Hampshire and Isle of Wight
Partnership of Clinical Commissioning Groups

PERSONAL HEALTH BUDGET POLICY

Version 1.1

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CCG owner	Director of Quality and Nursing (Board Nurse)
Author:	Senior Project Manager, NHS Continuing Healthcare and Funded Nursing Care
Links to other policies:	• Commissioning Policy for NHS Continuing Healthcare • Commissioning Policy for Children's NHS Continuing Care
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For action by:	Please see section 1 for details of who this policy applies to.
Policy statement:	This policy outlines the principles supporting implementation of Personal Health Budgets (PHB) by balancing choice, risk, rights and responsibilities. It recognises that, in the right circumstances, risk can be managed to promote a culture of choice and independence, which encourages responsible, supported decision making.
Responsibility for dissemination to new staff:	Line managers at induction.
Mechanisms for dissemination:	All new and amended policies are promoted to staff through the staff newsletter / CCG intranet.
Training implications:	There is no specific training in relation to this policy, however in order for this policy to operate an understanding of its contents will be required for CCG, provider and local authority staff.
Resource implications	There is no additional resource required to implement this policy.
Further details and additional copies available from:	CCG Website: https://westhampshireccg.nhs.uk/document-tag/clinical-and-su-policies/
Equality analysis completed?	Yes – appendix 5
Consultation process	CHC and Placements Management and Operational Staff. Personal Health Budget and Direct Payment Holders.

	Experts by experience – CHC Co-production group. Hampshire and Isle of Wight Children's Complex Care team. Commissioning Manager for Wheelchair Personal Health Budgets. WHCCG Finance & Performance Committee WHCCG Clinical Governance Committee
Approved by:	WHCCG Clinical Governance Committee
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Amendments summary:

Amend No	Issued	Page(s)	Subject	Action Date
1				
2				
3				
4				

Review log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes

PERSONAL HEALTH BUDGET – POLICY SUMMARY

Personal Health Budgets (PHBs) are part of a wider personalisation agenda and provide a tool to support self-management and care planning. This is in line with the Government's mandate to place greater emphasis on individuals as partners able to identify services that best meet their needs.

A PHB is an amount of money allocated to support the identified health and well-being needs of an individual. A PHB is not necessarily new money, but a different way of spending health funding to give people with long term health conditions and disabilities more choice and control over how their health and well-being needs are met.

This document sets out the policy and guidance developed to ensure the consistent and transparent delivery of PHBs. The document outlines the local procedure for achieving the implementation of PHBs by balancing choice, risk, rights and responsibilities.

The NHS is committed to promoting individual choice, while providing support to manage risk positively, proportionately and realistically. Supporting people to take informed decisions with an awareness of risks in their daily lives enables them to achieve their full potential and to do the things that most people take for granted. For some individuals this can be achieved via accessing PHBs.

PHBs should be value for money for individuals and the NHS. This will be monitored though the way in which PHBs are set up, through robust support planning and through effective monitoring of direct payments.

This Policy applies to all those who may benefit from a Personal Health Budget (PHB) – both Adults and Children.

This policy will be reviewed when new guidance, regulations or national policy is published.

Contents

1. INTRODUCTION

This policy applies to the following groups:

Adults NHS Continuing Healthcare (including Learning Disability and Mental Health)	Where the responsible commissioner for an individual's NHS Continuing Healthcare is: • West Hampshire CCG • North East Hampshire and Farnham CCG • North Hampshire CCG • Fareham and Gosport CCG • South Eastern Hampshire CCG.
Children's Continuing Care	Where the responsible commissioner for an individual's Continuing Care is: • West Hampshire CCG • North East Hampshire and Farnham CCG • North Hampshire CCG • Fareham and Gosport CCG • South Eastern Hampshire CCG • Isle of Wight CCG.
Section 117	Where the responsible commissioner for an individual's S117 aftercare under the Mental health Act is: • North East Hampshire and Farnham CCG; • North Hampshire CCG; • Fareham and Gosport CCG, • South Eastern Hampshire CCG • Isle of Wight CCG
Wheelchairs	Where the responsible commissioner for an individual's wheelchair is: • West Hampshire.

Personal Wheelchair Budgets (PWBs) are a form of PHB, and therefore whilst they are underpinned by the general principles contained within this policy, some sections may not be applicable or may vary in their application, for example how the funding of a PWB is calculated. For those sections that do apply, but there are distinct differences in application, these have been cited throughout the text. However please refer to Appendix one for full clarification of PWBs.

This policy will be reviewed and updated in line with NHS West Hampshire's Clinical Commissioning Group's (CCG) commissioning intentions in relation to personalisation and PHBs.

The policy should be read in conjunction with the Commissioning Policy for Adult NHS Containing Healthcare, the Commissioning Policy for Children's NHS Continuing Care and section 117 Aftercare Policy.

1.1 Standards for Person Centred Health Support

The following national general standards for person centred support comprise of seven outcomes which will be delivered through the implementation of this policy. These seven outcomes are:

Improved Health and Emotional Wellbeing	To stay healthy and recover quickly from illness.
Improved Quality of Life	To have the best possible quality of life, including life with other family members supported in a caring role.
Making a Positive Contribution	To participate as an active citizen, increasing independence where possible.
Choice and Control	To have maximum choice and control.
Freedom from Discrimination, Harassment and Victimisation	To live free from discrimination, harassment and victimisation.
Economic Wellbeing	To achieve economic wellbeing and have access to work and/or benefits as appropriate.
Personal Dignity	To maintain personal dignity and be respected by others.

2. BACKGROUND

The NHS England mandate in 2014 outlined the Government's aim that in the future everyone in England that could benefit from a PHB would be offered the option of having one.

Adults eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a PHB since October 2014 and they should be the default option for these groups since 1 April 2019.

Following a consultation run in 2018 by the Department of Health and Social Care and NHS England, where nearly 9 out of 10 people supported the proposals, from 2 December 2019 two additional groups are entitled to a PHB:

- **Wheelchair budget:** People who are referred and meet the eligibility criteria of their local wheelchair service, and people already registered with the wheelchair service, when they require a new wheelchair either through a change in clinical needs or in the condition of the current chair. This group will have a right to a PWB to give them more choice and flexibility over the chair provided.
- **Section 117 aftercare:** For people who are discharged from hospital with section 117 aftercare entitlement (the provision or arrangement of help and support for people who have been detained in hospital under sections 3, 37,

45A, 47 or 48 of the Mental Health Act 1983, when they leave hospital), a personal health budget may be considered during the discharge planning stage to ensure that care is personalised to meet the persons aftercare needs in the community. A PHB will also be considered at any review of the person's section 117 aftercare package of support in the community.

- There is a cohort of joint funded LD individuals who are not eligible for NHS CHC but have health needs which are currently funded by the CCG. These individual's would also be eligible for a PHB in conjunction with the local authority.

Health and care services must be transformed to address demographic and financial pressures, technological advances and changing attitudes. Personalised care provides a proactive and holistic approach to healthcare transformation, involving greater engagement with people and communities. It has a major part to play in securing the sustainability of the NHS and other care services.

The Next Steps on the NHS Long term Plan https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/ has reiterated the aim for the NHS to deliver more personalised care across England. PHBs are a key part of this expansion, improving outcomes whilst considering value for money. The vision is that in the future people should expect the same focus on their independence, the same regard for their wishes and the same opportunities to make choices and take control, whether they have a long term physical or mental health condition, a complex need, or are making a decision about particular care or treatment, such as maternity services or at the end of life. Please see illustration at Appendix two.

3. PERSONAL HEALTH BUDGETS

A leaflet explaining PHBs has been co-produced by the Adults NHS CHC team in Hampshire with a group of people with lived experience of NHS Continuing Healthcare. The leaflet is titled 'Personal Health Budgets: Your questions answered' and is available on the West Hampshire Clinical Commissioning Group website

https://westhampshireccg.nhs.uk/wp-content/uploads/2020/03/PHB-Information-Booklet-March-2020.pdf

A leaflet explaining PHBs is also available on request from the Children's complex care team.

3.1 Definition of a Personal Health Budget

A PHB 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 the 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. There are essentially three ways (or a combination of) for individuals to receive and manage a PHB. A direct payment for healthcare is one of the ways of providing all or part of a PHB. See section 4.6 for details of the three ways and section 4.2 for details of who can manage a direct payment on behalf of an individual.

PHBs are one way to give people with long term health conditions and disabilities more choice and control over the money spent on meeting their health and wellbeing needs.

A PHB may be used for a range of things to achieve agreed health and wellbeing outcomes. This can include therapies, personal care and equipment but there are some restrictions in how the budget can be spent. See section 3.2 for details of exclusions.

