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Growing Personal Health Budget take up and impact

Cheshire and Merseyside

easy read

November 2025

NHS
Cheshire and Merseyside

INDEX AND INFORMATION

1. INTRODUCTION AND BACKGROUND

About this report

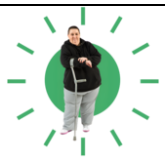
 NHS Cheshire and Merseyside	This report is about Personal Health Budgets (PHBs) in Cheshire and Merseyside.
communitycatalysts® unlocking potential effecting change	National Health Service England (NHSE) North West asked an organisation called Community Catalysts to do a piece of work.
	Community Catalysts were asked to talk to people who know about Personal Health Budgets.
	Community Catalysts were asked to find out how PHBs work and what gets in the way of more and better. The focus was on a type of funding called Continuing Healthcare for adults or Children's Continuing Care.
	Community Catalysts were asked to write a report and run an event to tell everyone what they had learned.

Personal Health Budgets (PHBs)

	Personal Health Budgets give people money to buy the care they need.
	They can happen in 3 ways:
	1. Direct Payment. The person gets the money and buys the care they need. They sometimes use the money to employ their own staff or Personal Assistant (PA).

	2. Notional Budget: The NHS keeps the money. They work with the person to help them choose care services. The NHS pays for the service for the person.
	3. Third Party Budget: An independent organisation gets the money. The organisation finds and pays for the services the person chooses.
 	There are 6 steps to every PHB. They are: • Clear information • Understand needs • Set a budget • Write a plan. Make sure the person gets choice • Organise care and support • Review everything

National policy and evidence

	There is a new NHS 10-year plan.
	The new plan says that more people should have a PHB.
	There is evidence that Personal Health Budgets save money.
	There is evidence that Personal Health Budgets help people live good lives.

2. PHBs IN CHESHIRE AND MERSEYSIDE

	Cheshire and Merseyside do PHBs well. NHS numbers say they rank 11th out of 42 Integrated Care Board (ICB) areas in England.

	Cheshire and Merseyside ICB also have a clear PHB policy that says how things should happen.
	Community Catalysts had conversations with 42 people
	People were in Warrington. Halton, Wirral, Liverpool and Sefton.
	People had different experiences of Personal Health Budgets. They were PHB holders or health, council or third sector staff.
	Community Catalysts read lots of written information.
	Community Catalysts heard and wrote down people's stories of using a PHB.
	Community Catalysts ran an event. At the event people shared their experiences. Community Catalysts asked people at the event if the things they had heard and learned were correct.

3. WHAT WE LEARNED

Things to celebrate and share

 	In some places in the country PHBs do not offer people much choice or control.
	This is not true in the 5 places in Cheshire and Merseyside. People in those 5 places can get choice and control.

 	Having a PHB helps people in Cheshire and Merseyside to live their life well.
	The PHB advice and supports services in Cheshire and Merseyside are very good. People with a PHB value these services.
	Health professionals like being able to draw on the PHB expertise of advice and support workers too.
 	People using PHBs in more than one way works well. For example, people who employ their own staff and also contract with a care agency.

Challenges

	Great things happen with PHBs in Cheshire and Merseyside. But they don't happen for everyone everywhere.
 	Lots of PHBs in Cheshire and Merseyside are called Notional Budgets. This happens even when the person has little or no choice or control.
	People with Notional Budgets have to use care providers that are on a council list.

	When councils change these lists sometimes people are not allowed to keep using a care provider they like.
	Some people who take a Direct Payment don't want to employ their own staff. They want to pay a care provider instead. There are lots of rules about which care providers they can use.
	The Care Quality Commission (CQC) registers and inspects some care services in England.
 	In Cheshire and Merseyside not everyone understands which services the CQC registers and inspects and which it doesn't.
	People said that CQC registered care providers are good and safe. Even when they know some are not.
	People said that providers who are not CQC registered are low quality and unsafe. Even when they know this is not always true.
	Many people Community Catalysts spoke to wanted a PHB to get away from poor care experiences.
 	People said that being an employer is hard. This might put some people off.

	If people take a Direct Payment, they can use it to employ their own staff or buy care services from a provider.
	Nurses know people have this choice. But they don't always tell people about it.
	In 3 places the ICB sets the rates of pay that people can pay their staff. Some people said the rates are low. This might make it hard for people to find staff.
	Nurses and team leaders talk a lot about families who do things they shouldn't with a PHB.
	They don't talk as much about care providers who do things they shouldn't when they are paid to provide care services.

5. OPPORTUNITIES AND RECOMMENDATIONS

Improve information and advice

	Good information is very important.
	People need to know about all the different PHB options in early conversations.
	People who already have a PHB might be good people to talk to those who are thinking about it.

	Some staff might need more knowledge to tell people about PHBs.
	The approach to advocacy in Liverpool and Sefton might work well for people who live in other places too.
	Hospital staff need to know about PHBs so they can tell the parents of new babies about them.

Review Notional Budgets and make them better

 	Notional Budgets don't always offer people choice and control. This should change.
	The computer systems some staff use might need to change too.
 	People with a PHB could check the paperwork sent by their care provider. They could make sure everything was correct. This would give people more power. It might save money too.
	Better Notional Budgets could offer more choice and control to people who are dying

Offer a wider choice of services and supports

	There are lots of rules that say where people can get the care and help they need. Many people have to use homecare services that are registered with CQC.

	Could the ICB find different ways to allow people to use lots of different services?
 	Lots of people use equipment. Could PHBs be used so that some people can buy that equipment themselves?

Maximise creative, practical approaches

 	Lots of people use their PHB in different ways. They employ staff and contract services. This works well but not everyone knows about it.
	Could Cheshire and Merseyside ICB tell everyone about this better? So everyone knows it can be done.
 	Could people put their personal health budgets together? Could they do things together with support and make money go further?
 	Could more people have a third-party budget?

Support recruitment and development of PAs

	It can be hard for people to find and keep their own staff or Personal Assistants (PAs).
	Lots of people employ people they already know. Relationships are important. Could more people be helped to do this?
	Training for PAs is done differently in different places. It would be good to find the way that works best for people.
	Some people think that rates of pay for PAs are not high enough. It would be good to do some research into this.

Build a culture of trust

	Some staff talk about people with a PHB who did things wrong. They don't talk about care agencies who did things wrong.
	Training might help them see that there are good and bad people on both sides.

Collect evidence of the benefits of PHBs

	People know there are real benefits to PHBs. Personal benefits for people and financial benefits.
	It would be good to get more evidence of these benefits.
	The evidence might help free up more money for PHBs.

6. CONCLUSION

	PHBs give people choice and control. PHBs help people live good lives.
 NHS Cheshire and Merseyside	Cheshire and Merseyside ICB do PHBs well. This report celebrates that.
	There are things that Cheshire and Merseyside ICB could do to make PHBs available to more people.
	Senior managers in Cheshire and Merseyside ICB need to take action to make this happen.
	This action will help Cheshire and Merseyside meet the challenge of the NHS plan.
	It could also help people live better lives and could save money.