



*Better health and sustainable healthcare for Bristol*

Bristol Clinical Commissioning Group & Bristol  
Community Health

# Personal Health Budget Operational Guide for NHS Continuing Healthcare (CHC) eligible service users

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<b>Author (inc job title)</b>	Jessica Harris – CHC Programme Support Manager
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<b>Date of next review</b>	April 2016
<b>How is policy to be disseminated</b>	Available on the website. Cascaded through training.

<b>Check list for Governing Body/approving committee</b>	
Has an Equality Impact Assessment been completed?	Yes, please see Personal Health Budget Policy.
Has legal advice been sought?	The Direct Payment Agreement for Personal Health Budgets (Appendix K) has been legally ratified.
Have training issues been addressed?	Please see Section 10 of this document.
Are there financial issues and have they been addressed	Please see Personal Health Budget Policy and a discussion paper for the Quality and Governance Committee titled 'Financial Risk and Personal Health Budgets' (April 2013).
How will implementation be monitored	Through cascade and testing by the Continuing Healthcare and Commissioning teams.
How will the guidance be shared with: <ul style="list-style-type: none"> <li>• Staff</li> <li>• Patients</li> <li>• Public</li> </ul>	Cascaded through implementation of personal health budgets and through training. To be made available on the CCGs PHB website.
Are there linked policies and procedures	Yes. Please see the introduction of this document.

<b>Version Control</b>		
<b>Version</b>	<b>Date</b>	<b>Consultation</b>
1	July 2014	CCG Community and Partnerships and PPI Directorate and BCH HART Management.
2	September 2014	Individuals from Bristol City Council involved in adult social care direct payments and CSU/CCG Finance.
3	October 2014	Quality and Governance Committee.
4	October 2014	CCG nominated local counter fraud specialist.
5	November 2014	Final Version for implementation.

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## **1 Introduction**

Following the Department of Health's successful national personal health budget (PHB) programme, legislative provision was made through The National Health Service (Direct Payments) Regulations 2013 for direct payments to be made for health care.

Those in receipt of NHS Continuing Healthcare funding are the first cohort to be able to ask for a PHB from 1 April 2014.

This document applies to adults (18 and over) in receipt of NHS Continuing Healthcare funding who request a PHB during 2014 to 2015.

This document should be read in conjunction with:

- Bristol CCG Personal Health Budget Policy 2014;
- Bristol CCG's NHS Continuing Healthcare and NHS-funded Nursing Care Procedural Guidance and Operational Policy (September 2011);
- The National Health Service (Direct Payments) Regulations 2013;
- Guidance on Direct Payments for Healthcare: Understanding the Regulations (March 2014);
- Guidance on the "right to have" a Personal Health Budget in Adult NHS Continuing Healthcare and Children and Young People's Continuing Care.
- Mental Capacity Act 2005;
- Bristol Community Health Policy for Assessment of Mental Capacity and Determining Best Interests (October 2007);
- National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (1 November 2012);
- Bristol CCG's No Secrets in Bristol – Policy and Procedure for Safeguarding Adults at Risk in Bristol (December 2012);
- NHS Funded Nursing Care Practice Guide July 2013 (Revised);
- The Fraud Act 2006 and Bristol CCGs Anti-Fraud and Bribery Policy 2013; and
- The Care Act 2014 (in force from April 2015).

## **2 Purpose**

This document will act as the Operational Guide for those in receipt of NHS Continuing Healthcare funding in Bristol who request a PHB.

It is specifically designed to assist health care practitioners in the implementation and operation of PHBs.

This will be an evolving document and as experience of implementing and managing PHBs develops, the document will be developed to reflect practice.

### 3 Who can have a Personal Health Budget?

Bristol Clinical Commissioning Group (BCCG) acknowledges that all in receipt of NHS Continuing Healthcare funding are entitled to **request** a PHB from 1 April 2014, and are entitled to **have** a PHB from 1 October 2014. However, the capacity, resources and skills required to meet all requests is likely to result in the need to prioritise. To minimise risks to the CCG and the Provider at this time, a stepped approach will be taken:

#### From 1 April 2014

- For service users **already in receipt** of NHS Continuing Healthcare funding receiving domiciliary care, suitability for a PHB will be considered by the Provider at Continuing Healthcare (three month/annual) review.
- For those found **newly eligible** for NHS Continuing Healthcare funding receiving domiciliary care, suitability for a PHB will be considered by the Provider once eligibility for NHS Continuing Healthcare funding is confirmed at three month review.
- **Transition cases** will be considered for a PHB when eligibility for adult NHS continuing healthcare (by the age of 17) is determined further to BCCGs NHS Continuing Healthcare and NHS-funded Nursing Care Procedural Guidance and Operational Policy (September 2011).
- For those **actively requesting a PHB in advance of a Continuing Healthcare review**, every effort will be made to facilitate this request in a timely manner. However, the Providers capacity will dictate the length of time before the request is met as an up to date Decision Support Tool will be required.

#### 1 October 2014

- From 1 September 2014, all existing eligible NHS Continuing Healthcare funded service users who receive domiciliary care, the option of a PHB will be discussed at review. They will be informed of their right to have a PHB and provided with details to apply for a PHB.
- For those found **newly eligible** for NHS Continuing Healthcare funding following 1 October 2014, suitability for a PHB will continue to be considered by the Provider once eligibility for NHS Continuing Healthcare funding is confirmed at three month review.

### 4 Bristol's Personal Health Budget Application Process

The PHB process follows on and interlinks with the assessment process for Continuing Healthcare as set out in the CCGs NHS Continuing Healthcare and NHS-funded Nursing Care Procedural Guidance and Operational Policy (September 2011). Until a PHB is in place, normal commissioning of a CHC care package will be delivered.

The Continuing Healthcare Nurse Assessor will consider whether a service user is eligible to apply for a PHB in accordance with Section 3 of this document. If eligible, discussion between the potential applicant and the Continuing Healthcare Nurse Assessor should take place, explaining what a PHB is and to ascertain whether they would like to apply for a PHB. The QA Code 'PHBENQ' should be entered and details of this discussion will be documented in the notes section.

- If they do not wish to apply for a PHB following this discussion, then the QA code 'PHBNFA' should also be entered.
- If the service user wishes to proceed with the application/would like further information about PHB then the Continuing Healthcare Nurse Assessor should notify the PHB lead.

The PHB Lead will write to the service user/and their Representative (**Appendix B**) enclosing the PHB patient leaflet (**Appendix C**) with further information about PHBs. The QA code 'PHBAPP' will be entered. If the applicant decides that they would like to continue with the application process, this will be indicated to the PHB Lead.

### **Allocating a Care Co-ordinator**

The Provider will identify a Care Co-ordinator for the implementation and monitoring of the service users PHB. Where possible, the Care Co-ordinator should be the Continuing Healthcare Nurse Assessor who was involved in the service user's most recent NHS Continuing Healthcare review. This will ensure that the least amount of people are involved at the implementation stage so the service user does not have to 'tell their story' more than once and they will already have a good understanding of the service user's healthcare needs.

### **Resource Allocation Tool**

Following a Care Co-ordinator being identified, the PHB Lead and Care Co-ordinator will complete the Resource Allocation Tool using the grading awarded in each domain of the Decision Support Tool.

For this reason, it is important that the service users' needs and level of need are correctly identified in the Decision Support Tool. Use of the Decision Support Tool domain gradings for resource allocation will also ensure a consistent approach and fair and equitable access to resources for PHBs.

If it is identified that a new Decision Support Tool needs to be conducted then this should be completed before any further steps in the PHB process are taken.

Once an indicative budget is available, authority is to be sought in accordance with current process for CHC high/exceptional care package costs as set out in the NHS Continuing Healthcare and NHS-funded Nursing Care Procedural Guidance and Operational Policy (September 2011) **before** the applicant is notified of their indicative budget.

