**Personal Health Budget & Integrated**

**Personal Budget Policy**

**POLICY AUTHORISATION FORM**

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| --- | --- |
| **NAME OF POLICY:**  **P1** | Personal Health Budget (PHB) & Integrated Personal Budget Policy |
| **JOB TITLE OF AUTHOR:** | Programme Manager for Personalised Care |
| **SPONSOR:** | Benedict Leigh |
| **NAME OF GROUP:**(if applicable) | Personalised Care Strategy Board |

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| **EQUALITY AND DIVERSITY – Mandatory Requirement**  **2** | | | |
| An Equality & Diversity assessment has been completed  *(Please contact the Equality & Diversity Lead)* | | **Date Completed:** |  |
| **CONSULTATION** | | | |
| **NAME OF GROUP (S)** (complete where relevant) | | **DATE CONSIDERED** | |
| Name of Local Committee or Specialist Group?  ICB Executive Operations Team | | \*  4th July 2023 | |
| Name of Countywide Committee or Specialist Group? | Policy  YES / NO | Yes | |
| County Wide |
| Other relevant Forum/Individual?  ICB Integrated Commissioning Direcorate:   * Adult Continuing Healthcare Team * Children & Families Team * Children & Young People Mental Health Team * Mental Health, Autism & LD Team * Intermediate Care, Rehab, Equip & Tech Enabled Care Team * Carers Team   ICB Enabling Communities & Individuals Team  ICB Finance Team  Gloucestershire Health & Care Trust (GHC)  Gloucestershire Hospitals Foundation Trust (GHFT)  Age Uk Gloucestershire  Gloucestershire PeoplePlus | | \* | |

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| **APPROVED BY GOVERNING BODY / Q&GC**  **3** | | |
| ***NHS Gloucestershire System Quality Committee*** | | **DATE APPROVED** |
| 13th December 2023 |
| **TO BE REVIEWED BY: (Author)** | | **DATE TO BE REVIEWED:** |
| Lisa Carr | | December 2026 |
| **4**  ***TO BE COMPLETED BY CO-ORDINATOR*** | | |
| ***DATE PUT ONTO POLICY REGISTER:*** | 17/01/22024 | |
| ***POLICY NUMBER:*** | 113 | |
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| ***POLICY UPDATES/CHANGES***  ***(AFTER GOVERNING BODY/Q&GC APPROVAL)*** | | | | |
| **Date** | **Summary of Changes** | **Author/Editor** | **Approved by** | **Version** |
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The Policy Authorisation Form is part of the overall policy template and forms the front of the document and must be completed in all cases

**Equality and Diversity** - Part 2 of the form (Appendix 1)

The policy should be checked to see if it has any adverse effect on any personal group covered by Discrimination Legislation. In order to do this an ‘Impact Assessment’ must be completed. Further advice can be obtained from the Equality and Diversity Lead.

**Approval & Review -** Part 3 of the form

Once the Policy has been approved the name of the group / individual and date of approval should be included. The policy document should be sent to the Policy Co-ordinator to log on the Policy Register.

Review and amendments are the responsibility of the Author and Director of the Policy and a date for review must be set and included on the form. However, the Policy Co-ordinator will give a reminder to an author when a policy is overdue a review. The review date must be at least annually.

If, after a review, changes are made the document must be resubmitted, by the Author, for approval and therefore the ‘Policy for Policies’ must be followed again. Any changes should be included in the necessary ‘Policy updates/changes’ section at the beginning of the document.

**ICB Policy Spreadsheet ‘ Information Register’**- Part 5 of the form

The Policy Co-ordinator will input the approved policy onto the Policy Register and allocate a Policy Number which will be inserted onto the authorisation form and communicated to the Author via email. The Policy Co-ordinator will also ensure that after a review a new version number is allocated and noted on the register.

|  |  |
| --- | --- |
| **Title** | **Personal Health Budget (PHB) & Integrated Personal Budget (IPB) Policy** |
| **Version** | V1.1 |
| **Policy ID No** | 113 |
| **Author(s)** | Lisa Carr, Personalised Care Programme Manager  NHS Commissioning Leads |
| **Sponsor** | Benedict Leigh, Director of Integration |
| **Approved By** | NHS Gloucestershire System Quality Committee |
| **Approval Date** | 13th December 2023 |
| **Review Date** | December 2026 |

*This document may be made available to the public and persons outside of the ICB as part of the ICB’s compliance with the Freedom of Information Act 2000.*

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# Introduction

This policy applies to NHS Gloucestershire Integrated Care Board (ICB); hereafter referred to as ‘the ICB’ and outlines the national context for Personal Health Budgets (PHBs) and Integrated Personal Budgets (IPBs) to be adopted by commissioned providers.

It sets out how the ICB will meet its responsibilities as detailed in the following legislation / guidance:

1. National Health Service (Direct Payments) Regulations 2013 (the “**Direct Payments Regulations**”);
2. National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (the “**Standing Rules Regulations**”);
3. [NHS England » Guidance on direct payments for healthcare: Understanding the regulations](https://www.england.nhs.uk/publication/guidance-on-direct-payments-for-healthcare-understanding-the-regulations/) (20 March 2014); and
4. [NHS England » Legal Rights to Have Personal Health Budgets and Personal Wheelchair Budgets](https://www.england.nhs.uk/wp-content/uploads/2014/09/guidance-on-the-legal-rights-to-personal-health-budgets.pdf) (December 2019)
5. NHS England » One-off Hospital Discharge Personal Health Budgets (December 2021)

This policy has been codeveloped to ensure the best use of NHS resources to provide a level of service that is sustainable and equitable to the health and wellbeing of the people within the ICB’s footprint.

It covers those individuals who have the ‘legal right to have’ a personal health budget namely:

* 1. • Adult NHS Continuing Healthcare (CHC)
  2. • Children & Young Person’s Continuing Care
  3. • Aftercare Section 117 Mental Health
  4. • Personal Wheelchair
  5. In addition, it covers integrated personal budgets for people who are not eligible for NHS CHC and receive a package of health and social care. Plus expanding the use of one-off personal wellbeing budgets.

# Purpose

This document sets out the ICB’s intentions to ensure that high-quality, cost-effective care is delivered and to support consistency and equity of access to services for individuals assessed as eligible for a PHB.

The policy ensures a consistent and transparent approach is applied to the development and approval of local processes, procedures and services in relation to PHBs in line with legislation. (**Appendix 1** for operational process maps).

This policy applies to all relevant employees, appointees of the ICB and any individuals working in the ICB in a temporary capacity.

# Principles

* The ICB is committed to offering opportunities for healthcare professionals and Eligible Persons (and/or their representative) to work in partnership, making shared decisions and actively co-designing services and support. The use of PHBs is one way of achieving this.
* PHBs give Eligible Persons more choice and control as to how their assessed health and wellbeing needs are met.
* Personalised care and support planning is an essential part of making PHBs work well. An Eligible Person (and/or with their representative) and healthcare professionals’, with clinical expertise and knowledge, will hold a ‘what matters’ conversation to identify their health and wellbeing goals, and set out how a PHB will be spent to enable them to reach their goals, recorded in their personalised care and support plan.
* The ICB is committed to promoting choice where available, whilst supporting Eligible Persons to manage risk positively, proportionately, and realistically. Good practice must support choice. The attitude of the healthcare professionals’ should be to support and encourage choice as much as possible, and to keep the Eligible Person informed, in a positive way, of issues associated with those choices, taking reasonable steps to manage them.
* The ICB will promote personalisation and PHBs as part of upholding the NHS principles and values set out in the NHS Constitution and NHS Policy. Delivering Quality is central to the delivery of safety, effectiveness and experience.
* The overall movement to personalise health services is a powerful tool to address inequalities. A PHB must not exacerbate inequalities or endanger equality. Lack of mental capacity should not be a factor. Setting up a PHB for an Eligible Person must be based on their needs, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

# Definitions

**Personal Health Budget** is an amount of money, identified by the ICB as appropriate to support a person’s health and wellbeing needs, which is planned and agreed between the individual (or their representative/nominee) or in the case of children, their families or carers and their local NHS Team. It is not new money, but money that would normally have been spent by the NHS on a person’s care, in a more flexible way, to meet their identified needs. The rationale for PHBs is to enable people to have greater choice, flexibility and control over the health care and support they receive.

**Integrated Personal Budget (IPBs)** is where the budget includes funding from both the local authority and the NHS. This could be for health and social care needs and where appropriate, includes education funding. IPBs aim to put in place a seamless approach to care, so that people and their families have the same experience of care and support, regardless of whether their care is funded by the local authority or the NHS.

The joint funded packages of care and S117 aftercare are provided to people as integrated personal budgets.

There are several management options of PHBs:

**Notional Budget -** money is held by the NHS. No money changes hands. The person is informed how much money is available and is invited to talk to their local NHS team about the different ways to spend that money on meeting their individual support needs. The local NHS team will then arrange the agreed support.

**Third Party Budget -** money is paid to an organisation independent of both the person and the NHS that holds the money on the person's behalf, helping them to decide what they need. After the person has agreed this with their local NHS team, the organisation buys the care and support the person has chosen. The organisation becomes the legal employer for the person.

**Direct Payment** – this is an allocation of money paid to an individual (or their Representative or Nominee) for them to arrange and purchase services to meet their agreed healthcare outcomes in accordance with the support plan.

Day to day management of the money and support package rests with the individual, who is responsible for ensuring the budget is properly spent on the care agreed within the support plan. In respect of direct payments, the individual will be set up with a Direct Payment Card which will be pre-loaded with the agreed budget monthly, solely for the use of the direct payment as set out in the Direct Payment Agreement.

The individual or their representative will have access to online facilities to manage payments with the Direct Payment Card. (In some instances, where a direct payment card is not appropriate, an individual or their representative may hold a bank account for this purpose). Direct Payment arrangement, though funded by the ICB, may be hosted and administered by the local authority.

**Managed Account -** with this arrangement the individual is allocated a budget, held and managed on by an independant brokerage service agreed by the ICB and the individual (or their Representative).This service will provide management of payroll, payment of PAs and reconciliation of time sheets with the PHB budget identified.

**Personalised Care & Support Plan -**  referred to as ‘support plan’ records the goals identified by a person for their health and wellbeing and sets out the services to realise those goals. There is no set menu, allowing the development of highly personal, creative solutions. The support plan is drawn up by the PHB Case Manager/NHS Lead in dialogue with the individual or their Representative or Nominee, family, carers, other clinicians.

# Roles & Responsibilities

**Integrated Care Board (ICB)** – NHS organisation has a statutory duty to commission healthcare services for their local populations. A number of their general duties bear upon the provision of PHBs, including:

* Promoting the involvement of patients, and their carers and representatives, in decisions about their healthcare;
* Acting with a view to enabling patients to make choices about aspects of health services provided to them;
* Acting with a view to securing continuous improvement in the quality of services and the outcomes achieved from the provision of services; and
* Having regard to the need to reduce inequalities in access to, and outcomes from, health services.

**ICB Executive Directors** have overall accountabilities for all aspects of an individual’s safety within the ICB and to ensure appropriate care is delivered. The ICB’s Directors are responsible for the implementation of all relevant policies and arrangements within their areas of control and to lead their managers and staff in proactive and effective risk management.

