NHS

PERSONAL HEALTH BUDGETS GUIDE

Integrating personal budgets – early learning

DH Department of Health

DH INFORMATION READER BOX

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Contents

Personal health budgets

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

What are the essential parts of a personal health budget?

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

- be able to choose the health and wellbeing outcomes they want to achieve, in agreement with a healthcare professional
- 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 how their budget is held and managed, including the right to ask for a direct payment
- be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

How can a personal health budget be managed?

Personal health budgets can be managed in three ways, or a combination of them:

- notional budget: the money is held by the NHS
- third party budget: the money is 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.

The NHS already has the necessary powers to offer personal health budgets, although only approved pilot sites can currently make direct payments for health care.

What are the stages of the personal health budgets process?

- Making contact and getting clear information.
- Understanding the person's health and wellbeing needs.
- Working out the amount of money available.
- Making a care plan.
- Organising care and support.
- Monitoring and review.

1 Introduction

This guide is one of two focusing on the integration of personal budgets across health and social care.[1] Improving the experience and quality of care for people and supporting them to achieve better health and social care outcomes are the most important aspects of integration.

The two guides are aimed at health and social care staff involved in the implementation of personal budgets and personal health budgets, who want to develop local systems for people who would benefit from an integrated budget. They draw together learning from 14 of the pilot sites[2] that have been working in collaboration with the Department of Health to explore how best to integrate budgets across health and social care.

This early learning guide focuses on the customer journey for integrated personal budgets (section 4). It draws out the central messages from the pilot programme and describes the six stages of the journey, with pointers to support successful local delivery. Each stage also contains statements developed in partnership with the peer network[3] to describe what people might say if this stage was working really well.

The learning and examples we describe are approaches that pilot sites have found to be effective. We advise that local monitoring and evaluation are established to ensure that whatever the approach, a positive outcome for each person remains the priority.

Where no reference is given the examples listed in this guide accompany its online version at: www.personalhealthbudgets.dh.gov.uk/toolkit

2 Setting the scene

Personal health budgets are part of a wider drive to personalise public services. Personalisation is central to the ongoing reforms under way in social care,[4] is included in recent policy announcements on special educational needs and disability,[5] and is at the core of the government's vision for the NHS.

The push towards integration is also a recurrent theme in health and social care. For people with support needs, the divisions between health and social care can feel artificial and can have a negative impact on their experience and outcomes. For people with complex needs, it is imperative that health and social care organisations work together to deliver a seamless, person-centred service.

Recently, integration has emerged as a priority for the coalition government, featuring heavily in both the 2010 NHS and 2012 care and support white papers.[6,7] 'Equity and excellence: liberating the NHS' states that it is: *essential for patient outcomes that health and social care services are better integrated at all levels of the system and envisages an enhanced role in health for local authorities, particularly through sharing public health functions and through councils having a lead role on health and wellbeing boards.*

The white paper 'Caring for our future'[7] identifies disjointed healthcare and support as a driver for reform, and along with the Health and Social Care Act 2012[8] sets out clear obligations for the health system, and its relationship with care and support.

A King's Fund report from 2011[9] identifies three potential benefits from integration:

- better outcomes for people, such as living independently at home with maximum choice and control
- more efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time
- improved access to, experience of, and satisfaction with, health and social care services.

Increasingly, these benefits are being realised in areas where integrated personal budgets are being tested. As personal health budgets are extended beyond the pilot sites, it is clear that there are challenges to be overcome and opportunities not to be missed to ensure personal budgets are integrated with social care budgets and deliver the real benefits that the growing evidence base suggests.

How this guide was developed

During 2011/12, 14 pilot sites[2] chose to focus on delivering integrated personal budgets, with the local authority, for at least two people. This part of the pilot programme was a truly co-produced piece of work and involved all the main stakeholders: site leads, local authority personalisation leads, support brokers and other operational staff, commissioners, the personal health budgets peer network[3] and people with personal health budgets.

This guide focuses on understanding how the process can work for people end to end, from their first contact with the system and the information that they receive, through to the monitoring and review of their integrated personal budget. It aims to demonstrate what a good customer journey for a person receiving an integrated budget should look like.

3 Definitions and design principles

Defining integrated personal budgets and measuring their impact

A recent King's Fund report on integration stated that:

The patient's perspective is at the heart of any discussion about integrated care. Achieving integrated care requires those involved with planning and providing services to impose the patient's perspective as the organising principle of service delivery.[10]

To build on this idea of a person-centred definition of integrated budgets, we worked with the personal health budgets peer network[3] to understand what would make their personal experience the best it could be for each stage of the journey. This has led us to a definition of integrated personal budgets that is less about background process and professional input, and more about how the journey is felt and experienced by people with personal health budgets, their carers and families (see box).

Defining integration in this way suggests that integrated personal budgets are something that can be delivered now regardless of the prevailing staffing, finance and commissioning structures, and that they are not dependent on the perfect IT solution, Section 75 agreement or payment system being in place. While all these things may ultimately be desirable, their absence is not an insurmountable barrier to meaningful progress.

Work undertaken locally to deliver integrated personal budgets should start from the right point – what is most important to the person, rather than what is most convenient and least disruptive for professionals and services. Delivered in this way, the potential benefits to be derived from integrating personal budgets are substantial.

An integrated personal budget is where:

- a person's health, social care and other needs are met through a single allocation of resources
- one care plan is in place and identifies the outcomes important to the person
- processes are proportionate and the experience is as timely, straightforward and seamless as possible.

Pilot sites, working with their local authority counterparts, have identified the potential benefits that can be used as local measures of progress (see box).

Measures of progress

- Number of people with integrated personal budgets who have achieved the outcomes they set themselves.
- Number and type of integrated systems and processes, eg finance (budgets), assessment, IT, support planning, performance management.
- Workforce measures, eg wellbeing, sickness, retention, satisfaction.
- There is one budget, one assessment, one support plan.
- Good feedback from individual outcomes to inform strategic thinking and delivery (using tools such as the POET[11] questionnaire and 'Working together for change').[12]
- Integrated access routes, eg eligibility.
- Single, faster and simpler processes (more throughput).
- Increased capacity and activity.
- Reduced staff turnover.
- A better developed marketplace for care and support.
- Fewer delayed transfers of care.
- Reduced acute admission levels.
- Greater use of preventive services.
- Possible reduction in health and social care costs per head.
- Positive impact on carers' ability to maintain caring roles.

