NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Personal Health Budgets Policy

Shaping better health

Please complete the table below:	
Policy ref no:	70
Responsible Executive Director:	Rosi Shepherd, Director of Nursing and Quality
Author and Job Title:	Lee Colwill, Head of Funded Care Business
Date Approved:	1 February 2022
Approved by:	BNSSG CCG Governing Body
Date of next review:	1 February 2023

Policy Review Checklist

	Yes/ No/NA	**Supporting information**
Has an Equality Impact Assessment Screening been completed?	Yes	Attached separately
Has the review taken account of latest Guidance/Legislation?	Yes	18/5/2021 – Final review by Bevan Brittan.
Has legal advice been sought?	Yes	18/5/2021 – Final review by Bevan Brittan.
Has HR been consulted?	Yes	24/06/2021 – via Corporate Policy Review Group
Have training issues been addressed?	Yes	24/06/2021 – via Corporate Policy Review Group
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by Staff Partnership Forum?	N/A	
Are there financial issues and have they been addressed?	No	
What engagement has there been with patients/members of the public in preparing this policy?		Development of the policy has been disrupted by the pandemic, which has reduced opportunities for consultation and public involvement in its

	Yes/ No/NA	Supporting information
		development.
Are there linked policies and procedures?	Yes	CHC Adults Operational Policy CYP Operational Policy CHC Adults Commissioning Policy
Has the lead Executive Director approved the policy?	Yes	
Which Committees have assured the policy?		Corporate Policy Review Group Funded Care Delivery Group
Has an implementation plan been provided?	N/A	Not required.
How will the policy be shared with	Yes	The policy will be added to the CCG's website. New CHC and CYP eligible cases will be signposted at the point of eligibility to the policy. Consider – writing to all existing CHC/CYP cases to inform them of the policy
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	N/A	
Has a DPIA been considered in regards to this policy?	N/A	
Have Data Protection implications have been considered?	Yes	24/06/2021 – via Corporate Policy Review Group

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Personal Health Budgets Policy

1 Introduction

A Personal Health Budget ("**PHB**") is an amount of money to support a person's identified health and wellbeing needs, which is planned and agreed between the person, their representative, or, in the case of children, their families or carers and their local NHS team. It is not new money, but money that would normally have been spent by the NHS on a person's care being spent in a more flexible way to meet the identified needs of the person.

1.1 BNSSG CCG Values

This policy contributes to the values of the organisation by ensuring that the CCG meets its responsibilities around PHBs and in doing so offers flexibility, choice and control for individuals' to meet their health and wellbeing needs. The policy will support the CCG to act with integrity, strive for excellence, and ensure we do the right thing.

2 Purpose and scope

This document sets out the policy and practice guidance developed to ensure a consistent and transparent approach is applied to the development, approval, delivery and oversight of PHBs for Eligible Persons (see definition in section 7 below).

This policy applies to NHS Bristol, North Somerset and South Gloucestershire CCG (the "**CCG**") and anyone providing support to the CCG in its commissioning function including all staff employed directly or indirectly by the CCG; anyone providing health and care services; patients (adults or children) registered with a BNSSG CCG GP member who is eligible for a PHB (or other patients for which the CCG is responsible) and their carers/representatives.

3 Duties – legal framework for this policy

The CCG is subject to a duty to ensure it is able to arrange for a Relevant Health Service (see definition in section 7 below) to be provided by means of a PHB.

This policy has been prepared by the CCG to ensure it will meet its core statutory duties as derived from The National Health Service Commissioning Board and

Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012.[1]

4 Responsibilities and Accountabilities

4.1 Executive Management Team

It is the role of the CCG Executive Management Team to define CCG policy in respect of PHBs, taking into account legislative and NHS requirements. The Executive Management Team is also responsible for ensuring that sufficient resources are provided to support the requirements of the policy.

4.2 The Funded Care Team

The Funded Care Team is based within the Nursing and Quality Directorate in the CCG and is responsible for the day to day delivery of PHBs for individuals in receipt of NHS Continuing Healthcare ("**CHC**"), Children and Young People's Continuing Care ("**CCC**"), and Section 117 aftercare.

The Funded Care Team's core responsibilities in respect of PHBs include:

- Assessing eligibility for CHC and CCC
- Providing Eligible Persons with information, advice and support to assist them in deciding whether to request a PHB
- Setting indicative budgets for PHBs, providing approval of the PHB care plan and ensuring the Eligible Person has the right support to set up the PHB.
- Making payments to PHB holders in receipt of a direct payment, or to a third party in the case of a managed PHB.
- Undertaking clinical and financial reviews of PHBs
- Managing the appeals process where the CCG has refused (a) a request for a PHB, or (b) for a PHB to be delivered via a direct payment, or (c) part of a PHB Care Plan.

4.3 CHC and CCC Nurse Assessors

CHC and CCC Nurse Assessors work within the Funded Care Team and have a primary responsibility for assessing eligibility for CHC and CCC and providing care coordination for individuals found eligible.

In supporting the delivery of PHBs the CCG's Nurse Assessors provide information, advice and support and are the initial point of contact for any Eligible Person wishing

[1] National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012/299
https://www.legislation.gov.uk/uksi/2012/2996/contents/made

to take up the option of a PHB. The Nurse Assessors aid PHB holders in exploring care and support options and undertake periodic clinical reviews.

4.4 Funding Panels

Depending on the complexity of a proposed PHB it may be necessary to seek authorisation via a funding panel e.g. Complex Case Panel, or Children and Young People's Complex Care panel. This would happen before the PHB moves into the care and support planning process.

A funding panel is responsible for ensuring that the CCG is giving due consideration to the balance of complexity, risk and cost in potentially highly complex PHBs.

Funding panels will also consider any requests to increase funds for personal assistant/carer hours or equipment for holidays.

4.5 Bristol Centre for Enablement

The Bristol Centre for Enablement is operated by North Bristol NHS Trust and is commissioned by the CCG to deliver specialist wheelchair services. The Centre provides wheelchairs and wheelchair seating for long-term mobility needs, including manual and powered wheelchairs, this includes assessment, provision of a wheelchair or cushion and on-going equipment maintenance.

The Bristol Centre for Enablement is responsible for delivering Personal Wheelchair Budgets ("**PWB**") for Eligible Persons on behalf of the CCG.

4.6 PHB Budget Holders

The level of responsibility that a PHB Budget Holder is required to take depends on how the PHB is being delivered, e.g. a Direct Payment PHB holder is choosing to take a greater control over the PHB, and as an employer therefore accepts a greater level of responsibility. Conversely the responsibilities of a person in receipt of a notional PHB will be different, as the CCG will take the lead role in arranging the care and support detailed within the care plan.

At a core level PHB Holders are responsible for ensuring that their PHB is only used to purchase care, items or activities agreed in their PHB Care Plan, or set out in their signed PHB User Agreement.

4.7 Nominated Representatives

If an Eligible Person aged 16 or over who is receiving care has capacity, but does not wish (for whatever reason) to receive direct payments themselves, they may nominate someone else to receive them on their behalf.

The nominee is responsible for fulfilling all the responsibilities of someone receiving direct payments. Further information on the role of nominees in PHBs in included in section 16.

5 Definitions/explanations of terms used

Clinical Commissioning Group – CCGs commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided.

NHS Continuing Healthcare – CHC is a package of care arranged and funded solely by the NHS for a person aged 18 or over to meet physical or mental health needs which have arisen as a result of a disability, accident or illness.

Children and Young People's Continuing Care – CCC is part of a package of care which is arranged and funded by a relevant body for a person aged 17 or under to meet needs which have arisen as a result of a disability, accident or illness where these cannot be met from existing universal or specialist health services alone.

Section 117 Aftercare – Section 117 Aftercare is a package of care, which is arranged and funded by a relevant body for a person to whom section 117(1) of the Mental Health Act 1983 applies.

NHS Wheelchair Services – NHS Wheelchair services are arranged and funded by a relevant body for a person with a medically recognised long-term disability, where their health and wellbeing requires a wheelchair or specialist buggy to carry out normal day-to-day activities.

6 What is a PHB and how can it be managed?

The aim of a PHB is a way of providing more personalised care and means tailoring services and support for people to enable them to have choice, control and flexibility over their care. PHBs are one way of helping people to be more involved in discussions and decisions about their care, and they can be suitable for Eligible Persons of all ages, with physical or mental health conditions, or both.

A PHB can be managed in three ways, or a combination of these:

- **Notional budget** – the CCG is responsible for holding the budget and using it to arrange and secure the agreed care and support based on the outcome of discussions with the Eligible Person, their representative, or, in the case of children, their families or carers.

- **Third party budget** – an organisation independent of both the Eligible Person and the CCG (for example an independent user trust or a voluntary organisation) is responsible for and manages the budget on the Eligible Person's behalf and arranges support by purchasing services in line with the agreed PHB Care Plan (see definition below at section 4).
- **Direct payment**– where money is transferred to the Eligible Person or their representative, or, in the case of children, families or carers, to into a dedicated bank account and takes responsibility for purchasing the agreed care and support.

A Personal Wheelchair Budget is another form of a PHB. A PWB can be managed in the following ways:

- Notional personal wheelchair budget - this is where the Eligible Person chooses to use their PWB within NHS commissioned services and the service purchases and provides the chair. This also offers the option of contributions to the PWB to enhance the wheelchair people can access. This contribution can come from an integrated package with other agencies such as education, social care, a voluntary or charity organisation or through self-pay.
- Traditional third-party PHB - this is where an organisation, legally independent of the NHS and the Eligible Person, holds the money and manages the budget. This could include provision of a wheelchair as part of a wider package of support.
- Direct payment - this is where the budget holder holds the money in a bank account and takes responsibility for arranging the care and support and supply of any equipment in line with the agreed PHB Care Plan.

Please note, direct payments for this type of budget are not currently routinely used and will be considered by the CCG on a case by case basis. Where a direct payment is requested it would either need to meet the whole cost of the wheelchair or be part of an integrated package where a clear health and wellbeing outcome is demonstrated.

