

PERSONAL HEALTH BUDGETS GUIDE

Developing a local peer network



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Author: Jo Fitzgerald, peoplehub with thanks to Andrew Tyson, Rita Brewis, Trudy Reynolds and the national personal health budgets peer network.



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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 health care 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 Why are personal health budgets important?

Spreading the word ... the network is a chance to share positive approaches to getting a life.

Support – the peer network will provide support for the people who are taking ideas forward from the ground level up.

- National personal health budgets peer network members, in response to being asked “what’s the most exciting thing about the network?”

Personal health budgets have been piloted in over 70 locations in England. An in-depth evaluation of 20 sites, published in November 2012,¹ supports the planned national roll out.

For people using health services in England, the introduction of personal health budgets represents a major step towards being able to make genuine choices, with as much direct control over the process as they choose, and as is appropriate. Taking this step is no small matter, either for the clinicians and other professionals responsible for commissioning and delivering health services, or for health service users and their families.

This change involves a fundamental shift in thinking and practice, away from an approach that sees patients as passive recipients of

professional care and support, and towards a perspective where they are equal partners in maintaining their own health and wellbeing. This is a shift to a 21st century approach to health care informed by our developing understanding of the importance of diet, exercise, friendship, social contact and, perhaps most important of all, contribution. This new approach asks for action by all concerned, not least people themselves, while recognising that contributions must be voluntary, and made at a time when people feel confident and ready to do so.

This guide aims to support commissioners and local organisations (NHS organisations and their partners) to assist people to play their part in this process through peer networks – people with lived experience of personal health budgets, or who are working towards them. It reflects on the development and learning from the national personal health budgets peer network² and some early local peer networks.

The guide draws on the words of people involved in the networks, many of whom remain very committed to the process. It attempts to make sense of learning from the early meetings of the peer networks, and to draw together lessons that will be useful to others.

2 Peer networks – a new relationship

Some early users of personal health budgets feel strongly that a new working relationship between professionals and people must be at the heart of personal health budgets – a view supported by the Department of Health. The peer network is one model of how this new relationship can work: a network links people who are engaged in co-developing personal health budgets with the Department of Health and with the pilot sites. The group provides a unique space where issues can be raised and debated alongside the main decision makers.

The personal health budgets peer network plays a central role in helping us get the policy and delivery of personal health budgets right. Their targeted involvement in our work ensures that what we develop is grounded in real experience. As a group, the network has a wealth of knowledge and experience and they offer real challenge when we need it.