The PHB process begins once an individual has been assessed as eligible to have a PHB rather than a traditional care package. There are six basic steps to the PHB process which are set out below:

1. Making contact
2. Understanding health and wellbeing needs
3. Working out the amount of money available
4. Agreeing a care and support plan
5. Organising care and support
6. Monitoring and review

3.2 Law around Personal Health Budgets

By law, PHBs cannot be spent on:

- Alcohol
- Tobacco
- To fund gambling or debt repayment
- Or any illegal activities
- Adaptations to property/property restoration or repairing structural damage within the home.

The following are also not to be included:

- Anything that has NOT been agreed in the care and support Plan.
- Medication, prescriptions and other chargeable services.
- Primary medical services such as GP care, dental treatment.
- Treatments that would not normally be funded by the NHS (therapeutic interventions are permitted).
- Urgent or emergency treatment services.
- Equipment that would otherwise be provided by the NHS
- General food and living costs such as rent and clothing.
- Utility bills (there may be exceptional circumstances where costs are linked to clinically required equipment).
- Long-term residential or nursing care (a notional budget can be provided however)
- Vaccination or immunisation, including population -wide immunisation programme
- Screening

- The national child measurement programme
- NHS health checks

3.3 Essentials for Person Centred Support Planning

To have a personalised and integrated approach to care a person should:

- Be able to access information and advice that is clear and timely and meets their individual information needs and preferences
- Experience a co-ordinated approach that is transparent and empowering
- Have access to a range of peer support options and community based resources to help build knowledge, skills and confidence to manage their health and wellbeing
- Wherever possible, be valued as an active participant in conversations and decisions about their health and wellbeing
- Be central in developing their personalised care and support plan and agree who is involved
- Be able to agree the health and wellbeing outcomes they want to achieve, in dialogue with the relevant health, education and social care professionals.

3.4 Essentials to be able to count as a Personal Health Budget

NHS England has developed a number of guidelines in defining 'what is a PHB?' for their monitoring and reporting purposes. To be counted, the person with a PHB must:

- Be central in developing their personalised care and support plan and agree who is involved
- For those individuals who are assessed to lack capacity, a representative or advocate should be involved in developing a care and support plan alongside the individual.
- Be able to agree the health and wellbeing outcomes (and learning outcomes in the case of children and young people) they want to achieve, in a dialogue with the relevant health, education and social care professionals
- Know upfront an indication of how much money they have available for healthcare and support
- Have enough money in their budget to meet the health and wellbeing needs and outcomes agreed in the personalised care and support plan
- Have the option to manage the money as a direct payment, a notional budget, third party budget or a mix of these approaches
- Be able to use the money to meet outcomes in ways and at times that make sense to them, as agreed in the personalised care and support plan.

4. SCOPE

4.1 Who can have a Personal Health Budget?

Apart from exclusions contained within the regulations a PHB can be offered to anyone who is likely to benefit:

- People receiving NHS Continuing Healthcare, Children's Continuing Care and after care services provided under section117, and wheelchairs already have an entitlement to have a PHB
- People who have high levels of need but are not NHS Continuing Healthcare, but who have health needs which would be suitable
- Parents and children over age 16 with education, health and care plans, who could benefit from a joint budget including a contribution from the NHS
- Parents of children hold the budget for under 16's
- People with learning disabilities or autism and high support needs (in line with Sir Stephens Bubb's report)
- People who make ongoing use of mental health services
- People with long-term conditions for whom current services are unsuccessful, resulting in increased access to acute services; and
- People who need high cost, longer term rehabilitation e.g. people with acquired brain injury, spinal injury or mental health recovery.

There are no exclusions by diagnosis or by virtue of mental capacity.

For those individuals who lack mental capacity, a representative can provide support with care planning and decision making relating to PHBs. Advocacy support can be arranged for anyone who does not have a representative. For those who have capacity but may require assistance, advocacy support is also available.

The CCG adheres to the NHS England guidance in relation to when it is appropriate to decline a PHB and reserves the right to explore this on a case by case basis. Individuals whose application has been declined will be given information on the CCG Complaints procedure should they wish to progress through this route.

In the following circumstances the CCG may not grant a direct payment, although other forms of PHB (such as a notional budget) may still be available subject to eligibility:

- Care not provided in the home environment (e.g. individuals in nursing homes);
- Safeguarding concerns being reported/under investigation;
- Evidence that an individual has previously been unable to manage a direct payment;
- Previous evidence of financial fraud;
- 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 CCG;

- If an assessment indicates that the person (or their representative) would not be able to manage them;
- If an assessment indicates that it is inappropriate for that person given their condition or the impact on that person of their particular condition;
- If the benefit to the individual of having a direct payment for healthcare does not represent value for money;
- If providing services in this way will not provide the same or improved outcomes;
- If the direct payment has not or will not be used for the agreed purposes.

4.2 Who can be in receipt of a direct payment?

In determining whether a direct payment should be made to an individual, the CCG should consider

- whether it is appropriate for someone with that individual's condition;
- the impact of that condition on the individual's life; and
- whether a direct payment represents value for money.

A direct payment may only be made to an individual who is 16 or over, has capacity to consent to a direct payment and is not an individual detailed in the NHS Direct payment regulations 2013 exclusions.

4.3 Direct payments in respect of an individual who lacks capacity

Direct payments may be made for an individual, other than a child, who is assessed to lack capacity to consent to a direct payment (under the Mental Capacity Act 2005) if the individual has a representative who consents to managing the direct payment on their behalf.

The CCG may appoint a representative it considers appropriate to receive and manage a direct payment on behalf of the individual.

A representative to whom a direct payment is made should:

- agree to act on the individual's behalf in relation to the direct payment;
- act in the best interests of the individual when securing the provision of services;
- be responsible for all contractual arrangements entered into for the benefit of the individual;
- use the direct payment in accordance with the care and support plan; and
- comply with direct payment regulations.

If the proposed representative is not a close family member of the person, living in the same household as the person, or a friend involved in the person's care, then the representative will be required to apply for an enhanced DBS certificate and the CCG will consider the information before giving their consent.

Where a direct payment has been granted but the CCG subsequently identifies that the individual no longer has the necessary capacity, payments to the individual may continue if:

- the CCG is reasonably satisfied that the lack of capacity is likely to be temporary;
- a representative or nominee agrees to receive direct payments on the individual's behalf; and
- direct payments are made subject to the condition that the representative or nominee must allow the individual to manage the direct payments themselves for any period where the CCG is satisfied they have the necessary capacity.

Where an individual without capacity gains or regains capacity to consent to the making of a direct payment to them:

- if the individual and their representative or nominee consents, the CCG may continue to make direct payments to the representative or nominee in accordance with the care and support plan;
- if the individual does not consent to the continued making of direct payments to the representative or nominee, the CCG must stop making the direct payments;
- The CCG must as soon as reasonably possible review the making of the direct payments.

4.4 Nominated person

The following individual's may nominate someone (a "nominee") to receive a direct payment on an individual's behalf:

- An individual over 16 with capacity to consent to a direct payment;
- the representative of an individual; or
- if the individual lacks capacity, the CCG.

If an individual who lacks capacity to consent to a direct payment has indicated in advance of losing capacity a wish to have another person nominated to receive direct payments on their behalf, that other person shall be a nominee.

A nominee to whom a direct payment is made in respect of an individual must:

- be responsible for all contractual arrangements entered into for the benefit of the individual;
- use the direct payment in accordance with the care and support plan; and
- comply with direct payment regulations.

Before making a direct payment to a nominee

- the nominee must agree to receive the direct payment; and
- the CCG must agree to the making of the direct payment to the nominee.

If the proposed nominee is not a close family member of the person, living in the same household as the person, or a friend involved in the person's care, then the

nominee will be required to apply for an enhanced DBS certificate and the CCG will consider the information before giving their consent.

If the person who has nominated a nominee notifies the CCG in writing that they wish to withdraw or change the nomination, the CCG must consider whether to stop making the direct payments as soon as reasonably possible.

4.5 Care and Support Plans

All individuals who wish to have a PHB will have a personalised care and support plan developed. This may be by their case manager, themselves and their family, an independent agency, or a combination of these. The expectation is that all care and support plans will be highly personalised and PHBs will be based on the health and wellbeing outcomes agreed in the individual's care and support plan.

All proposed PHBs will be considered by the CCG and will require evidence that proposed costs are reasonable and appropriate in relation to the identified health and wellbeing outcomes prior to approval.

A meeting is arranged to start the care support planning and to discuss the legal requirement and responsibilities in managing a PHB. This meeting will be arranged with the individual and other relevant persons who may include their nominated representative, family or carers. It is important to allow sufficient time for this meeting to cover all the key areas of responsibilities of managing a PHB.