**ICB Chief Nurse Officer (CNO)** has a consultative and advisory role in clinical and operational aspects across the NHS teams delivering personalised care. The CNO ensures that the ICB has met its responsibilities for quality and safety of clinical services.

**ICB** **Chief Finance Officer** with responsibility for CHC and PHBsmust ensure that procedures for receiving financial assurance in relation to PHBs are in place.

**ICB Programme Directors; Heads of Integrated Commissioning (Adults Continuing Healthcare), (Children & Families) (Mental Health & Learning Disability/Autism) and Case/Nursing Managers** – responsible for the adherence to the PHB policy that impacts Children and Young People’s Continuing Care; Adults Continuing Healthcare; Mental Health S117 Aftercare, Wheelchair and One-Off Hospital Discharge personal health budgets and wellbeing support budgets, ensuring delivery of best possible health and well-being outcomes, promoting equality, & best use of resources.

**All ICB staff** have a responsibility to familiarise themselves with the contents of the Policy.

**PHB Case/Nursing Manager** – person appointed by the ICB to work with the individual to coproduce the support plan, identifying how the individual can best use their PHB to achieve the desired outcomes. The PHB Case Manager will monitor how successful the PHB is in achieving the desired outcomes, stated in the support plan.

**Brokerage Support** - the practical support offered by organisations to a person wishing to receive a Direct Payment to assist them to manage their PHB. This support might include recruitment, financial management i.e. advice relating to payroll services, Disclosure and Barring Service checks, insurance etc.

**Family Representative -**

* spouse or civil partner of the person receiving care (adults only)
* spouse or civil partner who lives with person
* parent or parent-in-law
* son or daughter
* son-in-law or daughter-in-law
* stepson or stepdaughter
* brother or sister
* aunt or uncle
* grandparent

**Representative** – a person appointed to manage a PHB where an individual lacks capacity:

* + Someone who holds an enduring or lasting power of attorney;
  + A Deputy appointed by the Court of Protection; or
  + A family member or close friend who agrees to take on the responsibility to act as a Representative in a person’s best interests, including someone with parental responsibility for someone aged 16 or over who lacks capacity
  + Children and young people (up to age 18), is usually the parent.

**Payment Support Organistaion** is responsible for and holds the money on the person’s behalf. They work in partnership with the person and their family to ensure the care they arrange and pay for with the budget meets the agreed outcomes in the care plan.

If an individual chooses to use a Direct Payment Support Organisation (DPSO) the contract for the support services required will be between the individual and their chosen DPSO.

If the individual opts to have their direct payment sent to the DPSO to manage the financial aspects of a Direct Payment on their behalf as a “managed account” an agreement will be drawn up between the ICB, individual and the DPSO to provide a contractual underpinning for the exchange and management of public funds.

However, the individual, their representative or nominee will remain fully responsible for the support plan and will be the legal employer of any PAs employed, and will hold full responsibility for ensuring that all employers’ related responsibilities and costs are met.

The ICB may also contract directly with an external provider in the instance that a person opts to take their PHB as a Third Party arrangement. In such instances a Third Party Agreement will be drawn up between the ICB, individual and the DPSO to provide a contractual underpinning for the exchange and management of public funds and their employer status. In such instances the Third Party takes full responsibility for contracting with providers and employment of PAs.

# Personal Health Budget Eligibility

The ICB has a duty to ensure eligible groups of people benefit from the legal right to have a personal health budget. The groups of people who have a legal right to have a personal health budget are listed below.

**6.1** **NHS Continuing Healthcare**

People who are assessed as or are already eligible for NHS CHC (including fast track cases) as defined by the National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK [www.gov.uk](http://www.gov.uk)

**6.2** **Children and Young People Continuing Care (C&YP)**

Families of children and young people (C&YP) eligible for continuing care national framework - GOV.UK [www.gov.uk](http://www.gov.uk), who have had a right to have a personal health budget since October 2014.

In the case of children and young people, this refers to the element of their care package normally provided by the NHS once they become eligible for continuing care, and not the elements of their package provided by social care or education.

**6.3** **After-care services under section 117 of the Mental Health Act**

The Explanatory Memorandum defines eligibility for section 117 after-care as: ‘The provision or arrangement of help and support for people who have been detained in hospital under sections 3, 37, 45A, 47 or 48 of the Mental Health Act 1983, when they leave hospital.

Section 117 after-care services include healthcare, social care, and employment services, supported accommodation, and services to meet people’s social, cultural and spiritual needs – as long as the needs arise from or are related to the person’s mental condition and helps reduce the risk of their mental condition getting worse. It also applies to people if discharged onto a community treatment order (CTO), granted leave of absence under section 17 leave and are section 117, or are a restricted patient on a conditional discharge.’

Chapter 33 The Mental Health Act Code of Practice states that ‘planning of aftercare needs to start as soon as the patient is admitted to hospital’. Therefore, a personal health budget can be considered:

Whenever planning is taking place for section 117 mental health after-care needs during an admission to hospital: or

• At any assessment held to review the person’s section 117 after-care package of support in the community, which may be managed by either the local authority or the NHS. This will include Care and Treatment Reviews (CTR) for adults, or Care Education and Treatment Reviews (CETR) for children, who have a learning disability and/or autistic people who are section 117 eligible.

• After-care planning for all patients admitted to hospital for treatment for a mental health disorder should be planned within the framework of the Care Programme Approach (CPA). However, if an eligible person’s care is not being managed under CPA, this should not impact their right to a personal health budget as this right is not based on how services are locally delivered but on their eligibility for section 117 after-care.

**6.4** **Personal Wheelchair Budgets**

People who are referred and meet the eligibility criteria of their local NHS wheelchair service and people who are already registered with the wheelchair service, will be eligible for a personal wheelchair budget when they require a new wheelchair or specialist buggy, either through a change in clinical needs or in the condition of the current chair.

‘Wheelchair services’ means services arranged and funded by a relevant body for a person with a medically recognised long-term disability, who for their health and wellbeing requires a wheelchair or specialist buggy to carry out day-to-day activities.

For this guidance, long-term means six months or more. However, individual eligibility for local wheelchair services may be flexible and if a person presents with a significant unmet postural and mobility need under the six-month period, the panel process for sign off of non-routine wheelchair, seating and postural management equipment as set out in the the Gloucestershire Wheelchair and Posture Service (GWAS) will be followed.

**6.5 Local offer - Joint Packages of Health and Social Care Services**

All areas across England are expected to offer personal health budgets to additional groups of people, based on local need, but who do not have a legal right to have a personal health budget. Currently, the ICB offers integrated personal budgets to people who are not eligible for NHS CHC and receive a package of health and social care as an integrated personal budget.

Some individuals who are not entitled to NHS CHC (because ‘taken as a whole’ their needs are not beyond the powers of a Local Authority (LA) to meet), but nonetheless have some specific needs identified through the Decision Support Tool (DST) that are not of a nature that a LA can solely meet or are beyond the powers of an LA to solely meet.

The ICB in partnership with their LA will agree their respective responsibilities in a joint package of care, including which party will take the lead commissioning role.

If a person is not eligible for NHS CHC, they may receive a package of health and social care (rather than be fully funded by the NHS). In these cases, the person will have an integrated personal budget.

6.6 **Considerations for people with fluctuating conditions**

Some people may have fluctuating conditions which means they may, at times, not be eligible for NHS CHC, continuing care for children, section 117 after-care or need a wheelchair.

However, they may continue to have their identified health needs met by a personal health budget. The only difference is that they cease to have the right to have a personal health budget.

The duty to provide section 117 after-care services exists until both the ICB and local authority are satisfied the person no longer requires that support. These services can be reinstated if it becomes obvious that they have been withdrawn prematurely (such as when a person’s mental health begins to deteriorate). Reinstating section 117 after-care is not dependent on a person being readmitted to hospital on a section in these circumstances. If a person is eligible for section 117 after-care, they will have the right to have a personal health budget and a personal health budget should be considered as an option for people with fluctuating mental health conditions.

6.7 **Considerations for children and young people in transition**

Children and young people eligible for continuing care who have a personal health budget and who transition to adult services, should be supported to continue to access their assessed health care needs via a personal health budget, whether they are found to be eligible for adult NHS CHC or not. Although these young people may cease to have a right to have personal health budget, ICBs can choose to continue to offer services via a personal health budget on a voluntary basis. Therefore, transitioning from children to adult services should not be the sole reason for stopping a personal health budget.

Section 117 after-care applies across all ages. Therefore, young people transitioning into adult services will continue to have the right to a personal health budget for their after care.

Wheelchair services are traditionally commissioned as an all-age service, therefore there is no transition into adult wheelchair services. Personal wheelchair budgets support wheelchair assessment and provision to be considered as part of wider transition planning. This is underpinned by the expectations of The Special Educational Needs and Disability Code of Practice in which joint commissioning is a ‘must do’, to support joint working across education, health, and care for joint outcomes.

Transition should be planned and agreed with the young person and their family or carers in good time to avoid any disruption or delay to implementing a package of care. Chapter 8 of the Code provides further useful information relating to transition and planning for adulthood.

6.8 **One-off Personal Health Wellbeing Budgets**

The ICB is committed to the personalisation agenda and through the expansion of Personal Health Wellbeing Budgets (PHWB) believes in the benefits these offer an individual providing flexibility, choice and control over how their care fits in with their lives. As the local offer expands any additional policy content for specific PHBs/PWBs activity will be added as appendices.

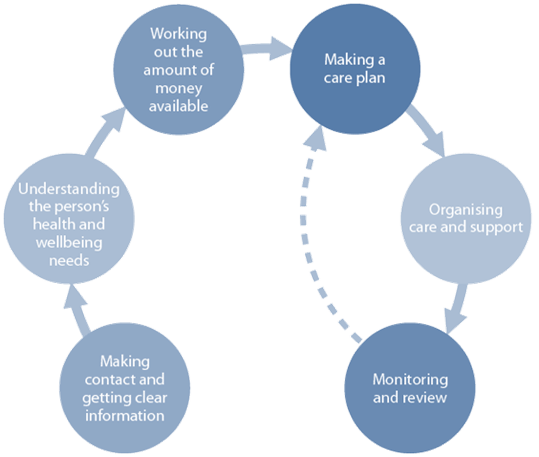
The ICB will be led by national guidance and local intelligence in respect of where to target the expansion to achieve the most impact, and will engage with NHS England to ensure access to the appropriate knowledge and resources to support implementation.

Successful expansion of the PHWBs offer is dependent upon the correct infrastructure and processes being in place to support budget-holders. The ICB will facilitate expansion that is reflective of its current commissioning commitments and that ensures that quality is maintained, and impact can be measured as the PHWB offer is extended.

# Personal Health Budget Process and Management

There are 6 key steps to setting up PHBs, whereby a person should:

* 1. • Be central in developing their personalised care and support plan and agree who is involved
  2. • Be able to agree the health and wellbeing outcomes (and learning outcomes for children and young people with education, health and care plans) they want to achieve, in dialogue with relevant health, education and social care professionals
  3. • Know upfront an indication of how much money they have available for healthcare and support
  4. • Have enough money in the budget to meet the health and wellbeing needs and outcomes agreed in the personalised care and support plan
  5. • Have the option to manage the money as a direct payment, a notional budget, a third-party budget, or a mix of these approaches
  6. • Be able to use the money to meet their outcomes in ways and at times that make sense to them, as agreed in their personalised care and support plan.