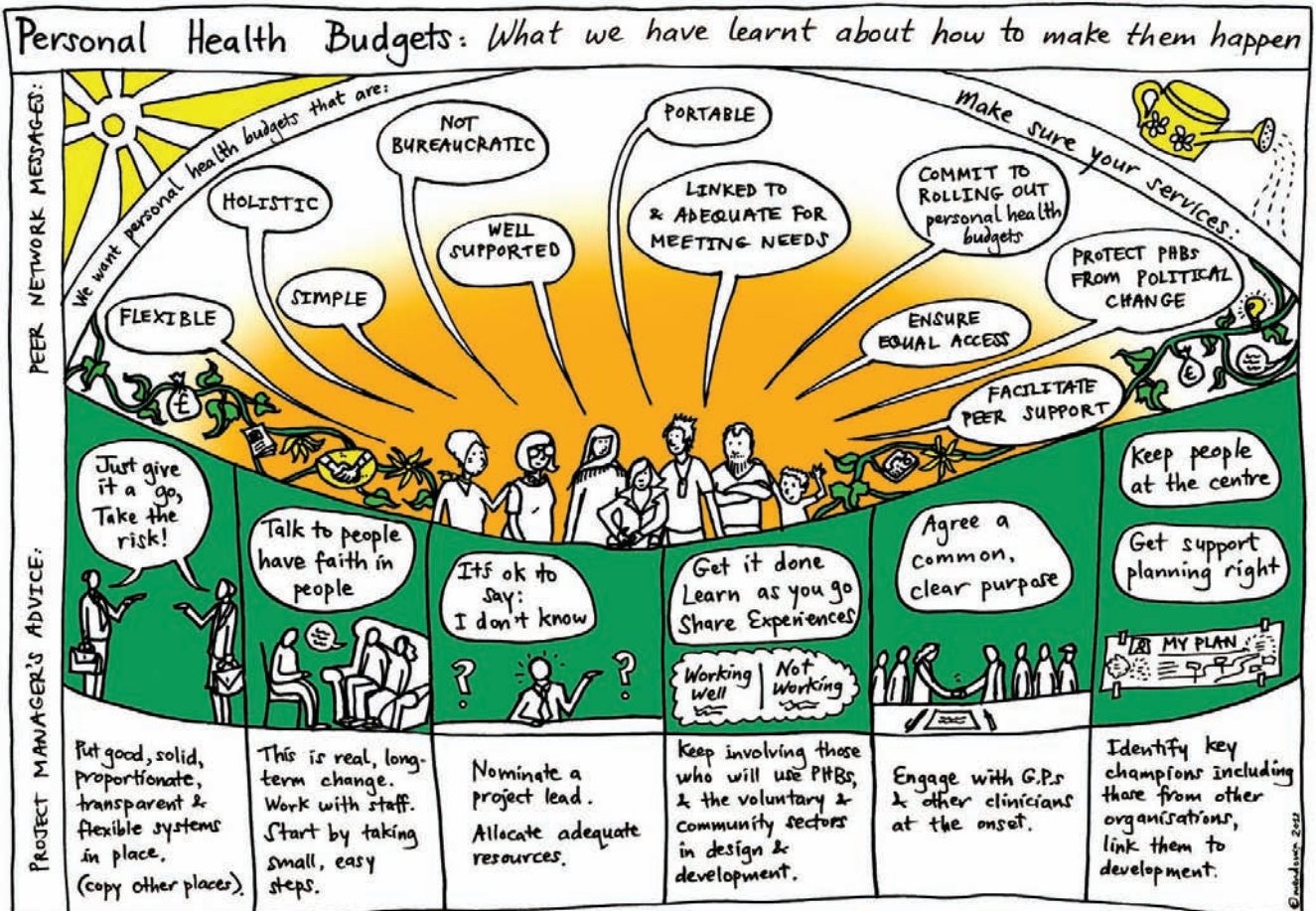
They are also essential allies in helping to explain to NHS professionals and others what personal health budgets mean in practice and helping to get people on board.

- Alison Austin, personal health budgets policy lead, Department of Health

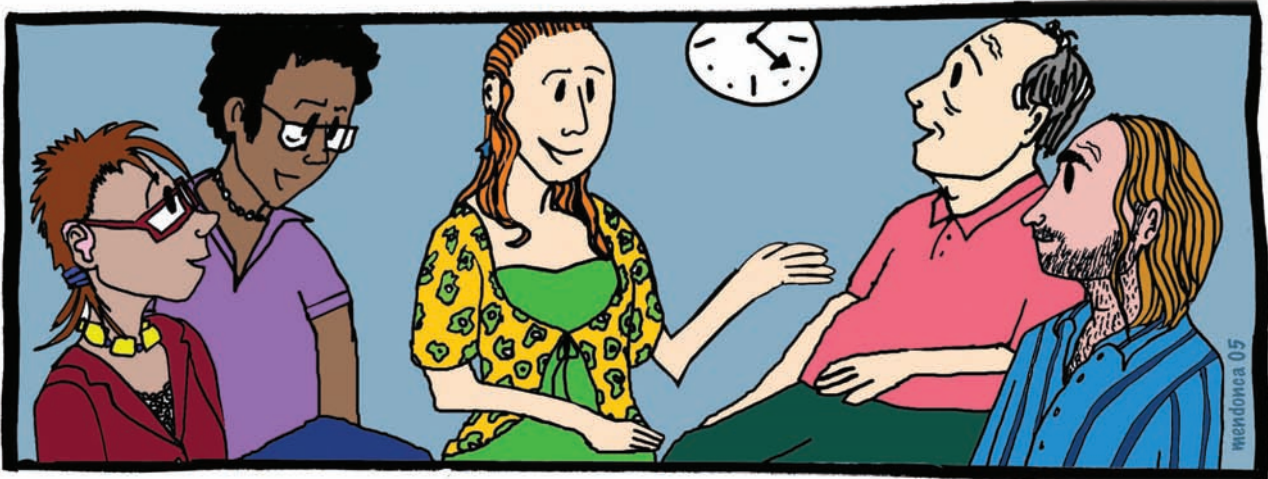
The national peer network was launched in spring 2011. Since then, local peer networks have begun to meet in some of the pilot sites. This guide sets out the learning to date, which should encourage the introduction of more local networks.

