

Consultation: Personal health budgets and integrated personal budgets: extending legal rights

Introduction

The Voluntary Voices partnership comprises three voluntary and community sector organisations -- Volunteering Matters, National Voices and NAVCA -- which share the objective of promoting person-centred care and integration across health and social care. Established in 2012, the partnership has an extensive national reach to individuals, user-led organisations, and local and national Voluntary Community and Social Enterprise (VCSE) sector organisations. It has also had much experience in delivering and advising on personalised practices.

Over the last two years, the Voluntary Voices partnership has been raising awareness of the importance of local VCSE organisations in the personalisation of health and care services, particularly their role in enabling people to access and make effective use of Personal Health Budgets (PHBs).

This consultation response is therefore submitted by National Voices on behalf of Voluntary Voices.

Voluntary Voices PHB work

The Integrated Personal Commissioning Programme sought to bring about system-wide change in health and social care. Five key shifts have been promoted through associated service components including community and peer support, multidisciplinary teams delivering Care and Support planning, and Integrated Personal Budgets.

Within the context of the IPC programme, Voluntary Voices has been enabling the Voluntary, Community and Social Enterprise (VCSE) sector across England to become better equipped to respond to these new ways of working, and to play a role in relation to the introduction of PHBs. We hosted a range of events in all regions of England with the aim of bringing organisations together to learn, and to establish support networks.

Working with local VCSE organisations, we often heard compelling evidence about PHBs enabling people to make new choices, take more control and share responsibility for their own health and wellbeing. We heard from people with lived experience how PHBs had helped them to be active citizens, who feel in control of their own lives and included in the lives of their communities.

However we also heard of some of the practical concerns and issues with the implementation of PHBs. Organisations explained their frustration with the difficulties in engaging, developing a working relationship with the appropriate CCG and then capitalising upon that relationship.

We have since produced a report on this project as well as our core findings which you can find here <https://www.nationalvoices.org.uk/publications/our-publications/ipc-personal-health-budget-support>

Feedback on the consultation proposals

First, we would like to commend and congratulate the Department for continuing to promote personal health budgets. We see PHBs as one important option for people to experience person centred care and support. As such we would in general support extending the 'right to have PHBs' to other people.

We do not currently have strong opinions on whether particular groups of people should be prioritised over others and would not wish to promote certain patient demographics based on either presumed or perceived need. Individuals should be assessed as individuals.

Furthermore, while we support the principle that patients should be able to have one assessment, one care plan and then one budget, with the information provided in this consultation it is hard to say whether the budgetary mergers suggested would be positive. There are risks that are associated with this type of action and any combined budget would need its own thorough scoping and risk analysis.

Additionally we are pleased to see that the Department is looking at different ways to encourage more aligned, joined-up and person-centred care. As such we are in general supportive of the aim that, where people define their need for employment support in the context of their care planning conversations, this should be readily accessible.

Personal Health Budgets are not for everyone. There will be people in all demographics who do not wish to have this level of responsibility and would rather continue to receive their care and support through other channels. This is a really important point and one not to lose.

We appreciate that CCGs have a requirement to deliver target numbers of PHBs, and the aims of this consultation seem admirable, but this should not impact on patient choice and should instead drive forward the associated changes in culture and process required for fully effective implementation.

Contact

Please contact National Voices' Policy and Public Affairs lead, Hannah Chalmers, if any further clarification is required on the contents of this consultation submission. Her email is hannah.chalmers@nationalvoices.org.uk.