**7.1 PHB Criterion**

Personal health budgets are not appropriate for all types of healthcare. There are exclusions for their use where the personal health budget is received as a direct payment and a full list can be found in The National Health Service (Direct Payments) Regulations 2013. Although the regulations refer specifically to direct payments, for consistency and good practice the exclusions should be applied to all types of personal health budgets.

A personal health budget can potentially be spent on a broader range of care and support than would routinely be commissioned by the NHS, if it is agreed as being appropriate to meet someone’s identified needs and achieve their health outcomes. This could include funding for a personal assistant (PA) to help with personal care at home, and equipment such as a wheelchair. The ICB will not exclude unusual requests without examining the proposal on a case-by-case basis as these may have significant benefits for people's health and wellbeing.

**7.2 PHB Exclusions**

There are a small number of exclusions that are outlined in The National Health Service (Direct Payments) Regulations 2013. A personal health budget cannot be used to buy:

* Alcohol, tobacco, gambling or debt repayment, or anything that is illegal.
* There are restrictions on employing friends and close family members living in the same home.
* Emergency care – for example if someone in receipt of a personal health budget had an accident, they would go to A&E like everyone else.
* Primary care services such as seeing a GP services (GP contract).
* Acute unplanned care (including A&E).
* Surgical procedures.
* Medication.
* NHS charges e.g., prescription charges.
* Vaccination/immunisation.
* Screening.

**7.3 Brokerage and Support Services**

The ICB has contracted jointly with Gloucestershire County Council to provide a Brokerage and Support Service to Eligible Persons via specific chosen organisations. The PHB advisor will make the referral to the Brokerage and Support Service and will supply a copy of the PHB care plan along with the referral form.

The Brokerage and Support Service will provide a wide range of support to the Eligible Person (or their Representative or Nominee). This will include advice on the types of care resources available including PAs, care agencies, care providers and relevant health services. The Brokerage and Support Service will help the Eligible Person (or their Representative or Nominee) to produce a written final support and budget plan which will consider the risks to delivery of the PHB care plan and the contingency plans for managing these risks.

The service will provide on-going assistance where required, enabling the Eligible Person (or their Representative or Nominee) to manage their PHB care plan including finances and payments to be made from their PHB. The service will help Eligible Person (or their Representative or Nominee) to comply with the finance and accounting arrangements required by the ICB and HMRC.

A separate bank account will be authorised by the PHB advisor and set up by the Brokerage and Support Service. The service will report to the ICB detailing all Eligible Person (or their Representative or Nominee) and their transactions on a monthly basis. This assists the monitoring of the individual budgets.

The service will take account of the best interests of the Eligible Person and work within the Gloucestershire Safeguarding Vulnerable Adults Policy and reporting procedure and other relevant policies.

Where the Eligible Person (or their Representative or Nominee) has a concern about the Brokerage and Support Service, they should raise this with the ICB.

**7.4 Employment of Personal Assistants (PA)**

The Brokerage and Support Service, where used, will ensure that PAs are either:

* + employed either by the Eligible Person (or their Representative / Nominee);
* employed on behalf of the Eligible Person (or their Representative / Nominee); or
  + - employed by the agency providing the PA.

The Brokerage and Support Service may assist the Eligible Person (or their Representative / Nominee) in recruiting a PA. Where an Eligible Person (or their Representative / Nominee) chooses to employ their own PA, the quality standard for safeguarding adults and children where appropriate will apply to care and support packages. The ICB strongly recommends that in all cases DBS checks are undertaken for PA’s. The ICB makes funds available to meet the cost. The decision to undertake DBS checks is ultimately made by the Eligible person, the Nominated Person or the Representative.

Where PAs are employed by Eligible Person (or their Representative / Nominee), the ICB require that a payroll system is used to ensure tax and national insurance contributions are paid on behalf of the Eligible Person (or their Representative / Nominee) for the PA. The Brokerage and Support service will offer a payroll service to Eligible Person (or their Representative / Nominee), which facilitates the payments to PAs on their behalf.

The PHB care plan will consider what tasks PAs will carry out, the competencies required to perform these tasks, any training that is needed and how this will be funded. A mechanism will be put into place to provide the ICB assurance that the training and competencies of delegation of healthcare tasks is reviewed on a periodical basis to mitigate errors.

The PHB care plan will consider what tasks PAs will carry out, the competencies required to perform these tasks, any training that is needed and how this will be funded. The delegation of healthcare tasks with reference to this policy is one aspect of an ongoing systemwide work that is looking at all delegated clinical tasks. The flow chart (Appendix 1) provides assurance that there is a robust governance around PA’s performing these tasks, training, and delegation. Periodic reviews will mitigate the risk of any issues around this process”

Where an Eligible Person (or their Representative / Nominee) is using a Direct Payment to employ PAs it is a requirement to have a contract of employment in place, including terms and conditions related to potential redundancy, liability insurance and training and development requirements.

Any healthcare provider organisations outlined in an Eligible Person’s PHB care plan must be registered with a relevant regulatory body, where one exists (e.g. Care Quality Commission, Health Professions Council, Nursing and Midwifery Council).

Any staff employed by the Eligible Person (or their Representative / Nominee):

* + - must be appropriately trained;
    - have ongoing competency checks of any healthcare tasks they are employed to undertake;
    - have relevant certification (including dates of training undertaken) including annual updates as appropriate; and
* the ICB strongly recommends enhanced DBS checks for PA’s where delegated healthcare tasks are being undertaken.

The ICB makes funds available to meet the cost. The decision to undertake DBS checks is ultimately made by the Eligible person, the Nominated Person or the Representative.

Any increases in the working hours of staff that results in an increase of the overall PHB budget must be agreed by the ICB before staff hours are increased. The ICB will not be liable for any money owed to staff who have worked hours not been previously approved as part of a PHB care plan.

The Direct Payment Regulations provide that a Direct Payment can only be used to pay a family member or friend living in the same household as the Eligible Person to deliver care as set out in the PHB care plan if the ICB is satisfied that this is necessary to meet the Eligible Person’s needs; or to promote the welfare of a child from whom Direct Payments are being made. The ICB will consider requests to pay family / friends living in the same household on a case by case basis.

**7.5 Equipment and Resource**

If equipment that has been provided through statutory Commissioned services is no

longer required, or no longer meets the assessed needs or the Eligible Person dies

these will be returned to the service provider.

The ICB will exhaust provision of equipment through statutory Commissioned services.

within the system before considering the purchase of items through clinical referral with both ongoing clinical and servicing oversight. If that equipment is no longer required or no longer meets the assessed needs or the Eligible Person dies these will be returned to the service provider**.**

Disposables that are provided through an NHS Contract (such as continence products)are not funded through a PHB in order to avoid double funding .However if a local service (s) is unable to meet specific needs of an Eligible Person then the ICB will consider meeting these needs via a PHB.

**7.6  Holidays**

There is no formal entitlement to holiday funding within a PHB, however the ICB recognises that a holiday can be beneficial to support health and wellbeing. The ICB on a case by case review acknowledges that there may be additional staffing and equipment (that has been assessed by NHS Commissioned services) costs to support an Eligible Person away from their home in an environment which may not be suitably adapted. Any requests related to holidays will be considered on a case by case basis.

If an increase in PAs or PA hours is  requested , this must be discussed with the ICB in advance. Any such agreement will be a one-off and the Eligible Person (or their Representative or Nominee) will need to make a new request to the ICB for each holiday where additional support is required.(ref appendix

The Eligible Person must be insured to travel (whether in the UK or abroad). The PHB cannot be used to pay for any form of travel insurance; it is the responsibility of the Eligible Person to fund insurance. The Eligible Person (or their Representative / Nominee) is responsible for funding the insurance, travel, and accommodation costs of accompanying PAs, beyond that outlined within the agreed PHB care plan.

In the case of children and young people, the local authority has a responsibility to provide short breaks. Local authority rules and regulations regarding travel insurance will apply. The PHB should not be used to fund the insurance, travel, and accommodation costs of accompanying personal assistants or service provider staff and the ICB will consider requests on a case by case basis.

* 1. **PHB Financial Monitoring**

ICBs have a duty to ensure public funds are administered in accordance with Department of Health (DoH) standards and that the money is used appropriately, in line with support plans and in a manner which is open to scrutiny.

Financial auditing will be undertaken on a regular basis for all PHBs delivered as a direct payment or third-party arrangement; this will review all expenditure to ensure that it is in line with the agreed support plan. Focus of more frequent auditing will be those of high value payment and those outside scope of a Direct Payment card where an individual or their representative may hold a bank account instead. This audit approach is risk based and used at the discretion of the ICB. As a minimum all PHBs are subject to an annual audit review during the course of a financial year.

The direct payments will be monitored on a transactional basis through the patient submitting bank statements and other supporting information e.g. invoices and receipts, PAYE, NI and other payroll records etc. to the PHB delivery service on a monthly basis at the pre-defined time outlined in the Direct Payment/ PHB Agreement.

The ICB will ensure that the recipient is clear as to what information may be required as part of its review and that this information must be:

* Accompanied with authorisation for the ICB to take extracts or make copies;
* Legible;
* Accompanied with an explanation of the information provided (if requested by the ICB);
* Accompanied with a statement to inform the ICB where information is held which the individual has not been able to provide (if requested by the ICB).

Monitoring and review requirement as outlined applies equally to Personal Health Budgets delivered in the form of a Direct Payment and a Third Party Budget.

Each audit is expected to benefit from the timely delivery of review information soo that delivery is made within an appropriate timescale an escalation of reminder letters is applied. An initial request letter will be followed by a hastener if two weeks have lapsed without delivery.

Subsequently a final reminder letter will be issued following the hastener when a further two weeks have lapsed without delivery. If the financial monitoring information requested is not provided two weeks after the final reminder (so allowing a total of 6 weeks for delivery) the ICB reserves the right to withdraw the direct payment and transfer onto a managed account or notional budget.

The individual, their representative or their nominee (as applicable) should retain for audit purposes:

* Bank Statements
* Cheque and paying-in books
* Invoices and receipts
* PAYE, NI and other payroll records
* Any other information relating to the use of the direct payment.

These records must be retained for 6 years, even if the Direct Payment has stopped. For directly Provided Services/ Notional Budgets, other than care plan reviews, there are no other financial monitoring requirements.

Where concerns are raised regarding how the PHB is being spent this will be discussed with the third party or PHB recipient/ representative as appropriate.

If identified that the funds have not been used to secure the provision of care set out in the support plan then the ICB may, at its discretion, suspend, discontinue or reduce the direct payment, or transfer the direct payment to a notional payment. Before doing so the ICB will discuss the matter with the PHB recipient / representative or third party. If there is no contact for a period of 4 weeks, the ICB reserves the right to suspend or withdraw payment or transfer to a notional budget.