What do we know so far?

The evaluation of the pilot was published in November 2012. The final evaluation report recommends that: *Personal health budgets should be considered as a vehicle to promote greater service integration (especially where ... budgets could be integrated around established bank accounts, accounting and payroll arrangements).*

Design principles

To help explain what would support a good customer journey, the personal health budget peer network has developed a number of central design principles for integrated personal budgets.

A good customer journey should be:

Inclusive

People with long-term conditions and disabilities should have the chance to shape their lives by making the decisions about their health and wellbeing that matter most to them. To ensure this is possible, the process needs to be built around people and to engage them fully at all stages.

Informative

Information about what to expect from the process needs to be clear and well communicated. The process should build up a picture of how resources can be used to best effect in a way that suits each person.

Right first time

Health and social care staff need to work together to ensure activity is right the first time and that there is no unnecessary duplication of work.

Person centred

Staff should be skilled in using person-centred thinking and practice in all their work with people.

Flexible and proportionate

Processes should not be one size fits all, but should work flexibly and proportionately in a way that reflects each person's needs and circumstances.

Creative

People need permission to be creative in order to use resources to best effect. Staff should encourage and support all those involved to think differently.

Portable

Personal budgets should enable care and support to follow the person, rather than prescribing where care and support should happen.

Impartial

The process of allocating budgets and the rules surrounding how they can be used need to be fair and rational, and clearly communicated.

Outcomes focused

A good process should be built around identifying the best health and wellbeing outcomes for the person, and making sure care and support can be arranged in such a way as to offer the best chance of achieving them.

Universal

Much of the support and advice people need to achieve good outcomes can work just as well for people with lower level needs or with the means to arrange support for themselves. Good advice, information and planning tools should be widely available for everyone who could benefit from them.

Transparent

Information about the process and about how decisions are made needs to be up front, clear and transparent.

Timely

The process and opportunities for feedback need to be timely to build and maintain people's confidence and prevent anxieties due to unexpected delays.

Empowering

People should be encouraged and supported to co-design how to arrange services to suit their individual requirements. People are the experts in their own care and support needs, and should be given the confidence to play an active role in meeting their own needs and achieving their preferred outcomes.

4 The six-stage customer journey

The six stages of the customer journey for integrated personal budgets have been agreed through consultation with pilot sites and engagement with the peer network. Although the six stages are arranged consecutively here, they are not necessarily experienced as a linear journey – it is possible to skip or repeat stages depending on a person's circumstances. The six stages are:

1) Making contact and getting clear information.
2) Understanding the person's health and wellbeing needs.
3) Working out the amount of money available.
4) Making a care plan.
5) Organising care and support.
6) Monitoring and review.

'I' statements

Each stage of the customer journey begins with an 'I' statement agreed by the peer network. Each statement describes how a good experience would look and feel from the person's perspective – the sorts of things that personal health budget holders, their carers and families might say if an integrated personal budget is working really well for them. These statements, along with the design principles on page 8, provide benchmarks to guide the development of local processes and to measure the success of the integrated customer journey.
They could also be used as the starting point for discussions with local people to develop local 'I' statements together.

Process diagrams

For each of the six stages, a diagram illustrates the various tasks involved – which are undertaken by health bodies, which by social care, which are best done jointly and which can be fully integrated.

The separate **health** and **social care tasks** described here largely reflect the duties that health bodies and local authorities have to fulfil to meet their statutory responsibilities within the current legal framework. **Joint tasks** are where health and social care work in partnership to deliver an output or outcome while retaining distinct roles, rather than as part of a fully integrated team or process. **Integrated tasks** are where there are examples from the pilot areas of an output or outcome that is delivered through a single, joined-up process.

These distinctions are changeable, prone to local differentiation, and likely to evolve over time. They represent a snapshot of how the process can work in the here and now, rather than a projection of how things may be in the future – this guide aims to support local progress in the short to medium term, rather than stimulating debate about the longer-term direction for health and social care.

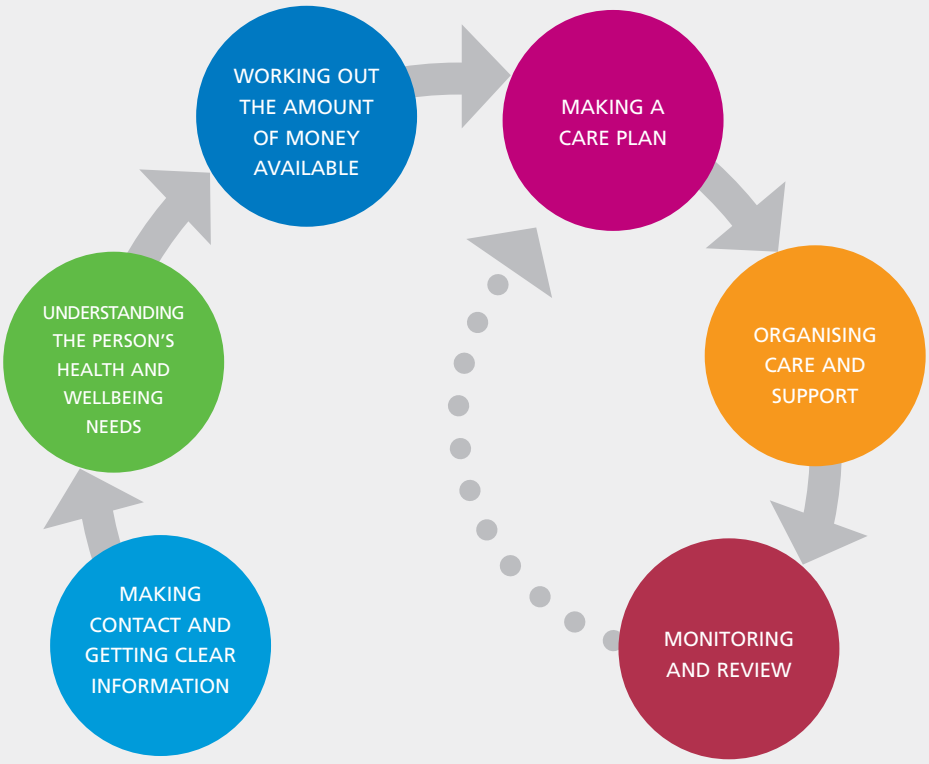
What works

Each of the six stages summarises what pilot areas have learned about what works well, and what doesn't, when integrating personal budgets.

