NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

NHS Herefordshire & Worcestershire Clinical Commissioning Group (CCG) Operational Policy for Personal Health Budgets (PHBs)

Document Reference Information

Version:	FINAL
Status:	Ratified
Author:	Annie Coyle (Senior Commissioning Manager)
Directorate	NHS H&W CCG Quality Directorate
Directorate lead:	Lisa Levy (Chief Nursing Officer)
Ratified by:	H&W Clinical Commissioning and Executive Committee
Date ratified:	22 July 2021
Date effective:	22 July 2021
Date of next formal	3 years from effective date
Target audience:	All staff

Version Control Record

Version	Description of change(s)	Reason for change	Author	Date
V1	Initial re-draft based PHB Policy)	To reflect changes to national guidance	Annie Coyle	01/11/2019
V2	Amendments and additions due to changes in person	To reflect changes to national guidance	Annie Coyle	07/03/2020
V3	Amendments to add children's PHB	To reflect merger of Herefordshire & Worcestershire CCG	Annie Coyle	12/08/2020
V4	To reflect changes in contents	To update the policy	Annie Coyle	12/11/2020
V5	To reflect comments from PHB team	To update the policy	Annie Coyle	15/02/2021
V6 &7	To reflect comments from the CHC team	To update the policy	Annie Coyle	24/02/2021
V8	To reflect comments from PHB carer's expert	To update the policy	Annie Coyle	15/03/2021

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1.0 Introduction

The NHS Long Term Plan (2019) makes personalised care business as usual across the health and care system. Personalised care means individuals have choice and control over the way their care is planned and delivered based on what is important to them and their individual strengths, needs and preferences.

This happens within a system that supports people to stay well for longer and makes the most of the experience, capacity and potential of people, families, and communities in delivering better health and wellbeing outcomes and experiences.

Personal Health Budgets (PHB) are a key component of the Government drive for wider personalisation of NHS care.

The PHB policy sets out NHS H&W (H&W), CCG's offer for who can receive a PHB in line with national legislation and guidance. It describes the criteria under which NHS H&W will authorise a PHB through existing NHS funded services, Third Party arrangements or Direct Payments, on an individual basis, by balancing choice, risk, rights, and responsibilities.

Within this context, NHS H&W CCG, is legally obligated and are accountable for meeting their own statutory duties, for instance in relation to quality, financial resources, equality, health inequalities and public participation.

In making these arrangements, NHS H&W have had regard to relevant law and guidance, including their duties under the National Health Service Act 2006, the Health and Social Care Act 2012, the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012; and the National Health Service (Direct Payments) Regulations 2013 (as amended) and relevant guidance issued by NHS England.

NHS H&W PHB programme will be delivered within the remit of the respective CCGs' commissioning budgets. The CCGs' expenditure must be affordable within the limits of available resources and within the CCG's Resource and allocation policy with an emphasis on the quality of care and positive outcomes for Individuals and their families.

2.0 Aim of the policy

NHS H&W CCG PHB policy aims to:

- Set out NHS H&W CCG's offering for those who can receive a PHB in line with national legislation and guidance.
- Outline the practice and local procedures for implementing the CCG's PHB programme in 2020-21 and beyond.
- Communicate with users of the policy – such as CCG staff and the staff of CCG commissioned services supporting the delivery of PHBs, and to set out their roles and responsibilities regarding the implementation of PHBs.

3.0 Purpose

3.1 Promoting increased independence and choice through personal care planning and shared decision making.

H&W CCG is committed to promoting individual choice where available, while supporting individuals to manage risk positively, proportionately, and realistically whilst working in partnership with professionals, making shared decisions and actively co-producing services and support.

PHBs offer individuals more choice and control over how money is spent on meeting their health and wellbeing needs. A 'Personalised Care and Support Plan' is at the heart of a PHB developed through a combination of the healthcare professional's clinical knowledge, along with the individual's expertise in their condition and their own ideas on how their needs can best be met.

The care and support plan helps people to identify their health and wellbeing outcomes and sets out how the budget will be spent to enable them to reach their outcomes and keep them healthy and safe. This not only benefits the individual and their carer/families in terms of their independence, well-being and choice but it also enables each individual to achieve their potential to live their lives fully, manage their health outcomes in ways which best suit them and to identify and manage risks.

Good practice must support choice. The attitude of the health care professional should be to support and encourage the individual's choice as much as possible, and to keep them informed, in a positive way, of issues and risks associated with those choices and how to take reasonable steps to manage them.

3.2 Principles

The Department of Health (2009) sets out the key principles for PHB' and Personalisation to give people control, keep them safe and protect NHS resources.

- **Upholding NHS Principles and values.**

  The personalised approach must support the principles and values of the NHS as a comprehensive service, free at the point of use, as set out in the NHS Constitution and should remain consistent with existing NHS policy. There should be clear accountability for the choices made. No one will ever be denied essential treatment because of having a personal budget. Having a personal budget does not entitle someone to more (or more expensive) services or to preferential access to NHS services. There should be good and appropriate use of current NHS and Adult Social Care resources.

- **Quality - safety, effectiveness and experience should be central.**

  The wellbeing of the individual is paramount. Access to a PHB will be dependent on the professionals and the individual agreeing a Personalised Care and Support Plan that is safe and will meet the agreed health and wellbeing outcomes. There should be transparent arrangements for continued

clinical/professional oversight, proportionate to the needs of the individual and the risks associated with the care package.

- **Tackling inequalities and protecting equity**

PHBs and the overall movement to personalise services can be a powerful tool to address inequalities in the health service. A PHB must not exacerbate inequalities or endanger equality. Lack of mental capacity should not be a factor. The decision to set up a PHB for an individual must be based on their needs, irrespective of employed, race, age, gender, disability, sexual orientation, marital or civil partnership status, transgender, religion, or beliefs.

NHS H&W CCG's Local offer

Personal Health Budgets (PHBs) are a new way of offering people more choice, flexibility and control over the care and support an individual receives from the NHS. PHBs are provided by utilising funds from existing service contracts to provide a sum of money to an individual to meet their health care needs in a different way.
From 2019/20, H&W CCG offer PHBs to the following.

- Adult Continuing Healthcare including joint packages of care.
- Children's Continuing Care and joint packages for children and young people with SEND)
- Wheelchairs
- S117 Mental Health Act
- People with a learning disability and/or autism
- People using mental health services.
- People frequently attending A&E, GPs
- Specialist equipment

NHS H&W CCG's intention is to extend our 'offer' and availability of PHBs to more people. New cohorts may include individuals with multiple long-term conditions and those who live with frailty. PHB will be targeted at people with ongoing and high use of NHS and social care services. The offer will be informed by local priorities and decisions about where PHBs are suitable and included in STPs and the Joint Strategic Needs Assessment.

National and local evaluation of PHB has demonstrated that an expansion of PHBs beyond NHS Continuing Healthcare can deliver positive outcomes in the following areas:

- Reducing avoidable use of hospital care
- Improving quality of life
- Empowering people to manage and make decisions about their own care and treatment.
- Enabling people to develop their own personalised care plan.
- Promotes self-management and peer support.

Making decisions as close to the individual as possible

Appropriate support is available to help all those who might benefit from a more personalised approach; particularly those who may feel less well served by existing services and would benefit from managing their own budget.

Partnership

- Personalisation of healthcare bodies embodies co-production. This means individuals working in partnership with their family, carers, and professionals to plan develop and procure the services and support that are appropriate for them.
- NHS H&W CCG, Local Authorities, Local NHS and independent services and voluntary organisations are working together to utilise personal budgets so that health and social care work together as effectively as possible.
- PHBs represent an important step forward in the wider aim of integration of health and social care services.

4.0 Legislative Context

4.1 The Government's vision for PHBs is to enable people with long term conditions and/or disabilities to have greater choice, flexibility and control over the health care and support they receive.

The NHS Commissioning Board and CCGs (Responsibilities and Standing Rules) (Amendment) (No. 3) Regulations 2014 provides the legal framework for the development of PHBs. The legislative framework makes it clear that from October 2014, Individuals who are eligible for NHS Continuing Healthcare (CHC) have a statutory 'right to have' a personal health budget, including direct payment, subject to exceptions.

The NHS Mandate 2014 includes a commitment that by April 2015 everyone with long- term conditions including people with mental health problems will be offered a personalised care plan that reflects their preferences and agreed decisions.

The Forward View into Action: planning for 2015/16 includes the requirement for CCGs to develop plans for a major expansion of PHBs, and to ensure that people with learning disability and/or autism are included.

The NHSE letter to CCG Accountable Officers entitled Continuing Healthcare Opportunities, 1st May 2018 sets out NHSE requirements to make PHBs the default delivery model for CHC funded home care.

NHS England concurred that all CHC packages delivered in a home care setting, excluding fast track NHS CHC, should be managed as a Personal Health Budget. From April 2019, this became the default operating model.

The NHS Long Term Plan (January 2019) sets a requirement that up to 200,000 people will benefit from a PHB by 2023/24. This to include the provision of bespoke wheelchairs and community-based packages of personal and domestic

support and an expansion of the PHB offer in mental health services, for people with a learning disability, people receiving social care support and those receiving specialist end of life care.

4.2 The policy has been drawn up in response to the following legislation and associated guidance:

- The NHS Act 2006 https://www.legislation.gov.uk/ukpga/2006/41/contents
- The Health Act 2009 https://www.legislation.gov.uk/ukpga/2009/21/contents
- The National Health Service (Direct Payments) Regulations 2013 as amended by the National Health Service (Direct Payments) (Amendment) Regulations 2013. https://www.legislation.gov.uk/uksi/2013/1617/made
- Guidance on Direct Payments for Healthcare: Understanding the Regulations" (March 2014). https://www.legislation.gov.uk/uksi/2017/219/pdfs/uksiem_20170219_en.pdf.
- Guidance on Direct Payments for Healthcare: Understanding the Regulations and other key documents and guidance which can be accessed from the following link: https://www.england.nhs.uk/healthbudgets/resources/
- Special Educational Needs and Disability Regulations 2014 https://www.legislation.gov.uk/uksi/2014/1530/contents/made.
- Special Educational Needs (Personal Budgets) Regulations 2014 https://www.legislation.gov.uk/ukdsi/2014/9780111114056
- Direct Payment for Healthcare: Guiding on Ensuring the Financial Sustainability of Personal Health Budgets. https://www.england.nhs.uk/wp-content/uploads/2017/06/guid-dirct-paymnt.pdf
- National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746063/20181001_National_Framework_for_CHC_and_FNC_-_October_2018_Revised.pdf
- National Framework for Children and Young People's Continuing Care (2016) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499611/children_s_continuing_care_Fe_16.pdf
- The Special Educational Needs and Disability (SEND) Code of Practice 0-25 years (2015) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
- Data Protection Act (2018) https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
- Mental Capacity Act 2005 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf
- Equality Act 2010 - https://www.gov.uk/guidance/equality-act-2010-guidance

- The NHS Long Term Plan (2019)- https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

All users of this policy, at all times, including H&W CCGs' respective employees, staff on temporary contracts and NHS funded services supporting the delivery of PHBs must comply with all laws, statute, regulation, order, mandatory guidance or code of practice, judgment of a relevant court of law, or directives or requirements of any regulatory body with which the user is bound to comply, in relation to this policy.