* 1. **Ceasing to make Direct Payments**

In accordance with the NHS (Direct Payments) Regulations 2013, the ICB will stop making payments where the patient no longer wants them. The ICB may also stop making Direct Payments where the money is being spent inappropriately, this may include but is not limited to:

* where there has been theft;
* suspected fraudulent activity; or
* if employment related responsibilities are not being met; or
* any another offence relating to misuse of the budget; or
* if the patient’s assessed needs are not being met through the services purchased by the direct payment. An assessment of the impact of terminating the direct payment will be considered and alternative options outlined.

The ICB will reclaim Third Party Budget payments where the patient’s health needs have changed and they no longer need the money; where there has been theft, fraud or another offence; where the money has not been used and has accumulated; or if money has not been used in accordance with the support plan.

Where Direct Payments or Third party budget payments are stopped or reduced, the ICB will give notice to the patient/Representative or Third Party in writing in accordance with the Direct Payment/Third Party Agreement.

Any actual or perceived abuse of the Personal Health Budgets scheme/ policy will be referred to the organisations **Counter Fraud Service**, in line with the ICB Counter Fraud, Bribery and Corruption policy, for them to consider instigating a criminal investigation and potential prosecution”.

* 1. **Appeals**

An individual (or someone on their behalf) who is unhappy with a decision made by the ICB in respect of a PHB may write to the ICB to ask them to review the process by which the decision was made. In such circumstances they should include any further information they wish the ICB to consider.

Such circumstances may include, but are not limited to:

* The individual has requested a PHB but the request has been rejected;
* The individual has been offered a different type of PHB to the one they requested;
* The individual has been offered a PHB but the amount of the budget is in dispute;
* The reduction or withdrawal of direct payments or a Third Party budget.

In line with the policy the ICB will decide if it has considered the evidence presented and has come to a reasonable decision based upon that evidence. See Appendix VI for the Panel’s Terms of Reference. The individual or their representative will receive a letter giving details of the ICB’s decision within five working days. An individual case will not be reconsidered more than once in any six-month period.

**8. Communication, Monitoring and Review**

The policy will be published and maintained in line with the ICB’s Policy Management Framework.

The ICB will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities.

This policy will be audited as to effectiveness of ensuring choice and equity in the delivery of Personal health budgets to individuals across the ICB.

This policy will be reviewed every three years, or if there are changes in national guidance on the legal right to have a personal health budget or the ICBs local offer of a personal health budget and will be approved by the ICB’s Strategic Planning and Integration Committee.

Any individual who has queries regarding the content of the Policy, or has difficulty understanding how this relates to their role, should contact the ICB’s Personalised Care PHB Teams.

The policy will be highlighted to new staff as part of the local induction process and made available to all staff through the ICB’s internal communication procedures (and internet/intranet sites). The ICB’s Quality, People and Inequalities will review the effectiveness of this policy, and its implementation.

Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the Personal Health Budget Team.

**9. Staff Training**

Awareness of this policy will be proactively undertaken throughout the ICB and ongoing support will be provided to individuals to enable them to discharge their responsibilities.

**10. Interdependent Policies/SOPs**

* Children and Young People Continuing Care Policy
* Adult Continuing Healthcare Policy
* Section 117 After Care Policy
* Wheelchair Service Specification
* One-off Hospital Discharge

**11. References**

* NHSE Universal Personalised Care: Implementing the Comprehensive Model NHS England » Universal Personalised Care: Implementing the Comprehensive Model
* NHS Long Term Plan NHS Long Term Plan » The NHS Long Term Plan
* NICE Guidance Transition from Children’s to Adult’s Services for Young People Using Health or Social Care Services Overview | Transition from children’s to adults’ services for young people using health or social care services
* Guidance on Direct Payments for Healthcare: Understanding the Regulations guid-dirct-paymnt.pdf (england.nhs.uk)
* National Framework for Children and Young People’s Continuing Care Children and young people’s continuing care national framework [www.gov.uk](http://www.gov.uk)
* Mental Health Act 2007
* Newbook.book (legislation.gov.uk)
* ADASS Guidance and Principles for After-Care Services Under Section 117 Section-117-Protocol-reviewed-Dec-2018.pdf (londonadass.org.uk)
* Care Act 2014 Care Act 2014 (legislation.gov.uk)
* Local Safeguarding Children & Vulnerable Adults at Risk Policy
* Personal Health Budgets Guide; Personal Assistants – delegation, training and accountability; DoH November 2012

# Appendix 1: Adult Continuing Healthcare (CHC)

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| **Title** | **Accountable Lead (SRO)** |  | **ICB Owner** |
| Personal Health Budget  Adult Continuing Healthcare (CHC) | Benedict Leigh  Director of Integration |  | Becki Barrow,  Head of Integration - Adult CHC |

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| **Content** | **Document Configuration** | **Issue Date: Nov 2023** |
| |  |  | | --- | --- | | 1. PHB Options |  | | 1. Process |  | | 1. Flowchart |  | |  |  | | |  |  |  |  | | --- | --- | --- | --- | | **Ref** | **Date** | **Summary of Change** | **Lead Author(s)** | | V0.1 | Nov-23 | Scoped V0.1 | B Humphries | | V0.2 |  |  |  | | V0.3 |  |  |  | | |

1. **PHB Options**

PHB offer at 3-month CHC review Options are:

* Package of care to meet needs in place or sourced at eligibility. If the individual wishes to have/keep commissioned package of care in place this is a **notional budget** and counts as a PHB.
* The individual chooses to have a PHB to employ their own PA’s.

New PHB set up for new cases and those who have had a Direct Payment from the Council to employ own PAs prior to CHC Eligibility

1. **Process**

Designated **Case Nurse Assessor** will:

* Contact Person to make an appointment to visit
* Explain what a PHB is, how it can be used and how a prepayment card works.

At the visit the **Case Nurse Assessor** will:

* Complete a consent form, if required.
* Identify if cardholder will be the person or a nominated representative.
* Carry out a ‘Know Your Customer’ ID check on the person or if applicable, their representative.
* If a service representative is going to be the cardholder, date of birth must be obtained to set up security questions for payment card set up.
* Commence a Health & Support (H&S) plan with the person or their identified representative.
* The Nurse Assessor will work with the person or their representative and complete a Personalised Care Plan held in a What Matters to me folder.

If a 3rd Party Broker has been requested, follow 3rd Party Broker Process at end of this Process then return to this step.

After the first visit to collect & collate Health & Support (H&S) plan the **Case Nurse Assessor** will:

* Present to Risk & Scrutiny (R&S) Panel for agreement in principle.
* Send H&S plan to PHB Inbox for storing ready to be sent out to service user with DPA

Email Performance Manager, with a summary of care needs, agreed hours/hourly rates and request a costing tool be completed.

CHC Admin to complete costing tool and send to PHB Inbox and copy Nurse Assessor

On receipt of costing tool, **Admin** to check training, PPE, Insurance Liability, and any other known costs included. **Admin** check with Nurse Assessor that costing tool is correct and sent for authorisation. If correct, prepare a corresponding Direct Payment Agreement (DPA) & Contract Cover sheet and complete.

* When DPA and Contract Cover sheet completed, send with Costing Tool to Director of Integration, all 3 documents signed and returned for PHB set up to be finalised.
* Send a copy of the signed DPA to generic finance email address and copy to designated Nurse Assessor
* Email SPA Desk requesting 2 copies of DPA, 2 copies of H&S plan, 1 copy of letter & LearnPro user guide, and Freepost envelope sent out in post to person.
* On receipt of signed hard copy from service user documents uploaded.
* Notify Nurse Assessor and generic finance email address that documents have been returned signed and have been uploaded.
* Confirm with finance start date and email/contact the CHC eligible person or their representative.
* Notify GCC Direct Payment Team of start date for CHC payments, if applicable.
* Send H&S plan and stored contract cover sheet on to PHB Team Lead for signature.

**Case Nurse Assessor** will

* Download, complete and send out a copy of the GP letter informing of PHB.

**3RD PARTY BROKER**

If at initial visit the Nurse Assessor identifies that the Person requires a 3rd Party Broker, find out from Nurse Assessor which company is going to be used.

* Send Bank Details Form to the selected company by [secure] email giving name of service user and anticipated start date.
* On receipt of completed bank details notify finance that form has been returned.
* Continue with main process.

**TRANSITIONS**

Adult CHC Teamwork with Children’s Continuing Care and Social Care (Please see policy re transitions). PHB set up as per above process ready for 18th birthday.

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| 1. **FLOWCHART** |
| **Adult CHC Set Up Process**    Designated Nurse Assessor to contact Person or their representative  DPA and Contract sheet uploaded to Contracts folder on hub  Admin to Initate Audit  Admin to arrange home visit and set up prepayment care, if applicable  Notify GP with letter  Admin to upload onto CareTrack the fully signed DPA, H&S Plan, Costing tool and initiate GP Letter  Notify Finance & Third Party, if applicable  Admin to process returned and signed DPA & H&S plan, notify Finance to agree payment date, forward H&S Plan to Team Lead for sign-off  Director to attend R&S Panel to discuss decision. If required, Nurse Assessor liaises with Person and representative to gain further info  Admin to send details of rates, hours, DPA & H&S Plan to Person or representative for signature & return  Admin creates Direct Payment Agreement, Panel Form, Contract Sheet, H&S plan (if required), and costing tool and sends to Director for approval  Prepayment Card ordered, if applicable  Nurse Assessor to liaise with Person and/or representative to gain further info  Admin to create a costing tool and liaise with Finance  Director Approval  Nurse Assessor makes Home Visit  Nurse Assessor & Person (or their representative) coproduce H&S Plan aligned to Training Referral Process  Nurse Assessor presents Panel Form & H&S Plan to Risk & Scrutiny Panel for approval  Panel Approval  Request or requirement for PHB as a result of continuing healthcare assessment |

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| **Adult CHC – New & Existing Sign-off Process**    **Adult CHC – Review Process**  Prepare for the review  Carry out review in conjunction with Training Referral Process and complete relevant documentation  Submit for verification  If the PHB holder is now requesting Agency commissioned care in addition or instead of PHB, a CNR will need to be completed and sent to the Individualised Commissioning Team who will then follow up and gain Commissioner’s approval and notify the PHB Team if the PHB is ceasing  If changes to care needs and increased PA hours or Agency staff (employed via the PHB) are agreed in principle at verification, followed by Risk & Scrutiny panel, please see review checklist document and new PHB process  If no change to care needs, check if the Direct Payment Agreement (DPA) needs renewing, if so, amend and send to client for signature |

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| --- | --- | --- | --- |
| **Title** | **Accountable Lead (SRO)** |  | **ICB Owner** |
| Personal Health Budget – Adult CHC  Delegation of Healthcare Tasks & Training Referrals | Benedict Leigh  Director of Integration |  | Becki Barrow,  Head of Integration Adult CHC |

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| **Content** | **Document Configuration** | **Issue Date: May 2023** |
| |  |  | | --- | --- | | 1 Introduction | 5. Guidance Sources | | 2 Purpose | 6. Flowchart | | 3 Scope |  | | 4. Responsibility |  | | |  |  |  |  | | --- | --- | --- | --- | | **Ref** | **Date** | **Summary of Change** | **Lead Author(s)** | | V0.1 | Nov-23 | Scoped V0.1 | B Humphries | | V0.2 |  |  |  | | V0.3 |  |  |  | | |

**Introduction**

The ICB is committed to promoting choice where available, whilst supporting Eligible Persons to manage risk positively, proportionately, and realistically. Good practice must support choice. A delegated healthcare activity is a health intervention or task, usually of a clinical nature. The attitude of the healthcare professionals should be to support and encourage choice as much as possible, and to keep the Eligible Person informed, in a positive way, of issues associated with those choices, taking reasonable steps to manage them.

Choosing to have a Personal Health Budget is designed to increase the level of choice and control that people have. In order to support this service our aim is to provide a process that acknowledges principles and professional codes ,person centred care and the NHS’s statutory duty of care. The Eligible Person, their representative or nominee will remain fully responsible for their support plan and will be the legal employer of any PAs employed and will hold full responsibility for ensuring that all employers’ related responsibilities and costs are met.

A Personal Health Budget must not exacerbate inequalities or endanger equality. Lack of mental capacity should not be a factor. It is about promoting the involvement of patients, and their PA’s and representatives, in decisions about their healthcare.

1. **Purpose**

To ensure the principles of delegation in line with Professional codes of conduct and guidance are followed to support the CHC eligible person.

1. **Scope**

* To provide a clear process from delegator to Personal Assistant.
* Engage with the CHC eligible person, their relevant Health Professionals and Providers.
* Provide a clear and transparent pathway to offer the Personal Assistants an opportunity to support the CHC Eligible person in line with Professional codes and the principles of delegation.
* Provide a supportive service to those who are CHC eligible and have chosen to have a Personal Health Budget to support personalisation, choice, and independence.

1. **Responsibility**

The ICB will ensure appropriate governance and assurance arrangements in commissioning healthcare services and put in place a clinical governance framework for delegation of healthcare tasks to Personal Assistants to acknowledge the principles of delegation, clarification of roles, responsibilities, decision making and accountability.

1. **Guidance Sources:**

[The Code (nmc.org.uk)](https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf)

<https://www.england.nhs.uk/long-read/personal-health-budgets-delegation-of-healthcare-tasks-to-personal-assistants-march-2023/>

[Delegated healthcare activities (skillsforcare.org.uk)](https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-service/Delegated-healthcare-activities/Delegated-healthcare-activities.aspx)

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| 1. **FLOWCHART** |
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# Appendix 2: Individuals Not Eligible for a Direct Payment

**National Direct Payment Regulations outline that the following people are *not* eligible for a Direct Payment (although a notional or third party budget may still be appropriate in the opinion of the ICB:**

* A person who is subject to a drug rehabilitation requirement, as defined by section 209 of the Criminal Justice Act 2003 (drug rehabilitation requirement), imposed by a community order within the meaning of section 177 of that Act (community orders), or by a suspended sentence of imprisonment within the meaning of section 189 of that Act (suspended sentences of imprisonment);
* A person who is subject to an alcohol treatment requirement as defined by section 212 of the Criminal Justice Act 2003 (alcohol treatment requirement), imposed by a community order, within the meaning of section 177 of that Act, or by a suspended sentence of imprisonment, within the meaning of section 189 of that Act;
* A person released on licence under Part 2 of the Criminal Justice Act 1991 (early release of prisoners), Chapter 6 of Part 12 of the Criminal Justice Act 2003 (release, licences and recall) or Chapter 2 of Part 2 of the Crime (Sentences) Act 1997 (life sentences) subject to a non-standard licence condition requiring the offender to undertake offending behaviour work to address drug or alcohol related behaviour;
* An individual required to submit to treatment for their drug or alcohol dependency by virtue of a community rehabilitation order within the meaning of section 41 of the Powers of Criminal Courts (Sentencing) Act 2000 (community rehabilitation orders) or a community punishment and rehabilitation order within the meaning of section 51 of that Act (community punishment and rehabilitation orders);
* A person subject to a drug treatment and testing order imposed under section 52 of the Powers of Criminal Courts (Sentencing) Act 2000 (drug treatment and testing orders));
* A person subject to a youth rehabilitation order imposed in accordance with paragraph 22 (drug treatment requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 (“the Criminal Justice Act 2008”) which requires the person to submit to treatment pursuant to a drug treatment requirement;
* An individual subject to a youth rehabilitation order imposed in accordance with paragraph 23 of Schedule 1 to the Criminal Justice Act 2008 (drug testing requirement) which includes a drug testing requirement;
* An individual subject to a youth rehabilitation order imposed in accordance with paragraph 24 of Schedule 1 to the Criminal Justice Act 2008 (intoxicating substance treatment requirement) which requires the person to submit to treatment pursuant to an intoxicating substance treatment requirement;
* A person (i) subject to a drug treatment and testing order within the meaning of section 234B of the Criminal Procedure (Scotland) Act 1995 (drug treatment and testing order) or (ii) subject to a community payback order under section 227A of that Act imposing requirements relating to drug or alcohol treatment; or
* A person released on licence under section 22 (release on licence of persons serving determinate sentences) or section 26 of the Prisons (Scotland) Act 1989 (release on licence of persons sentenced to imprisonment for life, etc.) or under section 1 (release of short-term, long term and life prisoners) or section 1AA of the Prisoners and Criminal Proceedings (Scotland) Act 1993 (release of certain sexual offenders) and subject to a condition that they submit to treatment for their drug or alcohol dependency.

# Appendix 3 – Purchasing Care and Support

**Information relating to choosing the right provider**

The flexibility of a PHB means the person can purchase services from any suitable provider. It is the responsibility of the ICB to ensure that the person is provided with good information during support planning and understands the risks involved with different choices. Providers of services must:

* + be registered with the Care Quality Commission (CQC) if they are carrying out any “regulated activity” (2013 Regulations 11.2.a.i);
  + be appropriately trained in any healthcare tasks they are employed to undertake;
  + have appropriate indemnity cover which is proportionate to the risks involved in providing the service. If the person wishes the ICB to check this for them, we must do so;
  + comply with any obligation that they have to be registered as a member of a profession regulated by a body mentioned in section 25(3) of the 2002 Act (the Professional Standards Authority for Health and Social Care). A person can override this as long as it is clearly discussed within the risk assessment of the support plan and agreed with the ICB;
  + make persons aware if they do not do DBS checks on staff and designated representative

It should be clear that the person receiving the direct payment is contracting directly with the provider or individual employee and therefore NHS procurement rules do not apply.

**Information relating to employing personal assistants**

A PHB can be used to employ personal assistants (PAs); this often allows for the greatest flexibility, choice and control over a care package and also comes with greater responsibilities. Where a PA is employed through a PHB, the person (or third-party organisation) becomes the employer and must comply with all the legal obligations of an employer. These include but are not limited to providing:

* A statement of employment particulars including: Providing a written contract, highlighting the number of hours, location of the work, remuneration, period of notice. It is a legal requirement to have a written contract of employment between you & your member of staff;
* Deducting Tax and National Insurance Contributions and paying these over to the appropriate statutory authority;
* Adhering to Statutory sick pay and Maternity Entitlements and Responsibilities, Paternity leave and pay, Adoption, Redundancy, Equal Opportunities, Unions and Health and Safety policies;
* Purchasing Employers and Public Liability Insurance, the costs of which are funded as part of the initial PHB payment.

The PHB Holder is responsible for all the employer responsibilities and also for ensuring that all Personal Assistants have the correct employment status. Employment status is not just something you can choose as a preference, there are laws and regulations defining such status and depends on the arrangement and tasks being carried out. To safeguard persons from potential unforeseen tax liabilities, **self- employed personal assistants are not recommended,** as they would rarely be deemed to be self- employed when the tasks are measured against Her Majesty’s Revenue and Customs (HMRC) status indicator tool. The PHB Holder could be denying their PAs the option of being PAYE employees, thus depriving them of their legal rights. Guidance can be obtained online at: [www.direct.gov.uk](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.direct.gov.uk%2F&data=05%7C02%7Clisacarr%40nhs.net%7C52fe937418124303810708dbfb0b8f65%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638379799283062193%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=YefpzlN3KXd9mviDuPLas6VeZFUfehadGFBOhFe6jZY%3D&reserved=0): ‘Employing a professional carer or personal assistant’ or [www.hmrc.gov.uk](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.hmrc.gov.uk%2F&data=05%7C02%7Clisacarr%40nhs.net%7C52fe937418124303810708dbfb0b8f65%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638379799283062193%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=uLRSl9EyhcQR19fA033l9ib7Yr5MCd65JIDACOQ9xZ0%3D&reserved=0).

Persons will be signposted to and encouraged to seek support from local DPSOs who provide specialist advice and services relating to the employment of care and support staff. Allowance for the costs associated for this can be factored into the final PHB value and should be outlined within the support plan. Persons are requested to:

* carry out a DBS check on their employees (in ALL cases where the person is a child or a child is living in the household, a DBS check will be mandatory, regardless of how long the employee has been known to the family or any prior relationship.)
* request two references for any potential employee.

It should be noted that employers can’t force adults to work more than 48 hours a week on average (normally averaged over 17 weeks) according to the EU Working Time Directive. There are some exceptions to this which can be found at [www.gov.uk](http://www.gov.uk/).

The support plan budget should identify how the budget is broken down to ensure that costs relating to employing a PA are covered, including but not limited to National Insurance, training, insurance, emergency cover, payroll, redundancy costs, pension, statutory sick pay etc. Not all of these costs may be compulsory, but it is recommended that they are clarified and written into a contract with the PAs.

All employed PAs (as a minimum) must have a written job description and contract of employment outlining their core duties and entitlements. The Direct Payment Support Organisation can provide assistance with this. Skills for Care also provide a range of toolkits to assist:

https:/[/w](http://www.employingpersonalassistants.co.uk/downloads/toolkit/Before_your_personal_a)w[w.employingpersonalassistants.co.uk/downloads/toolkit/Before\_your\_personal\_a](http://www.employingpersonalassistants.co.uk/downloads/toolkit/Before_your_personal_a)ssistant\_starts.pdf

Persons must have sufficient Employer’s Liability Insurance. This will be checked through by the NHS Team.

Persons cannot employ someone who lives in the same house as them other than where it is necessary in order to satisfactorily meet their needs as set out in the support plan.

Exceptions must be agreed by the ICB.

The tasks PAs are permitted to carry out must be carefully considered and risk assessed within the support planning process; there must be appropriate training and assessment of competence. How this will be done should also be detailed in the support plan. The employer is responsible for ensuring PAs are trained appropriately to carry out the tasks required and the ICB will ensure this training is suitable and available.

When a registered practitioner (e.g district nurse, physiotherapist etc.) trains a PA in a clinical task, the practitioner remains accountable for the decision to delegate this task to the PA but not for the standard of work that the PA carries out after training. The PA is accountable for both taking on this task and the standard to which it is carried out.

In the case of children, training and delegation of healthcare tasks to social care workers, education staff and PA’s/other appropriate persons, commissioned nurse trainers may be utilised as appropriate.

PAs **must** be supported in their role and receive appropriate training and development. Unison provides a Personal Assistants Support Network which could also be utilised.