Please see section 9 below for more information on PWBs.

7 Eligibility for a PHB

7.1 Who can have a PHB?

Eligible Persons i.e. those persons who are eligible for a Relevant Health Service have a right to a PHB. Relevant Health Services are:

i. NHS Continuing Healthcare;

ii. Children and Young People's Continuing Care
iii. Section 117 after-care; and
iv. Wheelchair Services.

Where an Eligible Person is already in receipt of a Relevant Health Service and there is no proposed change to the package of care and the Eligible Person will continue to access services in the same way, the Eligible Persons and their representatives may take up their right for a PHB when their package is reviewed or when a new assessment is needed. An Eligible Person may also make a request for a PHB outside of these processes. The CCG will give due consideration to any request made.

The CCG may, at its absolute discretion, offer PHBs to persons who are not receiving Relevant Health Services but may benefit from a PHB, for example, where persons have fluctuating conditions or young people in transition.

There may be some exceptional circumstances when the CCG considers that a PHB is inappropriate. Guidance from NHS England states:

> *"There may be some exceptional circumstances when a CCG considers a personal health budget to be an impracticable or inappropriate way of securing NHS care for a person. This could be due to the specialised clinical care required or because a personal health budget would not represent value for money as any additional benefits to the individual would not outweigh the extra cost to the NHS."*[2]

Any decision not to provide a PHB to an Eligible Person will be made on a case by case basis.

The CCG will clearly set out in writing to the Eligible Person or their representative the rationale for its decision, and will offer the right of appeal, where additional information or justification can be provided to demonstrate that a PHB would be suitable (please see the appeal process at section 11 below).

7.2 Exclusions for PHBs

PHBs are not suitable for all types of healthcare and some persons are specifically excluded from receiving direct payments including:

i. offenders on a community order or suspended sentence;

ii. offenders on a community rehabilitation order;

[2] NHS England » Guidance on the legal rights to have personal health budgets and personal wheelchair budgets

iii. offenders released from prison on licence;

iv. people with drug or alcohol dependency who are subject to compulsory treatment orders, drug treatment and testing orders; and

v. youth offenders who are subject to drug and intoxicating substance treatment and testing orders.

Whilst the Direct Payment Regulations[3] refer specifically to direct payments, the PHB Guidance[4] provides that for consistency and good practice, the exclusions should be applied to all types of PHBs. The CCG will therefore not consider requests from excluded persons as set out above.

Where an individual is excluded from receiving a PHB it does not mean that the individual is also excluded from receiving support to meet their assessed needs. This support will still be identified in partnership between the CCG and the individual and developed in a personalised way.

The CCG will not generally use a PHB to pay for care and support services that have already been commissioned by the NHS that a person will continue to access in the same way whether they have a PHB or not.

8 Key Principles

There are six key features of a PHB that ensure people experience the best outcome possible. The Eligible Person (or their representative) must:

1. Be central in developing their personalised care and support plan (a "**PHB Care Plan**") and agree who is involved;

2. Be able to agree the health and wellbeing outcomes (and learning outcomes for children and young people with education, health and care plans ("**EHCPs**") they want to achieve, in dialogue with relevant health, education and social care professionals;

3. Know upfront how much money they have for their healthcare and support;

4. Have enough money in the budget to meet the health and wellbeing needs and outcomes agreed in the PHB Care Plan;

[3] https://www.legislation.gov.uk/uksi/2013/1617/contents/made
[4] guidance-on-the-legal-rights-to-personal-health-budgets.pdf (england.nhs.uk)

5. Have the option to manage the money as a direct payment, a notional budget, a third-party budget or a mix of these approaches; and

6. Be able to use the money in the budget to meet their outcomes in way and at times that makes sense to them, as agreed in their PHB Care Plan.

Additionally, evidence shows that better outcomes are achieved where:

- There is clear information about PHBs, tailored to people's needs;
- There is access to independent advice from brokers, voluntary organisations, direct payment support services and peer network;
- The Eligible Person knows how much money they have to spend on their care before care planning and are given control of their budget;
- The Eligible Person is given a high degree of flexibility and choice to spend their budget on services that make sense to them, which may include services not traditionally provided by the NHS; and
- PHB Care Plans cover all areas of the person's life, including their aspirations, wishes and needs and adopt a positive approach to managing risk.

Other key principles include:

1. Upholding NHS principles and values – the personalised approach must support the principles and values of the NHS as a comprehensive service which is free at the point of use, as set out in the NHS Constitution. It should remain consistent with existing NHS policy, including the following principles:

- individuals and their carers/representatives should be fully involved in discussions and decisions about their care using easily accessible, reliable and relevant information in a format that can be clearly understood;
- no one will ever be denied NHS treatment as a result of having a PHB;
- having a PHB does not entitle someone to additional or more expensive services, or preferential access to NHS services;
- in nearly all cases, individuals cannot add their own money into a PHB as the PHB should meet all of their identified health and wellbeing needs. There are some very limited exceptions to this rule e.g. people accessing wheelchairs.
- there should be efficient and appropriate use of current NHS resources.

2. Quality – safety, effectiveness and experience should be central to the development of a PHB. The wellbeing of the individual is paramount. Access to a PHB will be dependent on professionals and the individual agreeing a PHB Care Plan that is safe and will meet agreed health and wellbeing outcomes. There should be transparent arrangements for continued clinical oversight, proportionate to the needs of the individual and the risks associated with the care package.

3. *Tackling inequalities and protecting equality* – PHBs and the overall movement to personalise services could be a powerful tool to address inequalities in the health service. A PHB must not exacerbate inequalities or endanger equality. The decision to set up a PHB for an individual must be based on their needs, irrespective of race, age, sex, disability, sexual orientation, marital or civil partnership status, gender reassignment, religion or belief or a lack of the requisite mental capacity to make decisions regarding their care.

4. *PHBs are purely voluntary* – agreeing a PHB is a collaborative process which provides flexibility for the individual who can choose how much control they have over how the services are arranged.

5. *Making decisions as close to the individual as possible* - appropriate support should be available to help all those who might benefit from a more personalised approach, particularly those who may feel least well served by existing services / access, and who might benefit from managing their budget.

6. *Partnership* - personalisation of healthcare embodies the principal of co-production. This means individuals working in partnership with their family, carers and professionals to plan, develop and procure the services and support appropriate for them. It also means CCGs, local authorities and healthcare providers working together to utilise PHBs so that health, education and social care work together as effectively as possible.

The CCG is committed to promoting patient choice, while supporting individuals to manage risk positively, proportionately and realistically. In keeping with good practice, health care professionals should support and encourage choice as much as possible and keep individuals informed in a positive way, of issues associated with those choices and how to take reasonable steps to manage them.

The CCG is committed to giving individuals more choice and control over their healthcare, including the use of PHBs, but must balance this with its financial obligations to the whole population. The CCG also has a duty to consider its financial responsibilities to commission services for the wider local population when making decisions about whether to fund specific care packages or treatment.

The CCG will ensure that as far as possible, it commissions healthcare in a manner that reflects the choice and preferences of individuals, whilst balancing between patient choice, safety, sustainability and the effective use of finite NHS resources.

9 Personal Wheelchair Budget

A PWB is a scheme offered to provide a wider choice for wheelchair users and is delivered on behalf of the CCG by the Bristol Centre for Enablement[5].

Individuals eligible for a wheelchair and related seating are defined as those meeting the following criteria:

- Has limited mobility – with a long term restriction of walking ability (over six (6) months); Long-term need for a wheelchair, i.e. 6 months or more; and
- Has a permanent need for a wheelchair and will expect to use the equipment on a regular basis as at least 4 days a week or more than one (1) hour; and
- Is registered to a GP in the area covered by the wheelchair and Special seating service.

Where a person presents with a significant unmet postural and mobility need under the six (6) month period, the CCG may, at is absolute discretion, provide a PWB if it is clinically appropriate and the person meets the local eligibility criteria (as set out above).

An assessment by a clinician at the Bristol Centre for Enablement will involve discussion with the Eligible Person to identify what the person wants to achieve with their wheelchair. If the clinician identifies that a new wheelchair is required the Eligible Person will be prescribed an NHS Wheelchair and will be told the cost of this provision, and this is the PWB. As part of the scheme the Eligible Person also has the option to put their budget towards the purchase of equipment outside of the NHS range, or purchase additional accessories the service is not funded to provide.

Further information on Wheelchair & Special Seating is available by contacting the Bristol Centre for Enablement on 0117 4144 900 or by email at: wheelchairs@nbt.nhs.uk

10 Overview of the CCG's PHB process

The key stages of the PHB process are:

10.1 Publicity and promotion

Upon a person becoming eligible for CHC or CCC they will have a right to ask for a PHB. The Funded Care Team will send an eligibility letter to the Eligible Person (or their nominee or representative) and information around their care and support options will be provided which will include the option of a PHB.

[5] https://www.nbt.nhs.uk/bristol-centre-enablement/referral-centre/wheelchair-special-seating-referral

For individuals eligible for Section 117 Aftercare this communication will be from the lead commissioning organisation supporting the individual, which may be the CCG or the relevant Local Authority.

For wheelchair services, communication will be via the Bristol Centre for Enablement, which is the CCG's commissioned provider of NHS wheelchair services.

Alternatively, when an Eligible Person already receiving an existing package in respect of Relevant Health Service(s) is reviewed and continues to be eligible, information around their care and support options will be provided by the Funded Care Team (including the option of a PHB).

Information about PHB's can be found on the CCG's website[6].

10.2 Information, advice and support:

The Eligible Person (or their nominee or representative) will be provided with information, advice and support to assist them in deciding whether to request a PHB.

Eligible Persons who are in receipt of CHC or CCC will have an allocated Nurse Assessor from the Funded Care Team who will be their point of contact to support them (or their nominee or representative) during the PHB process.

10.3 Request

The Eligible Person (or their representative, or, in the case of children, their families or carers) may make a request for a PHB which will be considered by the Funded Care Team.

