

# Personal Health Budgets

## What are PHBs?

A Personal Health Budget is an amount of money paid to an individual by the NHS to help them manage their care in a way that suits them. Those eligible for a PHB will be able to use their budget to support their identified health and wellbeing needs, planned and agreed between them and their local NHS team.

At the centre of the PHB is a care plan. This sets out the agreed health and wellbeing outcomes that they want to achieve and how the budget will be spent to help the individual.

The latest mandate from the Government to NHS England, the way the Government sets out their objectives and budget for NHS England, says they expect that 50,000-100,000 people to have a PHB by 2020. This is a significant increase from the 4,000 who currently have them. The intention is to roll out the scheme to more patients with complex needs and multiple long-term conditions.

[Find out more about PHBs.](#)

## Role of infrastructure

The growth of PHBs creates possible new roles for local infrastructure. Many people will use PHBs to get non-clinical support. This could increase the amount of community based healthcare, many of these services will be the type that social prescribing also supports.

Some NAVCA members may want to explore the possibility of creating (or extending) a Single Point of Contact (SPoC) model to help smaller organisations continue to support local communities (or even expand what they are doing). This may include providing traditional infrastructure support to local organisations to make them ready to be involved in PHBs. Quite a few NAVCA members are doing similar work with social prescribing and/or health navigators so it may not be a huge leap to get involved in PHBs.

NAVCA members may also want to help local groups – particularly user-led groups - to support people to develop the knowledge and ability to be active participants in their own health.

Local Infrastructure will also want to make sure that people involved in PHBs can feed back thoughts, ideas and concerns back to local health systems.

And as always a key role of local infrastructure will be to make whatever you face locally work as well as possible for local people, communities, groups and charities.

## Are PHBs welcomed by all?

It is worth recognising that there has been some criticism of PHBs. This criticism has come from both the left and right of British politics.

Some on the left view PHBs as an attack on the NHS's ability to provide universal services. It is sometime seen as privatisation via the back door and a cover for cuts. However, others recognise the value in giving power to people over their services. An interesting view from the left can be found in this blog, "[In defence of personal health budgets](#)".

Some on the right have criticised PHBs as being a waste of money. They do not share NHS England's belief that PHBs can lower costs and improve outcomes. A good example of this is the Daily Mail story about PHBs being used to fund "families' trips, pedalo rides and even a summer house." Interestingly the story originated in Pulse magazine, a magazine for GPs. Maybe not unsurprisingly there is some unease from GPs about this idea and spending money on non-evidence based care – and possibly some doctors are not always the quickest to properly value non-medical care.

Most NAVCA members would reject criticism that community based health solutions are a waste of money. You probably know of many examples where people have significantly improved their own health and wellbeing in this way. This criticism is also simplistic as PHBs can only be spent on products and services agreed with care professionals that are considered to improve someone's life.

There is an issue, one that will be very familiar to NAVCA members, of evidence. Community based health services just do not have the evidence base that clinical services do (and NAVCA are also involved in a project run by Nesta called Realising the Value that aims to address this problem). Research of early pilots of PHBs showed that patient wellbeing and quality of life appeared much improved but clinical indicators were not conclusive. But, as a [policy paper](#) from The King's Fund on PHBs said, "Who should determine what is valid evidence? What is the most valid outcome for a patient?"

NAVCA is supportive of moves that support community based health and care solutions and also any policies that help people have more of a say over the design and delivery of the services they use. We support the approach summed up in the Five Year Forward View.

"Personalised care will only happen when statutory services recognise that patients' own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care; and that patients, their families and carers are often 'experts by experience'."