At the care and support planning meeting the following key areas need to be covered:

- What is important to the person in ensuring their assessed health needs are met;
- How they want their health needs to be met such as the frequency, time of day, who will provide the care;
- What type of PHB would they wish to consider? e.g. a notional budget, a third party, direct payment or a mixture of the options available;
- Do they want to employ their own carers or do they have existing carers and are they being paid in accordance with the regulations;
- Support services that are available to the person in the management and setting up of their PHB;
- Sign post them to information to assist them to make an informed decision on their care.

At the meeting or following the meeting (as appropriate) the following needs to be completed:

- The draft care and support plan will be competed with the individual and/or their nominated representative.
  - This should include the completion of a risk assessment and allocation of responsibilities for mitigating risk.
- Planning of any contingencies for complexity of condition/health needs
- Confirmation of indicative budget

- Agreement of health and well-being outcomes and final budget*.

To support the concept of choice and control, the individual will be supported to develop a care and support plan in a person centred way.

*All budgets are subject to approval at PHB Panel.

4.6 Ways to Manage the Money

PHBs can be managed in three ways (or a combination of these):

Notional Budget	Third Party Budget	Direct Payment
The money is held by the NHS and services are commissioned by the NHS according to the care and support plan agreed.	An organisation independent of the person, the local authority and NHS commissioners manages the budget and is responsible for ensuring the right care is put in place, working in partnership with the person and their family to ensure the agreed outcomes can be achieved.	A direct payment is a monetary payment to a person (or their representative or nominee) funded by the NHS, to allow them to purchase the services that are agreed in the care and support plan.

**Direct payments are currently not routinely available as an option for managing a standalone personal wheelchair budget.*

4.7 Supporting Individuals in managing their personal health budget

Should an individual choose to receive their PHB by way of a direct payment but requires assistance, advice will be given on resources to support them in the community. West Hampshire CCG jointly commissions with Hampshire County Council, a Direct Payment Support Service. The current provider is Enham Trust.

Services provided by Enham Trust include:

- Information for those considering a personal health budget or direct payment
- Full support to set up direct payment including advice regarding employment, insurance, payroll, etc
- Recruitment of personal assistants/carers
- Managed accounts
- Support for existing direct payment clients in resolving employment and budget issues
- Disclosure and Barring Service checks.

Clients who wish to access direct payment support services should discuss with their CHC specialist practitioner who can make a referral on their behalf.

If an individual requires support in setting up or managing their PHB, this will be funded by the CCG via the direct payment support contract.

The CCG will ensure that individuals are offered information that is easily accessible, reliable and relevant in a format that can be clearly understood.

Payroll services are also available to support direct payment recipients. Funding for this service will be provided by the CCG via the direct payment.

If a direct payment recipient chooses not to use a payroll service, they will be required to adhere to HMRC legislation and provide evidence to the CCG in line with the audit process which is outlined in section 8.3.

5. FINANCE

5.1 NHS Finance Policy

In line with the NHS finance policy an individual cannot "top up" the cost of care as set out in the care and support plan from their own resources. The individual can purchase additional services which are not identified in the care and support plan but this should take place separately with clear accountability. If there is doubt advice from the CHC specialist practitioner must be sought before any expenditure is made.

For Children and Young People (CYP) their parents or legal guardian retain parental responsibility for their child and so would provide a reasonable level of care or be expected to fund child care consistent with the developmental age of their child. PHBs jointly funded by health and social care or education would also adhere to the local authorities' funding policies. If there is doubt advice from the CYP CC practitioner must be sought before any expenditure is made.

5.2 Indicative Personal Health Budget

In adults NHS CHC, indicative budgets are based on comparative costs for alternative care options. The PHB budget calculator will be completed to outline the indicative budget which will then be communicated to the eligible individual. This will support with producing the care and support plan.

The CYP CC indicative budgets are based on the care and support plan generated during the initial assessment.

In the cases of PWBs budgets are calculated based on the actual price of NHS provision, based on the cost to the NHS, to meet the individual's mobility needs, and within the mobility provision, the postural and pressure care needs of the service user. In the case of a third party PWB; this will also include an amount for maintenance per year. A PWB is a distinct amount; a PWB will generally last for 5 years before a reassessment is required unless there are significant changes in the user's clinical condition. Please refer to the diagram contained within Appendix One that includes details of top up contributions and third party options.

5.3 Final Personal Health Budget

The final budget is an amount of money that is agreed once a care and support plan has been written. This is usually calculated by estimating the costs of the care and support arrangements included in the plan. This is likely to be a more accurate guide to the actual costs of support. The final budget (rather than the indicative budget) is the point at which an approval process is needed.

The PHB calculator will be completed to outline the final budget which will then be agreed by the CCG and communicated to the eligible individual. This will aid production of the final care and support plan.

There may be a requirement to add a 'one off' amount on top of the budget to allow for start-up costs including training, insurance, advertising for staff and other such requirements. Where this is included, the cost should be broken down as a weekly cost to give an indication of the true cost of the PHB.

Respite should be included when generating a budget where family members or representatives are providing a level of informal care. This should be assessed on a case-by-case basis. Where this is included, the cost should be shown within the weekly budget to give an indication of the true cost of the PHB. Respite payments can be included in weekly payments or paid as a one off payment.

For CYP respite the developmental age of the child would be considered, acknowledging parents are legal guardians and would be expected to provide care for their child and remain their key support both physically and psychologically. CYP respite would be considered in line with the local authority's responsibilities to offer respite or short breaks and take account the intensity of their additional care and support needs.

Payments are made to individuals on a calendar monthly basis.

Start-up costs may be made in advance of the first budget instalment in some circumstances.

5.4 Personal Health Budget approval process

Adults NHS Continuing Healthcare
All care and support plans and final budgets must be authorised by the PHB Panel. The panel sits as and when required and the membership consists of:

- Head of Service
- Clinical Operational Manager
- PHB Specialist Practitioner

PHB Panel terms of reference and panel request form can be found:

https://westhampshireccg.nhs.uk/what-is-nhs-continuing-healthcare/useful-documents/

Children's Continuing Care
All care and support plans and final budgets must be authorised by the children's Multi Agency Resource Panel (MARP) and/or Complex Care Health Panel.

The MARP panel sits monthly and the membership consists of:

- Head of Commissioning Hampshire County Council CSD (Chair) voting rights
- Associate Director Complex Care Commissioning CCG (Co Chair) voting rights

- Special Education Senior Officer. voting rights
- Representatives from health; CCG continuing care team, children's community nursing teams, children's learning disabilities, disabled children's social care team and special education officers

The Complex Care Health Panel sits on a regular basis as required and the membership consists of:

- Complex care lead nurse
- Senior Transformation Manager Complex Care
- Continuing care coordinator
- Brokerage Manager

https://fish.hants.gov.uk/kb5/hampshire/directory/advice.page

5.5 Suspending or Stopping Direct Payments

Direct payments **may** be reduced:

- where the CCG is satisfied that a reduced amount is sufficient to cover the full cost of the current care plan;
- If a surplus payment has accumulated that has remained unused. A surplus may indicate that the individual is not receiving the care they need or too much money has been allocated. As part of the review process, the CCG will establish why the surplus has built up.

Before making a decision to stop or reduce a direct payment, wherever possible and appropriate, the CCG will consult with the person receiving it to enable any misunderstandings or inadvertent errors to be addressed, and enable any alternative arrangements to be made.

Whenever a direct payment is reduced or stopped, the CCG will ensure that the person receiving the direct payment is given reasonable notice, and an explanation regarding the reasons for the decision. This will be done in writing, and will be accessible and understandable to the person involved. The CCG will endeavour to provide a minimum of 14 days' notice to the direct payment recipient of any changes to the direct payment.

In some cases, it may be necessary to stop the direct payment immediately, for example if fraud or theft has occurred. In these circumstances, The CCG will endeavour to protect public money as far as possible, whilst being mindful that they are still under a duty to provide healthcare if the individual requires it. Where possible the CCG will also endeavour to continue to provide a personalised service and maintain continuity of care.

Where direct payments have been reduced, the person receiving care, a representative or nominee may request the CCG to reconsider the decision, and may provide evidence or relevant information to be considered as part of that deliberation. Where this happens, the CCG will inform the person receiving care and any representative or nominee in writing of their decision after reconsideration by the PHB panel, and state the reasons for the decision.

The CCG is not required to undertake more than one reconsideration of any such decision. If the person is still unhappy with the decision to reduce the direct payment, they will be referred to the CCG complaints procedure.

The CCG **must** stop paying direct payments if:

- a person, with capacity to consent, withdraws their consent to receiving direct payments;
- a person who has recovered the capacity to consent, does not consent to direct payments continuing; or
- a representative withdraws their consent to receive direct payments, and no other representative has been appointed.

