema any time. With my illness I sometimes need to escape from what I am thinking, take myself away, and the cinema does that, and when I come back home it’s not so bad and I can manage better, and it works! Having a carer two and a half hours a week helps. Sometimes with my bi-polar, when I’m really low, I don’t eat and drink, but having Denise coming in, she prepares my meals and then I freeze some so that I can just put them in the microwave. So my diet is looked after better than it was when I was on my own.

“To be honest, if anyone is considering a personal health budget I would say go for it because it has changed my life. I’m more confident, I have more self-esteem, I’ve made new friends, I’ve studied, all because of the personal health budget. I’m actually looking after myself a lot better than before I had this opportunity. People with bi-polar and mental illness just give it a chance, give it a try. I can now help other people with mental illness, bi-polar... can share my story with them and show there is hope for them.”

Policy context

Personal health budgets were piloted and evaluated across England between 2009 and 2012. They were shown to improve quality of life and reduce the use of inpatient care, and were cost-effective. People in receipt of NHS continuing healthcare and children receiving continuing care now have the right to have one.

The NHS Mandate sets the expectation that from April 2015 people with long-term conditions who could benefit should have the option of a personal health budget. NHS England's *Forward view into action: planning for 2015/16*,³ requires CCGs to develop their plans for introducing personal health budgets beyond NHS continuing healthcare, stating that:

- clinical commissioning groups (CCGs) lead a major expansion in 2015/16 in the offer and delivery of personal health budgets to people, where evidence indicates they could benefit
- personal health budgets or integrated personal budgets across health and social care should be an option for people with learning difficulties by April 2016
- local Joint Health and Wellbeing Strategies should include clear goals on expanding personal health budgets
- CCGs will need to continue to work alongside local authorities and schools on the implementation of integrated education, health and care plans, and the offer of personal budgets for children with special educational needs.

NHS England has issued additional information to help CCGs develop their plans to roll out personal health budgets.⁴ CCGs should work in partnership with stakeholders, including providers, to identify where personal health budgets would be most beneficial for their local population and what the pace of implementation should be. CCGs have flexibility to determine where to introduce personal health budgets; people who make ongoing use of mental health services are one cohort where the evidence shows personal budgets can be beneficial.

There is also now greater potential to offer integrated health and social care personal budgets for people who have mental health problems and whose needs cross health and social care boundaries. The Care Act 2014 requires that all people with assessed eligible needs in social care have the right to a personal budget for their social care needs, including direct payments. This includes many people who have mental health problems whose needs cross health and social care boundaries. See page 10 for sources of practical information on integrating health and social care personal budgets.

Individual budgets in adult social care, which combine various funding streams that people with care and support needs draw upon, were piloted and evaluated through the Individual Budget Pilot programme between 2005 and 2007. The evaluation concluded they were cost-effective in relation to social care outcomes and were subsequently rolled out using only social care funding from 2007. They are available to everyone with an eligible need, regardless of age, disability or mental capacity, and are intended to enable people to exercise greater choice and control over how their care and support is managed.

In addition, a number of demonstrator sites will implement a new approach called Integrated Personal Commissioning from April 2015, which includes the option of combined health and social care personal budgets.⁵ Learning from this programme, and from local areas that are already offering integrated personal budgets, will be valuable for the development of personal budgets for people with mental health needs.

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What does the evidence say?

Two significant research programmes have investigated personal budgets in social care and health respectively, but their implementation, particularly in the NHS, is at an early stage and so learning is still emerging about how to scale them up.

There is a range of international evidence to suggest that people with mental health problems can benefit from self-directed care programmes that involve using a personal budget.⁶

The national evaluation of personal health budgets in England used a controlled trial to compare the experiences of just over 1,000 people selected to receive a personal health budget with the experiences of just over 1,000 continuing with conventional support arrangements across six conditions, including mental health.⁷ The main findings were:

- Inpatient costs were lower for the personal health budget group compared with the control group, but total costs were not significantly different. In large part this was because the direct costs of those personal health budgets that were offered in addition to conventional service delivery cancelled out the savings in indirect costs. It may also suggest that personal health budgets support a shift from unplanned, acute care to more proactive care and support.
- High-value personal health budgets (over £1,000 a year) were found to be more cost-effective than low-value budgets.
- The net benefits of personal health budgets for continuing healthcare and mental health were tentatively found to be greater than for other patient groups.