Local networks are both ends in themselves – in that they support the people concerned; and means to a broader result – through supporting effective local implementation of personal health budgets (see the Personal health budgets toolkit³ and the peoplehub network).² In particular, the guide on effective care planning⁴ highlights the role of local peer networks in shaping local systems as people begin to think about the implications of personal health budgets in their life.

What we have learned: advice from the national peer network and pilot site leads



3 Why develop a peer network?



The NHS perspective

With clear guidance and terms of engagement, peer networks have the potential to be enormously helpful for commissioners and others in the NHS in helping to produce the profound organisational changes needed to make the delivery of personal health budgets effective.

- Personal health budgets involve seeing patients from a fresh perspective and valuing them as people, not simply as patients. Peer networks will include people with a rich variety of life experiences, professional backgrounds, skills and abilities, bringing new perspectives on old problems.
- Personal health budgets involve a changed relationship between patients and the NHS in which the views of the patient and the views of health care professionals are brought together in a comprehensive plan to inform decision making. One of the most powerful ways to develop the conditions for this changed relationship is through successful modelling to show what the changed relationship means in practice. A good way to do this is for patients, NHS managers and staff to work together to agree policies and plans for delivering personal health budgets. A peer network is one means of achieving this. Such networks have the potential to change relationships on both a one-to-one and a collective level.



- Real life stories have the power to change attitudes. Gathering a group of people who are confident to tell their story and who understand the wider context of personal health budgets is one of the best ways to inspire professionals.
- People's contribution can go far beyond their stories. As the national peer network has shown, the more people are able to locate their own experiences and learning in the overall context of personal health budget policy and practice, the more confident they become in offering critical analysis of each suggested development.
- A peer network creates an opportunity to hear directly from people about how things are going and to discuss with them how things might change or be improved. A peer network can create many practical ideas. It brings policy and practice together. This early testing is very efficient. People can help spot pitfalls and approaches that will fail before they are implemented more widely.

- A peer network shares the responsibility for getting things right. NHS professionals and those using services often begin their engagement with a degree of wariness and even suspicion. Working alongside people with lived experience is a very effective way for managers to develop a shared understanding and strong working relationships, and to challenge assumptions. They are able to develop robust policies and procedures, celebrate successes together, and implement policies and practice based on real, lived experience. This enables all concerned to start believing that being transparent can be a helpful and positive experience.

The person's perspective

For many people with complex and long term health conditions or disabilities, life is a struggle which can be complicated further by bureaucratic NHS systems and lack of transparency. Peer networks offer people the chance not just for personal support, but also to have real influence. They assist people to build or rebuild their confidence, skills and self worth through taking on a role other than that of patient; they help people to step outside their own world and their own difficulties and see things from the perspective of others; and they provide the opportunity to give back, to make a contribution to something that is of manifest significance for the life chances of others. Through a peer network, people find they have the opportunity to relate to others in a similar situation, share experiences, and join together in mapping out practical ways to improve the process.

- People who have a personal health budget are usually very clear about the purpose of personal health budgets and know they have the potential to change their lives. Being involved in a peer network enables them to bring to life some of the central concepts in a practical way. They are able to influence development and delivery and ensure that personal health budgets stay true to purpose.
- Transparency is an important principle in personal health budgets – transparency around money, processes, and what the deal is. Peer networks require transparency and willingness to be open about local policies and practices so that people can find collective solutions. The benefit is that local people understand the real challenges in implementing personal health budgets, and appreciate the barriers and the degree of culture change necessary. Greater transparency about implementing personal health budgets and how decisions are made is a way of building trust. Similarly, clarity about decision making at a personal level builds trust between people and health care professionals. In this way, people come to understand why things are the way they are, and gain a better appreciation of the constraints facing organisations.
- A peer network enables people to shape and influence policy and processes that have a direct impact not only on their own lives, but also on the lives of others in their local community. People have a vested interest in being involved because they want the rules to make sense for themselves, and to be fair for everyone.
- Working with others on an issue that is so central to people's life and circumstances quickly creates a sense of shared ownership of personal health budgets, which builds their legitimacy and wider acceptance. This helps to establish personal health budgets on an equal footing to more traditional means of delivering health care.
- Giving people information empowers them. With information, people can support professionals to deliver personal health budgets more effectively. They can also support each other in practical and constructive ways.