10.4 CCG to consider the request for a PHB:

The Funded Care Team will consider the request for a PHB and make a decision as to whether the request will be granted taking into account all the specific circumstances of the case.

10.5 Health Care needs assessment

The PHB process for most people will begin following an assessment that has agreed eligibility for CHC, or CCC. The processes followed for CHC and CCC eligibility decisions are set out in two National Frameworks:

- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2018 (Revised)[7]; and

[6] https://bnssgccg.nhs.uk/health-advice-and-support/personal-health-budgets/
[7] National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK (www.gov.uk)

- National Framework for Children and Young People's Continuing Care 2016[8].

In line with Special Education Needs and Disability ("**SEND**") reforms, children who are eligible for CCC funding will be supported to have the health part of their support provided in this way, as part of an EHCP.

Individuals in receipt of Section 117 aftercare will not have an eligibility assessment in the way described above, and will most likely have their aftercare needs discussed and agreed ahead of discharge from hospital. More information on Section 117 aftercare eligibility can be found on the NHS England website[9].

10.6 Indicative budget setting

The indicative budget will be used to inform the care and support planning process. The Funded Care Team will set the indicative budget based on its understanding of the Eligible Person's identified health and wellbeing needs from the applicable assessment(s) for the Relevant Health Service(s) and such other assessments as considered appropriate in the circumstances. The purpose of the indicative budget is to understand from the outset how much money is available for a person to meet their care needs. The indicative budget amount is not final at this stage and a final budget will be confirmed once the PHB Care Plan, as agreed with the Eligible Person or their representative, has been signed off by the Funded Care Team.

Indicative budgets will be set on a case-by-case basis to ensure each PHB has sufficient funds to meet an Eligible Person's identified health and wellbeing needs. Depending on the level of an indicative budget, it may be necessary to seek authorisation via a funding panel e.g. Complex Case Panel, Health Panel, Children and Young People or Joint Funding panel. This would happen before the PHB moves into the care and support planning process.

10.7 Care and support planning

All Eligible Persons who have a PHB will have a PHB Care Plan. The PHB Care Plan will be co-produced in partnership between the Eligible Person, their representative, or, in the case of children their families or carers, the Eligible Person's care co-ordinator, and an independent agency (where applicable), or a combination of these. The expectation is that all PHB Care Plans will be highly personalised, and will be based on the health and wellbeing outcomes identified in the Eligible Person's relevant assessments.

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[8] Children and young people's continuing care national framework - GOV.UK (www.gov.uk)
[9] Mental health aftercare if you have been sectioned - NHS (www.nhs.uk)

10.8 Approval of the PHB Care Plan

All proposed PHBs will be considered by the Funded Care Team and will require evidence that proposed costs (including contingency costs) are reasonable and appropriate in relation to the identified health and wellbeing outcomes prior to approval. This is to provide robust governance processes, to ensure that the PHB Care Plans are clinically safe, meet the needs of the individual, and take into account the obligations of the CCG to manage its funds in such a way that care is available to the CCG's population. This process includes reviewing, agreeing and signing off the PHB Care Plan which includes a risk identification and management plan.

There may be occasions when the Funded Care Team agrees to some elements of the care being requested, but not others. For example, this may be the case where the Funded Care Team assesses that a person would be at significant risk if elements of the care were replaced with alternative approaches. When refusing an element of a PHB Care Plan, the Funded Care Team will give reasons why this decision has been made. If a part of the PHB Care Plan is refused, the Funded Care Team will make every effort to work in partnership with the individual, their representative or nominee (or in the case of children, their families or carers) to ensure their preferences are considered and taken into account as part of the process. A review of a decision of this kind can be requested (see section 11). In the meantime, the Funded Care Team may look to arrange an interim care package that meets the identified health and wellbeing needs of the individual, and continue to work with the individual to try and reach agreement around the PHB Care Plan.

10.9 Setting up the PHB

The Eligible Person or their representative will be informed once the PHB has been approved and provided with information around set up. The Eligible Person or their representative will be required to enter into an agreement with the CCG (a "**PHB User Agreement**"). If the PHB is to be paid as a direct payment, the PHB User Agreement will confirm that the PHB will be spent in accordance with the Direct Payment Regulations.

The PHB User Agreement will set out how the PHB is to be spent, as agreed between the Eligible Person (or their representative or nominee) and the CCG. An example PHB User Agreement can be found at Appendix 1.

Support to holders of PHBs is available from an independent agency (Partner2Care) to recruit appropriately trained staff and to ensure all staff have the appropriate safety checks in place. Additionally the agency provides support with contracting and payroll functions.

10.10 Monitoring and review

A Nurse Assessor from the Funded Care Team will complete regular reviews to ensure that an Eligible Person's PHB Care Plan continues to meet their identified health and wellbeing needs (i.e. a clinical review). The Funded Care Team will also carry out financial reviews.

10.10.1 Clinical reviews

The CCG retains a duty to ensure that the Eligible Person's assessed needs are met safely.

An initial clinical review will be undertaken within three (3) months of a PHB being approved and implemented. Following the initial review, clinical reviews will be completed at least annually thereafter or more frequently as necessary.

In respect of section 117 aftercare, the care package will be reviewed in line with the frequency of an individual's care programme approach.

As set out above, clinical reviews may need to take place sooner or more frequently if the Funded Care Team becomes aware, for example, that:

- the health needs of the Eligible Person have changed significantly;
- the PHB Care Plan is not being followed or expected health outcomes are not being met;
- the Eligible Person, their representative or their nominee make a reasonable requests for a review; or
- if concerns are raised, such as safeguarding or fraud.

It should be made clear under the PHB Care Plan who the PHB budget holder should contact to discuss changes to their PHB should their needs change. In most cases, the care co-ordinator will be best placed to undertake this role.

10.10.2 Financial reviews

The Funded Care Team will monitor transactions on the PHB account on a regular basis with the purpose of ensuring good financial management. The Eligible Person or their representative or nominee will be required to cooperate fully with any reviews or assessments the CCG conducts.

Spend on the accounts will be reviewed three (3) monthly, unless the Funded Care Team has reason to believe there is misspend on the account at which point it will request rationale for spend that appears to be outside the parameters of the PHB Care Plan and/or PHB User Agreement.

PHBs paid via direct payments will reviewed by the Funded Care Team by requesting and reviewing bank statements. For PHBs paid via a pre-paid card, the

Funded Care Team will review the transactions by logging into the bank account system. For individuals receiving their PHB via a support agency, the Funded Care Team will request account statements. Where transactions do not meet the agreed and identified outcomes, the Funded Care Team will request evidence of spend to assure itself there has not been misspend on the account.

The CCG commits to including in the budget an amount of funding to cover for contingencies which will be determined at the start of the PHB. The amount considered reasonable will be determined on a case by case basis by discussion between the Funded Care Team and the PHB budget holder. The Funded Care Team will always write to individuals to advise that a surplus in excess of the agreed contingency has accrued following a financial review and request these funds are returned, except where a known expenditure is pending. For individuals receiving their PHB via Partner2Care, the Funded Care Team will automatically reclaim any surplus funds where an account balance is greater than 2 months' of PHB budget.

10.11 Interim Arrangements

There may be circumstances where interim arrangements are necessary, for example to expedite discharge from hospital or where there is an urgent need for a care package. The Funded Care Team will work with the Eligible Person or their representative to agree long term arrangements.

11 Use of PHB funding

A PHB can be spent on a broad range of services that will enable the Eligible Person to meet their identified health and wellbeing needs. Eligible Persons should be empowered to choose from a wide variety of resources and activities to meet their identified health outcomes.

The use of such funding does not extend to the delivery goods or services that would normally be the responsibility of other bodies (e.g. local authority social services, or housing authorities) or where services have already been commission by the CCG, such as community therapies.

There are also other items and services that cannot be purchased using a PHB, these are:

i. primary medical services provided by GPs
ii. dental care
iii. vaccination or immunisation, including population-wide immunisation programmes
iv. screening;
v. the national child measurement programme;

vi. urgent or emergency treatment;
vii. surgical procedures;
viii. NHS charges for example, prescriptions or dental charges;
ix. to purchase alcohol or tobacco;
x. gambling;
xi. to repay a debt (with the exception of debts relating to services specified in the PHB Care Plan; or
xii. anything which is illegal or unlawful.

Eligible Persons may only use their PHB to purchase care, items or activities agreed in their PHB Care Plan, or set out in their signed PHB User Agreement.

Any expenditure will adhere to the Direct Payments Guidance[10] and the terms and conditions of the PHB User Agreement save where otherwise agreed in writing.

11.1 Consumables

The CCG would expect that all options for consumable delivery through commissioned contracts are explored through the individual's PHB Care Plan before agreeing a set cost for this in the PHB (e.g. through commissioned continence services).

Where consumables cannot be provided through existing community services or prescriptions, the Funded Care Team 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 legislation for all carers to have Personal Protective Equipment ("**PPE**") and will therefore include appropriate costs for this through the PHB (gloves, aprons etc.) where this is identified in the PHB Care Plan.

During the Covid-19 pandemic existing PPE routes will be supplemented with centralised coordination of larger supplies to ensure that specialist PPE is available to PHB holders that require it.

11.2 Administrative costs

Administrative costs are considered and included in the PHB amount and may include printer ink, paper, diaries, stationery, related to the administration of running a PHB and employing staff.

Where these costs are requested to be included in the PHB by the Eligible Person or their representative or nominee, the Funded Care Team will consider the request

[10] National Health Service (Direct Payments) Regulations 2013/1617

and whether the items required relate specifically and exclusively to the cost of maintaining the PHB.

In all cases the CCG would expect the PHB budget holder to appropriately source cost effective methods of meeting administrative costs.

11.3 Utilities

The CCG will not fund utility bills/costs through a PHB. It is expected that in most cases where Eligible Persons have higher utility costs due to the nature of their condition, additional costs should be met through existing benefits. The Funded Care Team will consider any request for additional costs on a case by case basis.

11.4 Equipment

It is not expected that PHBs should be used to purchase equipment that an Eligible Person requires to meet identified needs. The CCG expects that equipment would continue to be sourced through usual routes (i.e. community equipment store contracts).