The CCG **may** stop making a direct payment if they are satisfied that it is appropriate to do so. For example, where:

- the person no longer needs care;
- funding responsibility has been handed over to another party, for example local authority or another CCG;
- direct payments are no longer a suitable way of providing the person with care;
- The CCG has reason to believe that a representative or nominee is no longer suitable to receive direct payments, and no other person has been appointed;
- a nominee withdraws their consent, and the person receiving care or their representative does not wish to receive the direct payment themselves;
- the person has withdrawn their consent to the nominee receiving direct payments on their behalf;
- the direct payment has been used for purposes other than the services agreed in the care plan;
- fraud, theft or an abuse in connection with the direct payment has taken place; or
- the person has died.

If, for whatever reason, the person receiving care is no longer able or willing to manage the direct payment, the CCG is responsible for fulfilling the contractual obligations the person entered into, providing the contract adheres to this PHB policy.

After a direct payment is stopped, providing the direct payment recipient has adhered to this PHB policy, all rights and liabilities acquired or incurred as a result of a service purchased by direct payments will transfer to the CCG. The exception to this is where funding responsibility for care has been transferred to another party.

In the event of the death of the service user or other reason for termination of this agreement, a representative must ensure that the direct payment bank account is closed and the balance returned to the CCG. Monies within the account must not go into the personal assets/estate of the individual.

For Adult NHS CHC and placements a specialist practitioner will support the representative in determining the balance to be repaid once monies owing for care have been reconciled. Once requested, any funding within the PHB bank account should be immediately returned to the CCG. For Children's Continuing Care the nurse co-ordinator and brokerage manager will support the representative as above.

5.6 Use of a PHB away from normal place of residence

There is no formal entitlement to holiday funding within a PHB. For those individuals where an agreed health and wellbeing outcome/respite provision is detailed in the care and support plan and involves use of the budget whilst away from their usual place of residence (whether in the United Kingdom or abroad), the individual, representative or nominee

- Must ensure the individual and personal assistants (PAs) are insured to travel. The PHB cannot be used to pay for these insurances. It is the responsibility of the individual to fund this.
- If an increase in personal assistant/s or service provider staff/hours of care/cost of care is required, this must be agreed in advance. No extra resources will be provided although it may be possible to agree rearrangement of existing allocated resources.
- The individual is responsible for funding the insurance, travel and accommodation costs of accompanying personal assistant/s or service provider staff.
- Must ensure that the PHB funding is only used for items/activities identified in the Care and Support Plan.

5.7 Funding for Travel and Mileage

A PHB can cover travel costs such as bus fares to activities which are part of the care and support plan. When appropriate a PHB can provide a contribution towards the mileage at the NHS standard rate. However, if the individual has a mobility car or higher rate Mobility Allowance the CCG would not pay the full HMRC/NHS mileage rate but only the reduced mileage rate. The standing costs for funding a car should be met from the Mobility Allowance as these costs would need to be met regardless. If the individual is not in receipt of Mobility Allowance at higher rate than the PHB would meet the HMRC/NHS rates. Calculations are based on the average distance between the individual's home and the activity and in line with the CCG's Commissioning policy for Adult NHS Continuing Healthcare. This section does not apply to children and young people.

6. PERSONAL ASSISTANTS

All directly employed personal assistants must be paid through a payroll service, the cost of which will be included in the PHB package.

Any individual wishing to employ a personal assistant must adhere to advice provided by CHC specialist practitioner, Enham Trust (where appropriate) and relevant employers liability insurance company to ensure that they are supported in good employment practice.

There must be a contract in place for all employed PAs outlining terms and conditions of employment. This should include number of hours the individual is contracted to work, rates of pay, notice period, absence and holiday and details of any probationary period. Relevant employers liability insurance company are able to provide contract templates.

The law states that an individual over 18 cannot work more than 48 hours a week on average (usually averaged over 17 weeks). This is called working time directive legislation or WTD. An individual can choose to work more than 48 hours per week by opting out of WTD. There are some exceptions to this rule including some live in carer arrangements. Any individual wishing to employ a live in carer must adhere to advice provided by CHC specialist practitioner, Enham Trust (where appropriate) and relevant employers liability insurance company to ensure that they are supported in good employment practice.

If an employee wishes to opt out of the 48 hour week then the employer must seek approval from the CCG. The CCG must be assured that by allowing an employee to regularly work in excess of 48 hours the package of care is safe and sustainable.

The CCG may request to see contract details for PAs employed with direct payment funds.

The CCG strongly recommend that all personal assistants are Disclosure and Barring Service (DBS) checked and if these are not undertaken, this must be clearly documented with evidence of decision making and rationale and will be considered as part of the PHB panel process.

Personal assistants must be DBS checked if there is a child under 16 living in the property and for all Children's Continuing Health PHBs

The PHB will include an allowance for Employer's Liability Insurance and Health Related Insurance. Individuals need to take out a policy to provide adequate cover and additional employment advice. Guidance is provided by CHC specialist practitioners and Enham Trust.

If a permanent increase in personal assistant/s or service provider staff/hours of care/cost of care is required, this must be discussed with the CCG in advance. No extra resources will be provided until approved by the PHB panel.

6.1 Funding for Personal Assistants

Personal assistants will be paid one of two hourly rates depending on the complexity of the tasks they are performing. Rates will be reviewed on an annual basis to ensure they comply with national regulations.

Higher rates do not apply at nights, weekends or bank holidays.

In exceptional circumstances different rates may be considered by the PHB panel or MARP.

Existing direct payments where individuals are being paid more than the agreed hourly rates will be reviewed by PHB panel on a case by case basis. If historical arrangements are approved then this will only be until a new PA is recruited when

CCG agreed rates must be implemented.

If a personal assistant is to be paid the higher complex hourly rate, then details of the tasks being performed will need to be presented to PHB panel for approval.

Complex tasks include those listed below but PHB panel will consider each request for the higher hourly rate on a case by case basis.

- Complex and intense tissue viability needs which require analgesia and ongoing pain and symptom management
- Mechanical and technological intervention is required.
- Medications require significant adjustment by the practitioner according to fluctuating medical conditions or require complicated medication administration regimes/ routes such as intravenous or intrathecal
- There is a mobility risk as a consequence of an underlying medical condition.
- The levels of unpredictability evident or characteristic of the individual's condition and/or behaviour are such that they present an increased risk to the carer or child/young person
- Nutritional requirements necessitate intravenous therapy such as TPN.
- There is a stable airway requiring predictive management such suction, oxygen, nebulisers; or complex respiratory and airway management where airway management is unstable.
- High risk of asphyxiation and/or aspiration requiring clinical intervention
- There is a higher than usual level of risk when providing nutrition e.g. naso-gastric tube.
- Tissue viability – the wound is responsive to treatment.
- Medications, although complex, are predictive and there is service user compliance.
- There are mobility issues for the carer which have been risk assessed.
- There are unstable elimination issues.
- Epilepsy management including the administration of buccal diazepam
- Physical intervention/behavioural management including de-escalation techniques /planning of appropriate social activities that stimulate the individual.
- Bowel care which requires intervention i.e. peristeen or digital stimulation including suppositories or enemas
- Non routine catheter care i.e.supra pubic/utheral problems, administration of bladder washouts that have been prescribed by the Urologist.
- Management of complex autonomic dysreflexia.
- Complex feeding regime i.e. TPN/Peg/NG tube dysphagia requiring SALT input.
- Complex wound management/care of contractures/positioning.

- Use of specialist equipment under the direction of an occupational therapist i.e. hoists/specialist bed/wheelchair/seating etc.
- Care of a ventilator/cough assist machine/tracheostomy/suctioning.
- Monitoring of complex medication regime in association with community team and GP this can include diabetes/pain control and management.

LEVEL OF NEED	INTERVENTIONS (LIST NOT EXHAUSTIVE)	NEEDS (LIST NOT EXHAUSTIVE)
Complex	• Intravenous infusions • TPN • Central lines • Tracheostomy and ventilator support night and day 24/7 • Haemodialysis • Ventilatory support either night or day • Naso pharyngeal suction • Complex Continence care • Dialysis • Medications management complex intrathecal and other routes • Complex tissue viability	• Complex respiratory and airway management where airway management is unstable. • High risk of asphyxiation and/or aspiration requiring clinical intervention. • Long term complex nutritional management. • Life limiting and life threatening conditions requiring immediate response by a trained nurse. • Problematic continence management outside of mainstream services. • Pain and symptom management requiring clinical judgement outside of a prescribed regime for example a seizure management protocol or rescue medication regime. • Manual handling constraints bespoke equipment with clinical risks to the underlying condition. • Palliative-End of life care not met by routine care or input from the General Palliative Care services or district nursing services. • Specialist and frequent dressing requiring analgesia, within a pain and symptom management plan. • Severe communication needs. • Challenging behaviour requiring a specialist behavioural management plan.
Complex (continued)	• Routine tracheostomy and ventilator support night and day 24/7 • Ventilatory support either night or day – oxygen, nebulisers and suction • Non-invasive ventilatory	• Respiratory and airway management- airway is stable and requires predictive management. • Nutritional management predictable but with some risk to the individual when providing

	dependency with stability/predictability • PEG/JEG feeding/dysphagia • Stoma management • Medications management • Naso gastric feeding	nutrition support. • Continence needs requiring routine care • Medication administration to a predictable regime oral/rectal routes- seizure protocol where individual responds to rescue medication. • Tissue viability - non-complex management and wound is responsive to treatment. • Mobility issues within a risk management plan. • Non-invasive ventilation where the individual is unable to apply the mask independently and without prompting
Nursing Level	• Central line management • Parental nutrition • Specialist training to parents, family, carers and assessment of competency • End of life care – requiring qualified nurse • Complex medicines management • Non delegated tasks • Specialist assessment	

6.2 Funding for Personal Assistant Pensions

The CCG is responsible for ensuring that good practice is followed in personal assistant employment, including a pension. The PA rate includes employer on-costs associated with minimum national workplace pension contribution requirements. The minimum rate for employer minimum contributions from 6th April 2019 is 3%.