5.0 Definition of Personal Health Budgets (PHBs)

A PHB is an amount of money to support someone's health and wellbeing needs, which is planned and agreed between the individual or their representative, and the local clinical commissioning group (CCG). It is not new money or additional but a different way of spending health funding to meet the assessed needs of an individual.

PHBs are a way of personalising care, based around what matters to people and their individual strengths and needs. They give people with disabilities and people with long term conditions more choice, control, and flexibility over their healthcare by promoting independence, which will enable individuals to manage identified risks, achieve their potential and live their lives in ways which best suits them.

A PHB may be used for a range of things to meet agreed health and wellbeing outcomes. This could include clinically recommended therapies, personal care, wheelchairs, section 117 after care and equipment. Equally there are some restrictions in how the budget can be spent.

PHBs are a component part of the NHS's comprehensive model of personalised care which will, as part of the NHS Long Term Plan, transform 2.5 million lives by 2023/24. Other components include social prescribing, community-based support and supported self-management.

5.1 Key parts of a Personal Health Budget

Personalised care and support planning are essential to making PHBs work well. A personalised care and support plan help people to identify their health and wellbeing outcomes, together with their local NHS team, and sets out how the budget will be spent to enable them to reach their outcomes and keep healthy and safe.

The person with a personal health budget (or their representative) 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* they want to achieve, together with relevant health, education, and social care professionals.

3. Get an upfront 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 as 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 and learning outcomes for children and young people with education, health and care plans.

5.2 Who can have a PHB?

NHS H&W Clinical Commissioning Group will offer PHBs to the following.

- People eligible for NHS Continuing Healthcare (CHC) or children's Continuing Care, who already have a PHB as a default offer.
- People with learning disabilities and high support needs eligible for CHC or through s117 Mental Health Act aftercare responsibilities.
- People who are in receipt of joint health and social care packages
- A personal wheelchair budget for those eligible for NHS funded equipment

If a person moves CCGs, the commissioning responsibility will be established using the guidance policy, "Determining which NHS commissioner is responsible for making payment to a provider" (DoH 2020)

5.3 What a PHB can and cannot be used for?

The aim of a PHB is to offer individuals more choice and control over the way their care and support is arranged. There is no definitive list of activities to illustrate what a PHB can be spent on however the service, activity or item proposed should be realistic and proportionate in line with the use of NHS funds and clearly linked to the outcomes identified in the 'Personalised Support Plan'.

A PHB may only be spent on services agreed between the individual and their care coordinator in the 'Personalised Support Plan' that will enable them to meet their agreed health and well-being outcomes. Examples may include:

- Delegated health tasks
- Personal assistance to help with activities of daily living and personal care including help with personal hygiene, shopping, cooking.
- Equipment, aids, and adaptations to assist with day-to-day tasks.
- Activities that help individuals become more active in the community, improving physical and mental health.
- Respite breaks
- Complimentary treatments could be considered by the CCG if, the respective providers are accredited, meet the required governance standards and can demonstrate they would meet the PHB holder's health and well-being outcomes.

5.4 Personal Health Budget cannot be used to buy:

- Primary medical services provided by GPs, as part of their primary medical services' contractual terms and conditions.
- Vaccination or immunisation, screening, and NHS health checks
- Urgent or emergency treatment services such as unplanned in-patient admissions to hospital or accident and emergency.
  Surgical procedures
- Prescriptions or dental charges
- Anything that has not been agreed in the 'Personalised Support Plan.'
- Alcohol, tobacco, fund gambling or debt repayment, or anything illegal
- Emergency, urgent care or residential care.
- Food, drinks, and clothing
- Utility bills, mortgage payments, rent or any other items not specified within the care plan.
- Funded nursing care
- Holidays
- Conferences
- Social activities outside those identified as needed to maintain health and well-being.

The above is not an exhaustive list. If an individual comes within the scope of the "right to have" a PHB, then the expectation is that one will be provided. However, in certain exceptional circumstances the CCGs may choose not to agree to a PHB in line with the NHS England guidance which states:

"There may be some exceptional circumstances when a CCG considers a PHB to be an impracticable or inappropriate way of securing NHS care for an individual. This could be due to the specialised clinical care required or because a PHB would not represent value for money as any additional benefits to the individual would not outweigh the extra cost to the NHS."

H&W CCG have overall responsibility for ensuring that all intended expenditure is legal as part of the governance arrangement for PHBs. The Personal Care and Support Plan should clearly detail all expenses covered by the Personal Health Budget.

The provision of PHBs by H&W CCG is for the use of individuals to meet their holistic and identified, including health and well-being outcomes, The use of such funding, does not at this time extend to the delivery of goods or services that would normally be the responsibility of other bodies [e.g., Local Authority housing services or are covered by existing contracts or mechanisms. e.g., community equipment, District Nursing].

With regards to Direct Payments, H&W CCG will not routinely permit services in a Care/Support Plan (for an adult) to be secured from an individual living in the same household as the Individual this includes:

- a family member (including but not limited to the Individual's spouse, civil partner, parent-in-law, children, or grandparent) or a friend involved in the provision of the Individual's care, unless the CCG is satisfied that securing a service from that person is the only satisfactory way to meet the Individual's need for that service.

- In relation to children and young people under the age of 16, it may well be routine that support is provided by friends and family, acting as a representative or nominee. The Guidance document on Direct Payments for Healthcare: Understanding the Regulations (2014) recognise the fact that relatives and/or friends will be actively involved.

- When a child who has a representative and they have consented to direct payments reaches 16, the CCG may continue to make direct payments to the representative or their nominee in accordance with the care plan, providing the child who has reached 16 and the representative and, where applicable the nominee, consent. If the child who has reached 16 does not consent (and has the capacity to consent/not consent) the CCG must stop making direct payments

- The DP regulations and the use of the term care and support plan in this guidance only applies to that part of a person's care and support plan related to the services purchased by DP for health care, although the principles are applicable to all ways of managing a PHB.

Having set out the health needs and the intended outcomes the care and support plan must specify services to be secured by the PHB to achieve these.

If an individual and/or his or her representative, who comes within the scope of a 'right to have' a PHB requests a PHB and is turned down, the CCGs will set out in writing the reasons why the request has been refused. Once this information has been received, the person and/or his or her representative may appeal the CCG's decision. The CCG will reconsider this decision. **Refer to appendix 1 for the CCGs' process for appeals.**

6.0 Management of a Personal Health Budget

The fundamental principle of a PHB is that the individual knows what their budget is, the treatment or care options and the financial implications of their choices, irrespective of the way the budget is managed.

The most appropriate way to manage a PHB should be discussed and agreed with the person, their representative or nominee as part of the care planning process. PHBs can now be received and managed in the following ways, or a combination of them:

6.1 Notional Budget (Contracted/Commissioned Services)

The CCG manages an individual's personal budget on their behalf and financial records. The individual is advised of the amount of money the CCG would

normally spend on a traditional model of care and talks to their health professional or care manager about the different ways to spend the money on meeting their needs. The CCG holds the money on the individual's behalf and procures the services set out in the Personalised Support Plan. No money changes hands

6.2 Third Party Budget

A third party is an organisation independent from the individual and the NHS. They manage the budget and arrange support by purchasing services on the person's behalf. The third party will manage the clinical oversight, governance arrangements and all financial aspects of the PHB (employment of Carers, operating a pay roll etc.) and will have responsibility for making sure invoices are paid.

6.3 Direct Payments (DP)

A DP is money paid directly to the individual or their representative. They will buy and manage the care and services as agreed in the personal care and support plan. Financial records and receipts will need to be kept demonstrating how the individual has spent the budget. There will be scheduled reviews and monitoring by the CCG's PHB team who will request sight of the information so that they can ensure that the personal health budget is meeting the individual's health and wellbeing needs that have been agreed within the care and support plan, and the money is being spent according to the plan.

Individuals accepting a direct payment will be asked to enter into a formal agreement and set up a separate bank account. The individual can choose to have a support service provider hold the funds and make payments on their behalf; this is called a 'Managed' Direct Payments Account. Equally, no direct payment money should be transferred from the separate bank account to private or personal accounts.

There is a requirement to maintain contemporaneous records such as receipts, time sheets, care plans, evaluation sheets, time sheets, staff rotas and bank statements, to be able to demonstrate that any monies provided have been used in accordance with achieving the agreed outcomes in the personalised care and support plan.

7.0 Direct payments

7.1 Direct payments for individuals with capacity – when the individual receives the funding that is available to them and they purchase the care and support they need in accordance with the agreed care plan (with or without assistance). The individual can elect to receive and manage the payment themselves or decide for it to be received and managed by a person of their choosing (a nominee). If the individual chooses a nominee, that nominee becomes responsible for managing the funds and services and accounting for expenditure. Support and advice from the CCG's PHB team services are available for all direct payment recipients.

7.2 <u>Direct payments for individuals who lack capacity</u> – when the individual lacks capacity, an 'authorised representative' receives the funding that is available to the individual as a direct payment. The authorised representative is responsible for managing the funds and services and accounting for expenditure. The 'authorised

representative' must involve the individual as much as possible and all decision making must be in line with the individual's best interests, in accordance with s.4 Mental Capacity Act 2005. Support from the CCG's PHB team are available for all direct payment recipients. In the case of children, direct payments can be received by their parents or those with parental responsibility for that child.