- Being involved from the beginning, when there is a real opportunity to influence, is more satisfying, more interesting and allows people to be more creative.
- A peer group that has a clear strategic aim and a job to do may be attractive to people who wouldn't normally join a support group, and they often find that being in a group of

like-minded people with a shared vision can be tremendously supportive. It enables people to share ideas, test out their thinking, learn from each other and ask for advice. It also meets a need that many people express – the need to be useful. It gives people a sense of purpose that they may have lost if their life has changed dramatically as a result of a long term condition or disability.

Why is a peer network important to me?

- To give something back and to help those who need the assistance that I did, and still do sometimes.
- Learning from others' experiences.
- Shared values and a determination to make it happen.
- More power in numbers.
- Breaking the sense of isolation.
- Enables us to have a real influence.
- Meeting like-minded people.
- Sharing information – being kept up to date with what's going on.
- Being seen as the experts we are.
- Honest and open conversations.
- Opportunities to speak at national events.
- Challenges the views of people and makes them rethink.
- Test out ideas in a safe space.
- Feeling valued.
- No-one needs to worry about what they're saying – it's non-threatening and non-competitive.
- When you meet people with a wide variety of experiences, you're in a better position to help others – a greater body of knowledge.

4 Working with people – the importance of co-production

There are many definitions of the term co-production, including this one from the world of social care:

It is active input by the people who use services, as well as – or instead of – those who have traditionally provided them ... Co-production is a potentially transformative way of thinking about power, resources, partnerships, risks and outcomes. To act as partners, both users and providers must be empowered. Co-production means involving citizens in collaborative relationships with ... staff who are able and confident to share power and accept user expertise.⁵

The national personal health budgets peer network is based on this thinking. The aims of the network were to co-develop personal health budgets with the Department of Health, by enabling people to contribute on a level playing field through empowering them with information and knowledge in an environment that provided some rules and structure. The national peer network sees itself as a community of people with a shared vision, a learning network, a peer support group and a training programme.

These elements are complementary. If peer networks are to succeed, we need to work and communicate with them in ways that are radically different from those we are used to. People must be seen as active partners, with a perspective that will sometimes be at variance with that of the NHS, but who have something substantial and valuable to offer.

Person centred

When meeting with networks, managers need to leave behind the safe ground of agendas, minutes and formal chairing arrangements, and engage with people in ways that are comfortable to them, while providing the structure needed for clear communication. Both the national peer network and local networks make use of person-centred thinking tools⁶ to structure meetings, set priorities and provide a sense of connection with people's lived experience. Managers should familiarise themselves with these tools.

Reciprocal

The national network developed a model aiming at a reciprocal relationship between group members and the Department of

Health – to balance the needs of the organisation with the needs of the group, while remembering that a group is also made up of people. The ‘contract’ was a shared commitment to the development of personal health budgets in all their complexity.

Responsive

The national network meets bimonthly: it deliberately does not work to a structured programme, but develops organically in response to the evolving national programme and issues that arise for members. It makes

use of person-centred thinking tools to co-produce outcomes that are helpful to the group and that also support the personal health budgets pilot programme. This approach is readily replicable in local networks provided there is leadership and commitment from both NHS leaders and local people.

Impact

The national peer network makes its impact as clear as possible by recording outputs that are explicit and visible. It aims to be supportive, to be fun, and to celebrate its successes.