6.3 Funding for Personal Assistant Redundancy

Personal assistants (other than through an agency or broker) are employees of the service user rather than self-employed, and are entitled to redundancy pay as set out in employment legislation. Employer's liability insurance cover includes personal assistant redundancy. It is expected that a timely claim is made via this route before the CCG will consider funding any redundancy. If the insurance claim does not cover the full redundancy costs the CCG will consider its responsibilities. If there is evidence that the individual or their personal assistant has ignored advice from the CCG or PHB funded support service provider, the CCG reserves the right not to fund redundancy.

6.4 Funding whilst in Hospital

If an individual in receipt of a PHB is admitted to hospital, their PA may be able to continue providing support during the hospital admission period if formally agreed

in writing with the hospital trust. PAs would need to work within their skills and the ward staff would retain clinical responsibility. Often the presence of the PA reduces distress by maintaining continuity of care. Alternatively, if the PA is unable to provide care during the hospital admission the PA would need to be retained under their employment rights so as not to be disadvantaged and to be able to continue providing care once the individual has returned home. A layoff clause should be included in PA employment contracts which allows for a reduction in pay in the case of a hospital admission.

The CCG has a responsibility to ensure that good practice is always followed and in the event that care is unable to be provided during a hospital admission the CCG will adopt the same notice period for as that applied when ceasing funding and will continue to pay for 28 days.

6.5 Training for Personal Assistants

The CCG should include a set amount for training as a one-off and annually within PHBs where this is necessary. The required training should be set out in the individual's care and support plan in conjunction with their CHC specialist practitioner or CYP CC practitioner and competencies should be 'signed off' by the training provider.

Personal assistants will be paid at the lower hourly rate for time spent attending and traveling to and from training. Travel expenses will be reimbursed at the normal HMRC/NHS mileage rate.

It is the responsibility of the employer using a PHB to ensure that their staff's training is up to date and to liaise with their CHC specialist practitioner or CYP CC practitioner if further training or updates are required.

When the PHB is set up and at each PHB review the CHC specialist practitioner or CYP CC practitioner will check that all training has been completed and is up to date. The CCG may request evidence of training certification or completion records.

If it is found that PAs are not appropriately trained and the CCG have concerns regarding the safety of the care being delivered then it may be necessary for a commissioned package of care to be put in place whilst appropriate training is arranged.

PHB recipients should not purchase training that is not specified in their care and support plan and must contact their CHC specialist practitioner or CYP CC practitioner if they feel additional training needs are identified.

If the PHB recipient is employing personal assistants from an agency it is the responsibility of the agency providing the personal assistants to ensure the appropriate training is provided.

Examples are included in the table below of delegated healthcare tasks requiring mandatory training and or client/child specific training.

Category	Delegated Healthcare Task (adults and children)
Elimination	Administration of catheter solution (Bladder washout)
	Assisted intermittent catheterisation
	Suprapubic / urethral catheter care
	Abdominal stoma care
	Bowel Care (e.g. Abdominal massage; digital rectal stimulation; Administration of rectal plug)
	Administration of enema / suppository (e.g. Microlax)
	Trans-anal irrigation (e.g. Peristeen / Quofora)
Medication	Administration / measuring of liquid medication including controlled drugs
	Administration of oral / rectal medication (tablet form) not in a monitored dosage system.
	Prescribed ointments, creams, lotions (e.g. steroid cream)
	Transdermal patches
	Emergency medication— (e.g. Buccal Midazolam / Rectal Diazepam Adrenaline / Nifedipine
	Medications via gastrostomy (PEG/RIG), jejunostomy (j tube)
	Administration of inhalers
	Nebulisers
	Post-operative ear drops
	Post-operative eye drops
	Post-operative nasal spray
	Sublingual spray *(*e.g. Glyceryl Trinitrate*)*
Mobility	Complex moving & handling
	Physiotherapy
	Postural management training

Nutrition	Compromised swallow
	Gastrostomy (PEG/RIG), jejunostomy (J tube) feeding—via pump or bolus syringe
Respiration	Administration of oxygen
	Laryngectomy care (Stoma & prosthesis cleaning)
	Long term ventilation (various modes e.g. continuous positive airways pressure (CPAP) / biphasic positive airway pressure (BiPAP)
	Oral suction (and nasopharyngeal suction if appropriate)
	Tracheostomy care (incl suctioning and emergency tracheostomy change)
	Chest physiotherapy
Surgical Appliances	Application of orthoses and prostheses *(e.g. Miami collar)*
	Compression hosiery
	Thromboembolic Deterrent (TED) stockings
Life Support	Basic life support

Healthcare tasks not routinely delegated (e.g. Fentanyl patch, continuous ambulatory peritoneal dialysis, etc.) require risk assessment by the named clinician who has made the decision to delegate care.

Basic mandatory and statutory training will also be required, some of which will depend on the individual's needs. Further mandatory and recommended training may be identified and will be outlined in the care and support planning.

Skills for Health eLearning by framework: https://www.skillsplatform.org/primary-care-elearning/

- Statutory & Mandatory UK Core Skills
- Conflict Resolution
- Equality, Diversity & Human Rights
- Fire Safety
- Infection Prevention & Control: Clinical
- Infection Prevention & Control: Non-clinical
- Health, Safety & Welfare
- Information Governance

- Moving & Handling
- Patient Moving & Handling
- Safeguarding Adults (levels 1 & 2 available)
- Safeguarding Children (levels 1, 2 & 3 available)

Also for people with challenging behaviour appropriate training will need to be sought

Example from Hampshire Joint PA working group Feb 2019:

6.6 Self-Employed Personal Assistants

For new PHBs the CCG does not allow the use of self-employed personal assistants to support any individual in receipt of a PHB.

For people with existing self-employed PA arrangements (either self-funding or local authority funded via a direct payment) who become CHC or CYPCC eligible these arrangements will need to be reviewed on a case by case basis to confirm self-employed arrangements conform to the relevant legislation. However, due to the nature of care required to be given by the PA if the individual is eligible for NHS CHC or NHS CC, it is unusual for a PA in care to be able to retain self-employed status.

For those individuals eligible for CHC via the Fast Track pathway, NHS England advise that some flexibility can be offered around the employment status of PAs in order that care is not destabilised. The PHB panel will review individual circumstances on a case by case basis.

If the individual stabilises and requires a review Decision Support Tool (DST) then normal PHB rules and regulations would be applied.

This is in line with HMRC and NHS England guidance around the employment status of personal assistants

The employment status of a PA can be confirmed by completing the HMRC online tool.

HMRC will stand by the results of this tool unless the information provided was checked and found to be inaccurate. HMRC will also not stand by results achieved through contrived arrangements, designed to get a particular outcome from the service.

If an employment status is determined as incorrect (by HMRC), individuals and their employers may have to pay unpaid tax and penalties, or lose entitlement to benefits. The CCG will not be liable for payment of any of amounts due.

If it is found that PAs do not meet the criteria to enable them to be self –employed it may not be possible to provide a PHB to support the costs for these PAs due to the legal responsibilities of the CCG. The PHB holder will require the current PAs to become directly employed. If this is not possible then new PAs will need to be recruited or alternative care arrangements will need to be put in place. Alternatively, the CCG can make arrangements to commissioning care in the interim.

6.7 Employing Family Members

The NHS Direct Payments guidance on direct payments for healthcare: understanding the regulations state that:
"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 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 judgements on a case by case basis".

A person's close family members are described in the regulations as:

a) the spouse or civil partner of the person receiving care;

b) someone who lives with the person as if their spouse or civil partner;

c) their parent or parent-in-law;

d) their son or daughter;

e) son- in- law or daughter- in- law;

f) stepson or stepdaughter;

g) brother or sister;

h) aunt or uncle;

i) grandparent; or

j) the spouse or civil partners of (c)- (i), or someone who lives with them as if their spouse or civil partner.