Examples

For each stage, relevant examples may include policies, procedures, stories and research.

The six stages of the personal health budgets process



Corresponding 'I' statements

I know where to go for clear and accessible information and advice and feel well informed and supported

I feel listened to, understood and involved in assessment that is proportionate and personal to me

I know how much money is available and how it was calculated, and have enough to meet all my needs

I have the support I need to develop my plan and I understand what information is needed for sign-off

I have control over organising my care and support in the ways and at the times that make sense to me

I am supported to review my plan, to see what's working and not working, and to make any changes needed

MAKING CONTACT AND GETTING CLEAR INFORMATION

I know where to go for clear and accessible information and advice and feel well informed and supported

HEALTH TASKS:	SOCIAL CARE TASKS:	JOINT TASKS:	INTEGRATED TASKS:	OUTCOMES:
Referrals Signposting	Referrals Signposting	Joint referrals Information shared with other relevant parties Developing joint information and advice	Single, consistent points of contact across health and social care and in the community	• Person has clear information about personal health budgets • Person has access to other information and support • Referred for assessment if relevant
EXAMPLES: Derbyshire personal health budgets welcome pack		**EXAMPLES:** Derbyshire joint project plan	**EXAMPLES:** Nottingham information pack	

Stage 1
Making contact and getting clear information

People come into contact with health and social care services through a variety of different routes. When first contact occurs, it is common for people to be at a point of crisis. Often people know little about what to expect, what help is available or how to access it.

Clear information and advice is critical to help people understand what care and support is available and how it can be accessed, including through integrated personal budgets. This should include access to peer support from the earliest stages.

Some people may require advocacy to ensure their interests are represented fairly or to negotiate with funders and agencies, so good referral routes to advocacy services are also needed.

Information should help frame people's thinking, and provide reassurance and clarity about what is possible. For instance, in some cases people may mistakenly believe that adequate care can only be provided in a residential setting, or that care must always be delivered by an NHS trust or other health body. Good information should address any concerns and explain the broad range of options available.

People should be reassured early on that they will be fully engaged in deciding how best to balance risks and support in a way that suits their needs, making it clear that appropriately skilled people will be available to work with the person and their loved ones to explore the full range of options available. A good first contact will also direct people to other sources of information and advice, including from local Healthwatch services.[14] Where appropriate, it should also provide access to a quick overview assessment to understand what needs to be done immediately and what further work may be needed to understand the person's needs and preferences.

What helps this stage go well?

Strong local Healthwatch services embedded in local communities

From 2013, Healthwatch services should be available across England, replacing Local Involvement Networks (LINKs), to ensure people have access to good advice, information and representation, and that their views and experiences are heard and used to help improve local services.

Personalisation information packs

Accessible information about what to expect should be available online (and where appropriate in other formats and languages eg easy read) to clarify the process and answer frequently asked questions.

Well trained, customer focused staff

A good first experience can set the tone for how people think, feel and interact with health and social care systems and professionals throughout their journey. A good person-centred approach should recognise people's anxieties, fears and frustrations and respond to these positively, while encouraging people to retain a sense of control over the process as it evolves.

What can get in the way?

Too much focus on the process and not enough on the person

Health and social care systems are complex, and it is easy for people to feel dehumanised when sharing their story and asking for assistance. Recognising a person's individual needs should be a major part of training for everyone involved at first contact.

Poor information sharing

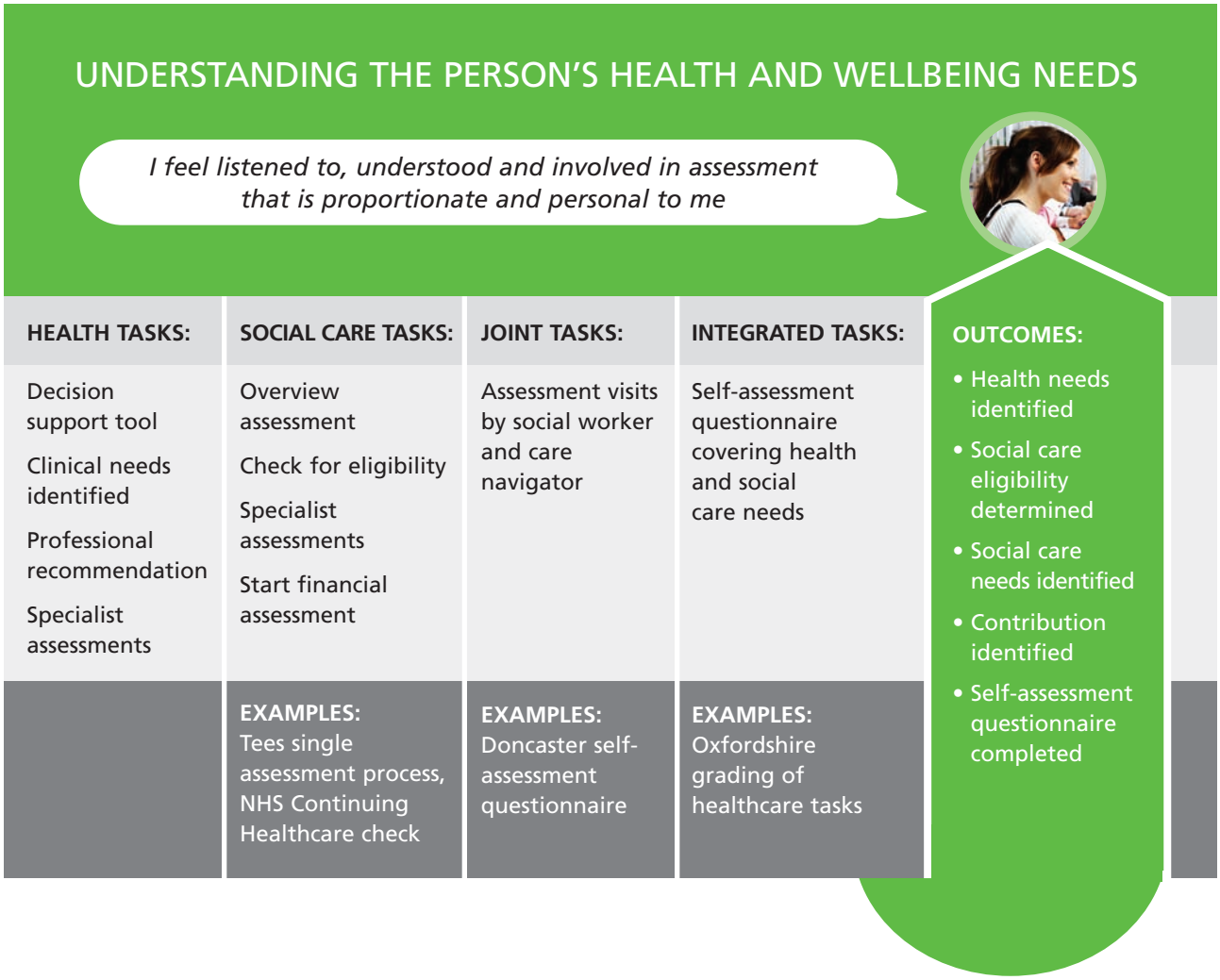
People do not want to tell their story repeatedly, so information captured at first contact should be entered into appropriate systems, shared with relevant professionals and used in subsequent planning and review processes.