Main principles underpinning peer networks

- **Respect** – everyone’s contribution is valid.
- **Equality** – no-one’s contribution is more important than anyone else’s.
- **Inclusion** – people are members of families, friendship groups and communities.
- **Diversity** – involve people of different ages, ethnicities and backgrounds, and with different health conditions.
- **Independence and interdependence** – people work together towards a good life for all.
- **Strength** – by growing in confidence and numbers, we can have more impact on what needs changing.
- **Celebration** – always celebrate success and move on to the next challenge.
- **Trust** – all the above is best achieved in an atmosphere where people trust one another, are comfortable and feel safe.

Values and principles into action

How do peer networks put these values and principles into action? How do they strike a balance between what matters most to the person, and what matters to the wider network and its purpose? How do people retain a sense of controlling their own destiny, while also working in partnership with the NHS and others?

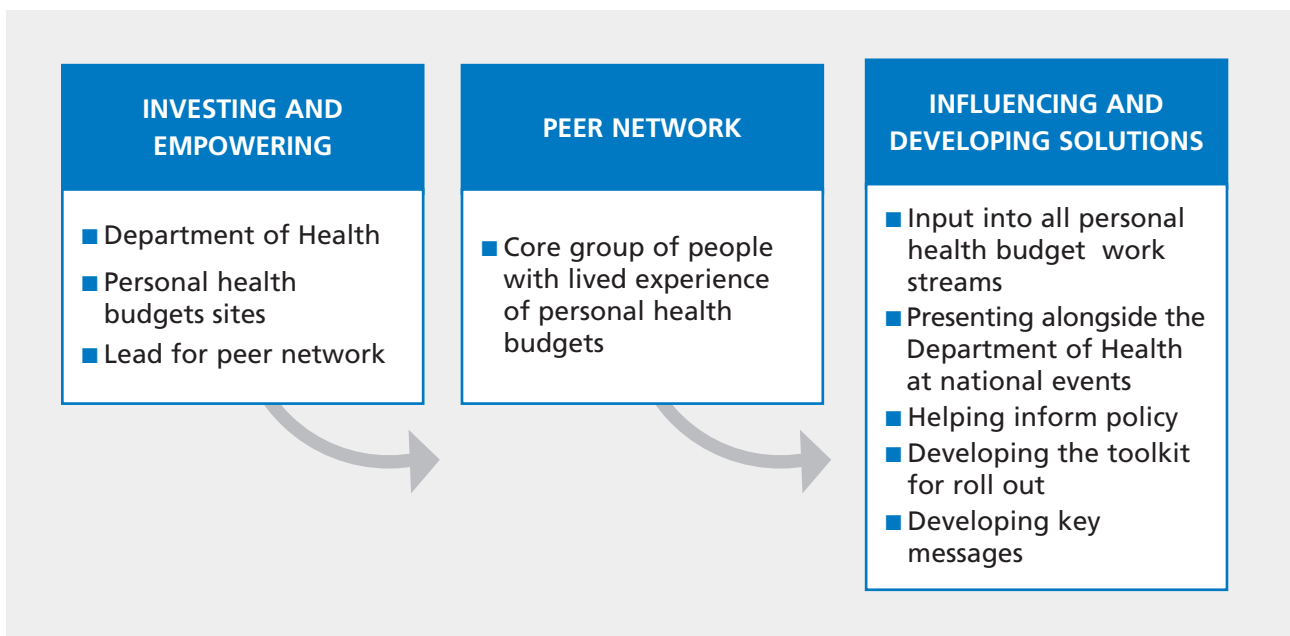
Person-centred thinking tools⁶ can help us to find out what matters and how people can be supported to participate in this way. One example is the use of one-page profiles to find out:

- my gifts and talents: what people say about me
- personal health budgets: what's important to me about this work
- how people can support me to do this work and how I can support others.

Connecting with what matters most to people is especially important when they aren't well. There needs to be a commitment to developing a trusting relationship, a willingness to be honest and to forgive mistakes on both sides.

The model of peer networks that we have tested strongly suggests that one critical success factor in reconciling these difficult things, and keeping focused on what matters most to people, is to create a strong core group of people with lived experience of a personal health budget.

5 Developing a core group of people with experience



The model used to develop the national peer network involves establishing a strong core group made up almost exclusively of those in receipt of a personal health budget, their family members, or those preparing to receive one. This model is also a sound basis for developing local peer networks. There are a number of reasons for this.