This is most likely to arise where needs are very complex and the family member is familiar with the tasks and associated risks and another individual would not be

able to perform these tasks. The CCG would consider this to only apply in exceptional circumstances; however, it may be considered as a short term measure so that care for the individual is not destabilised while recruitment for PAs is ongoing.

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 e.g. possible loss of carer's allowance and potential emotional strain. The individual will need to demonstrate they understand this and look at ways of mitigating this. Approval from the CCG will need to be sought before using any PHB in this way.

The family member providing care cannot be the direct payment account holder. The family member must be directly employed and adhere to all relevant HMRC legislation.

Where there are financial risks identified, WHCCG reserves the right to insist that a PHB is managed via a third party budget or managed account.

If the individual is assessed to lack capacity and there is no other appropriate representative who could hold the direct payment on their behalf, then the direct payment must be managed via a third party budget.

For those individuals eligible for CHC via the Fast Track pathway, NHS England advise that some flexibility can be offered around the employment of family members. The PHB panel will review individual circumstances on a case by case basis.

If the individual stabilises and requires a review Decision Support Tool (DST) then normal PHB rules and regulations would be applied.

For children 0-17 years of age parents or guardian with parental responsibility or the local authority if they have parental responsibility would be expected to continue to cover the parenting role and responsibilities.

6.8 Employers Liability Insurance - Legal Compliance

It is the responsibility of any employer paying staff through a PHB to ensure that employer’s liability insurance is in place and that the staff training is appropriate to ensure the insurance is valid. The CCG would expect that all personal assistants have an appropriate level of cover (e.g. to include healthcare tasks where relevant) and will add new staff to the policy where required. The insurance should be renewed annually.

It is also the responsibility of the employer to ensure that the personal assistant(s) covered by the employers liability insurance have the appropriate training and competency 'sign off' to ensure the insurance is valid.

The CCG has preferred rates with two insurance providers, and this rate will be used in budget calculations; if a PHB holder wishes to purchase insurance from a different provider then the cost cannot exceed that of the preferred rates.
If a PA is self- employed it is the responsibility of the individual engaging services to ensure that the PAs has the appropriate public liability insurance and clinical indemnity insurance, and is registered with the Care Quality Commission where this would be applicable.

6.9 Her Majesty's Revenue and Customs (HRMC)

The employer is responsible to ensure the staff they employ are registered with Her Majesty's Revenue and Customs (HMRC) who are responsible for the collection of taxes and ensure they are up to date with latest national legislation and guidance.

If staff are self-employed, the CCG would need to see evidence of registration with HMRC – please see section 6.6 for further information.

7 EQUIPMENT AND CONSUMABLES

PHB holders should access statutory provision for all their clinical equipment or wheelchair needs. In exceptional circumstances where bespoke or specialist equipment is required, this can be applied for via the CCG.

7.1 Maintenance/Reasonable Care

The PHB holder will be responsible for servicing and maintaining all equipment bought with funds from the budget. If necessary, funds will be provided as part of the PHB to cover the cost of maintenance. The PHB holder will be responsible for maintaining a record of any servicing and repair of the equipment and provide a copy to the CCG on request.

It is the responsibility of the PHB holder to take reasonable care of the equipment. If the equipment has been contaminated, in a state of disrepair or has been abused, financial recompense will be sought to cover the cost of repair etc.

7.2 Equipment No Longer Required

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

Equipment provided though commissioned equipment services such as the community equipment service or wheelchair service will also remain the property of the CCG and should be returned to the relevant service when no longer required.

7.3 Consumables

The CCG would expect that all options for consumable delivery through commissioned contracts are explored through the individuals care and support plan before agreeing a set cost for this in the PHB.

Where consumables cannot be provided through existing community services or prescriptions, the CCG will discuss with the individual an appropriate weekly amount to be included in the PHB.

The CCG acknowledges that it is a requirement of infection control and health and safety for all employees (carers) to have access to appropriate Personal Protective Equipment (PPE) free of charge and will therefore include appropriate costs for this through the PHB (gloves, aprons etc.) where this is identified in the care and support plan. The Personal Protective Equipment Regulations 2002 and

the Personal Protective Equipment at Work Regulations 1992 (as amended) give the main requirements. Other special regulations cover hazardous substances (including lead and asbestos), and also noise and radiation.

The CCG will include the cost of PPE to assure itself at the sign off process that the package is clinically safe - acknowledging that to practise whilst not wearing PPE would put the individual at risk and potentially others around them. The CCG's policy is that the PHB will cover the cost of consumables equivalent to what an individual receiving a contracted personal care service would receive.

If, however, the PHB holder is using an agency to provide this care then the agency would be expected to supply any consumables required for its staff to carry out these tasks to ensure infection control and health and safety is maintained.

8 GOVERNANCE

8.1 Managing Risk

The CCG is committed to promoting choice, while supporting individuals to manage risk positively, proportionately and realistically. The CCG acknowledges that supporting people to make informed decisions with an awareness of risks in their daily lives enables them to achieve their full potential and to do the things that most people take for granted.

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 CCG requires that any risk is clearly documented with evidence of decision making and rationale in relation to the management and reduction of risk where appropriate or necessary. This will be considered as part of the PHB approval process by the CCG.

Ways of mitigating the risk should be explored with the individual. Depending on the situation and the risk, it may be possible to agree a trial period with the individual that includes more frequent monitoring and reviews.

In some cases, it may be appropriate for PAs to be delegated healthcare tasks in order for care to be delivered in the most person centred and cost effective manner, and it must not be assumed that these tasks cannot be delegated to personal assistants because of concerns over associated clinical risks. Further information and guidance and decision making around this potential can be found via the NHS England website.

8.2 Clinical Risk

Monitoring and reviewing of care and support plans will remain a role for the CHC specialist practitioner or CC practitioner and should be proportionate to needs and risk in the context of the CCG's duty of care and statutory responsibilities.

Reassessment and review will be aligned to care and support plan goals, at a frequency and intensity which is proportionate to vulnerability, risk, need and value. The first review should take place within 12 weeks of the start of the PHB. A review must be held at least once a year. Frequent reassessments and reviews will be a condition of higher risk PHB requests receiving approval.

The care and support plan will be reassessed against the following criteria:

- Whether it meets the assessed personal health and wellbeing outcomes.
- Needs and risks.
- Adherence to commissioning policy. The quality of support and service.
- Changes in individual needs and circumstances.
- Appropriate use of budget.

Intensity and frequency of review/reassessment should be based on the risk assessment conducted for each individual.

8.3 Financial Risk and Record Keeping

Individuals in receipt of a direct payment must keep records to show details of their spending. Individuals are required to retain documentation for seven years in line with HMRC guidelines. The CCG will also require copies of these records for audit purposes.

The frequency of which individuals will be required to provide copies of financial records will be advised by their CHC specialist practitioner or CYP CC practitioner, but the CCG may request this information at any time.

If the individual is employing a PA they will be asked to show that their employers' liability insurance policy is up to date. They may also be asked to show evidence that they are paying tax and national insurance.

Any expenditure outside the agreed care and support plan outcomes or any underspend will be investigated and action taken.

Failure to produce valid records as described above within 4 weeks of a request from the CCG, or repeated failures to meet deadlines for requests for information by the CCG, will mean the individual has breached the direct payment agreement.

In this instance the CCG reserves the right to suspend direct payments pending an investigation. If satisfactory records are not produced the CCG reserves the right to require reimbursement of direct payments which have been paid.

There is an obligation, under The NHS (Direct Payments) Regulations 2013 for WHCCG to consider whether the individual, representative or nominee is capable of taking all reasonable steps to prevent fraudulent use of the direct payment.

- The CCG must advise the individual, representative or nominee of significant potential risks arising in relation to the making of direct payments in respect of the individual , the potential consequences of the risks and any proportionate means of mitigating the risks
- The CCG retains the right to request that part or all of a direct payment to be repaid if there is any evidence that theft, fraud or another offence may have occurred in relation to the payments. This recovery can be recovered as a civil debt but this does not preclude other methods of recovery.

- The CCG may also cease making direct payments if they consider that theft, fraud or another offence may have occurred in connection with the direct payments
- The CCG reserves the right to refer any suspicion of fraud or financial abuse of the direct payment to the Local Counter Fraud Specialist.

9 TRANSITION

9.1 Young people – transition to adults

There will be instances where a young person's family is in receipt of a PHB under Children's Continuing Care (CC) and are now transitioning to adulthood. If the young person becomes eligible for CHC under the adults CHC framework there is an expectation that details of the current care arrangements are provided to the adults CHC team so that the direct payment can be continued past the individuals 18th birthday.