## **Notifying the applicant**

Following approval of the indicative budget, the PHB Lead will write to the service user (**see Appendix D**). In this letter they will:

- Confirm the name of their Care Co-ordinator and their contact details. The PHB Lead will advise the service user that the Care Co-ordinator will be in contact to arrange an appointment to identify their health and wellbeing outcomes.
- The service user is informed of their indicative budget. This will allow the service user to start thinking about how they may wish to use their budget and help to manage expectations.
- Provided with '*My Personal Health Budget Workbook*' (**see Appendix E**). This is designed to gather important information about the service user and their health and wellbeing needs. It will allow the service user to start thinking about the health and wellbeing outcomes that they want to achieve. The Care Co-ordinator should refer to this document when agreeing health and wellbeing outcomes and signing off the care and support plan to ensure that they truly reflect the service user's wishes and views and are encouraged to provide a personalised approach.
- Provided with '*My Personal Health Budget Journey*' (**see Appendix F**) to assist the service user and their family to understand what is involved in the application process and before the first budget payment can be made.
- Provided with '*A Guide for Representatives and Nominated Person*'. This will allow those who may be involved in the administration of a PHB to understand what their roles and responsibilities will be.

## **Health and Wellbeing Outcomes Visit**

The Care Co-ordinator will make contact with the service user to arrange an appointment to identify the service user's health and wellbeing outcomes. An appointment should be arranged within 28 working days of the above letter.

The Care Co-ordinator will assess the service user's capacity to provide consent to share information and their capacity to administer a budget subject to the Mental Capacity Act 2005.

- Where a patient is deemed to have capacity, they may choose another person to operate the budget on their behalf; this is a Nominated person. Please see **Appendix G** that provides guidance for health care professionals when considering whether a Nominated person is suitable to receive monies on behalf of the Budget Holder.



- Where the patient lacks capacity a person may be selected by the Care Co-ordinator or by the Continuing Healthcare team to operate the budget on their behalf; this person is a Representative. When selecting a Representative the Care Co-ordinator and Continuing Healthcare Programme Manager must consider what the service user would have wished if they had capacity, any previously expressed wishes and whether there is a legal representative such as deputy, donee, person with power of attorney or person with parental responsibility. If there is no legal representative, then a relative or a friend may be a Representative. Healthcare professionals may wish to refer to **Appendix G** to assist with identifying a suitable Representative.

Where the service user lacks capacity and has no legal representative, family or friends, an independent mental capacity advocate will be contacted to assist in making best interest decisions on behalf of the individual.

The Mental Capacity Act 2005 and the National Health Service (Direct Payments) Regulations 2013 sets out that a Nominated person or Representative is:

- expected to act in the best interests of the patient to consider what they would have wanted if they had capacity,
- be responsible for contractual arrangements secured by a direct payment, including employment contracts (where staff are to be directly employed),
- to manage the budget including repayment where this may be required.

Where there is a nominated person/Representative they will be required to sign a declaration confirming that they meet the requirements for receipt of a direct payment (as set out in Regulation 7(2) of The National Health Service (Direct Payments) Regulations 2013).

The Care Co-ordinator will obtain signed consent to share information relating to their PHB (**see Appendix H**).

The service user, in partnership with the Care Co-ordinator, drafts their agreed health and wellbeing outcomes (**Appendix I**). Service users should also be supported by their representatives/carers/family where appropriate. The agreed health and wellbeing outcomes plan will be determined through consideration of the individual's identified health and wellbeing needs and the outcomes that they wish to achieve. The Care Co-ordinator should consider the service users completed 'My Personal Health Budget Workbook'. This will provide valuable information about the individual and can be used as an aid when formulating the individual's health and wellbeing outcomes.

The completed agreed health and wellbeing outcomes document will be attached to QA and PHB Lead notified by email.

### **Brokerage Support Services**

The PHB Lead will make a referral to the Brokerage and Support Service supplying a copy of the agreed health and wellbeing outcomes document, the indicative budget figure, a copy of the care summary and risk assessment.

The Brokerage and Support service will arrange for a brokerage advisor to visit the service user.

The brokerage adviser will provide information about how PHBs work in practice, using care agencies, employing staff, managing and co-ordinating care and information about managing risk and contingency planning.

The brokerage advisor will provide advice on the type of care resources available including access to personal assistants, care agencies, care providers, relevant health services and resources.

The brokerage advisor will help the budget holder produce a written care and support plan (**see Appendix J**) that incorporates the agreed health and wellbeing outcomes, considers the risks to delivery of the care and support plan, the contingency plans for managing these and an action plan to implementing the care and support plan.

As a general principle it is expected that the brokerage service will assist individuals to build and maintain strong teams to help individuals to achieve their agreed health and wellbeing outcomes. Teams can typically include a combination of family, friends and paid supports.

The Brokerage and Support service will provide on-going assistance where required, enabling an individual to manage their care and support package and the finances and payments to be made for their PHB. The service will help budget holders to comply with the finance and accounting arrangements required by the CCG.

The Brokerage and Support service will take account of Best Interests of the individual and to work within Safeguarding Vulnerable Adults Procedure.

The Brokerage and Support Service should send the care and support plan directly to the PHB Lead by secure email/post within 6-8 weeks of the referral by secure email/post.

### **Employing Personal Assistants**

Where a budget holder chooses to employ their own personal assistants, the quality standards for safeguarding adults will apply to care and support packages. Personal Assistants will be required to maintain daily care records of the service user's presentation and care delivered. These records should be readily available to the Continuing Healthcare team if requested.

The tasks personal assistants are permitted to carry out must be considered carefully and risk assessed within the care and support planning process. A registered practitioner who delegates a task remains accountable for the decision to delegate, and cannot delegate that accountability. However, provided the decision to delegate is made appropriately, the registered practitioner is not accountable for the decisions and actions of the personal assistant to whom they delegate. The personal assistant is accountable for accepting the delegated task and responsible for their actions in carrying it out. Above all, delegation must be in the best interests of the

person. **Appendix K** provides a matrix to be used by the Care Co-ordinator when deciding whether it is appropriate to delegate a clinical task.

There must be appropriate training and assessment of competency by the registered practitioner that normally delivers the clinical task, or alternatively, competency can be achieved through training that is purchased. The service users budget allocation should include provision for training where required and for appropriate insurance costs. Where a personal assistant has achieved competency this must be clearly documented, along with the requirement and dates for refresher training to ensure skills are maintained to a satisfactory level. Where available, copy certificates relating to training undertaken should be provided to the CCG.

The Brokerage and Support service may assist the budget holder in recruiting personal assistants. Where a personal health budget holder chooses to employ<sup>1</sup> their own personal assistants, the quality standards for safeguarding adults will apply to care and support packages. The Continuing Healthcare team may require a personal assistant to have an enhanced Disclosure and Barring Service (DBS) check; budget holders can access enhanced DBS checks from a Brokerage and Support service.

Where personal assistants are employed by budget holders, the CCG require that a payroll system is used to ensure Tax and National Insurance contributions are paid on behalf of the budget holder for assistants; a Brokerage and Support service can provide a payroll service which makes the payments to personal assistants on behalf of budget holders.

The Guidance on Direct Payments for Health Care (DH 2014) is clear that close family members living in the same household as the budget holder cannot be paid for providing support unless there are exceptional circumstances.

### **Quality Assurance**

Where the direct payment is used to buy a service which requires the provider to be registered with the Care Quality Commission, the Budget Holder, their Representative or Nominated Person must ensure that the person is appropriately registered. The Brokerage and Support Service can assist in checking registration.

For some services a provider must be a registered member of a professional body (e.g. chiropractors, occupational therapists etc). The direct payment should not be used to purchase care from someone who is unregistered if they are required to be. The Brokerage and Support Service can assist in checking whether a provider is required to be registered and the state of their registration.

The budget holder is responsible for providing a safe environment with equipment fit for purpose and appropriately tested.

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<sup>1</sup> In the majority of cases, personal assistants are not eligible to be treated as self-employed as the nature of their work does not meet the criteria set by HMRC. When the personal health budget holder is the employer, they are subject to relevant employment law.

The Clinical Quality and Complex Care Lead in Continuing Commissioning may assure care quality provided by personal assistants and service providers. The budget holder, Representative or Nominated Person will be given notice of when this will happen.

The Budget Holder will be responsible for obtaining his/her own employer's liability and public liability insurance in respect of visitors coming on the Budget Holder's property for the purposes of providing the services outlined in the Care and Support Plan. This insurance may be available as part of the Budget Holder's home insurance policy.

Prior to purchasing a service the budget holder should consider whether the provider has indemnity or insurance, and, if so, whether it is appropriate. The Brokerage and Support Service can provide advice on this.

### **Approving the care and support plan**

The Care Co-ordinator and Continuing Healthcare Programme Manager will sign off the care and support plan that includes the health and wellbeing outcomes the individual wants to achieve.