For those requiring the use of a wheelchair, individuals can access this via the Wheelchair and Special Seating Service delivered by North Bristol Trust, as set out in section 9.

11.5 Transport

The CCG would expect that transport to and from appointments, activities etc., would be met through existing resources (personal independence payment, patient transport services, Motability vehicles, their own resources).

Where access to and from respite and day care has been identified as required to meet an individual's assessed health and support needs, the Funded Care Team will ensure appropriate funding is included within the PHB.

If a PHB holder is referred to hospital or other NHS premises for specialist NHS treatment or diagnostic tests by a doctor, dentist or another primary care health professional, a request for a refund of reasonable travel costs under the Healthcare Travel Costs Scheme ("**HTCS**") can be made[11].

The CCG offers patient transport services to individuals who cannot use regular transport due to medical reasons. This service provides planned, non-emergency

[11] Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)

transport for eligible patients to enable them to attend medical appointments. The CCG's policy for patient transport services can be found on the CCG's website[12].

The CCG would expect that transport to and from GP appointments, activities etc., would be met through existing resources (personal independence payment, patient transport services, Motability vehicles, their own resources).

11.6 Holidays

The CCG will not pay for holidays or trips, in terms of travel costs or accommodation. The Funded Care Team may agree as part of an Eligible Person's PHB Care Plan to fund increased personal assistant/carer hours or equipment hire to support the PHB holder whilst they are away.

In most cases, discussions around holiday arrangements will happen in the care planning process, but should a PHB holder wish to explore this option at a later date, he or she should discuss the request with their care coordinator in the first instance.

The CCG has an obligation to ensure the funds available are dispersed in a way which is fair and equitable. Any requests to increase funds for personal assistant/carer hours or equipment for holidays will be considered at the relevant funding panel.

Individuals or care co-ordinators can submit requests to the CCG by contacting the Funded Care Team via the following contact points:

- Email: Bnssg.chc@nhs.net
- Post: Bristol, North Somerset & South Gloucestershire CCG
  360 Bristol - Three Six Zero, Marlborough Street, Bristol, BS1 3NX
- Telephone: 0117 900 2626

Where an additional funding request is made, the care coordinator will update the PHB holder of progress. Written confirmation of the outcome will be provided.

11.7 Accommodation – Private Dwellings

A PHB should not be used to fund accommodation costs as it is expected that accommodation costs should be met through existing benefits or other income.

The Funded Care Team may consider funding accommodation for the Eligible Person where this represents respite provision and will review this on an individual basis. The CCG will not generally fund accommodation for personal assistant/carers

[12] https://bnssgccg.nhs.uk/health-advice-and-support/patient-transport-services/

but may fund their hours worked to support an individual during a period of respite. This would be considered on a case by case basis.

11.8 Non-care related tasks

The CCG would not expect to fund personal assistant/carer time to run non-care related tasks for the PHB recipients (e.g. collecting prescriptions, shopping, cleaning etc.) unless the individual is identified as having social care needs and these are specifically set out in the PHB Care Plan.

The CCG may fund the personal assistant/carer's time to accompany the individual to do these tasks if it forms part of the PHB Care Plan as 'enabling'. In all circumstances, this should be set out in the Eligible Person's PHB Care Plan and PHB User Agreement.

12 Direct Payments

12.1 Considerations when deciding whether to make a direct payment

When deciding whether or not to make a direct payment, the Funded Care Team will consult a range of people for information to help make the decision whether a direct payment may be suitable. From this range will be any health or social care professional involved in the provision of care/treatment to the individual e.g. a personal assistant, occupational therapist, community mental health nurse or social care team. The CCG will also consult:

i. anyone identified by the individual as a person to be consulted for this purpose.
ii. if the individual is a person aged 16 or over but under the age of 18, a person with parental responsibility for the individual.
iii. the person primarily involved in the care for the individual
iv. any other person who provides care for the patient
v. any Independent Mental Capacity Advocate ("**IMCA**") or Independent Mental Health Advocate ("**IMHA**") appointed for the individual

The Funded Care Team will consider whether the individual will be able to manage the direct payment (please see below).

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

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

i. their overall health;
ii. the details of their condition in respect of which they would receive direct payments;
iii. any bank, building society, post office or other account into which direct payments would be paid; and
iv. anything else which appears relevant.

12.2 Ability to manage direct payments

The Funded Care Team will consider whether an individual (whether the patient or their representative or nominee) is able to manage direct payments by:

i. considering whether they would be able to make choices about, and manage the services they wish to purchase;
ii. whether they have been unable to manage either a heath care or social care direct payment in the past, and whether their circumstances have changed; and
iii. whether they are able to take reasonable steps to prevent fraudulent use of the direct payment or identify a safeguarding risk and if they understand what to do and how to report it if necessary.

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

If the Funded Care Team is concerned that an individual is not able to manage a direct payment they must consider:

i. the individual's understanding of direct payments, including the actions and responsibilities on their part;
ii. whether the person understands the implications of receiving or not receiving direct payments;
iii. what kind of support the individual may need to manage a direct payment;
iv. what help is available to the individual; and
v. what arrangements the CCG or the person could make to obtain the necessary support.

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

12.3 Declining a direct payment

The Funded Care Team may decide to refuse to make a direct payment if it believes it would be inappropriate to do so, for example:

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

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

In all cases where a direct payment is refused, the Eligible Person and any nominee or representative will be informed in writing of the refusal and the grounds by which the request is declined. The Eligible Person or their representative or nominee may request a review of this decision, in which case, the process set out at section 11 will be followed.

If a direct payment is refused, other options to personalise the package of care for the individual will be explored and facilitated as much as is possible, and other forms of PHB, such as a notional budget or third party budget, should be considered.

12.4 Using a PHB to employ others

12.4.1 Use of self-employed Personal Assistants/Carers

The CCG does not allow the use of self-employed personal assistants ("**PA**")/carers to support any Eligible Person through a PHB unless there are exceptional circumstances e.g. to enable a PA to support the PHB holder to access the community if they reside in a residential or nursing home environment.

This is set out within the terms and conditions of the PHB User Agreement which can be found at Appendix 2.

The CCG may allow the use of self-employed PA/carers to maintain an existing social care direct payment, where an Eligible Person has is eligible for fast track CHC funding, and for a maximum period of three (3) months. Should the Eligible Person's package be likely to continue beyond three (3) months, the CCG will expect the PA/carers to be directly employed after the third month.

All PA/carers must be paid through a payroll service, the cost of which will be included in the PHB package.

12.4.2 Rates of Pay for Personal Assistant/Carers

The Funded Care Team will review rates of pay for a PA/carer on a case by case basis, taking into account the skills of the PA/carer, complexity of tasks, difficulty in recruitment/retention of a suitable workforce etc.

The Funded Care Team will review PA/carer hourly rates in comparison with the pay scales for trained staff set out under NHS Agenda for Change.[13] The CCG would not expect to pay PA/carer delivering healthcare tasks the rate paid to a registered professional.

The terms and conditions of the PA/carers employment will be set out in individual employment contracts provided by the Funded Care Team to the Eligible Person. The CCG would not expect amendments to be made to the standard employment contract without prior discussion.

The CCG will adhere to the NHS England guidelines and "*recognise the additional 'hidden' costs. For example, if someone is employing a personal assistant/carer, they must ensure that there is sufficient funding available to cover the additional necessary costs of employment such as tax, national insurance, training and development, pension contributions, any necessary insurance such as public liability, emergency cover and so on*."[14]

12.4.3 Training for Personal Assistant/Carers

The Funded Care Team will include a set amount for training as a one-off cost and on an annual basis within PHBs where this is necessary. The required training should be set out in the PHB Care Plan in conjunction with their care co-ordinator, and signed off by the CCG. The Funded Care Team will provide an agreed list of training providers.

It is the responsibility of the employer using a PHB to employ staff to ensure that their training is up to date and to liaise with their care co-ordinator if further training or updates are required. Competency must be clearly documented, along with the requirement for refresher training to ensure skills are maintained to a satisfactory level.

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[13] NHS terms and conditions of service (Agenda for Change) - NHS Employers
[14] guid-dirct-paymnt.pdf (england.nhs.uk)

PHB holders should not purchase training outside that in their PHB Care Plan and must contact their care co-ordinator if they feel additional training needs are identified.

All carers employed to care for a child or young person under the age of 18 years must have completed children's safeguarding training and paediatric basic life support training.

12.4.4 Personal assistants / carers living at the same address

In line with national guidance, the CCG does not routinely permit the employment of family members as PAs/carers, where the family member lives in the same household as the PHB recipient.

The Funded Care Team will consider requests to use PHBs to pay family carers on a case by case basis. In accordance with national guidance, the Funded Care Team will need to be satisfied that securing a service from a family member is necessary in order to satisfactorily meet the person receiving care needs for that service; or to promote the welfare of a child for whom direct payments being made.

In assessing whether to permit the payment of family carers (who live in the same household) via a PHB, the Funded Care Team will take into account:

- the nature of the tasks to be undertaken by the family member acting as a paid carer;
- the risks of financial exploitation or abuse and what steps can be taken to mitigate these risks;
- the appropriateness of using the PHB in this way; and
- what systems and processes are in place to respond and support arrangements to continue managing the Eligible Person's care.

Requests of this nature will only be considered in exceptional circumstances.

In assessing any requests of this nature, the CCG has the right to request that the proposed family carer obtains and provides the Funded Care Team with a valid DBS check as part of its assurance process. Pending the outcome of a DBS check, the Funded Care Team may agree with the PHB holder (and/or their nominee or representative) to interim care arrangements to enable the family member to provide care – any such arrangements will be agreed by the Funded Care Team on a case by case basis.

12.4.5 Employer's Liability Insurance

If an Eligible Person employs a PA/carer (or their representative employs a PA/carer on their behalf) then they become the employer and therefore must purchase

employers liability insurance. This is a legal requirement and protects both the Eligible Person and the employee(s).

