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Personal Social Services Research Unit

# Personal Health Budget Webinar

## 19 January 2015

### James Caiels

[www.pssru.ac.uk](http://www.pssru.ac.uk)

## Introduction

Welcome!

Aim of the webinar

What will PHBE<sub>2</sub> involve?

Questions during the webinar

Raise your hand and we will unmute you

or

Submit a question using the Question and Answer Box. We will email answers to questions after the webinar

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Personal Social Services Research Unit

# The Continued Impact of Personal Health Budgets

[www.pssru.ac.uk](http://www.pssru.ac.uk)

# Evaluation of the Personal Health Budget Pilot Programme

Pilot programme was supported by a three-year independent evaluation commissioned and funded by the Policy Research Programme in the Department of Health (2009-2012)

## Overall 64 pilot sites at outset

20 form the in-depth evaluation with the remainder forming the wider cohort

## Overall aim of the evaluation was to provide information on:

- How personal health budgets were best implemented
- How well personal health budgets worked
- Where and when they were most appropriate
- What support was required for individuals

## Key Objectives

To identify whether personal health budgets improved outcomes from the health and care system for people by giving them greater choice and control over the type of support they accessed and the way that support was organised and delivered

### Three questions:

1. Was there evidence that personal health budgets led to better outcomes as compared with conventional service delivery?
2. Was there evidence to suggest that specific implementation models led to comparatively better outcomes for budget holders?
3. What other factors were associated with outcome change?

## Evaluation Design

### Recruitment

- 1,000 people recruited to the PHB group
- 1,000 people recruited to the control group

### The evaluation covered:

- NHS Continuing Healthcare
- Diabetes
- Mental health
- Chronic Obstructive Pulmonary Disease
- Stroke
- Long-term neurological conditions

# Evaluation of the personal health budget programme

## Key findings:

1. PHBs improved care-related quality of life and psychological well compared to the control group
2. Overall costs were not significantly different between the PHB and control group, after baseline differences were controlled for.
3. PHBs were cost-effective compared with conventional service delivery, particularly for NHS Continuing Healthcare and Mental Health cohorts
4. Implementation process and PHB budget amount had a significant impact on outcomes, costs and cost-effectiveness
5. Evaluation explored impact of PHBs under pilot conditions  
    Couldn't explore the continued implication of PHBs  
    Could only make tentative assumption – affordability of PHBs

This was an independent evaluation commissioned and funded by the Policy and Strategy Directorate in the Department of Health. The views expressed are not necessarily those of the Department.

## Continued impact of personal health budgets

Department of Health-funded study (April 2014-March 2016)

**Over-arching aim:** To address the affordability of personal health budgets within the system and the scale of personalisation following the pilot programme

### Key themes

- Changes in commissioning patterns and provider landscape
- Health and social care integration
- Market development
- Continued impact of PHBs on quality of life, service experience and secondary care service use



## Research Team

### PSSRU (University of Kent)

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## Design

### Recruitment

1. CCGs that form the original pilot sites (in-depth and wider cohort) evaluation sites
2. Recruiting patients (or consultees)
  - a. Participants from the national evaluation (both PHB and control groups)
  - b. Patients who received a PHB following the pilot programme and evaluation

### Two work packages (Data collection: January and December 2015)

1. The commissioner and provider landscape
2. Patient empowerment

# Work package 1

## Commissioner and provider landscape

### Research questions

1. What effects do the changes in the system have on commissioners' and providers' behaviour?
  - Degree to which there has been a move away from block contracts
  - Changes in size of personal health budgets
  - Degree to which markets have developed
  - Degree to which providers find it easy to meet personalised packages
2. To what extent are providers using their freedom, and introducing innovation?
3. To what degree are personal health budgets providing a more holistic package of care by integrating health and social care needs?

## **Work package 1**

### Data collection

#### **Qualitative data collection**

Telephone interviews with:

1. PHB leads
2. Commissioners
3. Service provider

Collect current PHB support plans

Explore the original PHB support plans from the national evaluation

#### **Quantitative data collection**

Web-based questionnaire (service providers to complete)

## Work package 2

### Patient empowerment

#### Specific aims

1. The long-term changes in commissioning patterns associated with personal health budgets.
2. To explore the extent to which people with personal health budgets are moving away from conventional services.
3. Whether personal health budgets continue to have an impact on service experience, quality of life and secondary care service use compared to conventional service delivery.

## Work package 2

### Data collection

Explore original PHB support plans from the national evaluation

Current PHB support plans for:

- a. Patients who participated in the national evaluation
- b. Patients who received a personal health budget following the pilot programme and national evaluation

Secondary care service use information from the Hospital Episodes Statistics database for:

- a. Patients who participated in the national evaluation
- b. Patients who received a personal health budget following the pilot programme and national evaluation

Interview ten personal health budget holders

Outcome information from a postal questionnaire completed by participants

## CCG involvement

1. Recruit patients (and consultees) from the national evaluation of the PHB pilot programme (PHB and control groups)
2. Recruit patients who received a PHB following the pilot programme and evaluation
3. Post invitation documents to patients (or consultees)
4. Identify potential PHB leads to be interviewed
5. Send current PHB support/care plans to research team
6. Identify potential commissioning managers to be interviewed
7. Identify service providers if information is missing in support plans

## PHBE<sub>2</sub> research team will deliver to CCGs

1. Provide all paperwork for recruiting patients and consultees from the national evaluation
2. Reimbursement of research and support costs that CCGs incur (NIHR Clinical Research Network or research fund)
3. Local CCG reports
4. All reports, summaries and newsletters will be published on the PHBE website <https://www.phbe.org.uk/phbe-2/>
5. Conference organised at the end of the study to present main research findings



## Research Outputs

1. Draft final report to Department of Health: [February 2016](#)
2. Final report to Department of Health: [March 2016](#)
3. Research summary: [May 2016](#)
4. Local CCG reports: [May 2016](#)

## Next stages

Do you want to be involved in the study?

Send email to Karen Jones ([K.C.Jones@kent.ac.uk](mailto:K.C.Jones@kent.ac.uk))

For more info see website: <https://www.phbe.org.uk/phbe-2/>

### Research team will:

1. Circulate the project outline and newsletter
2. Apply for Research & Development approval for participating CCGs

Thank you for attending the webinar

Are there any questions?

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or

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