- This approach goes some way to correcting the power imbalance between people and professionals. It can be intimidating to join a group of people who are confident in

their knowledge about local policies and practices. Bringing people with lived experience together, in a space where they can test out their thinking and understanding with others in a similar situation, is a helpful means of developing their knowledge and confidence. This is very much a personal development process, a journey of discovery for people who have found themselves in a dark place and have (often) lost faith in public services. This approach doesn't exclude project leads or other clinicians or managers from all meetings.

It just means that on balance the core group is made up of people with a personal health budget and their family members. This gives the core group a degree of autonomy and independence needed to ensure it develops as a safe space for people to test out their thinking and learn from each other.

- At the beginning of a network's development, it's important that the views and ideas of those with lived experience aren't drowned out by professionals who have had more opportunity to think about the issues being raised. People with lived experience don't have formal professional groupings or networks from which to learn in the same way as professionals, nor do they have a professional body where they can safely discuss issues with like-minded people.
- A peer group can give people the same opportunities as health care commissioners, project leads and others, who often have their own learning communities and networks. It can also provide a safe space where people do not need to ask questions of each other (people with lived experience have a ready understanding of one another's situation), or to expose themselves or test their understanding with the people who have the power to influence their life. It feels risky to say something isn't working in front of the people who provide or commission it.
- A central aim of this approach is to empower those using personal health budgets by providing them with high-

quality information, which they are allowed to assimilate in their own way and at their own pace. Experience with the national peer network suggests that building up a group of people who are confident to speak out about complex issues in relation to health care, choice, control and the subtleties of implementation in a difficult, changing environment requires a high level of investment and a sharp focus on the needs and strengths of people, as well as the wider network.

- A group of personal health budget holders and family members offers the opportunity to rehearse. Rehearsing answers to complex questions and testing out our understanding of complex issues gives us confidence to speak out when it comes to the real, challenging situation. The national peer network took the opportunity to rehearse sharing personal stories to give them confidence to speak publicly and at high-profile events. Rehearsing is a great way to empower people.



The national peer network had a clear intent to amplify people's voices. It also recognised that there is strength in numbers. Those involved knew the group needed to be large and strong enough so that people could dip in and out. They also wanted a degree of flexibility and to ensure multiple perspectives. So the group worked hard to ensure there was representation from people with different health conditions and in different situations. The group includes people with their own personal health budgets, as well as family members who have experience of a range of health conditions including mental health issues, multiple sclerosis, learning disabilities, spinal injuries, epilepsy and dementia. The group spans a wide age range and includes people of different ethnicities and cultural backgrounds.

Investment

Developing a strong core group of people with lived experience of personal health budgets is critical to the overall process of empowering people to play an active role in the development of personal health budgets. The model (page 12) shows that developing a peer network is a dynamic process where knowledge, information, resources, creativity and thoughtful challenge flow into and out of the group. While the core group has largely remained constant, there has been active investment in the group in relation to time, energy, knowledge and resources. Financial investment has made it possible for people to

attend meetings, but there has also been the investment of time and energy by Department of Health staff and the lead for the peer network. The Department of Health ensured that peer network members had enough knowledge about the context, purpose and important elements of a personal health budget to be able to co-produce solutions within the different work streams, contribute to policy making, develop core messages, and make inputs into the toolkit.³ The ideas and contributions that have flowed from the group have been insightful and robust. The lead for the peer network has also invested time and energy in developing relationships within the group.

Leadership and facilitation

Strong leadership and skilled facilitation are critical to the development of a peer network. To find the right person to fulfil these roles, it's helpful to develop a clear picture of what is needed and the sort of person who could do the job. It is then important to plan a process that has regard to equal opportunities and that includes members or prospective members of the network. The leader may or may not be the same person as the facilitator, depending on people's skills and confidence and the support available to undertake the roles.

Facilitating the meetings involves developing an outline for the session. A facilitator will open and close the meeting, set the tone for the discussions, focus and often record the

content of the discussions, and facilitate interaction within the group. In terms of facilitation, it's helpful to think about the whole person and their skills and abilities. Lived experience of a personal health budget is important when facilitating a group – it creates an affinity with the group and brings its own legitimacy. It will also influence the values and priorities within the group.