The indicative budget may be revised following receipt of the care and support plan to reflect the proposed pattern of services to be purchased; for this to happen the care and support plan will make robust links between health outcomes and care provision.

Where the Care Co-ordinator and/or Continuing Healthcare Programme Manager considers that the PHB constitutes a high risk package or that a proposed use of the budget requires wider consultation, this should be presented to the PHB Group. As experience of PHBs develops, it is expected that referral to the PHB Group for guidance/approval will decrease and will be the exception rather than the norm.

If the Care Co-ordinator and/or Continuing Healthcare Programme Manager considers that the care and support plan does not provide a comprehensive package of care to that will be sufficient to meet the service user's needs, it should be returned to the Brokerage Support Service with a clear explanation as to why. The brokerage advisor will then revisit the care and support plan with the service user to address the inadequacies and resubmit for sign off. This may need to happen more than once in cases involving high levels of care complexity.

When agreeing the care and support plan, the Care Co-ordinator and CHC Programme Manager must be satisfied that the agreed health outcomes of the service user will be met by the services in the care and support plan and that the budget will be sufficient to cover the full costs of the services in the care plan. No service should be included in the plan if the Care Co-ordinator or CHC Programme Manager believes that the benefits are outweighed by the possible damage to someone's health or where they are unlikely to meet the agreed outcomes or where the cost is substantially disproportionate to the potential benefit.

In signing off a care and support plan, consideration will be given to the robustness of the plan and in particular to the contingency arrangements.

Copies of the approved care and support plan should be provided to the service user, their Representative/Nominated Person, the Brokerage Support Service who assisted with developing it and any healthcare professionals who are involved in delivering the individuals care.

### **Procedures for making a Direct Payment**

Any person receiving direct payments (the service user, Representative or Nominated Person) must have a separate bank account specifically for the PHB. This bank account should only be used for purchasing services to meet the individuals agreed health and wellbeing outcomes as set out in the approved care and support plan. The bank account should only be accessible by people agreed by the Continuing Healthcare Programme Manager, which should normally be limited to the individual in receipt of the personal health budget, their Representative or their Nominated Person.

When receiving direct payments, the person holding the account should keep a record of the income received and how it is spent. Budget holders will be required to make a quarterly submission of evidence of income and expenditure to the CHC Commissioning Team. Evidence will be required in bank statements and receipts.

Where any part of PHB is to be administered through a direct payment, the PHB Lead will send out the Direct Payment Agreement (**see Appendix L**) for the budget holder/Representative/Nominated Person to sign.

The Direct Payment Agreement must be signed by the following individuals before any payments can be made:

- the budget holder, their Representative or Nominated Person;
- the allocated Care Co-ordinator; and
- the Continuing Healthcare Programme Manager

The signed document should be attached to QA and the PHB lead will send a copy to the service user/Representative/Nominated Person for their own records.

### **Financial Arrangements**

An individual payment system for each personal budget holder on the Oracle payments system will be set up in advance. Payments are to be made at four weekly intervals to each budget holder.

The first budget instalment will include start-up costs as identified in the care and support plan, the first instalment of the four weekly budget and a contingency provision. Provision for respite is already included within the budget.

A payment request form will be completed on a monthly basis providing details of each budget holder, the amount to be paid and the budget code. Each budget holder will be allocated an individual budget code to enable monitoring of their individual account within the general ledger.

This payment request form will then be passed to the responsible budget manager for authorisation before being placed with the Finance Department for processing.

## 5 Clinical Review

The first review of the PHB should be conducted no later than 3 months following the PHB becoming operational. The review (**see Appendix M**) will consider:

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

Following a review where the Agreed Health Outcomes plan has been amended, the CHC Programme Manager will review the care and support plan to identify if any amendments need to be made, and this may inform the financial review.

If a review indicates a significant change in the level of health and wellbeing needs, a new Resource Allocation Tool will need to be completed. This will ensure that the allocated budget is sufficient to meet the services users identified health and wellbeing needs.

Subsequent care reviews must be conducted within 12 months. However, if the Provider or Continuing Healthcare team becomes aware that the health of a person has changed significantly this may require an earlier review to be completed.

Where possible any CHC review of eligibility and PHB clinical review should be combined.

## 6 Financial Review

The CCG must monitor how PHBs are being used where 'real money' has been paid to a third party and/or the budget holder, their Representative or Nominated Person. The financial review pathway is set out in **Appendix N**.

Budget holders will agree to supply the information required for financial reviews in the Budget Holding Agreement. On a quarterly basis, the budget holder will be required to supply

- monthly bank or building society statements;
- copies of invoices;
- signed receipts for any cash payments;
- wage records consisting of staff details, hours worked, staff payments, PAYE and NI payments to the Inland Revenue.

for each item of expenditure made from the personal health budget.

Brokerage and Support services can assist the budget holder to prepare for the financial review.

From these, the PHB lead will supply a financial review summary sheet (**Appendix O**) to the Care Co-ordinator to assist in clinical review. The summary will state how well the budget fits the actual purchasing pattern, assess the adequacy of information supplied by the budget holder and identify if any amendment may be required regarding clinical provision.

Where it is identified that the direct payment has been insufficient to purchase the services agreed in the care and support plan the CHC Programme Manager must be informed and will review the support and budget plan and amend it appropriately.

NHS Counter Fraud may be involved in financial review and where fraudulent use of PHB money is suspected, the CCGs nominated local counter fraud specialist has the right to investigate this.

### **Change to the budget following review**

The amount of the budget may increase or decrease as a result of a clinical or financial review. When the size of the payment is changed, the CCG will provide 28 days' notice in writing to the Budget Holder, Representative or Nominated Person stating:

- the reasons for the decision;
- the new budget amount; and
- when the change will take effect.

Where the CCG decreases the size of the payment it must be satisfied that the new amount is sufficient to cover the full cost of assessed care needs.

### **Repayment of direct payments**

The CCG may require all or part of a direct payment to be repaid if:

- the care and support plan changes substantially;
- the budget holder's circumstances have changed substantially;
- the direct payment is used for any service not agreed in the care and support plan;
- the CCG considers that the budget holder's needs can no longer be met through direct payments;

- theft, fraud or another offence has occurred in connection with the direct payments;
- the budget holder is no longer eligible for CHC funding or has died; or
- the direct payments have not been used for services specified in the Care and Support Plan and an unplanned surplus accrues.

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

If repayment or adjustment is needed, the CCG will write to the budget holder, Representative or Nominated Person giving 28 days' notice stating:

- the reason for the decision;
- the amount to be repaid, or lower regular direct payment;
- the deadline for repayment or date the lower payment starts; and

In the case of a budget holder who has died, the CCG will give the above notice to the budget holder's Personal Representative(s).

### **Suspension of Direct Payments**

The CCG retains the right to suspend direct payments with immediate effect should there be evidence of misuse or fraudulent use of the monies. In such cases the budget holder may be liable to repay all or some of the direct payments received from BCCG in accordance with the process outlined above.

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

### **Termination of Direct Payments**

The CCG retains the right to terminate the whole or part of the direct payment on 28 days' notice in circumstances including, but not limited to:

- the budget holder is no longer eligible for CHC funding;
- the CCG does not consider that the budget holder's Representative or Nominated Person is a suitable person to receive direct payments, and an alternative Nominated Person cannot be found;
- the budget holder withdraws his/her nomination of the Nominated Person;
- the Nominated Person does not agree to receive the direct payments in respect of the budget holder;
- the budget holder, Representative or Nominated Person has not used the direct payments for the services set out in the care and support plan;
- BCCG has reason to believe that theft, fraud or another offence may have occurred in relation to the direct payments;
- the budget holder's assessed care needs cannot be, or are not being met by services secured by means of a direct payment;



- the budget holder or his or her Representative has withdrawn consent to the direct payments being made; or
- the budget holder has died.

If a PHB is to be terminated, the CCG will write to the budget holder, Representative or Nominated Person giving 28 days' notice stating:

- the reason for terminating direct payments; and
- details of any repayments due from the budget holder.

In the case of a budget holder who has died, the CCG will give the above notice to the budget holder's personal representative(s).

### **Challenge to a change in the budget**

A budget holder, Representative or Nominated Person can ask the CCG to re-consider its decision to:

- change the amount of the PHB;
- repay all or part of the PHB;
- suspend the PHB; or
- terminate the PHB.