The insurance will need to include an appropriate level of insurance cover for employed staff (e.g. to include healthcare tasks where relevant) and new staff will be added to the insurance policy where required. The insurance should be renewed annually using the funding including within the PHB.

It is also the responsibility of the employer to ensure that the PA/carers covered by the employer's liability insurance have the appropriate training and competency sign off to ensure the insurance is valid.

Individuals who do not have the appropriate level of cover through their employer's liability insurance will be in breach of the PHB User Agreement.

12.4.6 Redundancy

PA/carers (other than through an agency or broker) are generally employees of the Eligible Person rather than self-employed, and are entitled to redundancy pay as set out in employment legislation. The CCG may fund statutory redundancy costs and this will be decided by the Funded Care Team on a case by case basis.

12.4.7 Disclosure and Barring Checks (DBS)

The CCG requires all PAs/carers to have a current DBS check before working for an Eligible Person through a PHB unless there is a relevant exemption applying to the individual concerned.

Please see section 12.4.4 above in relation paid family carers.

13 Termination of a PHB

An Eligible Person or their representative may request a termination of a PHB at any time. The CCG expects that the request be made in writing to the PHB holder's care coordinator.

The CCG may terminate the PHB arrangement following notice to the patient or their representative if:

- the Eligible Person is no longer eligible for a Relevant Health Service from the CCG and the Funded Care Team has considered that a PHB is no longer appropriate in the circumstances;
- the Eligible Person is deceased;
- the Eligible Person has transferred into a long-term care home placement;

- the Eligible Person or their representative's use of the money is not in accordance with the PHB Care Plan and PHB User Agreement and there is no reasonable explanation for this;
- an Eligible Person's representative's use of the money is not in accordance with the PHB Care Plan and PHB User Agreement and there is no reasonable explanation for this;
- a clinical view/assessment has determined that the Eligible Person's health or safety is at risk if the arrangement was to continue;
- the Eligible Person or their representative or nominee have told us that they no longer wish to continue the arrangement;
- the Eligible Person or their representative or nominee is no longer capable of managing the PHB even with support available and there is no-one who is able or willing to manage the PHB on behalf of the individual; or
- the Eligible Person or their representative has continuously or materially breached the PHB User Agreement and the CCG no longer considers that a PHB is appropriate in the circumstances.

13.1 The process

The Funded Care Team will record the details of when and why a PHB is to be terminated. A decision by the CCG to terminate a PHB will be given to the Eligible Person or their representative. If ongoing care is required, the Funded Care Team will work with the Eligible Person to implement a new arrangement for provision of care and support.

On termination of the PHB User Agreement, the CCG will require PHB monies held by the Eligible Person (if applicable) to be returned to it. All money held in the PHB bank account, minus any sums due to pay for care/support already provided up until the date of termination, must be paid to the CCG as soon as reasonably practicable and the account should be closed. A full reconciliation will then take place.

If there are insufficient funds in an Eligible Person's direct payment PHB bank account to settle any outstanding debts, the CCG may treat this (in its absolute discretion) as an 'exceptional circumstance'. This is on the basis that the PHB funds have been used appropriately to purchase care and support as set out in the PHB Care Plan.

In the event that the Eligible Person has died, the Funded Care Team will liaise directly with the executors of the estate in terms of repayment of any outstanding amounts.

The CCG recognises that if the person, their representative or nominee was an employer, their employees will have employment rights, which may include a paid

period of notice or redundancy payment and we will work with the individual to agree exit/termination arrangements/payments.

For “notional” and “third party” PHBs, the CCG’s policy is to recover any payment made to providers from the date of death/transfer/other reason for stopping the PHB as per any other commissioned package of care (subject to any specific contractual arrangements/obligations).

14 Appeal Process

Where the Funded Care Team refuses (a) a request for a PHB or (b) for a PHB to be delivered via a direct payment or (c) part of a PHB Care Plan, the Eligible Person or their representative may request the Funded Care Team to reconsider the decision.

On receipt of a request, the Funded Care Team will review the original decision and:

i. acknowledge receipt of the request within ten (10) working days and will provide details of how the review will be conducted and timescales for when the review should be completed. Information will be provided as to the Eligible Persons right to provide evidence or information for the Funded Care Team to consider as part of the review; and
ii. the Funded Care Team’s final decision will be sent in writing setting out the reasons for its decision within twenty eight (28) working days of acknowledgement of the original request. There may be instances where a complex situation requires a longer timeframe for reconsideration and a response. In these instances individuals will be kept informed of progress.

The Funded Care Team will make a decision regarding a request for reconsideration using a panel process. No member of the panel will have had previous involvement in the case.

The CCG is not required to undertake more than one review of a request in any six (6) month period following the initial decision.

If an Eligible Person and/or his or her representative remain dis-satisfied they can pursue the matter via the CCG’s complaints process. If any complaint cannot be resolved locally the individual or their representative will be referred directly to the Parliamentary Health Service Ombudsman.

15 Individuals who lack capacity

A PHB arrangement for a person who lacks capacity will require the appointment of a ‘representative’ by the appropriate CCG. A representative is someone who agrees

to act on behalf of someone who is otherwise eligible to receive a PHB but cannot do so because they do not have capacity to consent to receiving one or because they are a child.

An appointed 'representative' could be anyone deemed suitable by the CCG, and who would accept the role. The representative can be:

- a friend, carer or family member;
- a deputy appointed by the Court of Protection;
- an attorney with health and welfare or finance decision-making powers created by a lasting power of attorney; or
- someone appointed by the CCG.

A representative must (unless they have appointed a nominee to do so):

i. act on behalf of the person, e.g. to help develop a PHB Care Plan and to hold the direct payment;
ii. act in the best interests of the individual when securing the provision of services;
iii. be the principal person for all contracts and agreements, e.g. as an employer;
iv. use the PHB and direct payment in line with the agreed PHB Care Plan; and
v. comply with any other requirement that would normally be undertaken by the individual (e.g. participating in a review, providing information).

In the case of adults who lack capacity, when choosing the 'representative' the CCG must adopt a decision making process in line with the requirements of the Mental Capacity Act 2005 and within the context of the individual's best interests. This includes seeking the views of the individual, where possible, about who they would want to manage their PHB.

The decision making process for the appointment of the 'representative' must be documented and discussed as part of care planning process, and agreed by the Funded Care Team.

The representative will take on the responsibilities associated with management of the PHB. Where it is believed to be appropriate to provide a PHB by way of direct payments, the representative must be fully informed about, and consent to accepting, the responsibilities relating to the receipt and management of the direct payment on the individual's behalf. The representative cannot undertake the role of managing the PHB and also be an employee on the care package.

The involvement of the representative should be reviewed if the individual regains capacity and/or reaches the age of 16.

16 Nominees

If an Eligible Person aged 16 or over who is receiving care has capacity, but does not wish (for whatever reason) to receive direct payments themselves, they may nominate someone else to receive them on their behalf.

The Funded Care Team will need to be satisfied that a person agreeing to act as a nominee understands what is involved and has provided their consent to receive direct payments on behalf of the Eligible Person.

It is important to note that the role of nominee for direct payments for healthcare is different from the role of nominee for direct payments for social care. For social care direct payments, a nominee does not have to take on all the responsibilities of someone receiving direct payments, but can simply carry out certain functions such as receiving or managing direct payments on behalf of the person receiving them. In direct payments for healthcare, however, the nominee is responsible for fulfilling all the responsibilities of someone receiving direct payments, as outlined above. Those receiving direct payments for healthcare and their nominees will be made fully aware of these responsibilities.

The Funded Care Team must be satisfied that a person agreeing to act as a nominee understands what is involved, and has provided their informed consent, before going ahead and providing direct payments. Full advice, support and information will be provided so that people contemplating taking on the role of nominee know what to expect. In addition, the CCG must provide its consent to the nominee acting in this role, having duly considered whether the person is competent and able to manage direct payments, either on their own or with whatever assistance is available to them.

In reaching its decision, the Funded Care Team may:

i. consult with relevant people;
ii. require information from the person for whom the direct payments will be made on the state of health or any health condition they have which is included in the services for which direct payments are being considered; and
iii. require the nominee to provide information relation to the account into which direct payments will be made.

If the proposed nominee is not a close family member of the Eligible Person, then the Funded Care Team will require the nominee to apply for an enhanced DBS certificate (formerly a CRB check) with a check of the ‘adults barred’ list and consider the information before giving their consent. If a proposed nominee in respect of a patient aged 18 or over is barred, the Funded Care Team will not give their consent. This is because the Safeguarding Vulnerable Groups Act 2006 prohibits a barred

person from engaging in the activities of managing the person's cash or paying the person's bills.

If the proposed nominee is a close family member of the Eligible Person, living in the same household as the person, or a friend involved in the person's care, the Funded Care Team cannot ask them to apply for a DBS certificate and has no legal power to request these checks.

The Funded Care Team will notify any person identified as a nominee where it has decided not to make a direct payment to them. The notification will be made in writing and state the reasons for the decision.

17 Exceptional circumstances around the use of the PHB

A PHB cannot be utilised to access care interventions that would not ordinarily be commissioned by the CCG, unless the request has been considered via the Exceptional Funding Request ("**EFR**") process.

The EFR process is the route by which health professional can apply on an individual's behalf for treatments, drugs and devices (collectively referred to as interventions) that the CCG does not routinely fund.

There are two situations where the CCG does not routinely commission an intervention. These are where:

- the CCG does not commission the requested intervention for any person with this specific condition; and/or
- the individual does not meet the criteria set out in the relevant commissioning policy for this intervention.

The health professional working with an individual will be able to identify if the EFR process applies, and if they have assessed that the person has a medical condition that is 'clinically exceptional', *i.e. you have a set of circumstances that are very different from anyone else with the same, or a similar condition*. If this is the case, they may complete an EFR application form and send it to the CCG. Further information on the EFR process is available on the CCG's website[15].

18 Support in Hospital

There may be occasions when PHB holders require a stay in hospital. However, this should not mean that payment must be suspended while the individual is in hospital.