If the young person was previously eligible for Children's CC funding and has been found not eligible under adults CHC framework, the Children's CC case manager would handover to the relevant local authority adults health and care team.

If the young person was previously in receipt of a direct payment from the local authority and has now become eligible for CHC then the CHC practitioner would liaise with the social worker prior to the young person's 18th birthday so that the direct payment can be continued.

If the young person is not eligible for adults CHC but has eligible health needs that are funded under a joint funded arrangement with the local authority and there is a direct payment in place, then it would be expected that this would convert to a PHB.

If a person has a learning disability, mental health and or autism, has been detained in hospital and is being discharged to the community with s117 aftercare, then consideration for a PHB on discharge from hospital will take place during the discharge planning process.

9.2 Transitioning from the Local Authority

Hampshire County Council operates a direct payment banking service on behalf of Adults NHS CHC and Children's CC. Therefore, if an individual is in receipt of a direct payment from the local authority and subsequently found eligible for NHS CHC or CC, the direct payment would continue unaffected.

Any individual with a local authority direct payment, including a managed account are required to sign a direct payment agreement following transition to NHS CHC or Children's CC. A copy can be found:

https://westhampshireccg.nhs.uk/what-is-nhs-continuing-healthcare/useful-documents/

For Children and Young people under NHS Continuing Care the direct payment agreement form is available on request from the Children's complex care team.

A new mental capacity assessment to assess the individual's capacity to consent to a direct payment will also be completed when an individual transitions to Adults CHC from the local authority.

It would be expected that by the time of the three month NHS CHC review that the representative or individual would transfer to the terms and conditions of the CCG's PHB policy.

If the individual (18 years +) is not eligible for NHS CHC but has eligible health needs or is a child or young person (0-17 years of age) eligible for Children's Continuing Care that are funded under a joint funded arrangement with the LA and there is a direct payment in place then it would be expected that this would convert to a PHB**.**

10 PERSONAL HEALTH BUDGET APPEALS AND COMPLAINTS PROCESS

10.1 Appealing a decision

An individual or carer/family/advocate acting on that individual's behalf, wishing to appeal a panel decision will need to confirm this in writing to the relevant CCG.

In such cases the decision will be reviewed by the CCG's Associate Director, NHS Continuing Healthcare & Placements and/or the Director of Nursing. The review of the decision will be clearly documented and shared with the individual or the representative/advocate acting on their behalf.

10.2 Complaints

If an individual has a complaint relating to Personal Health Budgets then please refer to the CCG complaints procedure.

Adults NHS CHC, s117 and Wheelchair PHBs
https://www.westhampshireccg.nhs.uk/make-a-formal-complaint

Children's CC - For CYP CC the complaint must be sent to the CCG related to where the child is a resident, The parents or child should refer to their eligibility letter for this information or contact the CYP Continuing care team.

11 LEGISLATION AND GUIDANCE

There have been a number of guidance and legislation documents published which refer to PHBs. **These can be found at** Appendix four

12 ROLES AND RESPONSIBILITIES

All staff must adhere to this policy.

13 TRAINING

No specific training is required for CCG staff in relation to this policy. Training for personal assistants is covered in Section 6.5.

14 EQUALITY ANALYSIS

Personal Health Budgets are a way of offering patients / clients more choice and control over their care. They are available to all who are eligible, regardless of any protected characteristic.

For those who are eligible for a PHB they will be supported in understanding their options and in setting up a PHB if they wish. Ongoing support options are available for all and will enable those who would not normally be in a position to have a PHB to take up this opportunity.

The completed Equality Impact Assessment in relation to this policy can be found at Appendix 5.

15 SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

An internal audit of processes will be undertaken once the processes are established.

16 REVIEW

This document may be reviewed at any time at the request of either the staff forum or management, or in response to changes in legislation, but will automatically be reviewed after twelve months and thereafter on a biennial basis.

17 GLOSSARY

Acronym	Definition
CCC	Children Continuing Care
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CYP	Children and Young People
DBS	Disclosure and Barring Service
GP	General Practitioner
HMRC	Her Majesty's Revenue and Customs
HR	Human Resources
MHA	Mental Health Act 1983
NHS	National Health Service
NHSE	National Health Service England
PHB	Personal Health Budget
PPE	Personal Protective Equipment
PWB	Personal Wheelchair Budget
SP	Specialist Practitioner

MCA	Mental Capacity Act 2005
MH	Mental Health
LD	Learning Disability
LA	Local Authority

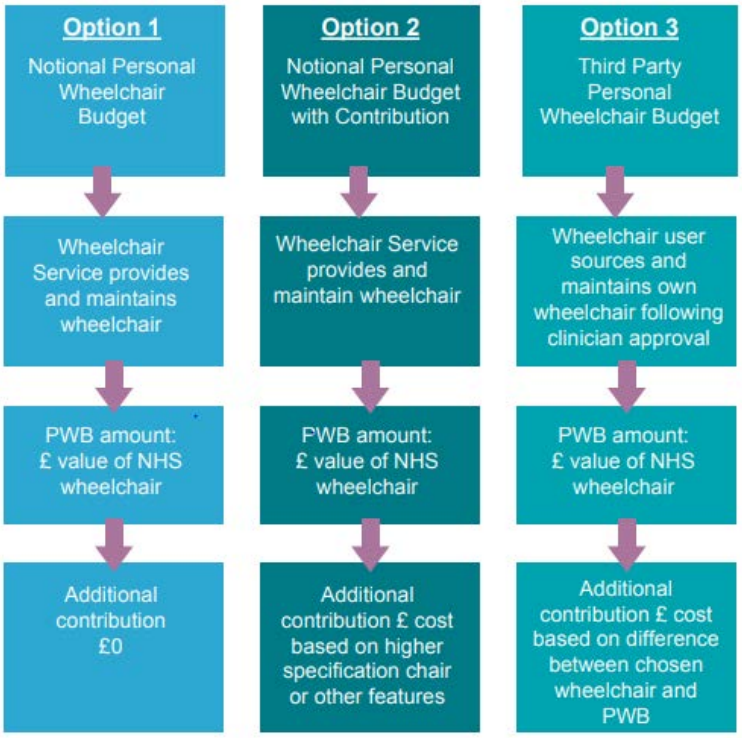
APPENDIX ONE: Personal Wheelchair Budgets (PWB)

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

To ascertain the wheelchair user's eligibility for a PWB the following steps need to be completed:

- Clinical triage and review of the referral to ensure the wheelchair user meets the eligibility criteria of the local NHS wheelchair service.
- Completion of a pre-assessment questionnaire completed by the wheelchair user to establish the health and wellbeing outcomes and goals they wish to achieve. Completion of a personalised assessment undertaken by an appropriately qualified NHS wheelchair service professional clinician working together with the wheelchair user (or their relative / carer) to identify needs and outcomes.
- Development of the prescription for the NHS wheelchair (and accessories) that meets their clinical needs; the wheelchair user will be informed of the cost of this prescription (based on the cost to the NHS)
- The wheelchair user decides upon which personal wheelchair budget option is best for them, and redeems the budget appropriately.

The table below illustrates the options available to the wheelchair user:



Notional Personal Wheelchair Budget

The user accepts the wheelchair (and any accessories) prescribed by the NHS

wheelchair service. The NHS remains the owner of the wheelchair and is responsible for repairs and maintenance. This option provides no cost to the wheelchair user.

Notional Personal Wheelchair Budget (with contribution)
The wheelchair user chooses to upgrade the wheelchair (within the Wheelchair Service range) or add extra features. The NHS contributes the value of the NHS prescribed wheelchair and a contribution is required for the difference. This contribution may come from an integrated package with other agencies such as education, social care, a voluntary or charity organisation, or through self-pay. As per the above option, the NHS remains the owner of the wheelchair and is responsible for repairs and maintenance.

Third Party Personal Wheelchair Budget
The user chooses to use their personal wheelchair budget outside of NHS commissioned services; purchasing the wheelchair from a provider of their choice. With this option all repairs and maintenance for the duration of the wheelchair ownership will be the responsibility of the user. The budget will remain based upon how much it would cost the NHS to provide a wheelchair that meets your clinical needs, plus a contribution towards the repair and maintenance of the chosen wheelchair. If the chosen wheelchair is more expensive than the PWB, a contribution is required for the difference. This contribution may come from an integrated package with other agencies such as education, social care, a voluntary or charity organisation, or through self-pay.

Direct payments are currently not routinely available as an option for managing a standalone personal wheelchair budget. NHS England and the Department of Health and Social Care are currently reviewing existing regulations to establish whether additional contributions are permissible under the Direct Payments in Healthcare Regulations.