Leading a group requires energy, so it's important that the leader has a strong personal desire to fulfil the role. Whoever leads the group will need support at the beginning, but this should be empowering and enable the leader to take on more responsibility over time. Our experience suggests that support can take different forms, but essentially it comes from peers – other people using personal health budgets who share the sense of purpose and mission. Ideally, leadership of a peer network should be invested in a person with lived experience who has the right qualities and skills. The leader will also need a sound knowledge of personal health budgets in order to plan meetings and answer questions from the group. A good leadership style will be facilitating, involving and valuing. It's really important that leaders are good at saying "thank you" for people's contributions and



transparent about how their contributions have been shared. The group's success will depend on strong relationships, both within the group and with the main NHS partners, which need a sustained investment of time and personal contact – leaders need to possess a degree of relentlessness and doggedness.

Leadership roles should be paid, and involve some formal accountability to the wider network. Accountability needs to be both effective and light touch: one of the principles of the personalisation agenda is to move away from complex and burdensome procedures, and this also applies to accountability arrangements.

Successful meetings

ENSURE	AVOID
The peer network is resourced properly	Underestimating the importance of investing time and resources in the group
Roles and responsibilities for leadership and facilitation are clear	Poor leadership and facilitation
Members know what they are joining	Expectations that are too many/too diverse
The leader is knowledgeable about personal health budgets	The leader having a poor understanding of the purpose and processes of personal health budgets
Members' contributions have a clear impact – people need to know they are being listened to	A tokenistic approach – people will quickly notice
Meetings are dynamic and responsive	Rigid bureaucratic structures and processes
People are brought into the group at the earliest opportunity and at a stage when everyone can learn and find solutions together	Developing a peer network after the majority of policies and processes have been agreed and put in place
Policy and processes are co-produced as much as possible	Only bringing simple decisions to the group (nothing to get their teeth into)
Investment in the peer network means people can contribute to decision making on a level playing field	People lacking comprehensive information and sufficient time to read and digest things for their comment and contribution
The conditions make it easy for people to contribute	Incomprehensible jargon and acronyms
The group's processes remain constructive, interested, supportive and focused	The group lacking enough useful work (so the network becomes complaining rather than constructive)
The peer network is both a collective voice and a group of individual views	Inadequate understanding of and response to group process and dynamics

6 Practical issues

Commissioning a peer network

Always bear in mind your role, and how you are perceived. If you are a part of a clinical commissioning group that holds the purse strings and has to make difficult funding decisions, people on the receiving end will regard you with some reserve. If you are a clinician or health care provider, you may also be seen as occupying a position of power and possibly as having vested interests. One way to mitigate these perceptions is to set clear ground rules for the peer network, using the reflections above, but then commission an independent person or organisation to set up the network. Place trust in people using personal health budgets and their families – they are experts through experience.

A peer network needs to be resourced properly. Leadership roles need to be paid, as do people's expenses. Childcare and other caring responsibilities should also be paid for.

The process to get the network going will require careful thought and a degree of patience. Strong peer networks take time to develop.

On average, a network takes up to six meetings over 12 months to form a strong core group. Almost certainly it will succeed or fail on the back of the personal commitment of one or more local personal health budget users. One of the most important things NHS commissioners can do is provide good support to people who emerge as potential leaders. Other resources may also be available to get things moving – eg a patient involvement manager who has good local contacts, a third sector organisation involved in health issues, or a broker with local knowledge. Every locality is different and there is no simple prescription.

Setting up and running a peer network

However the network is commissioned, and whoever takes the first steps, the following practical considerations need to be borne in mind.

- It's helpful to think about the practicalities of meetings in some detail. Consider timings: do you hold meetings in the daytime or the evenings; do you meet in the week or at the weekend? You may not be able to accommodate the needs of the whole group in this regard, but try and make it as convenient as possible for most people. Raise this as an issue if necessary.