Using jargon

Professionals working in health and social care tend to forget how much of the language commonly used makes little sense to people outside the system. Ensuring that information and advice uses the simplest language possible and avoids acronyms is an important part of ensuring people do not feel alienated. Engaging local people who use services, and Healthwatch, in developing literature can help to achieve this.

Examples

- **Information pack** (Nottingham).
- **Personal health budgets welcome pack** (Derbyshire).
- **Personal health budgets project plan** (Derbyshire).
- **Protocol for sharing personal information between health and social care** (Devon).



Stage 2
Understanding the person's health and wellbeing needs

Assessment is where health and social care bodies work with people and those close to them to determine their health and social care needs and eligibility for support. This can involve a range of different processes depending on the person's circumstances. Where relevant, carers should also be offered their own assessment. For people with social care needs, this is also where a financial assessment is undertaken to work out what they may need to pay towards the cost of meeting any eligible needs.

The more varied and complex a person's needs, the more likely it is that a number of different assessments may be needed to ensure people can access the full range of support available. The assessment process should also include triggers to other funding streams for which the person may be eligible

– an initiative currently being piloted by the Department for Work and Pensions' Right to Control pathfinders sites.[15]

At this stage the person needs support to complete the assessment component needed to generate an indicative budget. The process for doing this will depend on their assessed needs, and usually includes completion of a supported self-assessment questionnaire. This should be integrated in the overall assessment process to avoid duplication.

During the assessment, practitioners need to work together with the person to identify any risks that need to be taken into account and to engage them in deciding how risks should be managed.

What helps this stage go well?

- **Accessible information about personal budgets and what to expect from assessment**

Information should be available to people from the earliest stage. Jointly developed information and guidance is useful so that everything a person needs to know is in one place and provided consistently, regardless of their route into the system. Information should be developed with people with health and support needs and their carers to ensure it strikes the right tone and explains things in ways people understand.

- **Using a single supported self-assessment document**

Covering both health and social care needs can make life easier for everyone where people's needs are straightforward. This may not be possible where people have more complex or varied needs.

- **Appointing a single person to co-ordinate the assessment process**

This can significantly improve people's experience of assessment, and is particularly helpful where a single assessment tool is not possible. Keeping the number of professionals involved in assessment to a minimum streamlines the process and is less daunting for the person being assessed.

- **Sharing information between health and social care**

It is important to share information to make sure that the assessment process is robust and kept simple for the person. Where it is not possible for a single practitioner to take a person through the assessment process, making sure that appropriate information can be shared between professionals helps to prevent people from having to give personal information repeatedly.

- **Ensuring staff take a person centred approach**

Personal budgets are about real changes in culture and practice, not just new systems and processes.

Assessment should be an actively engaging and inclusive process, rather than one led solely by professionals. Practitioners should use the best tools available to enable people to take part in decisions about risk and to contribute to a rounded understanding of their needs.

What can get in the way?

- **A long and complex assessment process**

This can be confusing and stressful for people and their carers. Evidence suggests that a complex and confusing process is the major factor having negative impact on people's experience and outcomes from personal budgets.

- **A lack of joined up working**

This can have a very negative impact on assessment. People should not have to tell their story more than once, or be confused about who to speak to if they have questions or concerns.

- **Burdensome validation requirements**

This can mean that decisions about assessment take longer to complete and communicate, and can slow down the process of moving to care planning. The validation of assessments should happen as close to the person as possible, and should be proportionate to any risks identified. Remember that there will be further validation at later stages of the process as personal budgets are agreed and plans signed off.

- **Not engaging people in understanding and managing risks**

This can undermine the principles behind personal budgets. People should be empowered to work with practitioners as partners during assessment, rather than receiving professional advice to which they must adhere. For example, many people may need support to understand how their care needs can be safely met at home rather than in a residential environment.

- **IT systems that do not talk to each other**

This can make assessments more cumbersome and resource intensive. There is a lot that can be done without waiting for the ideal integrated IT system, from using secure email to share information, to linking local health and social care IT systems via the NHS spine.

Examples

- **Public leaflet on personal health budgets** (Derbyshire).
- **Example of a single assessment process document** (Doncaster).
- **Referral consent form** (Tees).
- **Protocol for sharing personal information between health and social care** (Devon).
- **Pan-Hampshire information sharing protocol** (Hampshire).

WORKING OUT THE AMOUNT OF MONEY AVAILABLE

I know how much money is available and how it was calculated, and have enough to meet all my needs

HEALTH TASKS:	SOCIAL CARE TASKS:	JOINT TASKS:	INTEGRATED TASKS:	OUTCOMES:
Apply relevant estimated budget setting tool	Apply resource allocation system Apply fairer charging	Agree health and social care funding split	Confirm the overall amount of money available, including any contribution, and how this has been calculated Communicate any rules governing expenditure	• Indicative budget calculated • Indicative budget communicated • Calculation and any funding split explained • Budget known before planning starts
EXAMPLES: Nottingham personal health budgets flow chart	**EXAMPLES:** Doncaster carers self-assessment questionnaire	**EXAMPLES:** Doncaster joint self-assessment questionnaire	**EXAMPLES:** Oxfordshire guidance on how budget can be spent	

Stage 3
Working out the amount of money available

An important outcome of the assessment process is an understanding of the resources available to meet a person's health and social care needs. At this stage the resources available need to be confirmed and communicated clearly, ahead of care planning, so that a person knows the amount of money they are working with and understands any rules regarding how it can be used. After the assessment is completed, a number of questions need to be clarified to turn the output of the assessment into an estimated budget.