For clarity, in all cases PWBs are calculated based on the actual price of NHS provision, based on the cost to the NHS, to meet the individual's mobility needs, and within the mobility provision, the postural and pressure care needs of the service user

PWBs will generally last for 5 years before a reassessment is required unless there are significant changes in the user's clinical condition. Occasionally, a PWB may not be the most appropriate option due to a person's deteriorating medical condition or if they are under 18 years of age and likely to require frequent changes to their chair.

Who owns a wheelchair provided by a personal wheelchair budget?

In line with the original voucher scheme, people who take the third party personal wheelchair budget option become the owner of the equipment, whereas wheelchairs accessed via a notional personal wheelchair budget remain the property of the NHS. However, in all cases the expectation is that appropriate consideration will be given to ownership and responsibilities for repair and maintenance through the personalised care and support planning process, with the decision outlined in the individual's personal wheelchair budget agreement.

It is expected wheelchairs accessed with a notional wheelchair budget, and that are no longer required by the wheelchair user, are returned to the CCG's NHS

Wheelchair service provider. This is to ensure the provider is able to recycle and refurbish wheelchairs wherever economically viable to ensure cost effective and timely provision.

Where there are multiple funding streams involved in the purchase of a wheelchair, the ownership of the wheelchair will be agreed locally on a case by case basis.

APPENDIX TWO: Personalised care – a shift in relationship between health and care professionals and individuals

APPENDIX THREE: Personalised care and support planning – key features

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

Perspective		
The changed relationship and different conversation will mean that the person:		
Is empowered and builds knowledge, skills and confidence.	Experiences hope and feels confident that the process and the plan will deliver what matters most to them.	Is central in developing their Personalised Care and Support Plan and will agree who is involved.
Is seen as a whole person within the context of their whole life, valuing their skills, strengths, experience and important relationships.	Is valued as an active participant in conversations and decisions about their health and wellbeing.	

Process		
A good personalised care and support planning process will mean that the person:		
Has the time and support to develop their plan in a safe and reflective space.	Is able to access information and advice that is clear and timely and meets individual information needs and preferences.	Feels prepared, knows what to expect and is ready to engage in planning supported by a single, named coordinator.
Is listened to and understood in a way that builds trusting and effective relationships with key people.	Is able to agree the health and wellbeing outcomes (and learning outcomes for children and young people with education, health and care plans) they want to achieve, in dialogue with the relevant health, education and social care professionals.	Has the chance to formally and informally review their personalised care and support plan.

Plan		
A personalised care and support plan:		
Is a way of capturing and recording conversations, decisions and agreed outcomes in a way that makes sense to the person.	Should be proportionate, flexible, innovative, coordinated and adaptable to a person's health condition, situation and care and support needs.	Should include a description of the person, what matters to them and all the necessary elements that would make the plan achievable and effective.

APPENDIX FOUR: Legislation and Guidance

Personal Health Budgets are covered by the following legislation and guidance:

NHS Next Stage Review: High quality care for all (Department of Health 2008) outlined plans for personal health budgets.

Care Act 2014

Health Act (2006) allowed selected Primary Care Organisation sites to pilot direct payments.

High quality care for all: The operating framework for the NHS in England 2009/10 outlined NHS priorities such as better access, reduced inequalities, partnership working in delivering personalised care, and supporting individual contributions to improvement and shaping high quality provision.

National framework for NHS continuing healthcare and NHS funded nursing care

National Health Service (Direct Payments) (Amendment) Regulations 2013

Human Rights Act (1998) including Article 8 Right to respect for private and family life, and Article 14 Prohibition of discrimination.

The General Data Protection Regulation 2016/679 is a regulation in EU law on data protection and privacy.

The Carers (Equal Opportunities) Act (2005) ensures that carers are able to take up opportunities that people without caring responsibilities often take for granted.

The Mental Capacity Act (2005) The need to apply the Mental Capacity Act features strongly in self-directed support where they may be concerns about individuals who appear to lack the mental capacity to manage their own money and/or the ability to make decisions about their care.

The Equality Act 2010 replaced previous anti-discrimination laws with a single Act.

Five Year Forward View

Guidance on Direct Payments for Healthcare: Understanding the regulations

National Framework for Children and Young People's Continuing Care

NHS Mandate 2016/17

The Special Educational Needs and Disability Code of Practice: 0-25 years (statutory guidance for commissioners)

Special Education Needs (Personal Budgets) Regulations 2014

APPENDIX FIVE: Equality Impact Assessment

Title of policy, project or proposal:
Personal Health Budget (PHB) Policy
Name of lead manager: Julie Addicott / Lara Blake
Directorate: NHS Continuing Healthcare
What are the intended outcomes of this policy, project or proposal?
To outline the PHB service offering available to eligible individuals.

Evidence
Who will be affected by the policy, project or proposal?
Identify whether individuals, carers, communities, CCG employees, and/ or NHS staff are affected.
This policy will affect any individual who is eligible for a personal health budget.
Age
Consider and detail (including the source of any evidence) the impact on people across the age ranges.
There is no age restriction for a PHB.
Disability
Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.
There is no restriction on offering a PHB based on disability. PHBs provide disabled people with more choice and control over their care. Support in setting up and managing a PHB would be offered to those who have additional needs to ensure the opportunity is available to all who are eligible.
Dementia
Given the CCGs commitment to commissioning 'Dementia Friendly' services, consider and detail any impact on people living with dementia.
Those with dementia are able to have a PHB if they are eligible. The PHB would be managed by a representative or third party and various support options are available.
Gender reassignment (including transgender)
Consider and detail (including the source of any evidence) the impact on transgender people. Issues to consider may include same sex/ mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other individuals.
PHBs are available to all who are eligible. There is no impact on transgender people.
Marriage and civil partnership
Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time

working, infant caring responsibilities).
N/A

Pregnancy and maternity

Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.
N/A

Race

Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of west Hampshire this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries.

Relevant support would be provided to ensure that all individuals are able to take up the offer of a PHB if they are eligible. This will also have been considered as part of the Continuing Healthcare assessment process.

Religion or belief

Consider and detail (including the source of any evidence) the impact on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

No impact for PHBs. This will have been considered as part of the Continuing Healthcare assessment process.

Sex (gender)

Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).
PHBs are available to all who are eligible regardless of sex.

Sexual orientation

Consider and detail (including the source of any evidence) the impact on people who are attracted towards their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual and bisexual people).

PHBs are available to all who are eligible regardless of sexual orientation.

Carers

Consider and detail (including the source of any evidence) the impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as they are protected by discrimination by association law), but you should also consider parent/ guardian(s) of children under 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues, they may have to work part-time or certain shift-patterns, or face barriers to accessing services.
No impact

Serving Armed Forces personnel, their families and veterans

The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

No impact

Meeting psychological needs

The CCG is working to improve how services meet the psychological needs of individuals. This recognises that an individual's experience of disease or illness, and/or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.

Do you have evidence of additional or unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of individuals and carers. This might include staff training in Mental Health First Aid, signposting individuals to sources of mental wellbeing support, provision of peer support or psychological therapy.

Psychological needs will have been assessed as part of the CHC assessment process.
Individuals will be support through the PHB process by their dedicated Specialist Practitioner.
Various support options are available to help clients manage their PHB.

Other identified groups

Consider and detail (including the source of any evidence) the impact on any other identified groups. Given the demography of west Hampshire this should include impact of:

- Poverty

- Living in rural areas

- Resident status (migrants and asylum seekers).

There is no negative impact on these groups, only positive. PHBs give individuals more choice around their care and providing additional opportunities outside of the normal commissioned care options. Further work is ongoing around access to carers and personal assistants in care which will improve opportunities for those living in rural areas in accessing services.

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs

How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Representatives with lived experience of CHC and PHBs have been involved in the PHB project from the outset, supporting with the design of documentation and processes.

How have you involved/ will you involve stakeholders in testing the policy, project or proposals?

Representatives with lived experience of CHC and PHBS have been given the opportunity to review and feedback on the policy prior to its submission to relevant CCG committees.

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

PHBs are a way of offering individuals/clients more choice and control over their care. They are available to all who are eligible, regardless of any protected characteristic.
For those who are eligible for a PHB they will be supported in understanding their options and in

setting up a PHB if they wish. Ongoing support options are available for all and will enable those who would not normally be in a position to have a PHB to take up this opportunity.

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

The PHB offer for those individuals eligible for Continuing Healthcare provides an opportunity for more control and choice and evidence shows the positive impact this can have on an individual's health and wellbeing. PHBs are offered to all who are eligible, regardless of any protected characteristic and there are various support options available to those who may have additional needs in order that they are able to take up this offer.

Negative impacts

Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this ***must be*** *outlined.*

No negative impact.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

No health inequalities. Those with PHBs are more likely to have improved health outcomes.

Action planning for improvement, and to address health inequalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)

For your records

Name(s) of person who carried out this assessment:

Date assessment completed: 24.1.20

Date to review actions: N/A

Name of responsible Director: Ciara Rogers

Date assessment was approved: