



MOORE BLATCH
solicitors

Personal Health Budgets

This factsheet explains Personal Health Budgets, what they are, how they work and can be managed.

National Health Service Act 2006

Under the NHS Act 2006, the Secretary of State is required to promote a comprehensive health service designed to secure improvement in:

- a) The physical and mental health of the people of England; and
- b) The prevention, diagnosis and treatment of illness.

NHS versus Local Authority (LA)

Previously, all services defined as 'health needs' were supplied by the NHS free to patients without means assessment. Direct payments to patients could not be made.

If the need was 'social', the LA was responsible for providing services, but an individual's means were taken into account and direct payments could be made. The problem has always been a reluctance by health services and social services to engage and collaborate.

The Health and Social Care Act 2012 is part of the Government's vision to modernise the NHS; built around patients, led by health professionals and focused on healthcare outcomes.

As a result, Clinical Commissioning Groups (CCGs) can now make direct payments for healthcare via a Personal Health Budget.

This aim is for the integration of health and social care services and a collaborative approach to an assessment of needs and the delivery model.

A new approach

- Integrated assessments for health and social care
- Joint care planning and delivery
- Identification of needs and allocating Personal Health Budgets which can be received by way of direct payments

Integrated health and social care

Personal Health Budgets will be combined where appropriate, with direct payments awarded for social care and the assessment, planning and monitoring process ensuring that health and social care will be joined up.

The Department Of Health's (DoH) vision is to give people with long-term conditions and disabilities greater choice, flexibility and control over their healthcare and support.

Who will benefit?

Those with long-term needs who satisfy NHS Continuing Healthcare criteria:

- In hospital through discharge planning
- Whilst in residential care
- In the community

Where Personal Health Budgets will work best

- Patients with a clearly defined care plan / pathway
- Easily quantifiable activity units
- Patients with stable, predictable health and social care needs
- Patients in regular contact with a health professional
- Non-specialist interventions

Southampton



Lymington



Richmond



London

Essential parts of Personal Health Budgets delivery

The patient (or representative) must:

- Be able to choose the health and wellbeing outcomes they want to achieve
- Know how much money they have for healthcare and support
- Be able to create their own care plan, with support, if they wish
- Choose how their budget is held and managed
- Spend the money in ways and at times that make sense to them

Application and assessment process

- Eligibility for Continuing Healthcare established
- Provision of information
- Identification of health and wellbeing needs
- Indicative budget setting
- Care / support planning
- Final budget set
- Payment choice
- Implementing care and support
- Ongoing support and review

Provision of information

The patient must understand their health condition and needs, know which services and treatments are available, how much money is available and how it can be spent to achieve their desired health outcomes.

Identifying needs

Little is known of precisely how CCGs will ensure all relevant health needs are identified. Methods may include:

- Consideration of in date reviews – within the year
- Use of 72 hour charts
- Discussions with patients
- Service requisitions

All relevant needs must be identified to ensure a budget is fixed commensurate with those needs.

Indicative budgets

The CCG will fix an 'indicative' budget to estimate the sum available to purchase care and support based on needs identified at an assessment.

Care and support planning

A support plan will be created to show how the Personal Health Budget will be spent, which considers:

- Clinical diagnosis information
- Options for treatment or care
- Contextual information about lifestyle and the impact of disability
- While care planning has always been professionally driven, Personal Health Budgets will be shaped by the individual. The patient will help to manage and design their own care package.

Many will benefit from independent support in the care planning process.

Final budget set

Once care and support planning has been concluded, the budget may need to be revised before it is signed off.

A final cost form will detail prices for each service purchased including start-up costs and any respite care agreed. A direct payment agreement form will then be signed by both parties.

The DoH states Personal Health Budgets must be compatible with the core principle that NHS care is based on clinical need, not hours or the ability to pay. The budget is there to meet the individual's agreed needs in full.

Getting the best Personal Health Budget

The Personal Health Budget must focus on identified health and care needs with a budget commensurate with those needs.

DoH best practice suggests representation may be needed in the form of professional advice, advocacy and brokerage to make plans work and manage risk.

Personal Health Budgets are about sharing responsibility and working in partnership. They are also about improving decision making and giving patients ongoing support.

What support is needed?

Individuals will need to:

- Be directed to people, places or things that might be useful
- Know how their plan can be put into action
- Work with simple processes
- Obtain support from people they trust
- Be able to choose who provides ongoing support
- Receive advice from a range of people
- Have support putting the plan into action by a person who knows them and their circumstances
- Know there is someone to speak up for them if necessary
- Receive support in co-ordinating services
- Have a known individual to inform when everything in their care plan is working well, and to contact if their needs change

Budget management

A patient may decide to manage the money themselves and be responsible for arranging care and healthcare. Another option is a "notional budget," which the CCG will manage and continue to provide care in accordance with the agreed plan.

The third, often preferred, option is for the budget to be paid to a third party to manage. There are organisations and special providers who will review the care/support plan and budget, arrange care providers, deal with employment, payroll and implement the total care package.

Reviews

Personal Health Budgets can be altered if needs change and are subject to annual review.

Legal Representation

We are a leading law firm offering a full range of commercial and private client services with expertise in:

- Community care
- Administrative and public law
- Education
- Personal injury and clinical negligence claims
- Disability discrimination
- Healthcare law
- Tax and trusts
- Court of Protection matters
- Housing issues

We are able to provide full support to individuals entitled to request and obtain a Personal Health Budget. We will ensure all relevant needs are identified and assessed and a budget commensurate with these agreed.

We will use our expertise to ensure any budget awarded is focused on an individual's genuine health and care needs.

If you or a family member require advice and support, we can provide an initial assessment of your case entirely free of charge please contact us on **023 8071 8000** or email paula.barnes@mooreblatch.com

M O O R E B L A T C H
solicitors

www.mooreblatch.com