What helps this stage go well?

Being clear how much money is available

The results of both the health and social care elements of an assessment need to be converted into a monetary value. Whatever method is used, there must be a rational correlation between the estimated budget and what it would reasonably cost to commission services adequately to meet eligible needs, taking into account local market conditions. Long-term health and care needs can be offered as a personal budget, but some specific needs for acute services or specified treatments may not be included.

Being clear what the offer means

Once the estimated budget has been calculated, it needs to be communicated well in order to manage expectations. The offer made at this stage is often referred to as an indicative budget, which reflects the possibility that it could change during the planning process as new information becomes available. The important thing is for people to understand as early as possible in the process the money that is available to develop their care plan, and to know that this is not set in stone. It will be useful to clarify that if the amount begins to look inaccurate during planning, it can be altered upwards if it proves inadequate, or downwards if a person meets his or her needs within the available resource.

Part of managing expectations is making it clear what their budget can and cannot be used for, and what other conditions may need to be met in order for the money to change hands. It is important to communicate as simply as possible what is permissible for each portion of the budget (health and social care). This should be provided in a concise, easy read format that sets out what the budget is for, how it can and can't be used, and any requirements for monitoring and review.

Being transparent about how the budget was calculated

People may want different levels of detail about how the offer was calculated, but in general they will want to know the calculation method is fair and makes rational sense. Training for frontline staff in how to communicate this well can help improve people's confidence in the process.

Supporting people to see the potential benefits of using a personal budget

Sharing real-life stories and communicating how having a personal budget can offer greater choice and control and better outcomes helps people and professionals to relate positively to the offer.

What can get in the way?

- **Bureaucracy**

Making decisions quickly and communicating them well should be a priority for commissioning organisations.

- **Lack of consistency**

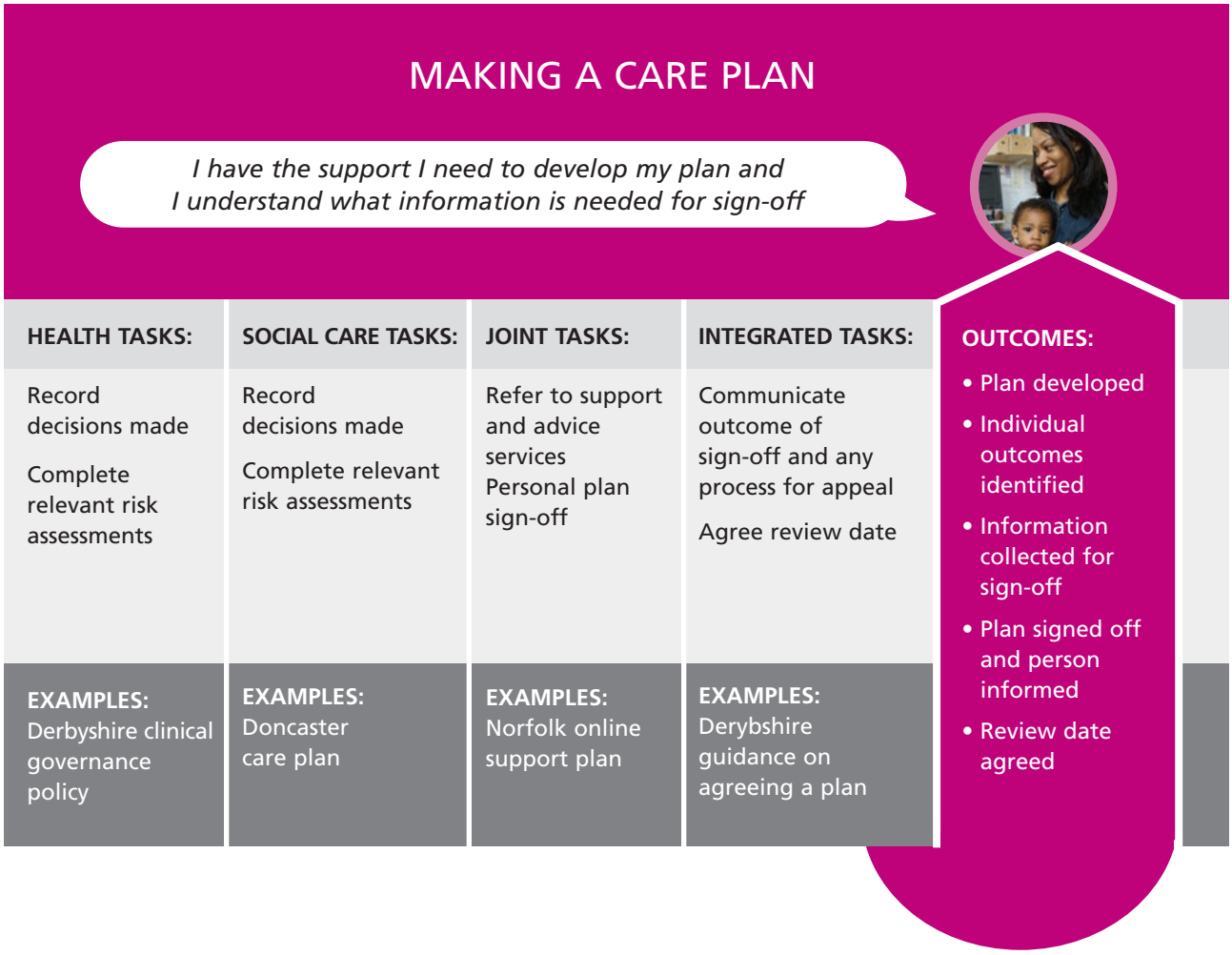
Decisions about funding need to be consistent in order to be fair and defensible. Regular audits of decision making can be helpful in ensuring this happens.

- **Unclear process**

Although consistency may exist in policy terms, it still needs to be communicated well so that people are kept informed of what to expect, and staff understand how to follow the process. Joint training for health and social care staff, and easy read explanations of the process, can help make the journey easier to understand for everyone involved.