The National Health Service (Direct Payments) Regulations 2013 set out how direct payments should be administered and on what they can be spent. The regulations are similar to the regulations and guidance for social care direct payments. PHB Guidance on the new direct payments for healthcare regulations was published in March 2014.

7.3 Who can receive a Direct Payment PHB?

A direct payment PHB can be made to any Eligible Person, where they are:

- In receipt of any benefit that may or must be provided or arranged by a health body under the NHS Act 2006 or under any other enactment.
- A person aged 16 or over, who has the capacity to consent to receiving a PHB by way of a direct payment and consents to receive
- A child under 16 where they have a suitable representative who consents to a PHB by way of a direct payment.
- A person aged 16 or over who does not have the capacity to consent to receiving a PHB by way of a direct payment but has a suitable representative who consents to it.

and where:

- A direct payment PHB is appropriate for that individual regarding any condition they may have and the impact of that condition on their life.
- A direct payment PHB represents value for money and, where applicable, any additional cost is outweighed by the benefits to the individual.

The CCG will only provide direct payments if it is satisfied that the person receiving the direct payments (which may be the Individual, a nominee or representative) understands what is involved, and has given consent.

People aged 16 or over who have capacity, representatives of people aged 16 or over who lack capacity, and representatives of children can request that the direct payment is received and managed by a nominee.

Decisions about providing direct payments for healthcare should be based around need rather than being based around a particular medical condition or severity of condition.

Health professionals will also seek to identify other Individuals who do not fall within the scope of the "right to have" but who may benefit from the provision of a PHB.

PHBs are not restricted to Eligible Persons and CCGs will seek to offer PHBs on a voluntary basis to those Individuals with long term conditions for whom it would be appropriate. Where such Individuals are identified, the health professionals involved in their care will provide them with information about PHBs.

7.4 Considerations when deciding whether to make a direct payment.

The CCG will adhere to the requirements as detailed at Regulation 7 of the NHS (Direct Payments) Regulations 2013 when deciding whether to make a direct payment. In doing so the CCG will contact a range of people for information to help make the decision whether a direct payment may be suitable. From this range will be any health or social care professional involved in the provision of care/treatment to the individual e.g. a personal assistant, occupational therapist, community mental health nurse or social care team. The CCG will also consult:

- Anyone identified by the individual as a person (e.g., family member, friend or other significant other) to be consulted for this purpose.
- If the individual is a person aged 16 or over but under the age of 18, a person with parental responsibility for the individual.
- The person primarily involved in the care for the individual.
- Any other person who provides care for the Individual
- Any Independent Mental Capacity Advocate (IMCA) or Independent Mental Health Advocate (IMHA) appointed for the individual.

The CCG's PHB team will carry out sufficient financial checks to gain assurance that the individual is not in receipt of other health related benefits, before considering whether a direct payment is suitable. These may include, but not be limited to:

- Checks for receipt of carers allowance.
- Checks for local council funding for care packages.
- Checks for health funding from other NHS organisations.
- Checks with Department of Work and Pensions for any other relevant benefits, that may be impacted by, or impact receipt of, a direct payment.

The CCG will consider whether the individual will be able to manage the direct payment Included within this consideration will be an assurance check that the individual can comply with the financial duties aligned to receiving a direct payment. These include, but are not limited to:

- Ensuring the individual can provide bank statements showing expenditure of the direct payment.
- Ensuring that the individual is fully aware of the requirement to provide ALL expenditure receipts relating to the direct payment.
- Ensuring that the individual has access to online banking for their nominated direct payment account.
- Ensuring that the individual has computer access and printer access to be able to provide statements and accounts (where required) when required 21.
- Ensuring that the individual is fully aware of HMRC regulations with regards to employment of carers and tax implications.

If the person is aged between 16 and 18, a parent or guardian with parental responsibility will be assessed, to look at whether they could manage a direct payment.

If the individual has a deputy appointed by the Court of Protection in relation to matters about which direct payments may be made, this will be considered and the CCG may consult the appointed person to help decide whether or not the person would want to receive direct payments.

In considering whether to provide direct payments, the CCG may ask the individual or their representative for information about:

- Their overall health.
- The details of their condition in respect of which they would receive direct payments.
- Any bank, building society, Post Office, or other account into which direct payments would be paid; and
- Anything else which appears relevant.

7.5 Ability to manage Direct Payments

The CCG will consider whether an individual (whether the Individual or their representative) is able to manage direct payments by:

- Considering whether they would be able to make choices about and manage the services they wish to purchase.
- Whether they have been unable to manage either a heath care or social care direct payment in the past, and whether their circumstances have changed.
- Whether they are able to take reasonable steps to prevent fraudulent use of the direct payment or identify a safeguarding risk and if they understand what to do and how to report it if necessary; and considering any other factor which the CCG may consider is relevant including the consideration of managing and meeting the financial duties required when in receipt of a direct payment.

If the CCG is concerned that an individual is not able to manage a direct payment, they must consider:

- The individual's understanding of direct payments, including the actions and responsibilities on their part.
- Whether the person understands the implications of receiving or not receiving direct payments.
- What kind of support the individual may need to manage a direct payment.
- What help is available to the individual, specifically advocacy organisations and charities, not for profit organisations that provide direct payment support services.
- Any decision that an individual is unable to manage a direct payment must be made on a case-by-case basis, considering the views of the individual, and the help they have available to them. The CCG will not make blanket assumptions that groups of people will or will not be capable of managing direct payments.

The CCG will inform the individual in writing if the decision has been made that they are not suitable for direct payments and whether an alternative method of receiving the PHB is suitable instead.

7.6 Who cannot receive a Direct Payment?

There are some people to whom the duty to make direct payments does not apply. This includes those:

- 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 (community orders) of that Act, or by a suspended sentence of imprisonment within the meaning of section 189 of that Act (suspended sentences of imprisonment)

- 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

- 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 on licence) or Chapter 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 required to submit to treatment for their drug or alcohol dependency by virtue of

    - 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)

    - 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)

    - 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 2008 Act”) which requires the person to submit to treatment pursuant to a drug treatment requirement

    - subject to a youth rehabilitation order imposed in accordance with paragraph 23 of Schedule 1 to the 2008 Act (drug testing requirement) which includes a drug testing requirement.

    - subject to a youth rehabilitation order imposed in accordance with paragraph 24 of Schedule 1 to the 2008 Act (intoxicating substance

treatment requirement) which requires the person to submit to treatment pursuant to an intoxicating substance treatment requirement.

- required to submit to treatment for their drug or alcohol dependency by virtue of a requirement of a probation order within the meaning of sections 228 to 230 of the Criminal Procedure (Scotland) Act 1995 (probation orders) or subject to a drug treatment and testing order within the meaning of section 234B of that Act (drug treatment and testing order)

- 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.) 34 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

- If the individual is subject to certain criminal justice orders for alcohol or drug misuse, then they will not receive a direct payment. However, they might be able to use another form of PHB to personalise their care and alternatives should be considered.

7.7 Deciding not to offer a Direct Payment

H&W CCG may decide to refuse to make a direct payment if it believes it would be inappropriate to do so, for example:

- if it considers that providing services in this way will not achieve the agreed outcomes.
- if there is significant doubt around an individual's or their representative's ability to manage a direct payment.
- if there is a high likelihood of a direct payment being abused.
- if the benefit to the individual of having a direct payment does not represent good value for money

Such a view may be formed from information gained from anyone known to be involved with the individual, including health professionals, social care professionals, the individual's family and close friends, and carers for the individual.

In all cases where a Direct Payment is refused, the eligible Person and any nominee or representative will be informed in writing of the refusal and the grounds by which the request is declined. The individual or their representative may request a review of this decision.

7.8 Request for review of a decision/ Appeals Process

Where the CCG decide that a direct payment would be inappropriate, the Individual, their representative or nominee may require the CCG to reconsider the decision, submitting additional information to support the deliberation. CCG must reconsider its decision in a timely manner upon such a request being made but is not required

to undertake more than one re-consideration in any six-month period following the initial decision.

The CCG will make a decision regarding a request for reconsideration of a refusal to provide a direct payment using an exception panel process. The membership and terms of reference of the panel is in accordance with the requirements of the CCG. However, with regards to timeframe for the Appeals process, the Panel should seek to follow the recommended timescales set out under national guidance. **Details of these timescales are set out at Appendix 1.**

H&W CCG have an 'Appeals Panel' to consider appeals in the following situations. Such circumstances may include, but are not limited to:

- A request for a PHB was refused
- The type of PHB requested was not approved or the type of PHB offered is not acceptable to the individual.
- The final funding allocation is challenged by the individual.
- The decision-making process is challenged by the individual.

The Appeal panel's role is to:

- Consider whether the CCG has properly followed its own procedures.
- Has properly considered the evidence presented.
- Has come to a reasonable decision based upon the evidence presented.

No member of the panel will have had previous involvement in the case.

The Individual, representative or nominee must be informed in writing of the outcome of the review and the reasons for the decision. If the refusal is upheld, other options to personalise the package of care for the individual will be explored and facilitated as much as is possible, and other forms of PHB, such as a notional budget or third-party budget, should be considered.

7.9 Ceasing to make Direct Payments (DP)

In accordance with the NHS (Direct Payments) Regulations 2013, the CCG should be notified within 24 hours should the Individual become deceased or no longer needs a DP.

The CCG may also stop making Direct Payments where the money is being spent inappropriately (e.g., to buy something which is not specified in the Care and Support Plan), where there may have been theft or fraud or another offence, or if the Individual's assessed needs are not being met.

The CCG will stop making payments and reclaim any surplus funds where the where the Individual'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 where the money has not been used in accordance with the Care and Support Plan. The CCG reserves the right to stop making payments immediately and may take steps to recover any misused funds.

Where Direct Payments are stopped or reduced, the CCG will give notice to the Individual and/or their Representative/Nominee in writing. There is no fixed notice period for stopping Direct Payments. The time taken before stopping Direct

Payments will depend on any contractual obligations the Individual may have entered but will not exceed three months.

8.0 Consent and Capacity:

In line with the Mental Capacity Act 2005, individuals with a PHB will be empowered to make decisions for themselves wherever possible and where they lack capacity over certain decisions, this will be managed by a flexible approach that places the individual at the heart of the decision making process.