The evaluation made a number of recommendations aimed at addressing significant barriers to take-up. Qualitative research on personal budgets in social care has shown that having a personal budget was associated with better outcomes, higher perceived levels of control, and people had more positive aspirations for their lives.⁸ Specific benefits for people with mental health needs were reported. However, direct payments are least commonly provided for people with mental health needs and highlighted a number of factors associated with improving take-up.

In interviews with individuals receiving a personal health budget during the English pilot programme, it was common for people to report a number of improvements to their health and wellbeing. It was also not unusual for people who had been given the personal health budget for a mental health condition to report improvements in their physical health, and vice versa.⁹

“In interviews with individuals receiving a personal health budget during the English pilot programme, it was common for people to report a number of improvements to their health and wellbeing.”

The experience of personal health budget holders

A recent survey¹⁰ of 230 personal health budget holders and carers found that:

More than **80 per cent** of budget holders reported their budget having a positive impact on their quality of life and arranging their support.

More than **70 per cent** of budget holders reported their budget having a positive impact on their self-esteem, feeling safe, being independent, and having control over their life and dignity in support.

More than **60 per cent** of budget holders reported their budget having a positive impact on their relationships with people paid to support them, friendships, family relationships, their mental health and their physical health.

People used their personal health budgets in a variety of ways:

- to buy care and support services (35.2 per cent)
- to access personal assistants (25.5 per cent)
- to access community or leisure services (20.4 per cent)
- to buy equipment (19 per cent).

Personal budgets have been widespread in social care for several years, with some encouraging evidence on people's outcomes and experience. For example, the national evaluation of the Department of Health individual (social care) budget pilots – known as the IBSEN report¹¹ – found that people who use mental health services and hold personal budgets reported

significantly higher quality of life and a possible tendency towards better psychological wellbeing than the comparison group. The majority of people with care, support needs and carers have reported increasing levels of satisfaction with services during the timeframe that personal budgets have been implemented.¹²

Who might benefit from having a personal budget?

Identification of groups of people who could benefit from having a personal health budget is complex and is not linked to having a particular diagnosis or condition.

NHS leaders who are already using personal budgets in mental health have suggested a number of service areas and groups of people are worth considering to take forward personal budgets.

- In implementing the Crisis Concordat, **frequent users of mental health services in crisis** could be offered personal budgets. This could include crisis home treatment caseloads and sectioned inpatients.
- Work with your psychiatric liaison services and local A&E services to explore how personal budgets could be used to **reduce emergency demand on mental health services and A&E**.
- **People who need care alongside Improving Access to Psychological Therapies (IAPT) services**. GPs could work with these services to identify patients in primary care who they may have ordinarily referred to secondary mental health services. People who do not need immediate treatment could instead be offered a personal budget alongside IAPT services.
- Providers developing a **'recovery college'** could consider offering personal budgets as part of the work of the college.¹³
- Personal budgets could help maintain **teenagers who are unwell** at home, avoiding unnecessary admission.
- A personal budget could help **young adults at first contact with early intervention psychosis services** to retain their independence and avoid ongoing secondary care.
- A personal health budget could offer more control to **young people making the transition** from child and adolescent services to adult services.
- Identify **patients who have mental health problems along with physical health long-term conditions**. Look at offering personal health budgets that offer support provided in one plan and one budget for all health needs.
- **Patients who are already receiving social care personal budgets** could be offered a personal health budget alongside this.¹⁴
- CCGs and local authorities could work together to identify **patients subject to S117 after-care** as part of the Mental Health Act 1983* and consider offering those patients personal budgets for their package of community support.
- Identify all **patients currently in NHS out-of-area placements** and consider using personal budgets and care and support plans to bring those patients back to the local area. This approach is particularly relevant to work to transform care for people with learning disabilities and autism, in response to Winterbourne View and Sir Stephen Bubb's report.[†]
- Review **people who have serious mental health problems and have been in residential or nursing homes for a long period of time**. Consider using a personal budget to develop the community support that would enable that person to live independently in their own home again.

