

Personal health budgets (PHB) are a new way of paying for healthcare for people with long-term conditions and disabilities, including autism. You can be given a personal health budget to pay for healthcare services. The personal health budget must be part of a care or support plan, which should explain all of your needs and how you would like these needs to be met.

Who can have a personal health budget?

Personal health budgets are sums of money that cover the cost of health services for individuals. At the moment, only people who are on 'Continuing Healthcare' (CHC) have a right to a personal health budget. Continuing Healthcare means the person has long-term health needs and has applied for special funding to help them pay for their healthcare.

Personal health budgets will become available to more people over time and anyone can request one, even if they are not on Continuing Healthcare. The Clinical Commissioning Group (CCG) makes the final decision on who can get one. Clinical Commissioning Groups buy health services for local people including money for hospitals, health equipment and health care in the home. Each area has their own Clinical Commissioning Group.

How do personal health budgets work?

To get a personal health budget you have to ask for an assessment of needs. If you have eligible needs then you must be given a care plan that will explain what services you need and how you would like them to be provided. For example, if you need equipment like a wheelchair, or if you have difficulties with communication, you could ask for money to help you access the community.

The amount of money for a personal health budget is decided by the Clinical Commissioning Group, based on how much it costs to buy the services you need. This is different for every person. This money can then be kept by the Clinical Commissioning Group to buy the services for you, can be given to you directly or can be given to a service that will look after the money for you.

You will not necessarily receive any actual money when you get a personal health budget. You will just be told how much it costs to pay for the services you need.

There are 3 ways of managing your budget:

1. A '**notional budget**': The Clinical Commissioning Group keeps the money, but they must spend the money on the things in your care plan.
2. A '**third party budget**': A third party - such as a care company or a specialist company that brokers services for people - looks after the money and buys the services that are in your care plan for you.
3. A '**direct payment**': You get the money paid to you directly so you can buy your own services.

What can personal health budgets be used for?

Personal health budgets can only be used for things that are included in your care plan and you will need evidence that this is being done. This is why it is so important to make sure that all of the services you need are included in your care plan and that the personal health budget you agree is enough to pay for everything you need.

The care plan must be personal to you and your individual wants and needs. This means that all sorts of different things can be included, as long as you can show that they meet one or some of your needs. All requirements need to be agreed and finalised with the Clinical Commissioning Group.

How can you apply for a personal health budget?

Each area has a different way to apply for a personal health budget so you have to research your local Clinical Commissioning Group and the way that their applications system works. Your GP or another member of your healthcare team should be able to offer you further advice on how to do this.

Useful resources

elearning.autism-connect.org.uk - Free e-learning packages, including a module on personal health budgets.