Examples

- **Outcome-based budget-setting tool** (Department of Health).
- **Joint supported self-assessment questionnaire** (Doncaster).
- **Personal health budgets flow chart** (Nottingham).
- **Carer-supported self-assessment** (Doncaster).
- **Guidance for getting a personal health budget** (Oxfordshire).



Stage 4
Making a care plan

At this stage, people are supported to explore how they can use their personal budget alongside the other resources available to them to meet their needs and achieve their health and wellbeing outcomes. Developing a care plan should be a meaningful and engaging exercise for the person and those they choose to involve, and it should help them to explore a wide variety of options.

A plan starts from what is important to the person, and uses person-centred approaches to enable them to build up a picture of how

their care and support should look. In order to engage in the process, people may need a variety of information, advice and support, ranging from materials needed to develop a plan for themselves, through to peer support and/or paid support from a professional. They also require good information about what is available, a variety of options for how they can manage their care and support, and an understanding of what is required for sign off. See 'Implementing effective care planning' for more information about care plans.

The process for sign off should be kept as simple as possible. Recourse to panels should take place only where necessary, and with the outcome communicated in a clear and timely fashion.

What helps this stage go well?

Having a clear understanding of what is required to sign off the plan

People should begin planning with a clear understanding of what needs to be in the plan to ensure it is signed off. This will help to avoid wasted time in the planning process and reduce the prospect of plans moving back and forth before sign off.

A range of care planning options

Many pilot sites have drawn on the expertise of existing local services and peer support networks to support people using personal budgets for social care. The best examples work with people in an empowering and supportive way, and share information so that people can plan for themselves with support from friends and peers.

Making the plan a living document

Where appropriate, plans should be flexible enough to accommodate changes without having to go through a reapproval process. In some cases, keeping the detail of the plan fairly high level can help to ensure reapproval is not required if people need to adjust their approach to meeting agreed outcomes.

Devolved decision making

While the use of panels has been commonplace during the pilot programme (with joint panels for integrated packages), in the long term this will not be a sustainable use of staff time and resources. As the number of personal budgets increases, and people develop more confidence in the systems that support their delivery, it will be helpful to ensure decision making happens as close as possible to the person, with sign off devolved to lead professionals and minimal recourse to panels. The health element of a support plan should always involve lead clinicians to ensure health needs are met and to provide people with the right information and evidence so they can make an informed decision.

What can get in the way?

- **Not knowing the budget available before starting to plan**

Although some forward planning can be very useful, an understanding of the money available is essential if realistic plans are to be developed.

- **Not having clear criteria for signing off a plan**

Failure to sign off a plan should be rare. If this is not the case, it is likely that the planning process is not working well and that information about what is required is not being communicated. People should be given clear information about what will and won't be approved so that they can plan with confidence and have a timely response at sign off.

- **The plan is service rather than outcome focused**

The benefits of personal budgets can be lost if people are constrained to using them for the same types of service that typically would be commissioned to meet their health and wellbeing needs. A positive approach that encourages and supports people to find innovative solutions to meeting needs and achieving outcomes is essential for good care planning.

Examples and other useful resources

- **Policy on clinical governance and risk** (Derbyshire).
- **Decision making guidance – agreeing a care plan** (Derbyshire).
- **Care plan approval policy** (Nottingham).
- **Online care plan** (Norfolk).
- **Care plan** (Doncaster).

ORGANISING CARE AND SUPPORT

I have control over organising my care and support in the ways and at the times that make sense to me

HEALTH TASKS:	SOCIAL CARE TASKS:	JOINT TASKS:	INTEGRATED TASKS:	OUTCOMES:
Commission and/or deliver support as appropriate	Commission and/or deliver support as appropriate	Release funds for direct payment Refer to direct payment support services as appropriate Signpost to relevant training	Provide information about care and support services, including personal assistants Ensure contingencies are in place and people know where to go if things change	• Decision made about how to manage the money • Care and support identified and organised • Care and support in place
EXAMPLES: Norfolk direct payment agreement		**EXAMPLES:** Hull guidance on employment)	**EXAMPLES:** Nottingham information pack	

Stage 5
Organising care and support

At this stage the care and support arrangements outlined in the person's plan are put into effect. The tasks involved and who completes them can vary significantly depending on whether or not the person is taking some of their integrated budget as a direct payment.

Where this is the case, a **direct payment agreement** will need to be set up. As there are two funding streams involved, and a direct payment may potentially cover one or both funding streams, there is potential for the paperwork to become onerous for all involved.

Adopting a single direct payment agreement that can be used for both health and social care direct payments is highly recommended. Although some terms and conditions are

slightly different for health and social care direct payments (eg it is not possible to top up a healthcare direct payment), a single form with optional parts to complete – depending on which funding source(s) are being utilised – is a useful and important way of streamlining process and minimising duplication.

People using direct payments to employ personal assistants will need access to payroll support and assistance to help them meet their legal and tax obligations as an employer. The efforts involved in ensuring people can achieve this can sometimes be more offputting for frontline staff than for people with support needs. People with support needs have been successfully employing staff using direct payments for over 15 years, and there is a wealth of expertise and peer support available, often from clusters around local direct payment support schemes that specialise in making the process simple. Making sure people have access to such support is a vital component of this stage for those considering a direct payment.

Where all or part of an integrated budget is being arranged by the **commissioning organisation**, rather than the person via a direct payment, efforts should be made to ensure people can make informed decisions about which services are most appropriate to meet their needs, and that they still have a degree of control over who provides their support, when and where it happens, and how it is carried out. Good information about local care providers and the level of choice and control they can offer should be made available before a final decision is made. For instance, if a particular provider is using individual service funds as a model of service delivery, this would be a good indicator that the degree of choice and control on offer to the person was high.

What helps this stage go well

Training for frontline staff in supporting people to take up direct payments

Often frontline staff have little experience of encouraging and supporting people to employ staff and make use of direct payments. Good training should help staff feel safe in encouraging people to use direct payments, directing people to specialist advice services, and understanding the value people get from using them.

Good local direct payments support services

Most local areas have an existing direct payments support service. It is vital to ensure these are well resourced and able to provide the full range of support and advice that people need. Taking stock of what is on offer locally, and engaging people using direct payments in ensuring local services are fit for purpose, is a worthwhile investment.

Good person-centred information about approved care providers

People can exercise choice meaningfully only when they know which services will suit them best. Having information about how

much choice and control different providers offer, and what their specialities are, is vital in helping people make good decisions for themselves.

What can get in the way?