# Appendix 4 – Children’s Continuing Healthcare

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Accountable Lead (SRO)** |  | **ICB Owner** |
| Personal Health Budget  Children Continuing Care | Benedict Leigh  Director of Integration |  | Jess Glenn – Head of Integration  Children & Families |

|  |  |  |
| --- | --- | --- |
| **Content** | **Document Configuration** | **Issue Date: May2023** |
| |  |  | | --- | --- | | 1. PHB Options |  | | 2. Process |  | | 1. Flowchart |  | |  |  | | |  |  |  |  | | --- | --- | --- | --- | | **Ref** | **Date** | **Summary of Change** | **Lead Author(s)** | | V0.1 | May-23 | Scoped V0.1 | Jess Glenn | | V0.2 |  |  |  | | V0.3 |  |  |  | | |

**PHB Options**

PHB offer on eligibility. Options are:

* Package of care to meet needs in place or sourced at eligibility. If the individual wishes to have/keep commissioned package of care in place this is a **notional budget** and counts as a PHB.
* The individual chooses to have a PHB to employ their own PA’s.

1. **Process**

**Nurse Assessor** will:

* Explain what a PHB is, how it can be used – working in partnership with family after the continuing care assessment.
* Explain how a direct payment card works, if applicable.

At the visit the **Nurse Assessor** will:

* Complete a consent form, if required.
* Commence a Health & Support (H&S) plan with the person or their identified representative.

At the visit if a direct payment card will be utilised, the **Nurse Assessor** will:

* Identify if cardholder will be the person or a nominated representative.
* Carry out a ‘Know Your Customer’ ID check on the person or if applicable, their representative.
* If a service representative is going to be the cardholder, date of birth must be obtained to set up security questions for payment card set up.

If a 3rd Party Broker has been requested, follow 3rd Party Broker Process at end of this Process then return to this step.

**FUNDING**

After the first visit to collect & collate Health & Support (H&S) plan the **Nurse Assessor** will:

* Present to the Personal Budgets and Exceptional Needs Group (PBENG) for agreement in principle.
* Send H&S plan to the Children’s admin for storing on secure network.

Email Children’s Admin with a summary of care needs, agreed hours/hourly rates and request a costing tool be completed. Children’s Admin to complete costing tool.

On receipt of costing tool, Nurse Assessor to check training, PPE, Insurance Liability and any other known costs included. **Admin** check with Nurse Assessor that costing tool is correct and send for authorisation. If correct, prepare a corresponding Direct Payment Agreement (DPA) for individual to sign.

* When DPA and the Health and Support Plan, and the costing tool are completed, send to Director of Integration for signature and return for PHB set up to be finalised.
* DPA and the Health and Support Plan signed by the individual or their representative.
* On receipt of signed hard copy from service user documents uploaded on to Care Track
* Confirm with finance start date and email/contact the eligible person or their representative.
* Confirm with third party when first payment will commence.

**3RD PARTY BROKER**

If at initial visit the Nurse Assessor identifies that the Person requires a 3rd Party Broker, find out from Nurse Assessor which company is going to be used.

* Send Bank Details Form to the selected company by [secure] email giving name of service user and anticipated start date.
* Children’s admin to set up supplier account.
* On receipt of completed bank details copy to finance to set up PHB account.
* Continue with main process.

**TRANSITIONS**

Children’s Continuing Care work with Adult CHC Team and Adult Social Care (Please see policy re transitions). PHB set up as per above process ready for 18th birthday.

|  |
| --- |
| 1. **FLOWCHART** |
| **Children Continuing Care PHB Set Up Process**  Yes  Activate PHB  Receipt of signed documents inform Finance to agree start date  Director of Integration  Service User  Approval & Signature  Contact Third Party Broker or finance to set up payment mechanism  Children’s Admin generate Costing Tool  Nurse Assessor present H&S Plan to PBENG panel.  Nurse Assessor send H&S Plan to Children’s Admin for upload to Care Track  Direct Payment Agreement, H&S Plan and Costing Tool  Nurse Assessor & Person (or their representative) coproduce H&S Plan  Designated Nurse Assessor to contact Person or their representative  Nurse Assessor makes home visit  Request or requirement for PHB as a result of continuing care assessment |

**Appendix 5 – s117 Mental Health Aftercare**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Accountable Lead (SRO)** |  | **ICB Owner** |
| Personal Health Budget  S117 Mental Health Aftercare | Benedict Leigh  Director of Integration |  | Karl Gluck  Head of Integration – MH & Autism |

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| --- | --- | --- |
| **Content** | **Document Configuration** | **Issue Date: Dec 2023** |
| |  |  | | --- | --- | | 1.PHB Options |  | | 2. Process |  | | 3 Flowchart |  | |  |  | | |  |  |  |  | | --- | --- | --- | --- | | **Ref** | **Date** | **Summary of Change** | **Lead Author(s)** | | V0.1 | Jun-23 | Scoped V0.1 | J Gane/M Scofield | | V0.2 | Dec-23 | Review and updated | N Al-Koky/S Banga | | V0.3 |  |  |  | | |

1. **PHB Options**

Personal Health Budget (PHB) offer on eligibility. Options are:

* A package of care tailored to meet needs, either in place or sourced at eligibility. If the individual wishes to maintain a commissioned package of care, this will be considered a **notional budget** and will count as a PHB.
* The individual may choose to have a PHB to employ their own Personal Assistant(s) (PA).
* The individual may choose to receive a Direct Payment to employ their own PA(s).

1. **Process**

**The Assessor** will:

* Explain what a PHB is and how it can be used, working in partnership with family after the integrated narrative assessment.
* Explain how a direct payment card works, if applicable.

At the visit the **Assessor** will:

* Complete a consent form if required.
* Commence an INA plan with the person or their identified representative.

If a direct payment card will be utilised during the visit, the **Assessor** will:

* Identify whether the cardholder will be the person or a nominated representative.
* Complete a ‘Know Your Customer’ ID check on the person or if applicable, their representative.
* If a service representative will be the cardholder, obtain their date of birth to set up security questions for payment card setup

If a 3rd Party Broker has been requested, follow the 3rd Party Broker Process at the end of this process, then return to this step.

**FUNDING**

After the first visit to collect and collate the INA plan, the Assessor will:

* Present it to Peer Group/Panel for agreement.
* Send the INA plan for storing on secure network.
* Email the Administration team with a summary of care needs, agreed hours/hourly rates, and request completion of a costing tool.
* The Administration team will complete the costing tool.

**Admin** will check with the Assessor to ensure the accuracy of the costing tool and send it for authorisation. If it is correct, they will prepare a corresponding Agreement for the individual to sign.

* When the INA and the costing tool are completed, send them to the Panel for signature (if needed) and return for finalising the PHB setup.
* The INA must be signed by the individual or their representative.
* Upon receiving signed hard copy documents from the individual, upload them onto RiO
* Confirm the start date with finance and email/contact the eligible person or their representative.
* Confirm with the third party when the first payment will commence.

**3RD PARTY BROKER**

If, during the initial visit, the Assessor identifies the need for a 3rd Party Broker, they will determine the chosen company.

* Send the Bank Details Form to the selected company via secure email, providing the individual’s name and anticipated start date.
* The Administration team will set up the supplier account.
* Upon receiving the completed bank details, make a copy for finance to set up the PHB account.
* Continue with main process.

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| 1. **FLOWCHART** |
| **S117 Mental Health Aftercare PHB Set up**    Request or requirement for PHB as a result of S117 Mental Health Aftercare assessment  Designated Assessor to contact Person or their representative to set up appointment and supply information  Periodical review and evaluation to track person’s reported experience/outcome  PHB activated  Prepayment Card ordered, if applicable  Admin to issue details of the PHB allocated to person and/or their representative  Asessor and individual to hold ‘what matters’ conversation and coproduce Integrated Narrative Assessment (INA) Plan  Funding Panel to review and sign-off  Assessor present INA plan and funding proposal to Review Panel for approval  Assessor to liaise with Individual and/or representative to outline decision and gain further info  Panel Approval  Admin to complete funding form with date, length & details and forward to Brokerage/Direct Payment Team to process  Assesor to attend Funding Panel to discuss decision. If required, Assessor to liaise with Person and representative to gain further info  Admin to send details to Finance, record onto Rio, ControlCC and spreadsheet  Panel Approval |

# Appendix 6 – Wheelchair

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| --- | --- | --- | --- |
| **Title** | **Accountable Lead (SRO)** |  | **ICB Owner** |
| Personal Health Budget  Wheelchair | Benedict Leigh  Director of Integration |  | Gary Mack, Head of Integration  Intermediate Care, Rehab, Equip & Tech Enabled Care |

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| --- | --- | --- | --- |
| **Content** | | **Document Configuration** | **Issue Date: May 2023** |
| |  |  | | --- | --- | | 1. Introduction |  | | 1. PHB Options |  | | 1. Flowchart |  | |  |  | | |  |  |  |  | | --- | --- | --- | --- | | **Ref** | **Date** | **Summary of Change** | **Lead Author(s)** | | V0.1 | Nov-23 | Scoped V0.1 | Srikesavan Sabapathy | | V0.2 |  |  |  | | V0.3 |  |  |  | | |

1. **Introduction**

The wheelchair provision to Gloucestershire is provided jointly by the Gloucestershire Health & Care NHS Foundation Trust (Assessment and handover) and North Bristol NHS Trust (Procurement, service, and repairs).

1. **PHB Options and Process**

**Notional Offer 1**

Provision remains within the NHS, wheelchair is owned by the NHS, access to NHS Repairs Services.

1. Therapist orders wheelchair following assessment and ‘what matters’ conversation recording health needs and wishes held in the PCSP.
2. Therapist arranges handover when the wheelchair arrives.

**Notional Offer 2**

Majority of provision remains within the NHS, wheelchair is owned by the NHS apart from elements funded by client, access to NHS Repair Service for element paid by NHS.

1. Therapist will advise you on your contribution value.
2. Therapist will provide a PWB 2.0 form to sign and return one copy and follow instructions on form to pay your contribution.
3. On receipt of individual contribution payment, Therapist will place the wheelchair order.
4. Therapist will handover wheelchair.

**Third Party Offer**

Opting out of NHS provision, using personal health budget to purchase a wheelchair from a private provider. No access to NHS Repairs Service.

1. Therapist will calculate cost of NHS provision and add maintenance contribution.
2. Therapist will send PWB 1.1 form to you to complete and return 1 copy and retain a copy.
3. On receipt of your returned PWB 1.1 form, a PWB 1.2 form will be sent to you, please redirect to your chosen supplier.
4. Agree written specification details with your chosen supplier who will send a copy to the Wheelchair Service to approve.
5. Wheelchair Service would notify your chosen supplier if specification was approved before the supplier can order or supply the wheelchair.
6. Chosen supplier to raise invoice to NHS Wheelchair Service for funding and once approved they will arrange supply and handover.