[15] https://bnssgccg.nhs.uk/individual-funding-requests-ifr/exceptional-funding/

Where the PHB recipient is also the person requiring care and support, consideration should be given to how the payment may be used in hospital to meet non-health needs or to ensure employment arrangements are maintained. Suspending or even terminating the payment could result in the person having to break the employment contract with a trusted personal assistants/carers, causing distress and a lack of continuity of care when discharged from hospital.

In these cases, the Funded Care Team will explore with the person, their representative and carer the options to ensure that both the health and care and support needs of the person are being fully met in the best way possible. For example, the person may prefer the PA/carer to visit hospital to help with personal care matters. This may be especially so where there has been a long relationship between the direct payment holder and the PA/carer. This should not interfere with the medical duties of hospital personnel, but be tailored to work alongside health provision.

In some cases, the nominated or authorised person managing the direct payment may require a hospital stay. In these cases, the CCG must conduct an urgent review to ensure that the person continues to receive care and support to meet their needs. This may be through a temporary nominated/ authorised person, or through short-term CCG arranged care and support.

The Funded Care Team may, at its absolute discretion pay personal assistant/carers for up to twenty eight (28) days at the minimum hours outlined in their employment contracts. If an employment contract does not exist, or the contract is zero hours, the Funded Care Team will use its discretion over the appropriateness of the retainer period, taking into account the established staff team and difficulty in starting a new package should the personal assistant/carers need to find new employment while the individual is in hospital.

19 Top ups (non-care related)

For adults in receipt of a PHB, and in line with the principles of the NHS constitution, a PHB cannot be topped up by individuals/their families to meet assessed care needs. Top ups for non-care costs should also not be added into the PHB account, as this is not appropriate for audit purposes/monitoring spend on the account/bringing back identified surplus' of public funds to the CCG.

If the PHB budget holder considers that the direct payments are insufficient to meet the assessed needs in the PHB Care Plan, the individual should request a review of the care package by the Funded Care Team.

The PHB holder may purchase additional services from their own funds which are not identified in the PHB Care Plan but this should take place separately with clear accountability (i.e. cleaning, shopping etc.)

20 Complaints

The process by which an Eligible Person or their representative is able to complain about the Funded Care Team's decision making in respect of a PHB or care provided under a PHB is through the CCG complaints procedure.[16] Following the outcome of the CCG's complaint process, the individual or their representative still has the right to refer the matter to the Parliamentary and Health Service Ombudsman.

21 Training requirements

Publication of this policy will be followed by implementation of a rolling training programme for all appropriate staff within the CCG, using a mixture of e-learning and group sessions.

22 Equality Impact Assessment (EIA)

An EIA has been undertaken to support this policy development, and to identify any potential negative implications of the implementation on particular groups, and any mitigation required

- *Patient safety*: there is no expected impact on patient safety as a result of implementing this policy;
- *Clinical effectiveness*: there is no negative expected impact on clinical effectiveness as a result of implementing this policy. There is potential to improve clinical effectiveness of CHC, CCC, and Section 117 aftercare provision by ensuring individuals receive care in the most appropriate setting, and by increasing the level of scrutiny given to complex and challenging cases; and
- Patient experience: the implementation of the PHB policy will improve patient choice around access to services in line with the Commissioning policy.

[16] https://media.bnssgccg.nhs.uk/attachments/bnssg_complaints_policy_c7Y4GQB.pdf

23 Implementation and Monitoring Compliance and Effectiveness

The Funded Care Team will ensure that mechanisms are in place to collect and collate sufficient information to provide assurance that individual outcomes can be measured against overall budget allocation, statutory and locally agreed performance, in line with relevant data protection legislation.

Ongoing monitoring and evaluation will be undertaken to include:

- breakdown of uptake of PHBs;
- individuals experience of PHBs;
- improvements in quality of life, (outcomes and benefits);
- receiving provider reports, to include activity data and a quality report;
- receiving reports relating to the audit of PHB or proactive reviews; and
- provide detail of any serious incidents or concerns (including safeguarding).

24 Countering Fraud

As set out in the PHB User Agreement, the Funded Care Team will monitor transactions on a regular basis.

The CCG is aware of the fraud risks involved with CHC funding, including PHBs and Direct Payments. These include, but are not limited to:

- Deliberately failing to meet the requirements of the support plan (for example, claiming that care has been provided when it has not);
- Misuse of a PHB (for example, using the funds for purposes not agreed in the personalised care plan for a personal benefit); and
- Misappropriating PHB funds (for example, submitting false or inflated invoices to falsely represent spending to obtain a personal benefit).

In the event that fraud, abuse or misuse of a PHB is reasonably suspected, the Funded Care Team will refer the matter to its Local Counter Fraud Specialist for investigation, and reserve the right to prosecute where fraud is suspected to have taken place.

In cases of misuse or fraud relating to a Direct Payment, the CCG will take action to recover all appropriate funds. The CCG may seek repayment from the nominated or authorised person where they have been responsible for managing the Direct Payment on an individual's behalf.

25 References, acknowledgements and associated documents

National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012/2996

https://www.legislation.gov.uk/uksi/2012/2996/contents/made

National Health Service (Direct Payments) Regulations 2013/1617

https://www.legislation.gov.uk/uksi/2013/1617/contents/made

Guidance on the legal rights to have personal health budgets and personal wheelchair budgets;

https://www.england.nhs.uk/publication/guidance-on-the-legal-rights-to-have-personal-health-budgets-and-personal-wheelchair-budgets/

Bristol Centre for Enablement Wheelchair & Special Seating

https://www.nbt.nhs.uk/bristol-centre-enablement/referral-centre/wheelchair-special-seating-referral

Guidance on Direct Payments for Healthcare: Understanding the Regulations;

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

NHS Continuing Healthcare: Quick guide about personal health budgets and Integrated Personal Commissioning;

https://www.england.nhs.uk/publication/nhs-continuing-healthcare-quick-guide-about-personal-health-budgets-and-integrated-personal-commissioning/

Children and young people: Quick guide about personal health budgets and Integrated Personal Commissioning;

https://www.england.nhs.uk/publication/children-and-young-people-quick-guide-about-personal-health-budgets-and-integrated-personal-commissioning/

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - October 2018 (Revised)

https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

National Framework for Children and Young People's Continuing Care 2016

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499611/children_s_continuing_care_Fe_16.pdf

Mental Health Aftercare (S117)

https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/mental-health-aftercare/

BNSSG CCGs Commissioning Policy for Continuing Healthcare
https://media.bnssgccg.nhs.uk/attachments/bnssg_commissioning_chc_policy_hTQNWgb.pdf

BNSSG CCG Patient Transport Policy

https://bnssgccg.nhs.uk/health-advice-and-support/patient-transport-services/

Healthcare Travel Costs Scheme (HTCS)

Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)

Policy on the management of Compliments, PALs enquiries and Complaints

https://media.bnssgccg.nhs.uk/attachments/bnssg_complaints_policy_c7Y4GQB.pdf

NHS Agenda for change

https://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change

Exceptional Funding Requests

https://bnssgccg.nhs.uk/individual-funding-requests-ifr/exceptional-funding/

26 Appendices

Appendix 1 – Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
CCG Funded Care Staff	To ensure that all Funded Care Team members are fully briefed on the PHB policy and trained in the processes outlined within it.	Training sessions to be held over an 8 week period with mandatory attendance from all Funded Care Team staff.	Renata Jerome	Sept. 2021	Nov. 2021	Training will be delivered by Funded Care leads.

External provider staff	To ensure that staff within key partner organisations are aware of the policy and where they sit within the PHB process.	The PHB policy will be included within the rolling CHC training programme which is offered to acute hospitals, community provider, care homes, hospices etc.	Renata Jerome	From Sept. 2021	N/A	Training will be delivered by Funded Care leads.

Appendix 2 – Direct Payment Agreement

Personal Health Budget

Direct Payment Agreement

between

Budget Holder/Representative/Nominated Person

and

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (the "CCG")

Name of Budget Holder:

And if applicable, the name of Representative / Nominated Person or Brokerage Service:

KEY POINTS OF THIS AGREEMENT

It is important that you read and understand the entirety of this Direct Payment Agreement which must be signed and returned to the CCG before a Personal Health Budget can be implemented. Key points are listed below:

- If you are employing staff, you MUST process their wages through a payroll service. The CCG will require payslips to be kept for each employee and these must be made available to the CCG on request. The Direct Payment Support Service will support you to set up a payroll service.

- The CCG does not allow the use of self-employed Personal Assistants. Please see enclosed document regarding this subject.

- The Personal Health Budget can only be spent on items previously agreed as part of the care and support plan. Any items purchased outside these parameters will be in breach of this Agreement.

- The CCG will monitor transactions on a regular basis and if transactions do not fall within the identified parameters, the CCG will request evidence of any unauthorised spend to avoid closure of the account.

- Monies in the Personal Health Budget account must NOT be transferred into individual bank accounts of the budget holder without the express permission of the CCG which will only be given in exceptional circumstances.

- If there are any changes required to the Personal Health Budget or the way the funding is used, you must contact the CCG immediately and have approval before implementing any changes.

Failure to comply with the above conditions, and those set out in this Agreement, will result in closure of the Personal Health Budget account. The CCG will consider the best way for your care and support to be delivered, including whether a direct payment is still suitable or whether a third party or notional budget is more appropriate.