Where the Individual does not have capacity to plan or make any decisions, professionals can work with a 'suitable person' or ‘representative’.

When a representative/suitable person, receives a direct payment on behalf of an individual who lacks capacity. The representative takes on the full legal responsibilities of having the direct payment where applicable of being an employer. They can identify someone else to support them in managing the direct payment. However, the full legal responsibilities of the direct payment including being an employer remain with the representative. The representative will be required to sign the direct payment agreement. Direct payment support services are also offered by third sector organisations and any payment for these services can be included in the care and support plan.

The representative must be either:

someone who has been given lasting or enduring power of attorney by the person needing services at some point before they lost mental capacity.

- someone with parental responsibility for a child or a 16-17-year-old who lacks capacity.
- someone who has been appointed a deputy for the person needing services by the Court of Protection under section 16 of the Mental Capacity Act 2005; or a person appointed to the role by the CCG. Someone who has capacity can choose a representative.

If the representative is not a close family member, someone living in the same household or a friend involved in their care then the CCG will require them to apply for a Disclosure Barring Service (DBS) check.

A representative should not be approved if:

- This person has been or is subject to any safeguarding proceedings in relation to safeguarding adults or children and the outcome of the investigation is still unknown or has been substantiated.

- The CCG/Local Authority or Police, in the context of safeguarding for that individual, has any other significant concerns.

- There is a conflict of interest, where a situation has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest, professional interest, or public interest. For example,
- where a person is providing support to the Individual for which they will be paid but also acts or plans to act as a representative for the direct payment.

If the representative does not meet the essential criteria, then the CCG has a right to refuse a direct payment, but an alternative PHB management option can be offered.

Either the individual or their representative can request for the PHB to be paid to a nominee or a third party organisation.

Individuals or their representative **must** be asked to sign a consent form to share information between relevant organisations prior to the commencement of the PHB process.

9.0 Assessment / Care Planning

The care plan is at the heart of a personal health budget and it should involve a series of discussions between the individual the care, their nominee or representative, their care coordinator and the appropriate health and social care professionals involved in the individual's care.

The first step in the process of seeking to access a Personal Health Budget is to assess the individual and obtain a clear understanding of their healthcare needs. All assessments will be undertaken in accordance with paragraphs 87-102 of the document entitled "Guidance on Direct Payments for Healthcare: Understanding the Regulations" (March 2014), updated in 2017.

https://www.england.nhs.uk/publication/guidance-on-direct-payments-for-healthcare-understanding-the-regulations/

An approximate cash value of the PHB to which that person is entitled should then be identified; this is the 'indicative budget'. This is the starting point for drawing up the Care / Support Plan, which sets out the health and wellbeing outcomes to be achieved and how these outcomes might best be met. The Care / Support Plan is then costed, and a final budget agreed.

In the case of Individuals found eligible for NHS Continuing Healthcare, there is no need to re-assess the Individual if a Personal Health Budget is subsequently sought within a short time of the CHC assessment.

10.0 Support Planning

A support plan is the document that defines what really matters to the individual. and explains how they will spend the PHB.

Good care planning involves looking holistically at the individual's life to improve. their health, safety, independence, and wellbeing. The individual should be. supported throughout the care planning process.

The plan must be effective, affordable, and meet a range of agreed outcomes. This will help to calculate an agreed finalised PHB. The PHB should be enough to cover. all the services agreed in the plan. There is recognition that the budget will adjust as. the individual's condition changes. The individual/representative are key to the development of the care and support plan.

As a minimum, the care and support plan should include.

- The agreed health needs of the individual
- The desired outcomes of the individual in his/her own words
- The amount of money available under the PHB
- What the PHB will be used to purchase
- How the PHB will be managed and who will managing the PHB.
- Who will be providing each element of support?
- How the plan will meet the agreed outcomes and health needs of the individual.
- Who should the individual contact to discuss any changes in their needs?
- The date of the support plan review
- Identification of any training needs and how these will be met.
- Identification of any risks and mitigating actions
- Contingency planning
- Who has been involved in the production of the plan?
- The signed agreement of the individual (or representative/nominee) and the clinical team on behalf of the CCG.

The care and support plan will also take account of Best Interests of individuals and to work within the remit of NHS H&W CCGs Safeguarding Policy. **Please refer to appendix 2, for a copy of the CCG's care and support plan.**

Following the support planning the final budget will be confirmed. It is therefore important to bear in mind when setting the indicative budget that the final budget must be sufficient to meet the individual's needs and fit within the CCG's Resource and Allocation Policy.

A PHB may only be spent on services agreed between the individual and their care coordinator in the 'Personalised care and support Plan' that will enable them to meet their agreed health and well-being outcomes.

One of the guiding principles for establishing a PHB is that the total cost of care should not exceed the cost of a traditionally commissioned comparable care service. Guidance states that CCGs are not obligated to provide a Direct Payment or third party PHB when it is not considered to represent value for money.

11.0 Resource Allocation System/ Budget Setting

The CCG has statutory duty to manage their finances appropriately and to break even at the end of each financial year. A Resource Allocation Procedure is designed to ensure fairness of funding between those in receipt of PHBs and those receiving NHS funding for non-Personal Health Budget funded services.

PHBs are not a welfare benefit and do not represent an entitlement to a fixed amount of money. PHBs are paid to meet assessed health and care needs and, where an individual's needs change, this will be reflected in the value of the Notional Budget, Third Party Budget, or Direct Payment. Knowledge of the amount available for a PHB – the indicative budget - must be available to the individual prior to support planning.

There are two main budget setting approaches – Resource Allocation System (RAS) or a ready reckoner. A ready reckoner approach is one where a basic care plan is used to calculate an indicative budget. The CCG will use a ready reckoner approach for calculating the indicative budget for all personal health budgets.

In relation to direct payments a user (legal) agreement will be drawn up and authorised by the designated officer in line with the CCG's scheme of delegation.

12.0 H&W CCG approach to Personal Health Budgets

12.1 Our underpinning principles for providing PHBs are:

- NHS England guidance and best practice will be deployed in accordance with the 'Universal Personalised Care' comprehensive model.
- Individuals and their carer's will be central through a process of coproduction.
- Services will be personalised.
- The CCG will work in partnership with the Local Authority, H&W Council to achieve a joined-up approach to self-directed support, Direct Payments and PHBs.
- The delivery of PHBs will be managed within the agreed budgetary provision affordable to the CCG as part of its annual financial plan.

12.2 The delivery of Personal Health Budgets

Adults eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget since October 2014 and its now the default option since 1 April 2019.

Since April 2016, PHB is available for people with a learning disability, autism, or both and from 2 December 2019 people eligible for wheelchair and after-care services under section 117 of the Mental Health Act have a legal right to a PHB.

Following a clinical assessment, an indicative budget will be offered based on a fair and transparent allocation process, with which the individual will begin to develop a person-centred Personalised care and Support Plan to meet their health and well-being needs.

This plan must identify a range of agreed outcomes, be person centred, have clear identification of any risk, and demonstrate value for money without compromising achievement of the agreed outcomes. This will then help calculate an agreed final budget.

Individuals, supported by their representatives where appropriate, in close liaison with professionals, will identify their desired outcomes and plan their support within the proposed allocation of money.

Examples of where the CCG will not grant a Direct Payment, although other forms of PHBs, such a notional budget, may be available subject to eligibility are:

- Safeguarding concerns being reported / underinvestigation.
- Evidence that an individual has previously been unable to manage a social care Direct payment.
- Where the value of the PHB forms part of an existing contract at this time, and to provide a PHB would result in significant double funding, and create financial risk to the CCG or other provider, or set a precedent which could destabilise the service, unless specifically agreed with the organisation.

13.0 Review and Duty of Care

Monitoring and reviewing of support plans will remain a role for the CCG and should be proportionate to needs and risk in the context of our duty of care and statutory responsibilities.

Reviewing will be at a frequency and intensity which is proportionate to vulnerability, risk, need and value. The first review must take place within 6- 8 weeks of the start of a PHB. Individuals eligible to continuing healthcare should have a face to face review at least once a year in line with the national framework guidelines.

Individuals, such as Individuals with long term conditions not eligible to continuing healthcare and who are in receipt of a PHB whose needs are stable and consistent may not need a face to face review. Frequent reviews will be condition of higher risk PHB requests receiving approval.

The Personalised Support Plan will be reviewed against the following criteria:

- Whether the Personalised Support Plan is meeting the health and well-being outcomes.
- whether the Personalised Support Plan has adequately addressed the health and wellbeing needs.
- whether health and wellbeing needs/circumstances have changed.
- whether risks have increased/decreased/stayed the same.
- whether contingencies have been used.
- cost neutrality or improved value for money; and the quality of support and service

The CCG will report the balance of each PHB to the individual drawing attention to any significant variations or trends. Any irregularities or issues that require further investigation may be referred to the CCGs Counter Fraud Specialist or Internal Auditor who may also undertake reviews and financial audits of PHBs.

14.0 Supporting Individuals in managing their Personal Health Budget

At present people requiring assistance to manage their direct payment will be given advice on resources to support them in the community. An additional element of funding within the Direct Payment is provided to fund the support service provider.

The CCG will ensure that individuals are offered information that is easily accessible, reliable, and relevant in a format that can be clearly understood. Advice and guidance will be free from bias to ensure that the individual secures quality support and value from their PHB.

To support the concept of choice and control, the individual will be supported to access external brokerage as appropriate. This will encourage individuals to consider community / voluntary sector support options and to find other funding streams for equipment, adaptations etc.

14.1 Personal Assistants (PAs)

Any individual wishing to employ a Personal Assistant (PA) must use a Support Service provider to ensure that they are supported in good employment practice. PA's must be DBS (Disclosure and Barring Service) checked excluding family members.

The PHB will include an allowance for Employer's Liability Insurance. The CCG require individuals take out a policy to provide adequate cover and additional employment advice.

Proof of Employer liability insurance will be reviewed by the support worker at any planned reviews and that the policy also includes additional cover for specific health related tasks.

Training for PAs is currently procured from universal provider services and third-party organisation's [Support Services] to cover a range of healthcare and statutory interventions. Funding for training for an individual's specific health needs will be provided within the PHB, and, if necessary, facilitated by the CHC Nurse Co-ordinators/Care Manager or Support Service.

All PAs must be properly employed, with job descriptions and contracts. The use of self- employed PAs is not allowed.

14.2 Employing Family Members

The NHS Direct Payments regulations states:

"*A direct payment can only be used to pay an individual living in the same household, a close family member or a friend if the CCG is satisfied that to secure a service from the person is necessary in order to satisfactorily meet the person*

receiving care's need for that service; or to promote the welfare of a child for whom direct payments are being made. CCGs will need to make these judgments on a case by case basis."

This is most likely to arise where needs are very complex, and the family member is familiar with the tasks and associated risks to manage all aspects of the individual's care needs.

The individual must provide a reason why that person is chosen or preferred to be employed. They will need to consider the impact on the employee i.e., possible loss of the carer's allowance and potential emotional strain.

The individual will need to demonstrate they understand this and look at ways of mitigating this.

Conversely, providers should not assume that when an individual wants to apply for a PHB, which family members who have been undertaking tasks as part of their natural support (e.g., parents with a child) will continue to do so.

If the employment of a family member, or person living in the same dwelling as the Individual, is agreed, the employment will be through a Third-Party organisation who will provide oversight and supervision.

Pay Rates – The hourly rates of pay will be in line with the NHS Agenda for change based on the skills for the complexity of the respective care packages.

H&W CCG will not pay any bank holidays or enhanced pay rates for weekend, nights, and unsociable hours.

15.0 Governance

NHS H&W CCG have strategies and processes in place for the following:

- routine reporting on a quarterly basis to assure of overall financial and budgetary management. This will also include data intelligence which can inform market development and management.
- internal governance reporting to the appropriate Executive Group.
- maintaining a risk register for PHB
- ensuring a risk assessment is completed for everyone in receipt of a PHB
- undertaking a clinical review to ensure needs are being met in the first quarter and at least annually thereafter or sooner where indicated.

The above governance mechanisms will involve representatives from H&W CCG, Providers, individuals (in receipt of a PHB) Representatives/Nominated Persons, the Local Authority and Brokerage Support Services (where on-going support is provided e.g., managed account function).

15.1 Identification of risk

In PHBs, there is a potential risk to:

- the individual's health and wellbeing – clinical risk
- the individual's safety (including those around them) – safeguarding risk.
- those caring for the individual – employment risk.
- the individual's budget – financial risk
- the individual's personal information – information governance risk
- the CCG – corporate risk

All high cost packages which might increase risk must be presented to the CCG's PHB panel.

15.2 Clinical risk

The CCG is committed to promoting individual choice, while supporting people to manage risk positively, proportionately, and realistically whilst maintaining their health and well-being. Individuals should be supported to make fully informed choices about the risks they may be taking facilitating a 'risk enablement' rather than a 'risk adverse approach'. An awareness of risks in the individual's daily lives enables them to achieve their full potential and to do the things that most people take for granted.

Individuals should be supported about the risk they may be taking. A degree of risk can be accommodated within the aim of enhancing the quality of people's lives. Potential risks need to be identified and it is essential that all individuals are fully involved in the risk assessment process.

An individual who has the mental capacity to make a decision and chooses voluntarily to live with a level of risk, is entitled to do so. The care coordinator is responsible for ensuring the individual is aware of what constitutes risk assessments, knows the correct pathways for reporting them if they arise and is provided with the appropriate contact details.

The CCG will ensure that such risk is fully understood and managed in the context of ensuring that the individual's needs and their best interests are safeguarded. The support plan must contain a completed risk assessment that acknowledges any potential or actual risk, explaining the decisions made and the actions taken to mitigate risks.

Ways of mitigating risk should be explored with the individual and risk management will be appropriate to the individual's needs. Depending on the situation and the risk, it may be possible to agree a trial period with the Individual that includes frequent monitoring.

Risks will be mitigated though regular case management and reviews of individual's receiving a PHB.

15.3 Organisational Risk

H&W CCG is responsible for authorising PHBs and has an obligation to ensure that:

- Health and well-being needs are being met.
- Safeguarding duties are fully met.
- It is fulfilling its duty of care, is compliant with legislative frameworks and broad statutory obligations.
- It is fulfilling its responsibility to ensure that public funds are used to enable customers to live independent and full lives – ensuring value for money.
- Public funds are used appropriately.
- Consider the need for the NHS organisations to allocate its financial resources in the most cost-effective way.
- The availability of resources is a legitimate consideration, but it must be balanced against the needs of the individual and decisions must be made on a case by case basis considering all other relevant considerations.
- H&W CCG's reputation is protected.

H&W CCG is committed to shifting the balance of risk towards a positive approach of collaborative decision-making for individuals, the organisation, and its partners.

H&W CCG will work with partner organisations to promote a wider understanding of this approach to risk. It will also seek to secure from partners, a complementary approach to risk which is as light touch as is reasonable.

H&W CCG will work with the Local Authority for any safeguarding concerns arising from any physical, sexual, or financial abuse of an individual receiving a PHB. These will be investigated accordingly as per the Safeguarding Policy.

To sign off a PHB request, the designated manager will approve:

- The proposed budget in line with the CCG's Resource and Allocation (R&A) policy.
- The outcomes plan including a plan for contingencies.
- The supporting risk assessment
- Effective reporting mechanisms to demonstrate quality and value.
- Identify the frequency and format of reviews.

15.4 Financial Risk

H&W require PHB implementation to demonstrate value for money and be affordable within the CCGs overall budgetary allocation for this purpose. National pilots have shown that personal budgets need not be more expensive than traditionally commissioned services. These budgets are often less costly, as well as giving greater individual satisfaction. The budget should always be sufficient to meet the outcomes identified in the care plan and allow for planned contingencies.

The financial arrangements and requirements are contained in the agreement between the H&W CCG and individual (or their nominated representative), which will be signed by both parties.

The following costs will normally be paid as part of a PHB via a Third party or Direct Payment.

- Start-up costs such as initial staff training
- Refresher training
- The direct cost of providing the service, including support service costs.
- Employers Liability Insurance
- Payroll
- Managed Account (where applicable)
- Funding to cover the contingency plan.
- Equipment costs (where equipment specifically forms part of the budget]
- Equipment contingency, for life essential equipment (e.g., hire fee to cover breakdown not covered by insurance or by the organisations community equipment contract)

Additional elements may be required to be funded within the PHB such as the following (unplanned costs (if not already covered by the insurance policy) when a service provided by PAs ceases, if the PA is entitled.

- Long term sickness
- Training to support newly employed staff.
- Pensions

All new PHBs will be reviewed within the first 12 weeks to ensure that budget estimates are accurate. Revisions to budgets will be agreed with Individuals based on this monitoring and will help inform the budget setting for future PHBs.

H&W CCG have agreed financial management processes and documentation to ensure robust management of individual budgets payments:

The individual and their care coordinator must sign their understanding of the outcome to be met by PHB, the funding arrangements and restrictions.

The individual must provide evidence of expenditure through bank statements, receipts etc. Financial expenditure records are retained by the Individual and made available for inspection by the CCG or their agents (e.g., internal auditors or Counter Fraud Team).

H&W CCG will regularly review the personal budget expenditure against the agreed outcomes; this will be a holistic assessment including the key worker and finance team and the process will be revised following learning from current practice, errors, and omissions.

In the event there are any overpayments of more than 5 weeks on the individual's account, this will be reclaimed by the CCG. Records will be retained by the individual and made available for inspection by the "Organisation" or their agents (e.g., HMRC)

It is the responsibility of the individual to inform the organisation as soon as they become aware of factors which may affect the costs.

Individuals must be made aware that H&W CCG will not automatically fund increased costs which have not been approved through an individual's reassessment of needs. Whilst PHBs are not means tested, other income sources including welfare benefits, e.g., Winter Fuel Allowance, Attendance Allowance, and Mobility Allowances) should also be considered to ensure that the PHB is not duplicating alternative funding.

any requested variation over the initial approved budget will need to be considered in line with the CCG's existing high/exceptional care package costs procedure.

Awareness of the potential for financial fraud will be monitored within the individual's reassessment and reviews. In the event of high risks, the reviews will take place more frequently. Advice and referral will be made to the Counter Fraud Team as required.

16.0 Termination of Personal Health Budgets

Before deciding to terminate a PHB, wherever possible and appropriate, the CCGs will consult with the individual receiving it to enable misunderstandings to be addressed and enable alternative arrangements to be considered and put in place.

NHS H&W CCG will terminate a PHB where:

- A person with capacity to consent, withdraws their consent to receiving a PHB.
- A person who has recovered the capacity to consent, does not consent to their PHB continuing.
- The money is being spent inappropriately (e.g., to buy something which is not specified in the support plan).
- Where there has been theft, fraud, or abuse of the Direct Payment.
- If the Individual's assessed needs are not being met or the person no longer requires care.
- The person has died.

Where a PHB is stopped, the CCGs will give notice to the individual, their representative or nominee in writing, explaining the reasons behind the decision. The CCGs will normally give one month's notice that a PHB will be stopped. However, where there has been theft or fraud (or other exceptional circumstances) the CCGs may terminate a PHB and suspend any payments immediately.

17.0 Finance

In addition to the Financial Governance arrangements the following applies:

If equipment purchased through a PHB and is no longer required e.g., if it no longer meets assessed needs, or the Individual dies, H&W CCG reserves the right to request the item to be returned.

Disposables which are provided through an NHS contract (such as continence products) are not funded through a PHB to avoid double funding. However, if the local service is unable to supply to meet needs in either an appropriate or cost-effective way, a PHB may be considered in the best interest of the Individual.

If an increase in Personal Assistant/s or Service Provider staff/hours of care/cost of care is required, this must be discussed with H&W CCG in advance. No extra resources will be provided although it may be possible to agree rearrangement of existing allocated resources. This should be discussed with the CCG.

There is no formal entitlement to holiday funding within a PHB, but for those individuals where an agreed Health and Wellbeing Outcome / respite provision is detailed in the support plan and involves use of the budget whilst on holiday (whether in the United Kingdom or abroad) the Budget Holder, Representative or Nominated Person must ensure the Budget Holder and Personal Assistants are insured to travel. The PHB cannot be used to pay for these insurances. It is the responsibility of the Individual/Representative/Nominated person to fund this.

The individual /Representative/ Nominated Person is responsible for funding the insurance, travel, and accommodation costs of accompanying Personal Assistant/s or Service Provider staff. This is not via their PHB.

Funding of PA Pensions – the Support Services is responsible for helping ensure that good practice is followed in the PA's employment, including a pension. The CCG funds this within the individual's budget.

Funding of PA Redundancy – PA's who are employees of the individual are entitled to redundancy pay as set out in Employment Legislation. Employer's Liability Insurance should cover PA's redundancy. This is a mandatory requirement from the CCG to protect the employer and the employee/s.

Funding of travel and Mileage – The CCG will not fund any travel costs to activities which are part of the packages of care. If the Individual has a Motability Car or higher rate Mobility Allowance, they would be responsible for arranging and funding their own non-urgent transport to and from activities, as their mobility allowance covers the costs of their transport to and from activities

18.0 Monitoring and Review of Direct Payment or Third Party PHBs

PHB care and support plans are reviewed within three months of an individual first receiving a direct payment, managed account, and notional budget. Following these, reviews should be undertaken at clinically appropriate intervals, but at least annually.

When carrying out the review H&W CCGs will:

- Re-assess the health needs of the information.
- Consult a range of health and social care professionals and others involved in the provision of care for the individual.
- Review receipts, bank statements and other information relating to the use of direct payments.
- Consider whether a Direct Payment or third party PHB direct payment and managed account has been effectively managed.
- Reviews care plans, rotas etc.

If H&W CCG become aware, or are notified, that the health of the individual has changed significantly, the CCGs must consider whether it is appropriate to carry out a review of the care plan to ensure the individual's needs are still being met.
If H&W CCGs become aware or are notified that the Direct Payment has been insufficient to purchase the services agreed in the care plan, they will carry out a review as soon as possible.

The individual, their representative or nominee may request that the CCGs undertake a review at any time. If this happens, the CCGs must decide whether to undertake this review, considering local practices and circumstances.

19.0 Performance and Monitoring

H&W CCG have mechanisms in place to collect and collate information to provide assurance that individuals outcomes can be measured against overall budget allocation, statutory and locally agreed performance measures including commissioner requirements. The CCG will capture how budgets are being used to monitor the cost.

Ongoing monitoring and evaluation will be undertaken to include:

- Finance
- Individuals experience of PHBs.
- Improvements in quality of life, (outcomes and benefits)
- Receiving provider reports, to include activity data and a quality report.
- Receiving reports relating to the audit of PHB or proactive reviews by the Counter Fraud Team
- Provide details of any serious incidents or concerns (including safeguarding).
- Addressing any requirements from the Quality and Governance Committee and Governing Body
- The CCG is required to report uptake of PHBs to NHS England against nationally set targets.

20.0 Integration with the Local Authority

H&W CCG will work with the Local Authority to integrate processes for individuals managing PHBs where there is an interface with the Local Authority (for example, individuals previously in receipt of Social Care Direct Payment or individuals ceasing eligibility for CHC and returning to Social Care Direct Payment). This will ensure that processes are aligned to minimise the impact on the individual.

The CCG will offer integrated PHBs (joint funded package of care) in accordance with a national framework and regulations.

H&W CCG will ensure that individuals are offered information that is easily accessible, reliable, and relevant in a format that can be clearly understood. Advice and guidance will be free from bias to ensure that individuals secure quality support and value from their PHB.

H&W CCG will also work with the Local Authority where possible to:

- Develop a shared understanding of risk.
- Ensure a robust governance framework is in place.
- Delegation of PA's task
- Develop other shared approaches, as appropriate.
- Work with Individuals, user groups and voluntary sector groups, to minimise and avoid duplication and maximise opportunities for involvement.

21.0 Equality Statement

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights regarding disability, age, gender, sexual orientation, gender reassignment and religion.
- NHS H&W CCG endeavour to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- All staff are expected to deliver services and provide care in a manner which respects the individuality of Individuals and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.
- Providers are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. Practitioners will need to ensure that the care commissioned is fair and equitable for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.

Any change to this policy will require a conscious effort from NHS H&W CCG to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of this policy, NHS H&W CCG, and the Providers, will seek to minimise such an impact and simultaneously carry out a full review.

22.0 Review and Monitoring of this policy

This policy and procedure will be reviewed in line with the review date or before in the case of any changes to legislation or National Guidance. Monitoring of the policy will be carried out by the CCG's PHB team.

23.0 Complaints

The CCG is always committed to providing the best possible service but, occasionally, Individuals may want to complain or raise a concern. We welcome feedback, as this gives the CCG the opportunity to learn and improve and reduces the likelihood of further dissatisfaction.

The CCG adheres to the NHS England guidance in relation to when it is appropriate to support or decline a PHB and reserves the right to explore this on a case-by-case basis. Individuals have a concern or complaint about PHBs, they should raise this with the CCG's complaints team via an email hw.complaints@nhs.net

24.0 Service User Evaluation

It is important that the CCGs have systems and processes in place to review the effectiveness of PHBs to provide assurance that individual support plans are safe and effective in meeting individual needs and outcomes.

The CCGs will promote the use of the NHS England annual PHB's, Integrated Personal Budgets (joint health and social care budgets) and Personal Wheelchair Budgets survey questionnaire for local PHB users to participate in.

25.0 Further Information

Further information is available on the NHS England website which has a section dedicated to PHBs at; https://www.england.nhs.uk/personal-health-budgets/

26.0 Review Date

This policy will be reviewed in December 2023, or earlier in light of any substantive changes as a result of legislation or national guidance.

27.0 Glossary of key terms

Bank Account – Direct payments must be paid into a separate bank account used specifically for this purpose of a PHB and held in the name of the person receiving them. This person may be the individual receiving care or a nominee or representative.

Capacity – Refers to the ability of an individual to take a valid autonomous decision in relation to their health care. Young children may lack capacity because of their age alone. Adults may lack the mental capacity to take decisions for themselves in relation to a PHB for example, a cognitive deficit. Every adult must be presumed to have mental capacity in relation to an issue unless it is established that they lack capacity, i.e., that they are unable to:

- understand the information relevant to the decision.
- retain that information.
- use or weigh that information as part of the decision-making process; or communicate their decision (whether by talking, using sign language or any other means).

Care Co-ordinator – The person appointed by the CCG to work with the respective individual to agree the Care and Support Plan and identify how they can best use their Personal Health Budget to achieve their agreed desired outcomes. The Care Co-ordinator is also responsible for monitoring against the Support Plan and how well the PHB is operating.

Clinical Commissioning Groups – NHS bodies which have a statutory duty to commission healthcare services for their local populations. Several of their general duties includes the provision of Personal Health Budgets, including:

- Promoting the involvement of Individuals, and their carers and representatives, in decisions about their healthcare.
- Acting with a view to enabling Individuals 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.
- Having regard to the need to reduce inequalities in access to, and outcomes from, health services.

NHS Children's Continuing Care

35 An equitable, transparent, and timely process for assessing, deciding, and agreeing bespoke continuing care packages for children and young people funded by the NHS whose health needs in this area cannot be met by existing universal and specialist services. Assessment of these needs and the delivery of bespoke packages of care to meet them will take place alongside services to meet other needs, including education and social care funded by the relevant local authority. (Department of Health 2010)

NHS Continuing Healthcare

Continuing Healthcare (CHC) services apply to adults over the age of 18 years. It is a complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. It can be provided in any setting including in a person's own home. Eligibility for CHC means that the NHS funds all the care that is required to meet their assessed health and wellbeing needs and includes elements of social care. In care homes, for CHC funded residents the NHS also makes a contract with the care home and pays the full fees including for the person's accommodation and all their care. (Department of Health 2018).

Joint package of health and social care

When an individual is not eligible for NHS CHC but have certain health care needs that are beyond the powers of a LA to meet on its own, the CCG will be responsible for these assessed needs. In this case, the LA and CCG will agree their respective responsibilities for a joint package of health and wellbeing needs, who will lead in agreeing, managing, and reviewing the respective care plan.

Direct Payments

Payments made to an individual or their representative, who is eligible for a personal health budget and who agrees to receive and use the money to enable them to make their own arrangements to meet their identified health and social care needs.

Disclosure and Barring Service (DBS)

Disclosure and Barring Service helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Nominee – A nominee is a person or an organisation responsible for managing the direct payments on behalf of the person receiving care. They are responsible for fulfilling all the responsibilities of someone receiving direct payments. These include:

- Acting as the principal person for all contacts and agreements with care providers, employees etc.
- Using the direct payments in line with the agreed care and support plan
- Complying with any other requirements that would normally be undertaken by the person receiving care (e.g., review, providing financial information)

Notional Personal Health Budget

NHS H&W CCG manages the PHB money on the individuals' behalf and commissions/procures or provides the goods and services set out in the care and

support plan. The respective individuals will have a clear understanding of the amount of money allocated for their care and support.

Personal Health Budget (PHB)

The NHS England definition of a personal health budget is.

"A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and their local clinical commissioning group (CCG). It isn't new money but a different way of spending health funding to meet the needs of an individual."

Personal Wheelchair Budget (PWB) - A personal wheelchair budget is a resource available to support people's choice of wheelchair, either within NHS commissioned services or outside NHS commissioned services. Personal wheelchair budgets enable postural and mobility needs to be included in wider care planning and can support people to access a wider choice of wheelchair.

Individuals will have three options:

1. Notional Personal Wheelchair Budget (standard NHS provision)
This means that the NHS will provide a wheelchair that will meet an individual identified need.

2. Notional Personal Wheelchair Budget with contribution
This option allows an individual or another agency (such as a Council or a voluntary or charitable organisation) to contribute their personal budget towards an NHS wheelchair or add additional features.

3. Third Party Personal Wheelchair Budget
This allows an individual to use their personal budget as a contribution towards buying a wheelchair from an independent retailer outside of the NHS. This is only available if the wheelchair is deemed clinically appropriate following a discussion with a Wheelchair Therapist.

PHB support – The practical support offered by organisations to individuals to assist them to establish and manage a Personal Health Budget. This support might include advice relating to payroll services, CQC registration, DBS checks, insurance as well as advocacy and help to complete a care and support plan.

PHB Offer - The PHB offer describes who has a 'right to have' a PHB and who has a 'right to ask' for a PHB within NHS H&W CCG. PHBs are not means tested. If an individual is included within the 'right to have' group outlined within the CCGs' offer **(section 5.2)** and they meet the requirements of this policy, they will be entitled to a PHB.

Representative – Is a person who is appointed to manage a Personal Health Budget where an individual lacks capacity. A Representative may be:

- 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.

Safeguarding

Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect.' (Care Act, 2014).

Support Plan/Care plan

A Care and Support Plan describes how an individual will use their personal health budget to meet their needs, manage identified risks and achieve agreed health outcomes. It is likely to have a wider scope than a traditional health "care plan".

Support Service Organisations

Support Service Organisations can provide a range of services to support the employment of Personal Assistants, including payroll and ensuring that the requirements of employment legislation are met. They can also provide brokerage support to coproduce the care and support plan.

Third Party or Managed Account

This is an organisation, independent of the respective individuals, the local authority and NHS Commissioners who hold the budget on the Individual's behalf. There will be a Care Quality Commission (CQC) registered provider (third party) commissioned by the CCG to manage the personal health budget money by holding it on the individual's behalf, and buys or provides the goods and services, (e.g., HR support and payroll), as detailed in the care and support plan.

Third party budgets are particularly helpful when a person:

- does not want to manage a direct payment.
- does not wish to take on employer responsibilities for personal assistants.
- lacks capacity or is otherwise not able to manage their own budget.
- needs specialist or very tailored support that most providers are not able to deliver.

28.0 References

The policy will be applied in conjunction with the following documents:

Care Act (2014) - http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Department of Health: PHB “right to have” guidance, September 2014.
Guidance on Direct Payments for Healthcare: Understanding the Regulations (2014) https://www.england.nhs.uk/wp-content/uploads/2017/06/guid-dirct-paymnt.pdf

Department of health (2019) – https://www.england.nhs.uk/personal-health-budgets/

Department of Health (2020)- Who Pays? Determining which NHS commissioner is responsible for making payment to a provider https://www.england.nhs.uk/wp-content/uploads/2020/08/Who-Pays-final-24082020-v2.pdf

Health and Safety at Work Act (1974) https://www.legislation.gov.uk/ukpga/1974/37 http://www.personalhealthbudgets.england.nhs.uk/_library/Resources/Personalhealthbudgets/2014/Personal_health_budgets_right_to_have_guidance.pdf

Human Rights Act (1998) - https://www.legislation.gov.uk/ukpga/1998/42/contents

Mental Capacity Act (2005) - https://www.legislation.gov.uk/ukpga/2005/9/contents

National expansion plan for personal health budgets and Integrated Personal Commissioning (2017) - https://www.england.nhs.uk/wp-content/uploads/2017/06/516_National-expansion-plan_S10.pdf

National Framework for Children and Young People’s Continuing Care (2016) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499611/children_s_continuing_care_Fe_16.pdf

National Framework for Continuing Health Care (2018) - https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

NHS Long Term Plan (2019) - https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

Personal health budgets (2019) - https://www.england.nhs.uk/personal-health-budgets/

Personal Health Budgets mandatory data collection guidance (2018) - https://www.england.nhs.uk/wp-content/uploads/2019/01/guidance-personal-health-budget-data-collection-2018-19.pdf

Safeguarding Vulnerable Groups Act 2006 (c. 47) as amended by the Protection of Freedoms Act 2012 (c. 9) https://www.legislation.gov.uk/ukpga/2012/9/contents

The Equality Act (2010) - https://www.legislation.gov.uk/ukpga/2010/15/contents

National Health Service (Direct Payments) Regulations 2013
https://www.legislation.gov.uk/uksi/2013/1617/pdfs/uksi_20131617_en.pdf

Appendix 1

Appealing Personal Health Budgets Decisions

An individual (or someone on their behalf) who is unhappy with a decision made by the CCG in respect of a PHB may write to the CCG 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 CCG to consider. Such circumstances may include, but are not limited to:

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

Purpose

The PHB Review Panel's role is to decide whether the CCG has properly followed its own procedures, has properly considered the evidence presented to it and has come to a reasonable decision based upon that evidence.

Review Panel Membership
The Review Panel membership will comprise the CCG Chair, the PHB strategic Lead and a Clinical member.

All three members must be present for the Panel to be quorate and should not include any officer or clinician previously involved in considering the individual's case. The Review Panel may, however, request the attendance of the CCG's PHB Manager who was involved in the original decision making so that they may answer any specific questions about the case.

Individuals and clinicians will not be invited to attend the Review Panel meeting which will be held only as required. Assigned case managers may support Individuals to provide additional information for consideration by the Review Panel. Requests by Individuals to attend the Review Panel will be considered on a case by case basis.

The Review Panel is the final arbiter of the decision, which will be reported to the confidential section of the CCG's Governing Body. The individual or their representative will receive a letter giving details of the Panel's decision within five working days of the Review Panel meeting.

An individual case will not be reconsidered more than once in any six-month period.

Process
The appeal must be made within 4 weeks of receiving the CCG's response to the PHB request, as follows:

- Appeals should be made by email or letter direct to the CCG.
- On receipt of an appeal, the CCG will respond within 5 working days confirming that a meeting will be convened.
- The meeting should take place within 20 working days of the appeal being received.
- The response of the panel will be confirmed to the service user in a letter within 5 working days of the meeting.

In the event of any timescales being exceeded, it is the responsibility of the CCG to keep the service user informed of reasons and progress.
The CCG will make no changes to the financial management of an existing PHB arrangement until the Appeal Panel's decision has been made i.e., the status quo is maintained. If the appeal is upheld, the CCG's PHB Leads will agree the timescale for action with the appellant.

Monitoring and evaluation
A Record will be kept of appeals received, upheld, and not upheld including all panel decisions and the rationale. Decisions made by this ad hoc panel will be reported to the confidential section of the CCG's Governing Body and will also be reported by the PHB Development Group to Clinical Quality and Governance Committee.

Quorum
The meeting will require a minimum of 3 persons as described in section 3 – Review panel membership.

Frequency
The meetings will be held as and when required.

Review
The Terms of Reference will be reviewed on a yearly basis.

Appendix 2

Support Plan Template

Personalised Plan - Notional		Personalised Plan - Direct Payment (DP)/3rd Party		Board Report	
Continuing Health Care Funded		Joint Funded with LA			

Section 1a – My Details							
Patient Name				Date of Birth			
Broadcare Number		NHS Number					
Permanent Address							
Post Code		Phone Number					
Email address							
My Communication needs are?							
Do I have Capacity to make a decision in relation to where I reside and receive care and treatment?				Yes		No	
Is there a Deprivation of Liberty Safeguards (DoLS) in place?				Yes		No	
Type of DoLS?	*LA LEAD*			Community Dols			
If Yes, what was the DoLS application date?				What is the expiration date?			
Has the DoLS scoping tool having been completed and forwarded to the Clinical lead complex cases?				Yes		No	
What are the DoLS conditions to which the standard Authorisation is subject?							
Are the conditions of the standard authorization being met ?						Yes	

				No	
If NO escalate to Team Lead					
Has the standard Authorisation been challenged (21a)					
I have an advocate and their name is?					
My advocate acts for me as my? (e.g. EPA, LPA etc.)					
Section 1b – Next of Kin & Representatives					
Name	Relationship	Contact Details			
		Address			
		Email			
		Phone			
		Address			
		Email			
		Phone			
		Address			
		Email			
		Phone			
Section 1c – Professional Contact Details					
Name	Job Title	Contact Details			
		Address			
		Email			
		Phone			
		Lead Clinician coordinating?	Yes		No

		Address				
		Email				
		Phone				
		Lead Clinician coordinating?	**Yes**		**No**	
		Address				
		Email				
		Phone				
		Lead Clinician coordinating?	**Yes**		**No**	
		Address				
		Email				
		Phone				
		Lead Clinician coordinating?	**Yes**		**No**	

Section 1d – Where I Live	
Include details of any adaptations to help meet your needs in this section	
Type of Accommodation that I live in?	
Who lives with me?	
What works well with my accommodation and what does not work so well?	

Section 2a – My Health Journey
Include information about your health condition(s) and how this affects you on a day to day basis. Let us know about your care and support needs. Consider your' symptoms, level of independence, any effects of treatment and how you are affected emotionally.

What does good day look like for you?	What does a bad day look like for you?

Section 2b – How will I stay in control of my decision making

It is important to record how you make decisions and stay in control of decision making in your life. Record below how you have made the decision(s) recorded in this plan. You may also wish to record if you have completed a Respect form (or other form of advance directive) and where they are kept.					
Important decision in my life	**Who will help me with this decision? and how will you be involved?**	**Who will make the final decision?**			
Has a Respect form been completed?			**Yes**		**No**
If Respect form has been completed, has a copy been included with this form?			**Yes**		**No**
Who will manage my support?					
Who will manage my Personal Health Budget?					
Section 2c – My Care Domains					

Describe your needs for each care domain listed and detail how this is currently met. Things to consider include quantity of care required. Current skin integrity status? Are there incidents of psychological and emotional symptoms? Is there input from learning disability/mental health team/psychology? Is there currently a pain chart in use? What medication I being administered/taken (list)? Are there incidences of altered states of consciousness?	
Breathing	
Nutrition – Food & Drink	
Continence	
Skin (including Tissue Viability)	
Mobility	
Communication	

Psychological & Emotional Needs	
Cognition	
Behaviour	
Drug Therapies & Medication	
Altered States of Consciousness	
Other significant care needs	

Section 2d – My Health Outcomes	
A health outcome details what you would like to improve, change or maintain in relation to your health and wellbeing and should include the things you want to achieve and your priorities, wishes and preferences for treatment and support.	
My Health Outcome	**How will this be achieved?**

1	
2	

3

Section 3a – How will my support be organized?

You should include all care being supplied by non-paid carers such as relatives, NOK, friends as well as care that is supplied by paid staff and commissioned through NHS and or Local Authorities. Your needs may be different through the 24 hours period and this should be reflected below.

Weekday	Morning	Afternoon	Evening	Overnight
Monday				
	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?
	Commissioned Care?	Commissioned Care?	Commissioned Care?	Commissioned Care?
Tuesday				
	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?

	Commissioned Care?	Commissioned Care?	Commissioned Care?	Commissioned Care?
Wednesday				
	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?
	Commissioned Care?	Commissioned Care?	Commissioned Care?	Commissioned Care?
Thursday				
	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?
	Commissioned Care?	Commissioned Care?	Commissioned Care?	Commissioned Care?
Friday				
	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?
	Commissioned Care?	Commissioned Care?	Commissioned Care?	Commissioned Care?
Saturday				
	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?	Non-Paid Carer?
	Commissioned Care?	Commissioned Care?	Commissioned Care?	Commissioned Care?
Sunday				

	Non-Paid Carer?		Non-Paid Carer?		Non-Paid Carer?		Non-Paid Carer?
	Commissioned Care?		Commissioned Care?		Commissioned Care?		Commissioned Care?

Section 3c – Main Carer (s) and others involved in care			
Name	Relationship	Contact Details	
		Address	
		Email	
		Phone	
		Paid or Unpaid Carer?	
		If Unpaid Carer has Carers Assessment been completed?	
Name	Relationship	Contact Details	
		Address	
		Email	
		Phone	
		Paid or Unpaid Carer?	
		If Unpaid Carer has Carers Assessment been completed?	
Name	Relationship	Contact Details	
		Address	
		Email	
		Phone	
		Paid or Unpaid Carer?	
		If Unpaid Carer has Carers Assessment been completed?	
Name	Relationship	Contact Details	

		Address	
		Email	
		Phone	
		Paid or Unpaid Carer?	
		If Unpaid Carer has Carers Assessment been completed?	
Name	**Relationship**	**Contact Details**	
		Address	
		Email	
		Phone	
		Paid or Unpaid Carer?	
		If Unpaid Carer has Carers Assessment been completed?	

Section 3d – How will I stay safe?		
Risk is a factor in all people's lives and can have both positive and negative connotations on a person's life. Identifying any potential risks and managing these risks should form part of any coherent, well considered care and support plan. Think about the daily care and support detailed in the previous section and consider the risks (if any) that are present, for example what would happen if the designated carer(s) could not turn up as expected and planned? Contingency planning should also be considered through "what if" questioning.		
Risk Identified	**How will the identified risk be managed?**	**Who will manage the identified risk?**
What will happen if carers are not able to attend through sickness, leave or other circumstances? *You should think about both paid and unpaid carers in this.*		

Section 3e – Equipment in place to meet my health needs		
Detail any equipment in place to meet care needs or required to help meet a health detail here. It is important to show who provided/purchased the equipment, whether there are service agreements in place and whether specific training is required for carers (both paid and unpaid)?		
Equipment in place to meet my Health Care needs	**Who purchased and or provided this equipment** (*is there a service agreement in place?)*	**Do staff need training for this equipment?**

Section 3f – Training requirements including mandatory and delegated healthcare tasks
You should detail all of the training required to your carers irrespective of whether they are directly employed by you (via a Direct payment), belong to another organisation (care agency) or are non-paid carers such as family, NOK and or friends. If you have specialized equipment detailed in the previous section, ensure any training needs are also detailed below. Examples of training requirements include Manual Handling, Health and Safety, Medicine Management, Safeguarding, Food Hygiene etc. You should consider tasks such as catheterization, tracheostomy care and tasks that would be above and beyond care supplied through Funded Nursing (FNC) care payments.

Training Required	Training to be provided by?	How often does this training need to be delivered?

Section 4a – My Personal Health Budget (PHB) and how it will be used?				
Detail how the Personal health Budget will be used (either through a Direct Payment/3rd Party or a CCG Notional PHB) and breakdown the costs and how this will meet the outcomes listed.				
How will my Personal Health Budget be delivered?	**Direct Payment/ 3rd Party PHB**		**Notional PHB**	
Detail the cost breakdown into one off costs and regular ongoing costs using the tables below.				

Section 4b – My Personal Health Budget (PHB) breakdown, one off cost only		
Outcome to be met.	**Cost Breakdown**	**Total Costs (£)**
	Total one-off costs	

Section 4c – My Personal Health Budget (PHB) breakdown, regular ongoing costs only		
Outcome to be met.	**Cost Breakdown**	**Total Costs (£)**

Total regular ongoing costs	

Section 4d – My Total Personal Health Budget (PHB)	
Total PHB cost	

Section 4e – My Personal Health Budget (PHB) commissioned care detail			
Existing Care Package/Placement		**New or Reviewed Care Package/Placement**	
Location		**Location**	
Person's Home		**Person's Home**	
Residential Care *(no input from core services)*		**Residential Care** *(no input from core services)*	
Nursing Home Placement		**Nursing Home Placement**	
Supported Living Placement		**Supported Living Placement**	
Day Care		**Day Care**	
Does potential provider require documented Clinical Oversight?	**Yes** / **No**	**Does potential provider require documented Clinical Oversight?**	**Yes** / **No**
Name of Care Provider *(if applicable)*		**Name of Care Provider (if applicable)**	
Package Details (*Linked to identified needs with Domains)*		**Package Details** (*Linked to identified needs with Domains)*	
Personal Care		**Personal Care**	
Personal Care Details *(frequency/time)*		**Personal Care Details** *(frequency/time)*	

Additional Intervention/Support	**Additional Intervention/Support**
Nature of Additional Intervention/Support *(e.g. 1 to 1)*	**Nature of Additional Intervention/Support** *(e.g. 1 to 1)*
Registered Nurse Intervention	**Registered Nurse Intervention**
Nature of Specific Healthcare Intervention	**Nature of Specific Healthcare Intervention**
Existing Care Package/Placement	**New or Reviewed Care Package/Placement**
Funded By?	**Funded By?**
Hereford & Worcestershire CHC Team	**Hereford & Worcestershire CHC Team**
Local Authority *(if LA funded add LA name below)*	**Local Authority** *(if LA funded add LA name below)*

Section 5a – Who, When and How will this plan be reviewed?					
Who will review this plan?		When will the plan be reviewed?			
How will this plan be reviewed?					
Face to Face Visit		Phone Review		Virtual Review	

Section 6 – My Personal Health Budget (PHB) and how it will be used?			
This plan constitutes a contract between myself/my representative, my local healthcare team, and Hereford & Worcestershire Clinical Commissioning Group (CCG). I agree with the contents of this care & Support plan/Personal Health Budget plan and understand that relevant assessments carried out by Hereford & Worcestershire Clinical Commissioning Group (CCG) and or Trusted Assessors on behalf of H& W CCG and the information contained within, will be shared with my partnership of support.			
Name			
Signature		**Date**	

Section 7 – Required Actions before Care and Support can begin	
Detail how the Personal health Budget will be used (either through a Direct Payment/3rd Party or a CCG Notional PHB) and breakdown the costs and how this will meet the outcomes listed.	
What is required?	**Who will manage this requirement?**
Support for sourcing package of care, Care Agency, or Personal Assistants (PA's)?	
Recruitment support including Tax, National Insurance, and employment rights/law?	
Are Disclosure and Barring Service (DNC) checks required?	
Training and Competencies, what will be needed?	
Insurance Cover (Public Liability etc.?) required?	
Check any contracted Health Professional(s) are registered with the appropriate governing body?	
Who will collect appropriate evidence for Audit purposes?	
Detail what will be required for audit purposes below and the frequency this information will need to be gathered.	

Who will complete Staff Rota's and oversee care and support?	
Who will check all commissioned providers are CQC checked?	
If PA's need training, who will deliver this?	
Who will ensure PA's have been trained as per the care requirements and competencies checked?	

Add any further detail in regard to training requirements here, including the frequency of training checks.
Any other required actions needed to be detailed below.

Section 9 – Clinical Support Plan Approval

Name			
Job Title			
Signature		**Date**	

Section 8 – Continuing Healthcare Complex Care Packages Board Report **Ensure Section 8 is separated**					
Continuing Healthcare Complex Care Packages that Require Authorisation from NHS WCCGs Executive Team (£100K or more per annum) **Please refer to patient as 'The Patient' do not use name or initials or reference to him/her, he/she**					
Broadcare Number		**GP Practice**			
Responsible Commissioner Area		**Hereford**		**Worcestershire**	
Cost of Package/Placement		**Over £100,000**		**Under £100,000**	
Rationale					
New Request		**Review of Care Package (previously agreed)**		**Temporary uplift**	
Uplift in Care Package Existing		**Equipment**		**Permanent uplift**	
CHC Eligibility Date		**Last Review Date**			

Urgency of Response					
Urgent		**Delayed Discharge**		**Routine**	
Report Prepared By					
Team Leader					
Patient's background and rationale for complex care package					
Ensure this section contains details of Medical history, Diagnosis, Prognosis, Social issues, Family/Carer support and Other relevant information					
Risk Assessment Risk assessment and mitigation of risks					
Ensure this section contains details of any Physical, Social and Psychological Risks and actions required to mitigate these.					
MDT Recommendation					

Patient choice/preference					
Care Package review					
Competitive quotes x 3* *(6 quotes are required for a community care package, incl. of 3 nursing homes)					
Care Provider 1	Weekly Fee	1:1 Costs	Total Weekly Cost	Monthly Cost	Annual Fee
Details of Current Provider, Care Package, and relevant Notes					
Care Provider 2	Weekly Fee	1:1 Costs	Total Weekly Cost	Monthly Cost	Annual Fee
Details of Current Provider, Care Package, and relevant Notes					
Care Provider 3	Weekly Fee	1:1 Costs	Total Weekly Cost	Monthly Cost	Annual Fee
Details of Current Provider, Care Package, and relevant Notes					
Care Provider 4	Weekly Fee	1:1 Costs	Total Weekly Cost	Monthly Cost	Annual Fee
Details of Current Provider, Care Package, and relevant Notes					

Care Provider 5	Weekly Fee	1:1 Costs	Total Weekly Cost	Monthly Cost	Annual Fee
Details of Current Provider, Care Package, and relevant Notes					
Care Provider 6	Weekly Fee	1:1 Costs	Total Weekly Cost	Monthly Cost	Annual Fee
Details of Current Provider, Care Package, and relevant Notes					
Hereford & Worcestershire Clinical Commissioning Group (CCG) Panel Date					
Panel Members					
Hereford & Worcestershire Clinical Commissioning Group (CCG) Panel Decision					
Signed on behalf of by Hereford & Worcestershire Clinical Commissioning Group (CCG)					
Instruction for Continuing Health Care Team					