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| 1. **FLOWCHART** |
| **Wheelchair PHB Set Up Process**  Request or requirement for PHB as a result of a ‘what matters’ conversation held with individual coproducing personalised care & support plan  **Select**  **Third Party**  Schedule review and evaluation  Agree PHB  Send letter to individual to outline details of the offer  Send letter to individual to outline reason for decision  Yes  Offer PHB  **Select**  **Notional Offer 1**  **Select Notional Offer 2**  Referral to Wheelchair Service Provider  NHS Professional triage & complete assessment visit  No  Data Return  to ICB  Activate offer & secure wheelchair. |

# Appendix 6 – Personal Wellbeing Budgets

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| --- | --- | --- | --- |
| **Title** | **Accountable Lead (SRO)** |  | **ICB Owner** |
| Personal Health / Wellbeing Budget  Community Wellbeing Service | Benedict Leigh  Director of Integration |  | Gemma Artz Director of Clinical Programmes |

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| **Content** | **Document Configuration** | **Issue Date: May 2023** |
| |  |  | | --- | --- | | 1. Introduction | 4. Flowchart | | 2. Criteria |  | | 3. Process |  | |  |  | | |  |  |  |  | | --- | --- | --- | --- | | **Ref** | **Date** | **Summary of Change** | **Lead Author(s)** | | V0.1 | Mar 23 | Scoped V0.1 | Hannah Gorf | | V0.2 | Nov-23 | Reviewed | Alice Bixley | |  |  |  |  | | |

1. **Introduction**

NHS Long Term Plan aims to deliver personalised care set out in the universal comprehensive model, with commitments by 2023-24 that more than 200,000 people benefit from accessing a Person Health Budget (PHB) / Personal Wellbeing Budget (PWB).

The Community Wellbeing Service through a grant agreement with the lead provider will manage the personal health/wellbeing budgets. Based on ‘what matters’ conversations and the coproduction of a personalised care and support plan (pcsp) between a social prescriber and an individual that identifies their needs, wishes, preferences and setting goals to support their health and wellbeing outcomes through a personal wellbeing budget (PWB)

1. **Criteria**

The list below provides a range of offers that form part of the eligibility criteria on what a PWB can be used for, but this list is not exhaustive. The Provider will ensure that the social prescribers first attempt to source items/funds from charitable organisations or via grants.

* furniture or white goods for their accommodation
* gym membership
* equipment to partake in activities that are meaningful to them e.g. trainers/arts and crafts supplies
* membership to recreational activities
* items that will provide or add to meaningful employment. For example:
  + Bus passes
  + Identity card
  + Uniforms or formal wear
  + Training course /College fees
  + Bicycles

**Exclusion criteria:**

* Anything illegal
* Gambling
* Debt repayment
* Tobacco
* Alcohol
* Treatments (like medicines) that the NHS would not normally fund because they are not shown to be cost-effective

**3. Process**

1. Pre Application - Individual will need to have held a ‘what matters’ conversation and coproduced a personalised care and support plan with a health & care professional and agree the health and wellbeing outcomes that the PWB will support. Before PWB application submitted, all external sources of funding to be explored including:

* charity applications or grants
* welfare reform application
* seek financial support from the client’s family or friends
* the client's own savings
* Any other option to secure the funds/goods

Only once all external options have been exhausted, you may apply for the PWB to provide the necessary finance within the agreed funding guidelines.

1. Application for Payment –

* All claims for a PWB will be assessed to ensure they meet the relevant eligibility criteria by the Service Manager. There will be a spend limit of **£150.00** for each person (client) during any one individual engagement with the CWS.  Any exception to this must be approved by the Service Manager.
* All applications must evidence other funding sources have been exhausted.
* All applications should include delivery/installation costs, if applicable.
* Any PWB expenditure must be approved by the Service manager.
* All social prescribers must complete a Funding Request form and consent form emailed to their Service Manager for approval.

Audit and reporting will be through the quarterly narrative report. These will also be included in our returns to NHS England.

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| --- |
| 1. **FLOWCHART** |
| **Community Wellbeing Service PWB Set Up Process**  Request or requirement for PWB as a result of a ‘what matters’ conversation held with individual coproducing personalised care & support plan having been medically optimised for discharge  Offer PWB  Agree PWB  **Select**  **Third Party Offer**  Complete consent with individual and/or family/advocate to access their home to initiate service or delivery of goods  Yes  Provider contacts person to assess PWB needs  Referral to Community Wellbeing Service Provider  Data Return  to ICB  Record on Provider CRM system  Activate PWB offer & procure goods/service  Inform individual of decision  No  Schedule review and evaluation |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Accountable Lead (SRO)** |  | **ICB Owner** |
| Personal Wellbeing Budgets  1-off Hospital Discharges | Benedict Leigh  Director of Integration |  | Gary Mack, Head of Integration  Intermediate Care, Rehab, Equip & Tech Enabled Care |

|  |  |  |
| --- | --- | --- |
| **Content** | **Document Configuration** | **Issue Date: Nov 2023** |
| |  |  | | --- | --- | | 1. Introduction | 4. Flowchart | | 2.PHB Criteria |  | | 3. Process |  | |  |  | | |  |  |  |  | | --- | --- | --- | --- | | **Ref** | **Date** | **Summary of Change** | **Lead Author(s)** | | V0.1 | Mar 23 | Scoped V0.1 | L Carr - ICB | | V0.2 | Jul-23 | Modification | J Murray - AGEUK | | V0.3 | Nov-23 | Reviewed and Updated | M Nelson - AGEUKG | | |

**Introduction**

NHS Long Term Plan aims to deliver personalised care set out in the universal comprehensive model, with commitments by 2023-24 that more than 200,000 people benefit from accessing a Person Health Budget (PHB) / Personal Wellbeing Budget (PWB).

The Out of Hospital Service through a grant agreement with the lead VSC partner will manage the personal health/wellbeing budgets. Based on ‘what matters’ conversations and the coproduction of a personalised care and support plan (pcsp) between the Out of Hospital lead and individual that identifies their needs, wishes, preferences and setting goals to support their health and wellbeing outcomes through a (PWB).

**Criteria**

The list below provides a range of offers that form part of the eligibility criteria on what a PWB can be used for, but this list is not exhaustive. The VCS partner will ensure that the Out of Hospital leads first attempt to source items/funds from charitable organisations or via grants.

* furniture or white goods for their accommodation
* one off emergency shopping e.g. groceries, bedding, toiletries
* transport to help participate in meaningful activities to promote wellbeing and build
* deep clean / de-clutter of property to promote wellbeing and/or prevent falls.

**Exclusion criteria:**

* Anything illegal
* Gambling
* Debt repayment
* Tobacco
* Alcohol
* Treatments (like medicines) that the NHS would not normally fund because they are not shown to be cost-effective
* Mobility scooter purchase

**Process**

1. Pre Application - Individuals referred from GHR, CGH and Community Hospitals to the Age UK Gloucestershire Out of Hospital and System Flow Services will need to have held a ‘what matters’ conversation and My CAW survey to identify priorities and coproduced a personalised plan and agree the health and wellbeing outcomes that the PWB will support. Before PWB application submitted, all external sources of funding to be explored including:

* charity applications or grants
* the client's own savings
* any other option to secure the funds/goods.

Only once all external options have been exhausted, you may apply for the PWB to provide the necessary finance within the agreed funding guidelines.

For Out of Hospital, PWB expenditure can be made during a 4-week period post discharge. For System Flow clients, this period is limited to 72 hours.

2. Application for Payment –

* All claims for a PWB will be assessed to ensure they meet the relevant eligibility criteria by the Out of Hospital Service Manager. There will be a spend limit of **£1,200.00** for each person (client) during any one individual engagement with AUK Gloucestershire.  Any exception to this must be approved by the Service Manager.
* All PWB expenditure must be recorded on the CRM.
* Where the proposed spend is over £100 approval must be sought from the Service Manager.
* All applications should include delivery/installation costs, if applicable.

Audit and reporting will be through the quarterly narrative report. These will also be included in our returns to NHS England.

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| **4. FLOWCHART** |
| **One-off Hospital Discharge PWB Set Up Process**  Request or requirement for PWB as a result of a ‘what matters’ conversation held with individual coproducing personalised care & support plan having been medically optimised for discharge  **Select**  **Third Party Offer**  Offer PWB  Referral to VCS Out of Hospital Team  VCS OoH team contacts person to assess PWB needs  Agree PWB  Data Return  to ICB  Schedule review and evaluation  Activate PWB offer & procure goods/service  Record on VCS CRM system  Complete consent with individual and/or family/advocate to access their home to initiate service or delivery of goods  Yes  Inform individual of decision  No |

# Appendix 7: PHBs Individual Cases Panel Terms of Reference



# Appendix 8: Personal Health Budgets Review Panel Terms of Reference

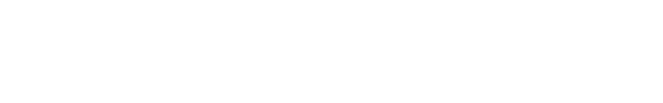
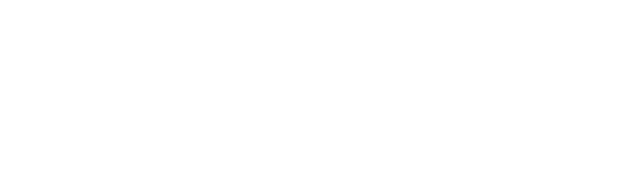
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# Appendix 9: Quality Impact Assessment

|  |  |
| --- | --- |
| Title of scheme: | Personal Health Budget Policy |
| ICB: | NHS Gloucestershire |
| Project Lead(s) for scheme: | Deputy Director of Integation – Clinical  Programme Director for Mental Health S117 Aftercare  Programme Director for Out of Hospital Community Wheelchair  Programme Director for Children & Young People Continuing Care  Joint Programme Directors for Personalised Care  Head of Adult Continuing Healthcare Service  Head of Commissioning for Carers  Finance Manager  Head of Fraud  Programme Manager for Personalised Care |
| Senior Responsible Officer: | ICB Director for Integrated Commissioning  ICB Chief Finance Officer  ICB Chief Nursing Officer |
| Brief description of scheme: | This Policy for Personal Health Budgets (PHB) supports the implementation of PHBs across OneGlos NHS Gloucestershire ICB. A personal health budget is an amount of money to support a person’s identified health and wellbeing needs, planned and agreed between the person and their local NHS team.  PHBs are one of the tangible ways the NHS can become significantly better at involving people and empowering them to make decisions about their own care and treatment. A PHB is not about new money, but about using resources differently. |
| Intended Quality Improvement Outcome/s: | Linked to the Personalised Care agenda to give people choice and greater control of their health and wellbeing needs & wishes improving experience;  Facilitating a supported, in-depth care planning process; Enabling people to secure services and support in a more innovative and flexible way to meet their specific care needs. |
| Methods to be used to monitor quality impact: | No. of completed Personalised care and support Plans  Uptake of notional, direct payment, third party PHBs/WSBs  Reduce hospital attendance/admission  Uptake of social prescribed community based activity |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **P/N or N/A** | **Risk Score (if N)** | **Comments** (include reason for identifying impact as positive, negative or neutral) | **Risk > 8**  **Stage 2 assessment required) Y/N**  **If Y** |
| **Duty of Quality**  Could the proposal impact positively or negatively on any of the following:   1. Compliance with NHS Constitution right to:    * Quality of Care and Environment    * Nationally approved treatments/ drugs    * Respect, consent and confidentiality    * Informed choice and involvement    * Complain and redress 2. Partnerships 3. Safeguarding children or adults | P |  | PHB policy is in line with the NHS constitution’s principles and values. The focus on individual/personal outcomes ensures that the person remains at the centre of all service planning and delivery, promoting choice, control and involvement. | N/A as positive |
| **NHS Outcomes Framework**  Could the proposal impact positively or negatively on the delivery of the five domains: |  |  |  |  |
| 1. Preventing people from dying prematurely | P |  | Personalised care promotes the health and well-being of persons and will contribute towards preventing premature death | N/A as positive |
| 2. Enhancing quality of life | P |  | Giving persons increased choice, control and flexibility of service provision has potential to enhance their individual quality of life. | N/A as positive |
| 3. Helping people recover from episodes of ill health or following injury | P |  | Personalised care promotes the health and well-being of persons and may support person recovery. | N/A as positive |
| 4. Ensuring people have a positive experience of care | P |  | PHBs (via direct payment or third party) enable persons to self-direct their care, taking an active role in identifying and sourcing the services they require to achieve their outcomes. | N/A as positive |
| 5. Treating and caring for people in a safe environment and protecting them from avoidable harm | P |  | Detailed support planning is conducted jointly between the NHS representative and the person, identifying and mitigating identified risks. | N/A as positive |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Access**  Could the proposal impact positively or negatively on any of the following:   1. Person Choice 2. Access 3. Integration | P |  | Person choice is a key element of PHBs. The potential flexibility associated with PHB expenditure allows for increased access to a range of service provision. Jointly funded packages are eligible for PHB and offer further opportunity for integration. | N/A as positive |