1. Definitions

1.1 The following definitions have been used in this Agreement:

"Agreement" means this agreement between the Budget Holder and BNSSG CCG including any annexes at the end of this agreement;

"Brokerage and Support Service" means the service to provide information, advice or other support in connection with direct payments made to the Budget Holder, his or her Representative or Nominated Person;

"**Budget Holder**" means the individual eligible for and in receipt of a Personal Health Budget;

"Care and Support Plan" means the overview care plan co-produced by the CCG and the Budget Holder in conjunction with other professionals involved in their care (and the Brokerage and Support Service where applicable). It sets out the Budget Holder's health needs and health and wellbeing outcomes, the amount of money in the budget and how the money can be used. It includes a risk assessment, contingency and respite plans for managing any significant potential risks. This plan must be signed off by the CCG before implementation;

"Care Co-ordinator" means the Provider commissioned by BNSSG CCG who will manage the assessment of the Budget Holder's health needs for the Care and Support Plan. Their role is to check that their health needs continue to be met, and otherwise oversee the arrangements set out in this Agreement;

"Direct Payment" means the payments to be made to the Budget Holder as shown in the Schedule of Payments;

"Health and Wellbeing Outcomes" means the outcomes agreed jointly by the Budget Holder and professionals involved in their care setting out what the patient wishes to achieve in terms of their health and wellbeing needs;

"**Prepaid Card**" means the PFS Ltd Prepaid MasterCard which is to be provided to or for the benefit of the budget holder and pursuant to which the CCG shall make each direct payment;

"Schedule of Payments" sets out the amount and how often the payments will be made to the Budget Holder;

"You" and the **"Budget Holder"** means the individual who receives the Personal Health Budget;

"CCG" means Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group; this includes all commissioned Service Providers;
"**Disclosure and Barring Service" or "DBS"** means a disclosure and barring service check which was formerly known as criminal records bureau (CRB) checks;

"Nominated Person" means the person or service chosen by the Budget Holder to receive and manage the Personal Health Budget on their behalf;

"**Personal Assistant"** means a person who is employed by the Budget Holder to assist/perform with tasks. Such tasks may or may not be clinical in nature. The CCG requires that all Personal Assistants be employed;

"Personal Health Budget" means the total annual amount of money calculated to meet your health needs;

"PFS" means prepaid financial solutions limited;

"Regulations" means the National Health Service (Direct Payments) Regulations 2013, as amended from time to time;

"Representative" means the person who receives and manages the direct payments on behalf of the Budget Holder, where the Budget Holder lacks mental capacity look after the budget themselves. This is a person who has been appointed as such, or who falls within the class of persons authorised to occupy that role, under the relevant regulations;

"Service Provider" means a person, business or company that provides services, including personal care and other health and social care services;

Relevant Health Service means a person in receipt of NHS continuing healthcare, NHS continuing care for children, section 117 aftercare (provided under the Mental Health Act 1983) and wheelchair services;

Working Time Directive means the Working Time Regulations 1998 (SI 1998/1833).

2 OVERVIEW

2.1 This document sets out what the CCG expects from Budget Holders, their Representative(s) or Nominated Person and what the arrangements will be for any Direct Payments of a Personal Health Budget. This Agreement states how the budget will work.

2.2 A Personal Health Budget can be used in any one or more of the following ways:

(a) **notional budget** – the CCG is responsible for holding the budget and uses it to arrange and secure the agreed care and support based on the outcome of discussions with the Budget Holder, their representative, or, in the case of children, their families or carers;

(b) **third party budget** – an organisation independent of both the Budget Holder and the CCG (for example an independent user trust or a voluntary organisation) is responsible for and manages the budget on the Eligible Person's behalf and arranges support by purchasing services in line with the agreed PHB Care Plan

(c) **direct payment** – where money is transferred to the person or their representative, or, in the case of children, families or carers, to into a dedicated bank account and takes responsibility for purchasing the agreed care and support.

2.3 A Personal Wheelchair Budget ("**PWB**") is another form of a PHB. A PWB can be managed in the following ways:

(a) Notional personal wheelchair budget- this is where the Eligible Person chooses to use their PWB within NHS commissioned services and the service purchases and provides the chair. This also offers the option of contributions to the PWB to enhance the wheelchair people can access. This contribution can come from an integrated package with other agencies such as education, social care, a voluntary or charity organisation or through self-pay.

(b) Traditional third-party PHB- this is where an organisation, legally independent of the NHS and the Eligible Person, holds the money and manages the budget. This could include provision of a wheelchair as part of a wider package of support.

(c) Direct payment- this is where the budget holder holds the money in a bank account and takes responsibility for arranging the care and support and supply of any equipment in line with the agreed PHB Care Plan.

2.4 For the avoidance of doubt, this Agreement addresses Direct Payments only. A Personal Health Budget can be managed by the Budget Holder, their Representative or Nominated Person.

2.5 This Agreement is based on the Regulations made under it, as amended from time to time and any relevant guidance including NHS England's Guidance on Direct Payments for Healthcare: Understanding the Regulations(2014)[17].

3 CONSENT

3.1 Budget Holders are asked to consent to share information with the CCG to enable the CCG to review Personal Health Budgets and Care and Support Plans regularly and make changes made, if needed. This is to help Personal Health Budget holders achieve their agreed Health and Wellbeing Outcomes.

4 PRE-PAID FINANCIAL SERVICES TERMS AND CONDITIONS

4.1 The Prepaid Card is one way a Budget Holder can receive a Direct Payment from the CCG to purchase and arrange care in accordance with the Care and Support Plan. The Prepaid Card is issued by Pre-paid Financial Services and is a secure and convenient way for Budget Holder's to use their Direct Payment.

4.2 A Personal Health Budget can be used to purchase support in the ways described in the Care and Support Plan or agreed between the Budget Holder, the CCG and the professionals involved in their care. Budget Holders should be clear on what these items are before the Personal Health Budget commences.

4.3 Any misuse of the Prepaid Card will result in financial recovery from the Budget Holder for any public money that has been used inappropriately. Abuse of the Prepaid Card may result in the CCG removing the facility of a Prepaid Card and/or the Personal Health Budget. Abuse of the Prepaid Card with additional deception will be referred to the CCG's Local Counter Fraud Specialist.

4.4 The Prepaid Card account set up and maintained pursuant to this Agreement must only be used for transactions in relation to the Direct Payment in order to meet the outcomes agreed within the Budget Holder's Care and Support Plan and for no other purpose. Please see section 5 below which explains what a Personal Health Budget cannot be used for.

For the avoidance of doubt, a Budget Holder can also receive a Direct Payment directly to a specific bank account set up for the purposes of the Personal Health Budget.

5 USE OF YOUR PERSONAL HEALTH BUDGET

The Care and Support Plan will set out your Health and Wellbeing Outcomes and how these will be met.

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[17] NHS England » Guidance on Direct Payments for Healthcare: Understanding the Regulations

5.1 A Personal Health Budget may only be spent on the services agreed in your Care and Support Plan. The plan will have been agreed between you and your Care Co-ordinator.

5.2 The Personal Health Budget cannot be used to pay for:

(a) primary medical services provided by GPs

(b) dental care

(c) vaccination or immunisation, including population-wide immunisation programmes

(d) screening;

(e) the national child measurement programme;

(f) urgent or emergency treatment;

(g) surgical procedures;

(h) NHS charges for example, prescriptions or dental charges;

(i) to purchase alcohol or tobacco;

(j) gambling;

(k) to repay a debt (with the exception of debts relating to services specified in the PHB Care Plan; or

(l) anything which is illegal or unlawful.

5.3 Budget Holders are not allowed to contribute to or 'top-up' the cost of care as set out in the Care and Support Plan from their own resources to meet assessed care needs. The Budget Holder may request a review of the care package if they consider the Direct Payments are insufficient to meet their assessed needs. This should be requested from the CCG.

6 The Budget Holder can purchase additional services which are not identified in the Care Plan but this should take place separately with clear accountability (i.e. cleaning, shopping etc.)

7 REVIEWS

7.1 The CCG will complete regular reviews to ensure that the Care and Support Plan continues to meet the Budget Holder's assessed care needs (i.e. a clinical review). The CCG will also carry out a financial review as explained below.

7.2 A Budget Holder or their Representative may also request a review; the CCG must consider whether to arrange a care plan review in response to such a request. The CCG must give clear reasons if a request is declined.

Clinical Review

7.3 An initial review will take place within three (3) months of the Personal Health Budget being set up and then at least once a year to check if the Health and Wellbeing Outcomes are being met. Reviews may happen more often if the Budget Holder's needs or outcomes change substantially or where the CCG considers it appropriate.

7.4 The Budget Holder, Representative or Nominated Person will be informed of the date of the review and will provide full cooperation with the review. The outcome of the review will be sent to the Budget Holder, their Representative or Nominated Person within 28 days of it taking place.

7.5 The Budget Holder, Representative or Nominated Person should inform the CCG of any changes in the Budget Holder's health or any other factor that could substantially change the Direct Payment.

7.6 The Budget Holder, Representative or Nominated Person may also request a review. The CCG must consider whether to review the Care and Support Plan and give reasons in writing if they decline to do so.

Financial Review

7.7 The CCG must monitor how the Direct Payment is being used and will check transactions on a regular basis with the purpose of ensuring good financial management

7.8 Spends on the account will be reviewed three (3) monthly, unless the CCG has reason to believe there is misspend on the account at which point it will request a rationale for spend that appears to be outside the parameters of this Agreement and the Care and Support Plan.

7.9 The Budget Holder, Representative or Nominated Person must therefore ensure that, as a minimum, that the following records are provided every three (3) months and upon request by the CCG:

(a) monthly bank or building society statements;

(b) copies of invoices;

(c) signed receipts for any cash payments; and

(d) wage records consisting of staff details, hours worked, staff payments, PAYE and National Insurance payments to the Inland Revenue.

7.10 All evidence received must be legible. The CCG may require an explanation of evidence provided and will contact the Budget Holder, Representative or Nominated Person accordingly.

7.11 The Budget Holder, Representative or Nominated Person will provide full cooperation in any financial review and provide such reasonable assistance as the CCG requires.

7.12 If the CCG does not receive the above evidence within 28 days of the date first requested, future Direct Payments into the account may be suspended until this has been received.

7.13 NHS Counter Fraud may be involved in any financial review and where fraudulent use of Personal Health Budget money is suspected, the CCG's nominated local counter fraud specialist has the right to investigate this.

7.14 The Budget Holder, Representative or Nominated Person must keep the financial records for six (6) years.

8 SERVICE PROVIDERS

8.1 The Direct Payment cannot be used to buy care from someone who is unregistered (if they are required to be) and they must have appropriate insurance or indemnity cover in place. Therefore before purchasing a service the Budget Holder, their Representative or Nominated Person should check that the Service Provider:

(a) has appropriate insurance or indemnity cover;

(b) is registered with the Care Quality Commission as required by the Care Quality Commission registration requirements.; and

(c) is a member of any relevant professional body (e.g. chiropractors, occupational therapists etc.), if applicable.

8.2 Where an individual employs a Personal Assistant they must ensure that they abide by the Working Time Directive.

8.3 The Brokerage and Support Service can assist Budget Holder's with any of the above.

9 DBS CHECKS

9.1 An up to date DBS check will be required for some individuals providing care and support to the Budget Holder as required by the Regulations. This will include:

(a) Personal Assistants employed by the Budget Holder; and

(b) a Nominated Person.

9.2 Copies of certificates must be made available to the CCG.

9.3 The Support and Brokerage Service can assist Budget Holder's with this.

10 HOUSEHOLDER'S AND EMPLOYER'S RESPONSIBILITIES AND PROVISION OF INSURANCE AND INDEMNITY COVER

10.1 The Budget Holder is responsible for providing a safe environment with equipment fit for purpose and appropriately tested.

10.2 The Budget Holder must provide public liability insurance cover for all visitors coming on to the Budget Holder's property to provide services outlined in Care and Support Plan. This insurance may be available as part of the Budget Holder's home insurance policy, but the CCG will also recommend specific PHB insurance premiums.

10.3 Where Personal Assistants are employed, the Budget Holder must also provide employer liability insurance cover via an insurance premium approved by the CCG. This should be paid for out of the Direct Payment and must be from reputable insurers or underwriters.

10.4 Copies of insurance certificates must be made available to the CCG on request.

10.5 If Personal Assistants are required to use the Budget Holder's own vehicle, or the Budget Holder is being transported in the Personal Assistant's own car, their driving licence should be viewed by the Budget Holder, Nominated Person or Representative and confirmation obtained that the vehicle is insured against all third party liabilities and that cover includes business use.

10.6 The Budget Holder, their Nominated person or Representative must not discriminate unfairly when employing Personal Assistants on the grounds of race, age, sex, disability, sexual orientation, marital or civil partnership status, gender reassignment or religion.

11 HOLIDAYS

11.1 Where an agreed Health and Wellbeing Outcome / respite provision involves use of the Personal Health Budget whilst on holiday (whether in the United Kingdom or abroad) the Budget Holder, Representative or Nominated Person:

(a) Must ensure the Budget Holder and Personal Assistants are insured to travel; and

(b) The Personal Health Budget cannot be used to pay for these insurances. It is the responsibility of the Budget Holder to fund this.

11.2 When travelling abroad the insurance must adequately cover medical and health cover for all existing illnesses / conditions and for the occurrence of injury or sudden illness abroad.

11.3 When travelling to Europe consideration should be given to obtaining a UK Global Health Insurance Card which will provide access to state healthcare in Europe at a reduced cost or for free. It should be noted that European Health Insurance Cards (which are being replaced by UK Global Health Insurance Card) will remain valid until it expires and this should be checked before

travelling. Budget Holder's should check whether these arrangements are likely to offer sufficient health care cover.

11.4 Where care is to be delivered by a Service Provider, the Service Provider's employer liability insurance must cover care delivery abroad.

11.5 If an increase in Personal Assistant(s), Service Provider staff, hours of care and/or cost of care is required, this must be discussed with the Budget Holder's Care Coordinator in the first instance and in advance of any planned holidays.

11.6 No extra resources will be provided although it may be possible to agree rearrangement of existing allocated resources. This should be discussed with the CCG. Reference should be made to the CCG's policy on 'topping up' the cost of care.

11.7 The Budget Holder is responsible for funding the insurance, travel and accommodation costs of accompanying Personal Assistant(s) or Service Provider staff.

11.8 The Budget Holder, their Representative or Nominated Person must sign a disclaimer confirming that they have been informed, understand and accept the risks involved in receiving care outside of their normal setting.

12 ADMINISTRATION OF PAYMENTS

12.1 The Personal Health Budget is the total annual sum of money the CCG has agreed to provide to the Budget Holder to purchase services or resources to meet the outcomes identified in the Care and Support Plan. This Agreement relates to the portion of the Personal Health Budget that is to be provided by Direct Payment. The Direct Payment is set out in the Schedule of Payments.

12.2 The Schedule of Payments will set out the amount of the Direct Payment and how often the payments will be made. Where a regular payment is made, this will be monthly in advance, starting on the date given in the Schedule of Payments.

12.3 One-off payments will be paid through an agreed invoicing arrangement.

13 CHANGES TO THE AMOUNT OF YOUR PERSONAL HEALTH BUDGET

13.1 The amount of your Personal Health Budget may increase or decrease as a result of a clinical or financial review (please see section 6 above). When the size of a Direct Payment is changed, the CCG will provide 28 days' notice in writing to the Budget Holder, their Representative or Nominated Person stating:

(a) the reasons for the decision;

(b) the new budget amount; and

(c) when the change will take effect.

13.2 However, there may be instances where an increase in need increases the budget to a level where a Personal Health Budget does not represent value for money. The CCG must ensure that it makes best use of its resources. As such, in the event of any increase to the size of the payment the CCG will review whether the Personal Health Budget continues to represent value for money in line with the Choice Policy it operates.

13.3 Where the CCG decreases the size of the payment, the CCG must be satisfied that the new amount is sufficient to cover the full cost of assessed care needs as set out in the Care and Support Plan

13.4 The CCG may reach a decision that Direct Payments are no longer a suitable way of providing the care in which case the termination provisions set out below at section 15 may apply.

14 REPAYMENT OF DIRECT PAYMENTS

14.1 The CCG may require all or part of a Direct Payment to be repaid if:

(a) the Care and Support Plan changes substantially resulting in surplus funding;

(b) the Budget Holder's circumstances have changed substantially resulting in the Direct Payment not being required;

(c) the Direct Payment is used for any item or service not agreed in the Care and Support Plan;

(d) the CCG considers that the Budget Holder's needs can no longer be met through Direct Payments and following termination of the Direct Payments, part of the Direct Payment remains unspent;

(e) theft, fraud or another offence has occurred in connection with the Direct Payments;

(f) the Budget Holder is no longer eligible for a Relevant Health Service or has died leaving part of the Direct Payment unspent; or

(g) an unplanned surplus accrues.

14.2 In some cases the CCG may agree for a one-off adjustment to be made to a future Direct Payment. Alternatively, if agreed with the CCG, it may be possible to recover the overpayment by phased adjustments of future payments.

14.3 If repayment or adjustment is needed, the CCG will write to the Budget Holder, their Representative or Nominated Person giving 28 days' notice stating:

(a) the reason for the decision;

(b) the amount to be repaid, or lower regular direct payment; and

(c) the deadline for repayment or date the lower payment starts;

14.4 In the case of a Budget Holder who has died, the CCG will give the above notice to the Budget Holder's estate or their Nominated Person.

15 SUSPENSION OF DIRECT PAYMENTS

15.1 The CCG retains the right to suspend Direct Payments with immediate effect should there be evidence of misuse or fraudulent use of the monies, where financial records are not provided within 28 days of a request from the CCG or where you fail to allow the CCG to undertake a clinical assessment. In such cases the Budget Holder may be liable to repay all or some of the Direct Payments received from the CCG in accordance with the process outlined in section 13 above.

15.2 In this event the CCG will ensure an appropriate alternative way of meeting care needs is offered.

16 TERMINATION OF DIRECT PAYMENTS

16.1 The CCG retains the right to terminate the whole or part of the Direct Payment in circumstances including, but not limited to:

(a) the Budget Holder is no longer eligible for a Relevant Health Service from the CCG and the CCG has considered that a Personal Health Budget is no longer appropriate in the circumstances;

(b) the Budget Holder is deceased;

(c) the Budget Holder or their Representative's or Nominated Person's use of the money is not in accordance with the PHB Care Plan and PHB User Agreement and there is no reasonable explanation for this;

(d) a clinical view/assessment has determined that the Budget Holder's health or safety is at risk if the arrangement was to continue;

(e) the Budget Holder or their Representative or Nominated Person has told the CCG that they no longer wish to continue the arrangement;

(f) the Budget Holder or their Representative or Nominated Person is no longer capable of managing the Personal Health Budget even with support available and there is no-one who is able or willing to manage the Personal Health Budget on behalf of the individual; or

(g) the Budget Holder or their Representative or Nominated Person has continuously or materially breached the PHB User Agreement and the CCG no longer considers that a Personal Health Budget is appropriate in the circumstances.

16.2 The CCG will normally provide 28 days' notice of termination except in the case of death of the Budget Holder, fraud or theft or where the CCG reasonably considers that a shorter notice period is appropriate. In such case the CCG will provide reasonable notice which may include immediate termination of the Direct Payment.

16.3 If a Personal Health Budget is to be terminated, the CCG will write to the Budget Holder, Representative or Nominated Person giving 28 days' notice stating:

(a) the reason for terminating Direct Payments; and

(b) details of any repayments due.

- In the case of a Budget Holder who has died, the CCG will give the above notice to the Budget Holder's estate or Nominated Person.

1. SCHEDULE OF PAYMENTS

Direct Payment amount (weekly) **£**

One off payment amounts (one off)

Payment will be made into your account.

2. EFFECTIVE DATES OF PAYMENT AGREEMENT

Date commencing xx/xx/xxxx to continue until such time as a termination date is notified.

I have read, understand and agree with the agreement for budget holders.

Signed by: ……

PHB Holder / Representative [delete as applicable]

Printed Name ……

Date ……

3. AGREEMENT

I have read and understand and agree to the terms and conditions of use, set out above in the Direct Payment User Agreement.

Signed by: ……

Budget Holder / Representative [delete as applicable]

Printed Name ……

Date ……

Signed on behalf of BNSSG CCG

Signed by:

Job Title:

Printed Name:

Date: