

The integration of personal budgets in social care and personal health budgets in the NHS



Joint position statement
of the Royal College of Psychiatrists and the
Association of Directors of Adult Social Services

Position Statement PS01/2013
March 2013

Approved by the Central Policy Committee
of the Royal College of Psychiatrists: February 2013
Due for review: 2014

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Summary

The Association of Directors of Adult Social Services (ADASS) and the Royal College of Psychiatrists (RCPsych) are committed to facilitating recovery for people with mental health problems and support the use of Personal Budgets in social care and Personal Health Budgets in the NHS as tools for recovery.

- Both organisations are committed to increasing the low take-up of Personal Budgets for individuals with mental health problems by tackling unnecessary bureaucracy and a lack of information among clinical staff.
- We believe that everyone who chooses to have a Personal Budget and a Personal Health Budget should have the right to an integrated assessment across the NHS and social care, an integrated support plan, a single individual budget and an integrated review, regardless of how they choose to hold the money.
- We are committed to working closely together to develop integrated individual budgets to support recovery, building on the work already underway by the Department of Health.
- We are committed to developing models of integration and to working together to overcome the barriers to integration, in order to promote recovery for individuals with mental health problems.

Personal budgets, personal health budgets and recovery

PERSONAL RECOVERY

Personal recovery is rooted in the lived experience of people who have themselves faced the challenge of living with and growing beyond a diagnosis of mental health problems. It is about recovering a life – supporting and enabling people to lead flourishing and fulfilling lives independently in their local communities.

In line with the government’s strategy No Health Without Mental Health, ADASS and RCPsych believe that the purpose of mental health services should be to support each person’s recovery journey and the achievement of goals that matter to that individual, rather than to focus exclusively on clinical recovery. This means a shift in the relationship between professionals and individuals to one with a greater emphasis on partnership.

Personalisation and recovery are part of a common agenda for mental health system transformation. At their core, both are rooted in self-determination and reclaiming the rights of full citizenship for people with a lived experience of mental health problems. In this, they place an emphasis on the expertise of lived experience and require significant changes in the culture, practice and organisation of mental health services.

PERSONALISATION AND PERSONAL BUDGETS

Central to personalisation are Personal Budgets (PBs) in social care and Personal Health Budgets (PHBs) in the NHS. PBs and PHBs give individuals and their carers greater say over the way in which their health and social care needs are met. They do this by transferring control of public resources to individuals. PBs and PHBs are important tools for recovery because, by giving greater control to individuals and allowing them to go beyond statutory services to pursue recovery as they define it, the approach essentially embeds the three core components of recovery: hope, control and opportunity.

PBs and PHBs are tools that have the potential to change the relationship between individuals and professionals in the NHS and social care, to bring professional expertise together with lived experience to achieve shared decision-making. They are a complement to clinical care rather than a replacement for it. Individuals will continue to rely on

professionals for clinical input into how they can progress in their recovery. While individuals have greater control through personalisation, clinicians will need to approve any choice of budget spend. This requires decisions to be underpinned by a collaborative process that allows clinicians to fully understand the motivations behind individual choices.

TAKE-UP OF PERSONAL BUDGETS

ADASS and RCPsych recognise that in order to make best use of PBs and PHBs as tools for recovery, there is a need first to address the low utilisation of PBs for individuals with mental health problems. In 2010-11, only 9% of adults with mental health problems who were eligible for a PB received one, compared with 41% of adults with a learning disability. Both organisations are committed to improving this uptake by tackling unnecessary bureaucracy and a lack of information among clinical staff in order to ensure greater opportunities for those with mental health problems to pursue their recovery and to exercise real choice and control through PBs.

PERSONAL HEALTH BUDGETS – THE NATIONAL PILOT

As part of the national PHB pilot programme which ran from 2009 to 2012, 26 sites across the country experimented with PHBs for mental health in areas such as early intervention, assertive outreach, high-cost residential placements, psychological therapy services, older people's mental health services and in community mental health teams. The independent PHB evaluation¹ found that PHBs are cost-effective for mental health. Compared to traditional service delivery they improve people's health-related quality of life and psychological well-being and also reduce indirect NHS costs. In response to this new evidence, ADASS and RCPsych recognise that PHBs provide important opportunities for individuals to pursue recovery as well as being a more complete approach to addressing their mental and physical health needs.

INTEGRATING PERSONAL BUDGETS AND PERSONAL HEALTH BUDGETS

The distinction between what is health care and what is social care is not clear and this creates duplication, fragmentation and waste at the boundary between the NHS and social care. Many individuals with mental health problems receive services from both the NHS and social care and are frustrated by the lack of integration between the two systems. This fragmentation is repeated in the context of PBs and PHBs, with limited progress to date on integrated individual budgets.

1. Forder, J., Jones, K., Glendinning, C., *et al* (2012) *Evaluation of the Personal Health Budget Pilot Programme*. Department of Health (<http://www.personalhealthbudgets.dh.gov.uk/Topics/latest/Resource/?cid=8603>).

While there has been some success at integration between the two services at the organisational level through joint commissioning and pooled budgets between PCTs and Local Authorities, less than 5% of total health and social care spending occurs through joint financing arrangements. Furthermore, integration at the organisational level does not guarantee an integrated experience of care for the individual.

By taking a whole-person approach, PBs and PHBs are already demonstrating that they can effectively support greater integration between the NHS and social care at the individual level. For example, individuals directing their own social care services report improvements in their health status. A significant proportion of spending by PHB holders is not on clinical care but on goods and services that may otherwise be considered social care, such as activities to promote social inclusion and employment.

Integration of services at the individual level is more likely to lead to an integrated experience of care than is integration at the organisational level, in large part because individuals have the strongest incentives to ensure that their care is coordinated. In the long term, ADASS and RCPsych believe that everyone who chooses to have a PB and a PHB should have the right to an integrated assessment across the NHS and social care, an integrated support plan, a single individual budget and an integrated review, regardless of how they choose to hold the money. At an organisational level, this can be achieved in different ways through different financing arrangements. The important dimension is that the individual's experience of personalisation is integrated and is arranged so it best promotes their recovery.

ADASS and RCPsych are committed to working closely together to develop integrated individual budgets to support recovery, building on the work already underway by the Department of Health. We are committed to developing models of integration and to working together to overcome the barriers to integration in order to promote greater recovery for individuals with mental health problems.