- **Not having enough time to make arrangements**

In some cases, short-term support may help to ensure people have the time they need to organise long-term support. It may take people some time to recruit staff and set up employment contracts.

- **An undeveloped local market**

Where local services under contract to the council and/or the NHS do not understand the need to personalise services, or to make efforts to be accountable to people using services, the options on offer are likely to be poor. Commissioning organisations should work with local providers to help them understand how to personalise services.

- **Being overly prescriptive in how people can use their budget**

Although it is important to be clear what it is and isn't possible to do with a personal budget, too many rules can prevent people from gaining the benefits that integrated personal budgets can offer. Provided they meet their legal obligations and do not put themselves at undue risk of harm, people using direct payments should be able to choose who to employ and how they are trained to carry out tasks.

Examples and other useful resources

- **PA contract of employment** (Hull).
- **Using personal health budgets to fund employment** (Hull).
- **Healthcare direct payment agreement** (Norfolk).

MONITORING AND REVIEW

I am supported to review my plan, to see what's working and not working, and to make any changes needed

HEALTH TASKS:	SOCIAL CARE TASKS:	JOINT TASKS:	INTEGRATED TASKS:	OUTCOMES:
Identify any requirement for reassessment Record outcome of review	Identify any requirement for reassessment Record outcome of review	Collect information about outcomes Monitor direct payment (light touch)	Ensure people know what to expect and what information they need Communicate the outcome of the review	• Review completed • Outcome communicated • Any necessary changes made • Plan updated • Referral for re-assessment if needed
EXAMPLES: Norfolk purchase ledger		**EXAMPLES:** Tees review template	**EXAMPLES:** Oxfordshire review guidance	

Stage 6
Monitoring and review

Monitoring and review is a periodic process.

To meet legal requirements, reviews for people receiving health and social care budgets need to be carried out within 3 months of a care and support package being initially set up, and at least annually thereafter.

Monitoring may take place more frequently than this depending on individual circumstances, but the frequency and degree of monitoring should be directly related to an understanding of the risks associated with the particular situation. Where risks are considered to be low, or can be managed safely and do not require regular checks, monitoring need not be any more frequent than the review intervals and should be integrated into a single process.

For people receiving integrated budgets, a joined-up approach to monitoring and review is particularly important. Ideally this would involve a single review and a single agreed approach to monitoring, which is agreed with the person when the plan is signed off so that people know what to expect, what if any information they are expected to keep and submit, and who will carry out future reviews.

Both monitoring and review should focus on outcomes rather than whether or not services have been delivered. To achieve this requires both health and social care staff to have a joined-up understanding of what needs to be monitored and why, and of how to use information arising from monitoring and review to help ensure people can use their budget effectively over time.

To be effective, people need to adapt how they use their budget over time, for instance they may find a particular provider is not delivering the care and support they had hoped for, and may wish to try another organisation or switch to employing staff directly. It should be made clear to people what changes to a plan need to be communicated and to whom, and what changes people can make without involving anyone else. It should be possible for people to make reasonable changes to the way their support is organised without recourse to a lengthy process and without the need for specific approval. People should have the ability to update rather than rewrite their plan at review to reflect changes, so long as the outcomes remain constant.

What helps this stage go well?

A joint person-centred approach to monitoring and reviewing

Even if the process up to this point has been person centred and outcome focused, all this can be undermined if the review and monitoring processes are not personalised. Training for health and social care staff in taking the right approach is essential to keep the integrity of a person-centred approach. Where a person has a joint direct payment, a single approach to monitoring, with one organisation taking the lead, is strongly advised.

Clear instructions about what information to keep and how to get support to gather it

People need to know what information they are expected to keep, and to have access to support and advice to help them collect and prepare the information required. Making sure this is clearly communicated and that appropriate assistance is available is an essential part of the initial review and of all subsequent reviews and monitoring interventions.

A light-touch approach

Monitoring and review should be proportionate to each situation and not overly bureaucratic. Keeping the process simple makes it easier for people to understand and can save valuable staff time.

What can get in the way?

A process that is not joined up

People receiving an integrated budget should not have to undergo two separate reviews. This can lead to confusion and increase anxiety as well as being a waste of resources. Where staff are not empowered to undertake reviews of both the health and social care elements of a person's budget, efforts should be made to ensure joint reviews are arranged and the process is made to feel as seamless as possible.

Requiring too much detailed information

Understanding whether outcomes are being achieved does not need a large quantity of detailed information. The information required should be just enough to answer the central questions – are people remaining in budget, are outcomes being met, and what goods and services are being purchased? Keeping the information requirements to a minimum can save staff time and help foster trust and confidence in people using integrated budgets.

Lack of clarity about reviews

People can often find reviews stressful and anxiety provoking. In a climate of shrinking resources, people can be suspicious that a review will be focused on trying to withdraw resources and services. Clear information about the aims of a review and a joint and public commitment to an outcome-focused approach can help to reassure people.

Examples and other useful resources

- **Support plan review template** (Tees).
- **Guidance for getting a personal health budget** (Oxfordshire).
- **Purchase ledger** (Norfolk).

5 Conclusion

What should the customer journey look like?

A single approach to information and advice

Getting things right from the first point of contact, and concentrating on what and how people hear about personal budgets, can help to improve the quality and consistency of people's experience. Some pilot areas have agreed a single approach to information and advice across health and social care. Nottingham City has recently developed a single information brochure, which is given to people at the point when they are offered a personal budget. Another aspect of information and advice that works well for many pilot areas is the development of peer support so that people can hear from others with direct experience of using personal budgets in health and social care.

Not being overambitious

It is clear from the pilot areas that integrating personal budgets across health and social care is complex and takes time. Joining up processes and ways of working across multiple organisations with different structures and cultures can be a daunting prospect. Starting small, and with a shared commitment to learning by doing, can pay dividends. While some pilot areas have been advancing work in partnership with the local authority to map out a comprehensive customer journey for the future, they have chosen to do this alongside delivering integrated personal budgets now, making the pragmatic decisions needed to tweak or circumvent existing processes to make progress.

Pooled funding arrangements are working well

While Section 75 agreements are not a prerequisite to delivering integrated personal budgets, it is clear from the experience of several pilot areas that they can make things easier. NHS Oxfordshire uses a pooled budget under Section 75, which is working well and makes the financial process of delivering joint budgets more straightforward and less bureaucratic. They have found that this allows time and energy to be dedicated to care planning, arranging services and outcomes-focused reviews rather than managing day-to-day discussions about who pays for what. Similarly, NHS Nottingham City is currently working to develop a Section 75 agreement with Nottingham City Council with the explicit aim of promoting increased opportunities for people to plan their own care and provide a single access route for direct payments. For

more detail see the Finance and legal section in 'Integrating personal budgets – myths and misconceptions'.[1]

Making pragmatic funding decisions for joint packages

There is a natural temptation, when implementing a new way of allocating resources, to focus considerable time and energy on new systems, particularly those perceived as important to ensuring financial sustainability. However, a balance needs to be struck between this kind of front end process design and the benefits that can be gained from learning by doing. The experience from personal budgets in social care demonstrates the inertia that can result from well meaning efforts to get resource allocation 100 percent correct. Personal health budget pilots have largely avoided the worst elements of this by using the most straightforward process available, and using tools consistently to determine people's estimated budgets (see 'How to set budgets').[16]

The same approach has been applied to integrated personal budgets. Most pilot sites have been using parallel systems for setting budgets and working hard to make them work as seamlessly as possible. In Doncaster the NHS uses an indicative budget-setting tool for fully funded Continuing Healthcare. For people with only social care needs, the local authority has its own resource-allocation system. Where there is a joint responsibility to meet needs, staff from both organisations work out how best to meet their respective responsibilities and the most appropriate split of funding in order to provide as seamless a service as possible. This has generally meant agreeing to fund packages 50/50 or 70/30 rather than attempting to calculate individual percentage points. In this way it should be possible to refine an approach over time through its application, rather than delaying progress to wait for the ideal system.

Co-located teams can be helpful

A number of the pilot areas have found that many of the perceived benefits of integration can be achieved through co-location of staff teams (eg mental health and NHS Continuing Healthcare). Where local authority and NHS staff share the same office space, this can help to build an understanding of each other's respective roles and overcome challenges that might otherwise remain difficult. While co-located teams can help staff to become familiar with each other's systems and processes, they are not the only way, and their absence should not prevent progress. For more detail see the section on Joint working in 'Integrating personal budgets – myths and misconceptions'.[1]

The importance of co-production

Co-production is a critical element in the successful delivery of integrated personal budgets. To work at scale across health and social care, personal budgets need inclusive and effective relationships between

commissioners, providers, and people with healthcare needs, their representatives and families, with all parties working together to improve health outcomes. A number of pilots have involved people with care and support needs through project boards and in local decision making, and developing links with established user-led organisations and new peer networks. For more detail see the section on Co-production in 'Integrating personal budgets – myths and misconceptions'.[1]

Joint health and social care plans and reviews are working well

Although pilot areas have found it difficult to fully integrate some stages of the customer journey for personal budgets, particularly around assessment and resource allocation, they have achieved far greater success with support planning and review. A number of areas are working with a single support plan to meet health and social care needs, and are looking at what it will take to bring together the review, working in partnership. In other areas this has been facilitated by the involvement of independent third parties as support planners and brokers, usually from the voluntary and community sector. Doncaster has a joint care plan across the local authority and NHS, and NHS Nottingham City has developed a joint support plan template and guidance document. For more detail see the section on Assessment and care planning in 'Integrating personal budgets – myths and misconceptions'.[1]

Making use of local authority direct payments support systems

Pilot areas have powers to deliver personal health budgets as direct payments directly to people or nominated third parties. Given the long history of direct payments in social care, pilots have found it helpful to use established local authority support services and payment systems, rather than reinventing the wheel. Direct payments support services range from local authority in-house teams to services commissioned from the voluntary and community sector and user-led organisations. When delivering integrated personal budgets, local authorities have tended to make the full value of the payment and then charge the NHS for the value of the health contribution. Some pilot areas have also begun to establish preferred provider lists for budget management services, payroll and employment advice, in partnership with the local authority.

There needs to be greater emphasis on building up nonemployment options, such as using direct payments to pay for support from an agency, if they are to be available to more people in the future. There are opportunities for a shared approach across health and social care to develop a comprehensive range of direct payment support services that can work for a broad range of people with diverse needs. See 'Practical guide – direct payments for healthcare'.[17]

Focusing on outcomes

A focus on outcomes encourages different use of resources and clinical engagement, and may help to overcome funding disputes for integrated packages. For personal health budgets this means, rather than simply identifying health needs that should be funded, starting from consideration of whether a suggested intervention will help meet a health outcome and might therefore be funded, even where it looks different from traditional healthcare (eg alternative treatments for depression or diabetes). Similarly, for jointly funded packages, a focus on outcomes means that health and social care professionals start from the perspective of asking if the overall package of care and support meets the agreed outcomes, rather than seeking to track their specific contribution back to the health and social care need identified. A number of pilot areas use the Personal Outcomes Evaluation Tool (POET)[11] to build a local evidence base. This straightforward survey tool is commonly used for personal budgets in social care, and so will be useful for understanding the impact of integrated packages. For more detail see sections on Clinical engagement, Performance and Outcomes in 'Integrating personal budgets – myths and misconceptions'.[1]

Lack of clarity around expenditure can get in the way

Personal health budget pilot sites have been testing a range of new approaches and finding their way in relation to some central policy and practice issues. One important piece of learning is that if people do not have clear guidance around rules governing expenditure, this can be disruptive and may cause lengthy delays and confusion. This can be further exacerbated for integrated personal budgets where there are different rules around expenditure across health and social care. A clear understanding of the rules governing expenditure for each part of the budget is vital to avoid confusion for staff as well as people with support needs. For more detail see sections on Different funding streams and Clinical evidence in 'Integrating personal budgets – myths and misconceptions'.[1]

Final thoughts

Developing a good customer journey for integrated personal budgets is an iterative process. Experience from the pilot sites indicates that it takes good leadership, time and sustained effort to get a broad range of stakeholders engaged in developing the joined-up approach necessary to deliver integrated budgets well. The ability to engage people with care and support needs, their carers and families in determining how local systems can best deliver outcomes is fundamental.

This guide illustrates what we have learnt so far, and shows that by keeping the process simple, transparent and person centred, considerable progress can be made in the here and now. We hope the information in this guide, together with the other resources in the Personal health budgets toolkit, will be helpful in developing effective local systems to deliver integrated personal budgets.

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