* Section 117 of the Mental Health Act 1983 imposes a duty on health and social services to provide after-care services to certain patients who have been detained under the Mental Health Act.

† The 2015/16 Planning Guidance issued by NHS England states that: "By April 2016, we expect that personal health budgets or integrated personal budgets across health and social care should be an option for people with learning difficulties, in line with Sir Stephen Bubb's review."

Which groups are already being offered personal budgets in mental health?

A number of areas have been working with NHS England's personal budget team to begin innovative work in bringing personal budgets to mental health.

Site	Focus
Stockport	Younger people (18–30) in crisis who have higher rate of emergency attendances/admissions.
South Coastal Kent	People whose care falls within mental health cost cluster 2, 3, 4, 7, 11, 12 and people with medically unexplained physical symptoms. Integrated personal budgets to people with health and social care needs, a small number (five) personal health budgets to homeless people not previously registered with a GP.
Dorset	People on Section 117 after-care through input from trained peer support planners with lived experience of mental health services.
Islington	Young people using mental health services transitioning to adult mental health services.
Southwark	An alternative to residential or nursing home care – people who are either already living in nursing home or residential care placements or would otherwise need this level of care.
South West London and St George's/ Kingston	People with a recent history of repeated admission to inpatient acute care for whom packages of traditional support seem to be failing.
Devon	People ready to leave private hospital to return to Devon or Torbay via an already established enhanced recovery community service (ERCS). ERCS provides accommodation for the person in their chosen area and one-to-one community-based support via named providers. The offer of a personal health budget may be made at any point, with the likely take-up points being at the first review stage (12 weeks after returning) and between then and being ready to move on to more independent living.
South London and Maudsley	People on injecting opioid therapy. People on opioid substitute prescribing regimes where supervised dispensing and consumption is required.
Central and North West London	People from Kensington Recovery Team: <ul style="list-style-type: none"> • for whom a personal budget might assist with discharge to primary care • who are on a community treatment order to improve choice and quality of life.
Warrington	People who are or have been frequently readmitted to: <ul style="list-style-type: none"> • an acute assessment ward • an independent hospital • a community residential setting which is being established to support three individuals transferring out of independent hospital settings and who are in receipt of Section 117 funded care.
Nene (Northamptonshire)	Individuals with mental health needs across all cost clusters, except 1 and 2.
Brighton and Sussex Care	Men and women who might otherwise have been supported in low secure or highly structured care home settings. Test alternatives to 'support hours' to establish different ways of using existing funding to promote health and wellbeing.
South Essex (Castle Point & Rochford)	The people who use 'day services' currently being commissioned as block contracts by the four south Essex CCGs. Commissioners are in the process of agreeing an eligibility criteria and pathway to help determine the number of people to whom the CCGs will be able to offer a personal health budget.
Nottingham	People who are frequent users of NHS secondary care mental health services (for example, high number of hospital admissions, GP appointments and A&E attendances).

Challenges of implementation

Since personal budgets in mental health were first proposed, a range of implementation challenges have been highlighted.¹⁵ Many of these challenges were also mentioned by those interviewed as part of this work, and in our workshop in late 2014; this indicates an ongoing need for practical information and support. Key challenges that were highlighted include:

- how to manage the financial risks around personal budgets – how commissioners can be seen to safeguard public money at the same time as putting people in control, and how existing services can remain sustainable when some of their users opt for something different
- how to change organisational and professional cultures that might find personal budgets a difficult concept, and support front-line staff to deliver personal budgets and care planning
- how to develop systems and processes that make personal budgets easy and transparent for people, and give patients and carers access to support to put in place their personal budgets
- how to identify the new providers who can support people.

There is a range of opinions about personal health budgets for people with mental health needs. Some people and organisations have expressed concern about whether personal budgets may exacerbate health inequalities, and whether they may have unintended consequences for the sustainability of high-quality, comprehensive NHS services. NHS England's policy is that personal health budgets operate within the NHS Constitution and would always be optional for patients. Personal health budgets also have champions among health and care leaders. For example, the Association of Directors of Adult Social Services (ADASS) and the Royal College of Psychiatrists (RCP) have highlighted the importance of personal budgets in contributing to the recovery of people with mental health problems and pledged to work together to develop and widen access to integrated budgets, and increase the take-up of personal budgets for individuals with mental health problems.¹⁶

“ADASS and the RCP have highlighted the importance of personal budgets in contributing to the recovery of people with mental health problems.”

Useful resources

There are many resources available to help NHS leaders and staff implement personal budgets and address the challenges of implementation. They include important learning from the many local areas that have been implementing personal budgets for some years. Many materials developed by local government for personal budgets in social care are also useful, and potentially transferrable, to healthcare settings. They include:

Practicalities of personal budgets

The NHS England website provides information and news about personal health budgets policy and is home to a learning network for NHS and social care professionals involved in personal health budgets. This will be continually updated as the agenda rapidly picks up pace and develops. See: www.personalhealthbudgets.england.nhs.uk

The Personal Health Budgets Pilot Evaluation (PHBE) project provides detailed learning from personal health budget pilots. See: www.phbe.org.uk

The Personal Health Budgets Toolkit contains guidance and specific examples from pilot sites: www.personalhealthbudgets.england.nhs.uk/Topics/Toolkit

The NHS Confederation has developed a series of publications exploring personal health budgets. See: www.nhsconfed.org/health-topics/integration/personal-health-budgets

Social Care Institute for Excellence resources provide learning from the implementation of personal budgets in social care. See: www.scie.org.uk/topic/keyissues/personalisation/personalbudgets

Think Local Act Personal web pages on self-directed support and personal budgets provide information spanning health and social care.

See: www.thinklocalactpersonal.org.uk/selfdirectedsupport and www.thinklocalactpersonal.org.uk/coordinatedcare

The Royal College of General Practitioners has produced a practical guide to support GPs in the introduction of personal health budgets in England. It explains what personal health budgets are, who might use them and how they can be implemented in a way that will benefit patients. The guide has been written by a group with first-hand experience of

personal health budgets in the pilot sites, including GPs and personal health budget managers.

See: www.rcgp.org.uk/policy/rcgp-policy-areas/personal-health-budgets.aspx

Personal budgets and mental health

The NHS Confederation's Mental Health Network and the Centre for Mental Health jointly published a report on how personal budgets could support recovery in mental health:

See: www.centreformentalhealth.org.uk/pdfs/Recovery_personalisation_and_personal_budgets.pdf

NHS Nene Clinical Commissioning Group has written about their experience of implementing personal budgets in mental health. See *Personal health budgets for mental health: the experience in Northamptonshire*, available at:

See: www.neneccg.nhs.uk/personal-health-budgets

Social Care Institute for Excellence has produced a guide to integrating personal budgets for people with mental health problems. See: www.scie.org.uk/publications/guides/55-integrating-personal-budgets-for-people-with-mental-health-problems

Personalisation, integration and culture

Think Local Act Personal (TLAP) jointly published *No assumptions – a narrative for personalised, coordinated care*, with National Voices. See: www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10254

TLAP also worked with the National Development Team for Inclusion to publish *Pathways to personalisation in mental health*.

See: www.thinklocalactpersonal.org.uk/_library/New_Paths_to_Personalisation_NDTi_April_2013_final.pdf

Peoplehub provides information about personal health budgets from the perspective of people who use them, their families and carers.

See: www.peoplehub.org.uk

The Coalition for Collaborative Care has a range of resources on making person-centred, collaborative care the norm.

See: coalitionforcollaborativecare.org.uk

Skills for Care has developed *Culture for care: your toolkit* for all social care and support employers. See www.skillsforcare.org.uk/Skills/Culture/Culture.aspx

Challenges of implementation

To inform this work, we commissioned a series of interviews with leaders from across the NHS, local government and the voluntary sector with experience

and expertise in personalisation and personal health budgets in mental health to share some key lessons they have learnt. The main themes are shown below.

- 1 Be prepared for change, as patients with personal budgets often do not spend the money on traditional services.¹⁷
- 2 Providers who take the lead in offering personal budgets are offering some really innovative support and can share learning.
- 3 Organisations with a named board-level sponsor have made most progress in implementing personal budgets.
- 4 Leaders should start to work together on a targeted personal budgets strategy that addresses system challenges across a health economy on specific issues or client groups, for example, demand in crisis services.
- 5 Make a start now – **don't wait for systems and processes to be perfect**, as the areas making most progress didn't wait.
- 6 Emergency and inpatient services are excluded from personal budgets but those regularly in crisis can benefit most from a personal budget of community support.
- 7 Personal budgets offer people at risk of institutionalisation the opportunity to live independently in the community and stay well for longer.
- 8 Your care culture will need to shift from focusing on risk to enabling independence with managed risk.
- 9 Get front-line clinicians, especially doctors (GPs and psychiatrists), involved in understanding what personal budgets are, and have them offer the budgets to patients.
- 10 Front-line staff need to be told people's stories of personal budgets, as then they will see what they offer that is effective for patients.
- 11 If your organisation delivers social work and social care services, your community staff already understand personal budgets; it's just about bringing that understanding and experience to health now.
- 12 Personal budgets as part of personalisation are a key tool for delivering the principles of recovery in mental health. One will not work without the other.
- 13 Don't waste lots of money on new systems or processes. Instead use and plagiarise resources and guides currently available.
- 14 Local authority leaders are keen to share their learning from personal budgets in social care and offer the NHS access to their systems.
- 15 Many user-led and third sector advocacy organisations are well placed to offer the NHS support to make personal budgets a reality.

NHS Confederation viewpoint

Personal health budgets are one way of enabling the new kind of relationship people want to have with services – as individuals with capabilities of their own who can make good decisions about their health and care if they are allowed control.

Personal budgets have been around for several years now, with some evidence that pounds spent on personal health budgets can achieve better outcomes than pounds spent on traditional services. It is important that the benefits are not over-stated while the evidence base is still developing; this risks alienating patients and clinicians if they find that personal budgets sometimes fail to live up to the hype.

Further progress on rolling out personal budgets will need to be made within an unprecedentedly challenging NHS environment in which services, care and the workforce are being reshaped at the same time as the gap between demand and funding continues to grow.

Many people in mental health services enthusiastically champion personal budgets, but the majority still have a range of concerns about practicality and principle. Work to address these concerns must continue. However, personal health budgets are here to stay; the issue is no longer whether to implement them, but how and for whom.

As local areas look at rolling out personal budgets in mental health, it will be important to make full use of the learning and evidence gleaned from those areas that have been doing this for some time, and from social care. People should start now, rather than wait for perfect systems and processes to be developed, and start small, learning as they go.

It is also crucial to keep learning from the experiences of using personal budgets to address a broader range of changes for new groups of people – and to share learning on how to overcome challenges, and evidence about personal budgets' impact, as widely as possible.

Mental Health Network viewpoint

Evidence emerging from the early application of personal health budgets in mental health shows that they can be a force for good, promote empowerment of the individual, and are consistent with the goals of the recovery concept.

Service providers have demonstrated their willingness to embrace this opportunity, but there remains some caution about unintended consequences which need to be addressed if we are going to see widespread growth of this approach. It is not any perceived reluctance on the part of providers that will hamper the dissemination of personal health budgets, but whether or not they work for individuals.

Personal health budgets must empower the individual and not become a mechanism for rationing or limiting care options if an individual's needs change. Choice and a right to a choice of properly funded and safety-assured options is strongly supported by providers.

For more information on the issues covered in this briefing, contact Kate Ravenscroft, Policy Manager, at kate.ravenscroft@nhsconfed.org

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The NHS Confederation

The NHS Confederation is an independent membership body for all organisations that commission and provide NHS services; the only body that brings together and speaks on behalf of the whole of the NHS.

For more information, visit www.nhsconfed.org

Think Local Act Personal

Think Local Act Personal (TLAP) is a national partnership committed to transforming health and care through personalisation and community-based support. The partnership brings together people who use services and family carers with central and local government, the NHS, major providers from the private, third and voluntary sector and other key groups. TLAP works closely with members of the National Co-production Advisory Group – a network of people with lived experiences of care and support.

For more information, visit www.thinklocalactpersonal.org.uk

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