- Make sure meetings are held in the right kind of venue, preferably in a comfortable environment in the community rather than a boardroom. Think about public transport links and car parking. Create the right conditions for people to engage: think about physical access, lighting, temperature and ventilation, acoustics and refreshments. Lay out the room cabaret style (with people round tables) and make sure the facilitator can be seen and heard by all.
- Be very clear about the ground rules for meeting. Make sure the group is comfortable with these and they are accessible, perhaps displayed on a flipchart. Rules about confidentiality, and how to pick up difficult issues if a person is distressed, are especially important.
- Try and ensure you know who is coming; make sure they are welcomed and you know their names. Make special efforts with new members. Be aware when people don't show up, and follow up with them later. Is there a problem? Record apologies and note if a person is sick or unable to attend for some other reason.
- If you need people to make complex decisions, or you are worried there will be too much information for them to assimilate, or strongly held contrary views, it could be appropriate to send something to read in advance to set out the issues – but don't make a habit of this. Don't fall into the trap of traditional committee meetings with long agendas and a lot of supporting papers.
- All concerned need to be clear about the role, remit and functions of the group. The national personal health budgets peer network meeting was set up to support the pilot programme, so members were very clear that the purpose of the group was to co-produce ideas and solutions, to contribute to culture change, to support the various work streams, and to work with the communications lead. Local networks need similar clarity.
- People need to know how the group is positioned and perceived by the NHS and others: how much influence it has, and how they might realistically expect things to evolve in future. These things can be uncertain, but if so, say this. It's important to strike a balance between frightening people off with too much responsibility, and suggesting that they will not be listened to.

These things can change over time – groups can gain or lose influence – so part of the skill is getting across that the network’s destiny rests in the members’ own hands, at least in part.

- What is expected of the group needs to be commensurate with the input of time and resources. People need enough information and confidence to make well informed contributions, and that requires investment, but not too much to overwhelm them.
- Establish practical rules. People need to be clear about what they are committing to when joining – how long meetings run for, how frequently they meet; but also about reimbursement for their time, what expenses can be claimed, whether childcare and other caring responsibilities can be claimed for, and so on.
- Do your best to help people to feel relaxed and to join in. You can’t go back to the beginning of the developmental process every time a new person joins, but it’s important to revisit central concepts over time and recognise the challenges of joining a group further down the line.
- Give people time to settle in to the network and get to know one another. It takes time and effort to make contact with people and nurture relationships.

It will take at least four meetings before the group starts to form and then perform properly – group dynamics are complex and need careful facilitation. There also needs to be an investment of time in sharing the local context. People assimilate information over time and at their own pace, so as the group grows it can begin to wrestle with the more difficult questions.

- Be open and encouraging. Don’t assume that because a person has a complex health condition, they’ve got too much on their plate. Participation in the national peer network showed that even people in receipt of NHS Continuing Healthcare want to have a chance to contribute, and their contribution can have real value. Give people the opportunity, whoever they are and whatever their circumstances.
- Keep the basics of person-centred thinking in mind at all times.⁶ If things get difficult or stuck, ask people what is working and not working regarding the point at issue.
- Consider the best ways to record the meetings. Person-centred thinking tools provide several options (and resources) here.⁶ The record needs to be clear, easily understood and useful to the group.

7 Conclusion

Peer networks can be extremely helpful, rewarding – and fun. If done well, they can build local enthusiasm and momentum for personal health budgets in ways that are both positive and realistic.

Such networks do require the investment of time and effort to get going and to get right. Experience suggests that such investment is fully justified.

We have worked with Jo Fitzgerald and Colin Royle from peoplehub to help us set up and facilitate a local personal health budgets peer network. The peer network has brought together an enthusiastic and energetic group of people who have helped the team in Oxfordshire develop and test out new ideas around personal health budgets.

They have challenged us to think about things differently at times, but are our biggest advocates and supporters. Within a few months the people in the group have grown in confidence, so much so that they are now writing articles about their experience of having a personal health budget, have been involved in making a local DVD about what having a personal health budget means and have spoken at several local and regional events. It has taken a few meetings, but now the group has real focus and purpose and we are looking forward to the peer network helping us shape personal health budgets in Oxfordshire as we offer them to more people.

- Trudy Reynolds, personal health budgets lead, Oxfordshire

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Personal health budgets team

Websites: www.personalhealthbudgets.dh.gov.uk/toolkit
www.nhs.uk/personalhealthbudgets

Email: personalhealthbudgets@dh.gsi.gov.uk

Department of Health customer service centre: 020 7210 4850