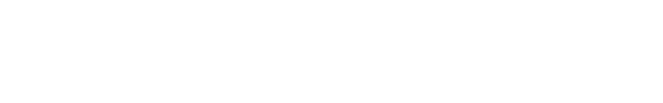
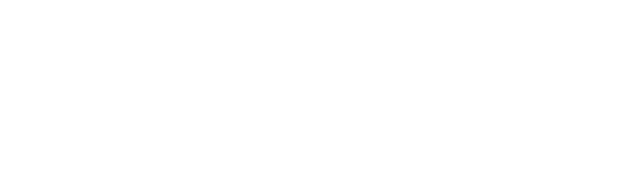
Reviewed by:

Position: Chief Finance Officer

Date of review: 00/03/23

Signature:

Proposed frequency of review: Twelve months



Reviewed by:

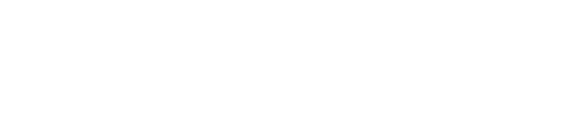
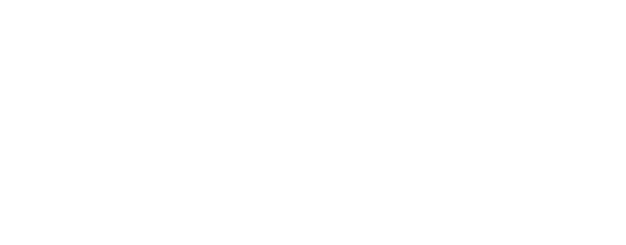
Position: Director of Integrated Commissioning

Date of review: 00/03/23

Signature:

Proposed frequency of review: Twelve months

Date of review: 00/03/23



Signed off by:

Position: Director of Nursing and Transformation

Signature:

Requires review at Clinical Quality and Governance Committee:

Date considered at Clinical Quality and Governance Committee:

Logged on spreadsheet: Y/N

# 

# Appendix 10: Equality Impact Assessment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Directorate | Integrated Commissioning & Nursing Directorates | | Team |  | Name of lead person |  |
|  |  | |  |  |  |  |
| Piece of work being assessed | |  | Personal Health Budget Policy | |  |  |
|  | |  |  | |  |  |
| Aims of this piece of work | | This Policy for Personal Health Budgets (PHB) supports the implementation of PHBs across NHS Gloucestershire. A personal health budget is an amount of money to support a person’s identified health and wellbeing needs, planned and agreed between the person and their local NHS team.  PHBs are one of the tangible ways the NHS can become significantly better at involving people and empowering them to make decisions about their own care and treatment. A PHB is not about new money, but about using resources differently. | | | | |
|  | |  | | | | |
| Date of EIA |  |  | Other partners/stakeholders involved | |  |  |
|  |  |  |  | |  |  |
| Who will be affected by this piece of work? | | Persons, their families and their carers.  People who are assessed as or are already eligible for NHS Continuing Health Care (CHC) (including fast track cases) and families of children eligible for Continuing Care (CC) have had a “right to have” a personal health budget. Personal health budgets are not restricted to people in receipt of NHS CHC or CC and so a ICB can offer services via a personal health budget if appropriate. ICBs are expected to develop and expand their personal health budgets offer in order to deliver personalised care operating model outlined in the NHS long term plan. ICB staff who work within these service areas need to understand PHBs, and the process of implement and then managing the PHBs. | | | | |

|  |  |  |
| --- | --- | --- |
| **Equality Act 2010 Protected Characteristics** | **Baseline data and research on the population that this piece of w****or****k will** **affect.**  What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible.  **Include consultation with service users wherever possible** | **Is there likely to be a differential impact?**  Yes, no, unknown |
| **Gender** | It is not anticipated that the benefits derived from this policy will differ based on gender. | No |
| **Race** | A PHB can enable a person to direct and manage their own individual care and support arrangements that are reflective of their heritage and preferences. PHBs have been shown to be an effective mechanism for persons to access culturally sensitive service provision[2](#_bookmark17). The focus on person centred support planning should reduce inequalities for individuals within this protected characteristic group. | No |
| **Disability** | People with disabilities or long-term conditions are the target group for PHB. The evidence from the pilot sites demonstrates that there are benefits for all client groups[3](#_bookmark18). Mental Capacity should not be a determinant of whether a person can benefit from having a PHB[4](#_bookmark19); as such the option to have a representative or third party to manage the PHB on the individual’s behalf is available.  The policy positively impacts on the needs of persons with disability and other complex health needs by enabling personalised care and support planning. Support planning is focused on the individual, holistic needs of the person, ensuring that | No |
| **Religion/ belief** | It is not anticipated that the benefits derived from this policy will differ based on religion/belief. | No |

2 https:/[/www.pssru.ac.uk/pub/5331.pdf](http://www.pssru.ac.uk/pub/5331.pdf)

3 https:/[/www.peoplehub.org.uk/debs-blog-about-her-experience-of-shared-decision-making/](http://www.peoplehub.org.uk/debs-blog-about-her-experience-of-shared-decision-making/)

4 Mental Capacity Act 2005

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|  | PHBs facilitate persons to access care and support based on person-centred plans which will allow a recipient to organise care that is appropriate to their cultural beliefs and associated customs. |  |
| **Sexual orientation** | It is not anticipated that the benefits derived from this policy will differ based on sexual orientation.  Positively, PHBs will enable persons to choose services and support that they feel is supportive, safe and appropriate for their holistic needs. | No |
| **Age** | It is anticipated that PHBs will benefit people of all ages.  The PHB offer positively impacts on the needs of older, frail, vulnerable persons, enabling them to develop personalised care in a timely manner and supporting their access to care and support in line with their identified needs. If an individual is interested in taking a direct payment to purchase the support and care that they require but feels unable to manage the financial aspects of this, a managed account option is available whereby a third party manages the financial transactions.  PHBs also positively impact on the needs of children with complex health issues and / or special educational needs[5](#_bookmark20). Parents can manage a PHB on behalf of their child, thus the age of the child will not impact their ability to access a PHB. The wishes of the child will be included as part of the Support Planning / Outcomes work. | No |
| **Social deprivation** | It is not anticipated that the benefits derived from this policy will differ based on social deprivation.  The introduction of PHBs is an opportunity to improve outcomes for people who may have been socially excluded or have experienced a range of social inequalities, as they are enabled access to more flexible care | No |

5 [https://www.thinklocalactpersonal.org.uk/Latest/tersonal-Health-Budgets-for-children-and-young-people-with-complex-needs-/](https://www.thinklocalactpersonal.org.uk/Latest/Personal-Health-Budgets-for-children-and-young-people-with-complex-needs-/)

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|  | and support provision that meets their individual needs.  The planning around individual budget expenditure will ensure that any staff employed by a PHB holder are paid at least the minimum wage. |  |
| **Carers** | PHBs positively impact on carers by enabling them to be more closely involved in the planning and purchase of care and support to meet the needs of the person. There is also the opportunity for carers to be involved throughout the process of developing a care and support plan, natural support is reflected within the support planning process. Respite care may be included as part of the PHB.  Evidence from pilot ICB sites suggests that carers providing support to a person with a PHB reported better quality of life and perceived health[6](#_bookmark21). Where PHBs have been used to improve the life of the person being cared for, they can in turn improve the quality of life for the carer. | No |
| **Human rights** | PHBs are likely to improve equality of access and enhance human rights for people who receive them. In giving people more control over how their health funding is spent, their human rights, in particular their quality of life, the right to a family life and the right to participate in public life will be enhanced. The person-centred care planning approach puts the needs of the person first, involving them in decisions about their care and subsequent support. | No |

**Policy Authorisation Form**

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| ***Section 1 - Policy Details*** | |
| **Policy Name:** | **Personal Health Budget & Integrated Personal Budget Policy** |
| **Policy Number:** | **113** |
| **Policy Version:** | **1** |
| **Policy Author:** | **Lisa Carr, Programme Manager for Personalised Care** |
| **Policy Sponsor:** | **Benedict Leigh, Director of Integration** |
| **Policy EIA Completed:** | **Yes** |
| **Policy Approved:** | **NHS Gloucestershire ICB System Quality Committee**  **Wednesday 13th December 2023** |

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| ***Section 2 - Policy Approval Process***  *Please state where the policy has been reviewed and update prior seeking final approval.* | |
| **Directorate Or Team Meeting:** | **ICB Integrated Commissioning Directorate** |
| **Staff Partnership Forum (SPF):** | **N/A** |
| **System-Wide Meeting:** | **ICB Enabling Communities & Individuals Team**  **ICB Finance Team**  **Gloucestershire Health & Care Trust (GHC)**  **Gloucestershire Hospitals Foundation Trust (GHFT)**  **Age Uk Gloucestershire**  **Gloucestershire PeoplePlus** |
| **ICB Operational Executive:** | **Yes** |

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| ***Section 3 – Final Policy Approval***  *Please state where the policy has been reviewed and update prior seeking final approval.* | |
| **Name of Meeting where Approved:** | **NHS Gloucestershire ICB System Quality Committee** |
| **Date of Meeting:** | **Wednesday 13th December 2023** |
| **Chair of Meeting:** | **Jane Cummings** |

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| ***Section 4 – Post Approval Process***  *Please state where the policy has been reviewed and update prior seeking final approval.* | |
| **Front Cover of Policy Updated** | **17th January 2024 by Ryan Brunsdon** |
| **Policy Library Updated:** | **17th January 2024 by Ryan Brunsdon** |
| **Intranet Updated** | **17th January 2024 by Nikita Davis.** |
| **Staff Comms sent** | **October 2023** |
| **Next Approval Date:** | **December 2026** |
| **Approval Process to Start:** | **September 2026** |