Evidence or relevant information can be provided for the CCG to re-consider. The CCG will then write to the budget holder, Representative or Nominated Person to tell them:

- what has been decided as a result of the re-consideration; and
- why this has been decided.

The CCG is not required to undertake more than one re-consideration in these circumstances.

## **7 Management of Disputes**

Where the dispute relates to the CHC eligibility decision, the disputes procedure as set out in the CHC policy (September 2011) should be followed.

Where the dispute relates to:

- repayment of a direct payment;
- suspension of a direct payment;
- termination of a direct payment; or
- challenge to a change in the budget.

The re-consideration procedure as set out in Section 6 of this document should be followed. Where the complainant remains dissatisfied, they should be signposted to the CCGs complaints procedure.

Decisions relating to the:

- Refusal of a PHB application;
- Refusal of budget to be received by a direct payment/third party managed account;
- Refusal of proposed use of budget
- Outcome of review;
- Outcome of PHB appeals;

will be communicated in writing to individuals, or their Representative or Nominated Person, (together with copies of the minutes of the PHB Group where involved) with rationale for the decision within 28 working days of the decision being made. There may be instances where a complex situation requires a longer timeframe for reconsideration and response. In these instances individuals should be kept informed of progress.

Where the complainant remains dissatisfied, the individual, and/or their Representative or Nominated Person will be invited to resolve the matter informally through discussion with the Care Co-ordinator and then through BCCGs local resolution procedure.

## **8 Safeguarding**

The CCG as commissioners are responsible for monitoring quality, safety and service user's experience of services commissioned from Providers. Although budget holders are commissioning their own care, with assistance from the Brokerage and Support service/s, care provided should meet agreed outcomes and quality standards for care as determined in the CHC contract for independent care providers.

When serious concerns are raised about the care provided for budget holders, a care review and risk assessment will be undertaken in partnership with the budget holders, their representatives and their family to ensure appropriate controls are in place to assure the individual's safety and the quality of care provided. This will determine if a safeguarding alert should be raised.

## **9 Transition from child to adult NHS Continuing Healthcare funding**

The CCG has set out a shared transition pathway in its NHS Continuing Healthcare and NHS-funded Nursing Care Procedural Guidance and Operational Policy (September 2011).

The Care Co-ordinator should be identified when the Decision Support Tool is completed and planning for a PHB should commence from a finding of eligibility at the age of seventeen.

## 10 Training

The allocated Care Co-ordinator should have received training in relation to personalised care planning and training in relation to agreeing health and wellbeing outcomes or have prior experience of implementing PHBs.

As PHBs are a new initiative, additional training needs and opportunities will be identified through practice.

The PHB lead is contactable in the event that the Provider requires support and/or guidance in the implementation and operation of PHBs.

## 11 Glossary

**"Brokerage and Support Service"** means the service provided by Bristol Clinical Commissioning Group to provide information, advice or other support in connection with the direct payments to the Budget Holder, his or her Representative or Nominated Person;

**"Budget Holder"** and **"service user"** mean the individual who receives the Personal Health Budget for Continuing Healthcare funding;

**"Care Co-ordinator"** means the representative from Bristol Clinical Commissioning Group who will manage the assessment of the Budget Holder's health needs for the care and support plan, ensure those health needs continue to be met, and otherwise oversee the arrangements as set out in the Regulations. The care co-ordinator will be commissioned by Bristol Clinical Commissioning group from existing commissioned services or an appropriate external partner.

**"Care and Support Plan"** is the Continuing Healthcare overview care plan written by the Budget Holder and the Brokerage and Support Service. The plan is made with advice from the Care Co-ordinator, which has been agreed by Bristol Clinical Commissioning Group. It sets out the Budget Holder's health needs and health and wellbeing outcomes, the amount of money in the Personal Health Budget and how the money will be used. It includes a risk assessment, contingency and respite plans for managing any significant potential risks.

**"direct payment"** means the payments to be made to the Budget Holder as shown in the Schedule of Payments;

**"health and wellbeing outcomes"** are outcomes agreed jointly by the Budget Holder and his or her Care Co-ordinator setting out what the patient wishes to achieve in terms of their health and wellbeing needs;

**"Indicative budget"** – An indicative budget is calculated so that the service user can begin to develop an individual care and support plan to meet their holistic needs including health and well-being.

**"Personal Representative(s)"** means the executor or administrator of a deceased person's estate.

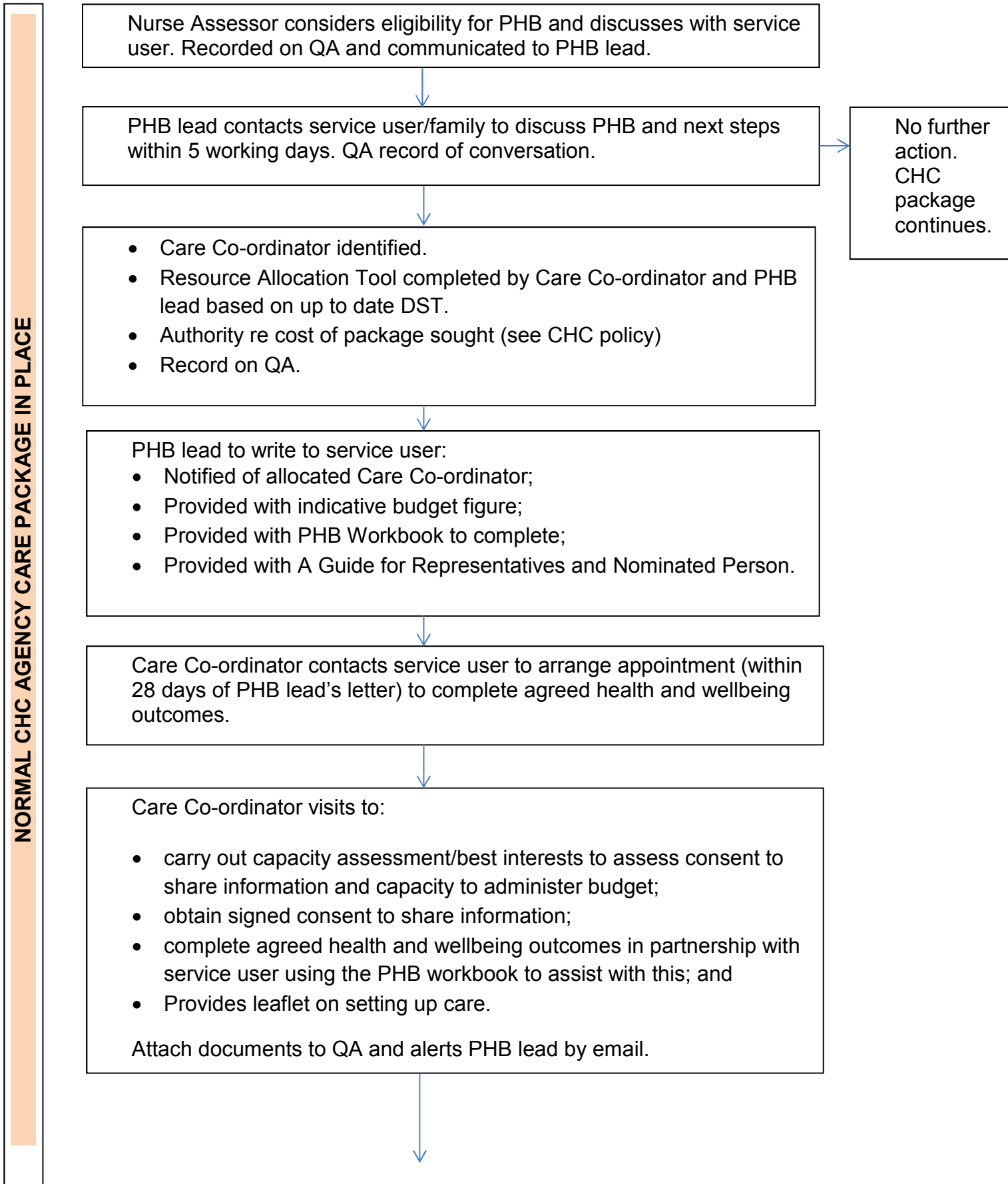
“**Provider**” will be commissioned by Bristol Clinical Commissioning group from existing commissioned services or an appropriate external partner.

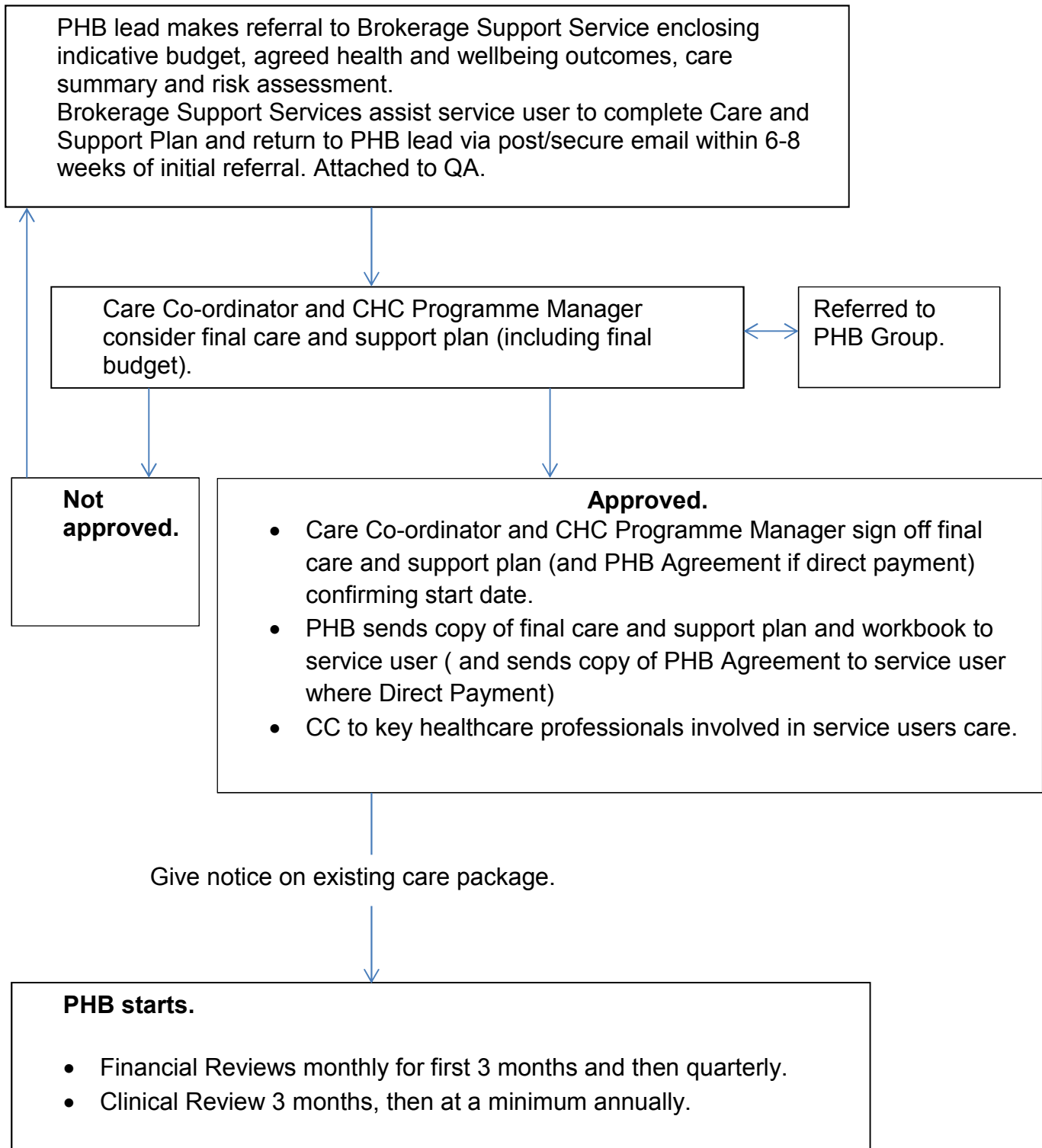
“**Representative**” means the person who receives and manages the direct payments on behalf of the Budget Holder. This will be where the Budget Holder lacks mental capacity look after the budget themselves. The representative may include;

- a deputy;
- donee;
- attorney; or
- person with parental responsibility

Where there is no such person, any person appointed by Bristol Clinical Commissioning Group to receive and manage the direct payments on behalf of the Budget Holder.

Appendix A





CHC Commissioning  
5<sup>th</sup> Floor, South Plaza  
Marlborough Street  
BRISTOL  
BS1 3NX

Tel 0117 900 2331  
Fax 0117 900 2690

Date  
Ref

XXXX  
XXXX

Dear XXXX

### Personal Health Budgets

I write further to your Continuing Healthcare Assessment review that took place on XXXX.

Following a successful pilot programme, personal health budgets are being rolled out nationwide. The first group of service user's that will have the right to ask for a personal health budget from 1 April 2014 are those in receipt of NHS Continuing Healthcare funding.

A personal health budget is an amount of money to support your identified health and wellbeing needs, planned and agreed between you and your local NHS team. The aim is to give people with long-term conditions and disabilities greater choice and control over the healthcare and support they receive.

I enclose a leaflet that provides further information that will help you to understand what a personal health budget is. This is a very new initiative and we will learn from your feedback to make changes over the next year.

If you, a relative or your carer would like to discuss applying for a personal health budget, please contact Jessica Harris, Project Lead for Personal Health Budgets on 0117 9002283. Jessica can tell you more about the next steps and answer any queries.


If you do not choose to have a personal health budget your eligibility and care package for Continuing Healthcare funding remains unchanged until your eligibility is considered at your next review.

Yours sincerely

**Jessica Harris**  
**CHC Programme Support Manager**  
**CHC Commissioning**  
**Bristol Clinical Commissioning Group**


Enc: An introduction to personal health budgets



  
Bristol Clinical Commissioning Group

An introduction to  
personal health budgets

For people age 18 and over



## What is a personal health budget?

A personal health budget is an amount of money to support your identified health and wellbeing needs, planned and agreed between you and your local NHS team.

This means that you work in partnership with your local NHS Team to select treatments and services that meet your needs in a way that is most appropriate for you.

Personal health budgets are aimed at giving you more choice and control over how money is spent on meeting your health care and wellbeing needs.

Together with your NHS team you will develop a care and support plan. The plan sets out your personal health and wellbeing needs, the health outcomes you want to achieve, the amount of money in the budget and how you are going to spend it.

You don't have to change any healthcare or support that is working well for you just because you get a personal health budget, but if something isn't working, you can change it.

## Who can have a personal health budget?

From 1 April 2014, people who are eligible for NHS Continuing Healthcare funding have a right to ask for a personal health budget.

Your Continuing Healthcare funding and care package will remain in place if you choose not to have a personal health budget. It is completely voluntary.

## How is a personal health budget held?

It can be held in any one or more of the following ways:

### Notional Budget

Your local NHS team holds your budget so no money changes hands. Your local NHS team tell you how much money is available and discuss the different ways to spend that money on meeting your needs.

### Third Party Budget

The budget is paid to an organisation or trust that holds the money on your behalf, helps you decide what you need and buys the care and support that you have chosen.

### Direct Payment

Your budget is held by you, a nominated person or representative in a dedicated bank account. The care and support you need as agreed between you and your local NHS team and is bought by you. You must provide evidence of what you have spent your budget at regular intervals and to manage the services that you have bought.



## Are there things a personal health budget cannot be used for?

A personal health budget must only be used to meet your health and well-being outcomes that are identified and agreed with your local NHS team in your care and support plan.

You can use a personal health budget to pay for a wide range of items and services, including therapies, personal care and equipment. This will allow you more choice and control over the health services and care you receive.

There are certain things that a personal health budget cannot be used for:

- Emergency Care
- Surgical procedures
- Services that are already provided for everyone by the NHS free of charge such as the service your GP provides
- Prescription or dental charges
- Alcohol, gambling or tobacco;
- Repaying a debt;
- Anything unlawful.

### Further information

Bristol Clinical Commissioning Group Continuing Healthcare  
Jessica Harris, CHC Programme Support Manager  
South Plaza, Marlborough Street  
Bristol  
BS1 3NX

Tel: 0117 9002283  
email: [jessica.harris@bristolccg.nhs.uk](mailto:jessica.harris@bristolccg.nhs.uk)

[www.personalhealthbudgets.england.nhs.uk/index.cfm](http://www.personalhealthbudgets.england.nhs.uk/index.cfm)

**Appendix D**

**CHC Commissioning  
5<sup>th</sup> Floor, South Plaza  
Marlborough Street  
BRISTOL  
BS1 3NX**

**Tel 0117 900 2331  
Fax 0117 900 2690**

Date

XXXX

Ref

XXXX

Dear XXXX

**Personal Health Budget**

I write further to your telephone call on .... You confirmed that you would like to proceed with your personal health budget application.

**Your Care Co-ordinator**

I am pleased to tell you that you have now been allocated a Care Co-ordinator:

Your Care Co-ordinator is:

Telephone Number:

Your Care Co-ordinator will contact you by telephone in due course to arrange a time to visit you. During this visit you will agree the health and wellbeing outcomes that you want to achieve.

**My Personal Health Budget Journey**

I enclose a leaflet 'My Personal Health Budget Journey' in order to help you to understand what will need to happen before your personal health budget payments can start.

**My Personal Health Budget Workbook**

To help you start thinking about the health and wellbeing outcomes you want to achieve, we have enclosed a Personal Health Budget Workbook for you to complete.

It is aimed at finding out what is important to you and whether there are things about your current care package that are not working so well. You can ask your family/ carers to help you complete this if you wish. It can be completed in writing or pictures.

Please complete the Workbook and have it available for your Care Co-ordinator to look at when they visit you.

### **Your Indicative Budget**

Your health needs were assessed during your NHS Continuing Healthcare review. We have used this information to provide you with an indicative budget of £ [redacted] per month to meet your agreed health and wellbeing outcomes.

### **How you will receive the budget**

A personal health budget can be received in any one or more of the following ways:

- as a notional budget where no money changes hands;
- the budget is held and managed by a third party organisation or trust;
- as a direct payment to the Budget Holder, their Representative or Nominated person.

It would be helpful to start thinking about how you would like to receive the budget.

### **Guide for Representatives and Nominated Persons**

I enclose A Guide for Representatives and Nominated Persons to explain what they are what their responsibilities would be if you would like/will require help from in managing your budget.

Please keep in mind that personal health budgets are a new concept for Bristol Clinical Commissioning Group. There may be times when you feel that we could perhaps do something better or more effectively. If that happens then it's important that you tell us.

If you have any questions about personal health budgets please do not hesitate to contact Jessica Harris, Project Lead for Personal Health Budgets on 0117 9002283.

Yours sincerely

**Jessica Harris**  
**CHC Programme Support Manager**  
**CHC Commissioning**  
**Bristol Clinical Commissioning Group**

Enc: My Personal Health Budget Workbook  
A Guide for Representatives and Nominated Persons

# My personal health budget journey

This leaflet has been designed to help explain the personal health budget application process



## Step 1 Getting Started

If you are eligible for CHC funding, the Assessor will explain what a personal health budget is.

If you decide that you want to apply for a personal health budget or would like more information, you will be contacted by letter enclosing a leaflet about personal health budgets.

You will contact the PHB lead to confirm that you want to go ahead with the application process.



## Step 2 Completing your workbook

You will be allocated a Care Co-ordinator.

You will be provided with a workbook for you to complete. This will contain information about you and your life.

You will be provided with an indicative budget so you can start thinking about how you would like to spend your budget.



## Step 3 Agreeing your outcomes

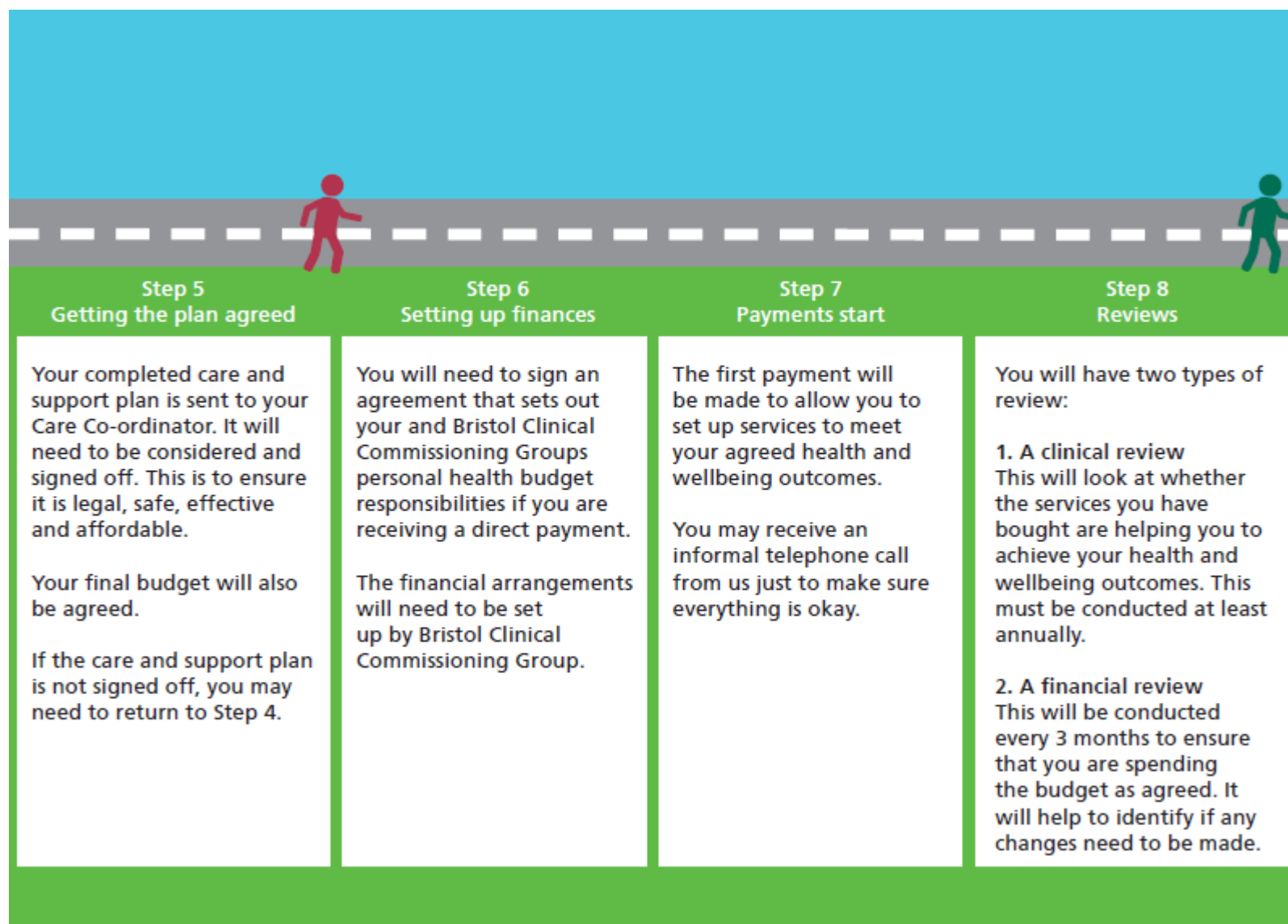
Your Care Co-ordinator visits you and together you agree your health and wellbeing outcomes.

You will be provided with a detailed leaflet about having a personal health budget for you and those around you.

## Step 4 Planning your care

You will be referred to a Brokerage Support Service who will help you to create a care and support plan. Your care and support plan decides how you are going to spend your budget to meet your agreed health and wellbeing needs.

You will decide how your personal health budget will be held (e.g. notional, third party or direct payment).



Appendix F

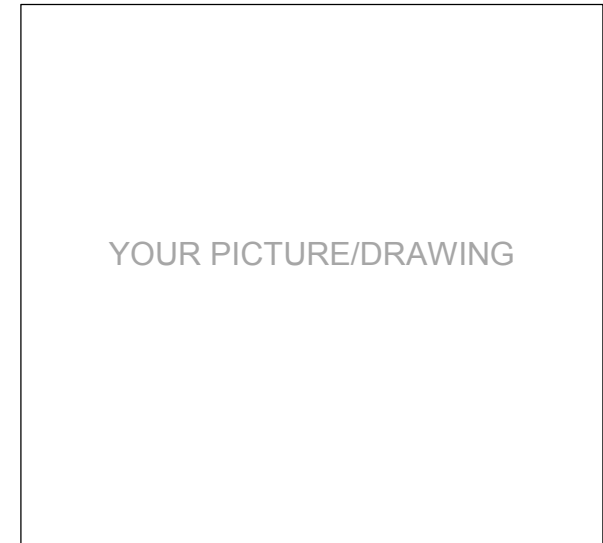
# My Personal Health Budget Workbook

My Name:

My Address:

The name of the person supporting me with this plan:

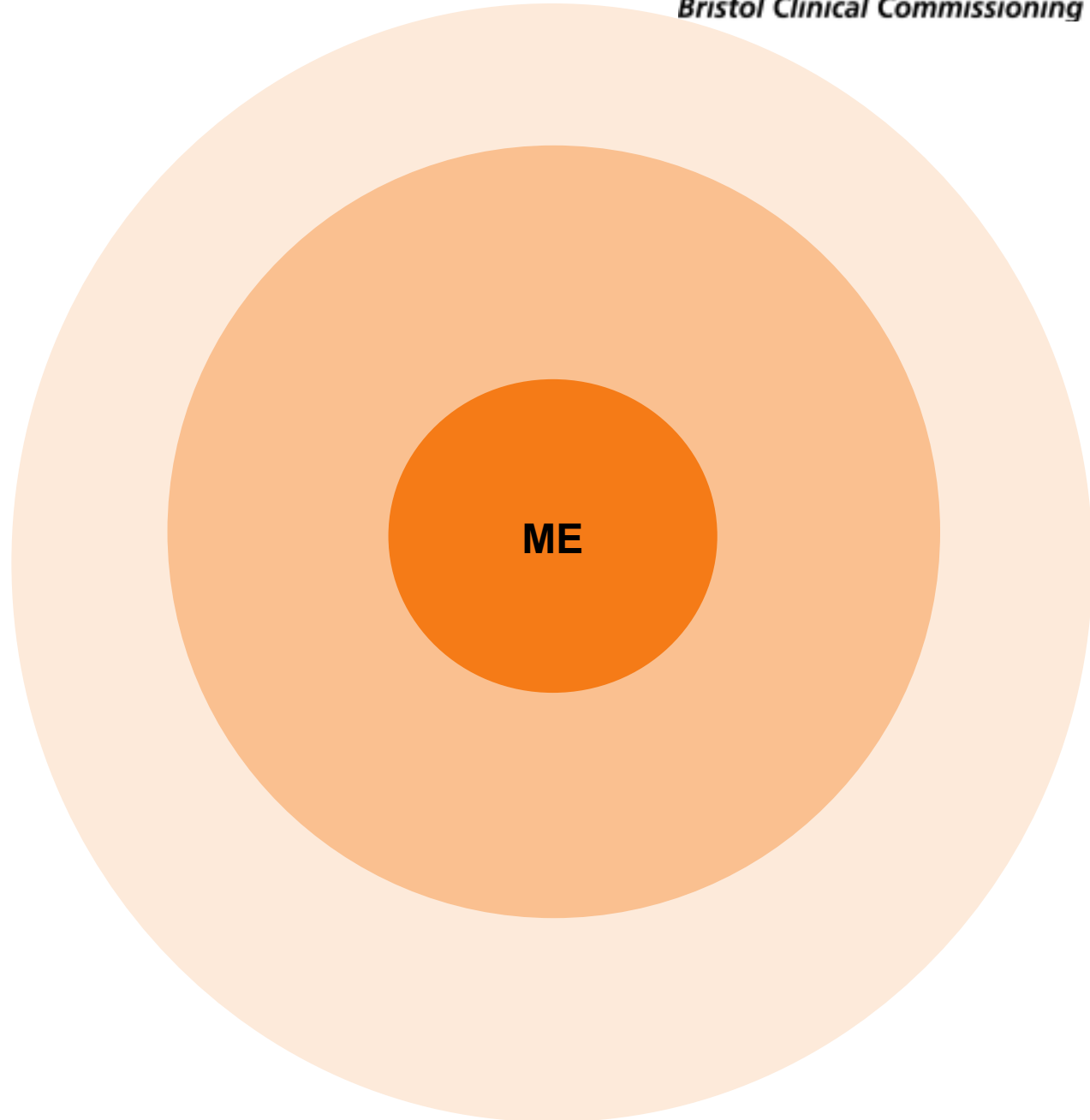
Date:





1) Who is in my life?

People paid to be with me



Other

**2) What is my current situation?**

**(This should include details of any health conditions or disabilities that have an impact on your need for support. This could include any diagnosis or health conditions, medication required, dietary needs associated with the condition(s) and healthcare professionals already involved in your care.)**

**3) My timetable.**

**Make sure you also include all areas of support you need, particularly around managing your health condition and staying safe. Look at the things that are important to you for activities to include.**

	Morning (8am-1pm)	Afternoon (1pm – 6pm)	Nighttime (6pm – 8am)
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			

<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**4) Things that are working so well for me now that I would like to keep the same.**

<b>5) Things that are not working so well for me now that I would like to change:</b>	<b>6) How I would like to change the things that are not working so well:</b>

**7) Views of my carers/family:**

## WHAT NEXT?

Your Care Co-ordinator will arrange to come and see you. It is important that you complete your Personal Health Budget Workbook before this happens.

Together, you will come up with your agreed health and wellbeing outcomes. Your carers and family can also help you with this if you want them to.

Here are some examples of agreed health or wellbeing outcomes:

- “To maintain my current level of paid care so that I feel safe. I trust my carers to provide for all my care needs - this ensures that I can remain at home and avoid hospital admission.”
- “Reduce discomfort and spasms, maintain joint range of movement. This will have a positive impact on my physical and mental wellbeing.”
- “To be able to move freely around the ground floor of my property without needing assistance from others.”
- “I have always taken great pride in my appearance and want to continue to look my best. This will help to maintain my positive attitude and contribute to my psychological and emotional wellbeing. Because of my physical disability I need help from others to achieve this.”

You might want to start thinking about your health and wellbeing outcomes before your Care Co-ordinator visits and write them down.



**Consent to the Assessment Process & Information Sharing**

The Mental Capacity Act set out the definition of a person who lacks capacity. These sections of the act say that a person lacks capacity if he, or she, has a temporary or permanent impairment of/ or a disturbance in the functioning of the mind or brain when the decision needs to be made, and as a result is unable to:

- Understand the information relevant to that decision
- Retain that information
- Weigh up information as part of the process of making the decision or
- Communicate his/her decision (whether by talking, using sign language or any other means)

Where the person is incapacitated and unable to consent, information should only be disclosed in their best interests and then only as much information as is needed to support their care. For further guidance, see the Mental Capacity Act 2005 Code of Practice on [www.dca.gov.uk/menincap/legis.htm](http://www.dca.gov.uk/menincap/legis.htm) and the guidance booklet "Making Decisions: a guide for people who work in health and social care" on [www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/booklet03.pdf](http://www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/booklet03.pdf)

Mindful of this, who holds formal decision making responsibility?

Self or Other? (as below)

Lasting Power Of Attorney:

Level of Power

Health/Welfare

Date of decision made:

Financial

Deputy:

Enduring Power Of Attorney:

Level of Power

Health/Welfare

Financial

Additional Info:

Advanced Decision to refuse treatment?

Yes

No

Date decision made:

Located where?

If the person is deemed to have capacity:

Has their consent been obtained for this assessment:

Yes

No

Have they given consent to have information shared with their NOK, main carer or advocate?

Yes

No

Has their consent been obtained for sharing information contained within this assessment with potential care providers?

Yes

No

If the person is deemed to not have capacity to consent, how was this determined? How has it been decided, and by whom, that it is in the person's best interests to complete this assessment?

**Assessor:**

**Designation:**

**Signature:**

**Date:**

**Signature of Assessed Person:**

**Signature of Assessed Person's representative:**

**Application for Personal Health Budget  
Information Sharing Consent Form**

In order to proceed with your application for a Personal Health Budget, and review the budget, it may be necessary to seek information from and supply information to any or all of the following:

- GP medical records
- Health records
- Nursing assessments
- Specialist assessments
- Social Services care plans
- Education
- South West Commissioning Support Unit
- Other agencies relevant to the application, eg Brokerage and Support services.

Please authorise the above to provide information to representatives of Bristol Clinical Commissioning Group to enable the personal health budget to be considered and reviewed

Name of Budget Holder:

Address:

Signed:

Or  
I agree that confidential information regarding the above named person may be given to the Clinical Commissioning Group responsible for his/her care and that it can be shared with the relevant professionals.

I confirm that I am the Representative/Nominated Person. (\*Delete as appropriate)

Signed:

Address: (if different from above)

Name:

## Appendix H

### Suitable Person Guidance

This guidance is to be used when considering who a suitable person to receive a direct payment on the service user's behalf.

- Where the service user has capacity under the Mental Capacity Act 2005 they may wish to nominate someone to manage their direct payment for them (Nominated Person). The service user in their care and support plan will still make decisions about how they want their budget to be used.
- Where the service user does not have capacity under the Mental Capacity Act 2005 a Representative is to be appointed. Consideration should be given to what the service user would have wished if they had capacity, any previously expressed wishes and whether there is a legal representative such as deputy, donee, person with power of attorney or person with parental responsibility. If there is no legal representative, then a relative or a friend may be a Representative.

#### **The identified suitable person MUST:**

- be over 18
- have capacity (Mental Capacity Act 2005)
- not be a person who has been placed under certain conditions or requirements by the courts in relation to drug and/or alcohol dependencies (refer to the Schedule of the Direct Payment Regulations 2013)
- not be a paid carer or personal assistant.
- understand their responsibilities as a Representative/Nominated person to manage the service user's direct payment.
- not have been declared bankrupt.
- have an enhanced Disclosure and Barring Checklist completed if the suitable person is not living in the same household as the service user
- have a long well established relationship with the service user, like a family member, close friend, spouse, civil partner or partner.

- be prepared to work with Bristol Clinical Commissioning Group and other professionals.
- not have attempted to isolate the service user from other people, including friends, family members, and professionals, even if they personally do not value those relationships.
- encourage and supports the service user to make decisions about their own care, and to talk them over with friends and family members.
- not insist on speaking for the service user, minimising or ridiculing their ability to contribute to decisions and doesn't reject the views of others involved in their life.
- have no evidence recorded on them, based on information received or behaviours witnessed by reliable sources, indicating that they wouldn't act in the best interests of the service user.
- manage their own affairs well and their lifestyle does not create difficulties for other people.

Appendix I

<b>Client Name</b>		<b>GP Name</b>		<b>My indicative Personal Budget (weekly amount)</b>	
<b>Address</b>		<b>GP Address</b>			
<b>Tel No</b>		<b>GP Tel No</b>		<b>How my Personal Budget is to be / being held</b>	
<b>Date of Birth</b>		<b>Next of Kin / Representative</b>			
<b>QA No</b>		<b>Relationship</b>			
<b>Review</b>					
<b>Frequency of clinical review required:</b> (normally after 3 months and then annually – state if otherwise)					
<b>Date of Next Review</b>					

<b>Key contacts and people involved</b>				<i>(**Please highlight who the care coordinator is**)</i>	
<b>Name</b>	<b>Role/Relationship</b>	<b>Tel. no.</b>	<b>Email address</b>		

<b>1) Agreed health and wellbeing outcomes</b> The agreed health and wellbeing outcomes are decided by the service user and their allocated care coordinator with assistance from brokerage support / family / carers / healthcare professionals.					
	<b>Identified health/care need</b>	<b>Needs to be met by the following actions. (How my budget will be used.)</b>	<b>Competency</b>	<b>Resource Equipment/ Needs / Week</b>	<b>Outcome Indicators</b>
1					
2					

3					
4					

5					
6					



7					
---	--	--	--	--	--

6) Agreed health and wellbeing outcomes plan completed by:-				
Name	Position/Qualification or Service User/Representative	Signature	Date	Contact Tel No.

Appendix J

My Personal Health  
Budget Care and Support  
Plan

<b>Client Name</b>		<b>GP Name</b>		<b>My indicative Personal Budget (weekly amount)</b>	
<b>Address</b>		<b>GP Address</b>			
<b>Tel No</b>		<b>GP Tel No</b>		<b>How my Personal Budget is to be / being held</b>	
<b>Date of Birth</b>		<b>Next of Kin / Representative</b>			
<b>QA No</b>		<b>Relationship</b>			
<b>Review</b>					
<b>Frequency of clinical review required:</b> (normally after 3 months and then annually – state if otherwise)					
<b>Date of Next Review</b>					

<b>Key contacts and people involved</b>				<i>(**Please highlight who the care coordinator is**)</i>	
<b>Name</b>	<b>Role/Relationship</b>	<b>Tel. no.</b>	<b>Email address</b>		

**2) Agreed health and wellbeing outcomes**

The agreed health and wellbeing outcomes are decided by the service user and their allocated care coordinator with assistance from brokerage support / family / carers / healthcare professionals. Outcomes should include (but are not limited to):

	<b>My agreed health and wellbeing outcomes</b>	<b>Needs to be met by the following actions. (How my budget will be used.)</b>	<b>Who will do it for me? (E.g. paid care/carer)</b>	<b>Resource Equipment/ Needs / Week</b>	<b>How will I know this has been achieved</b>
1					

2					
---	--	--	--	--	--

3					
4					

5					
---	--	--	--	--	--

6					
7					



### 3) Keeping myself safe

Life is full of risks. We all understand this. Risk is often thought of in terms of danger, loss, threat, damage or injury. But as well as potentially negative characteristics, risk-taking can have positive benefits. As well as considering what could go wrong, it is worth thinking about the potential benefits ('nothing ventured, nothing gained'). This section of your support plan is to help you and your support broker or care manager to agree a level of risk that is acceptable to both of you.

Some things to think about:

- Did my assessment identify any particular areas of risk or concern that need addressing?
- Could any planned activities make me less safe?
- Do any potential benefits of these activities outweigh this risk?
- Are there any signs to show you or other people that things might be going wrong?

<b>Is there anything in my plan that may make me or others less safe?</b> (Clinical, Financial, Mental Capacity, Adult/Child Protection)	<b>What can I do to keep myself safe?</b> <b>What do we have to advise others to do to promote my safety?</b>

Providers to be used:					
<b>1 Care Agency</b>					
<b>2 Personal Assistant/s:</b>	Enhanced DBS checks completed?	Yes		No	
	Employers liability insurance is in situ and copy attached?	Yes		No	
	Training arrangements are in place?	Yes		No	
	Referral to support services will be made (if required)?	Yes		No	

<b>4) Contingency plans</b> <i>What to do or what will be done if certain circumstances arise that may cause inconvenience or put me at risk (e.g. in case of emergency, if the person providing my support is unavailable).</i>		
<b>Circumstance (e.g. clinical, financial)</b>	<b>Action to be taken</b>	<b>By whom</b>

<b>5) Action plan</b>		
<b>What needs to happen before my personal health budget can fully commence?</b>	<b>By Whom</b>	<b>By When</b>



<b>7) How my budget is managed</b>	
<b>Payment method</b>	<b>Amount</b>
<b>1. Direct payment to my own or my nominees bank account</b>	<b>Monthly £</b> <b>Other £</b>
<b>2. Direct payment to Support Broker</b>	<b>Monthly £</b> <b>Other £</b>
<b>Of which they will transfer to me (colour coded above)</b>	<b>Monthly £</b> <b>Other £</b>
<b>3. I am using my budget to purchase support by Bristol Clinical Commissioning Group</b> (In such cases, the NHS will pay the provider rather than me.)	<b>£</b>

**8) Care and Support Plan completed by:-**

<b>Name</b>	<b>Position/Qualification or Service User/Representative</b>	<b>Signature</b>	<b>Date</b>	<b>Contact Tel No.</b>

This section is for completion by Bristol Clinical Commissioning Group:-

**You must be satisfied that the plan is:**

**LAWFUL**

- A Care Co-coordinator has been appointed.
- A suitable person/organization (*\*complete checklist if required\**) has been identified as the budget holder.
- The plan does not propose purchasing prohibited items.

The date of the next clinical review is recorded.

**EFFECTIVE**

- The plan will meet the person's health and wellbeing needs and outcomes.
- There is a detailed plan for care and support.
- The plan shows how the budget will be used.
- There is a clear action plan for putting the support in place.
- A risk assessment and contingency plan is included.

**AFFORDABLE**

- The budget is sufficient to cover the person's health and wellbeing needs.
- The plan shows how the money will be managed.
- A contingency fund has been allocated.

**YES**

**NO**

**YES**

**NO**

**YES**

**NO**

**Plan agreed?**

**Yes**

**No**

**(If no, please state reason and what action is required)**

Signed \_\_\_\_\_ (Patient/Representative) Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ (Nurse Assessor) Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ (CHC Manager) Print Name \_\_\_\_\_ Date \_\_\_\_\_

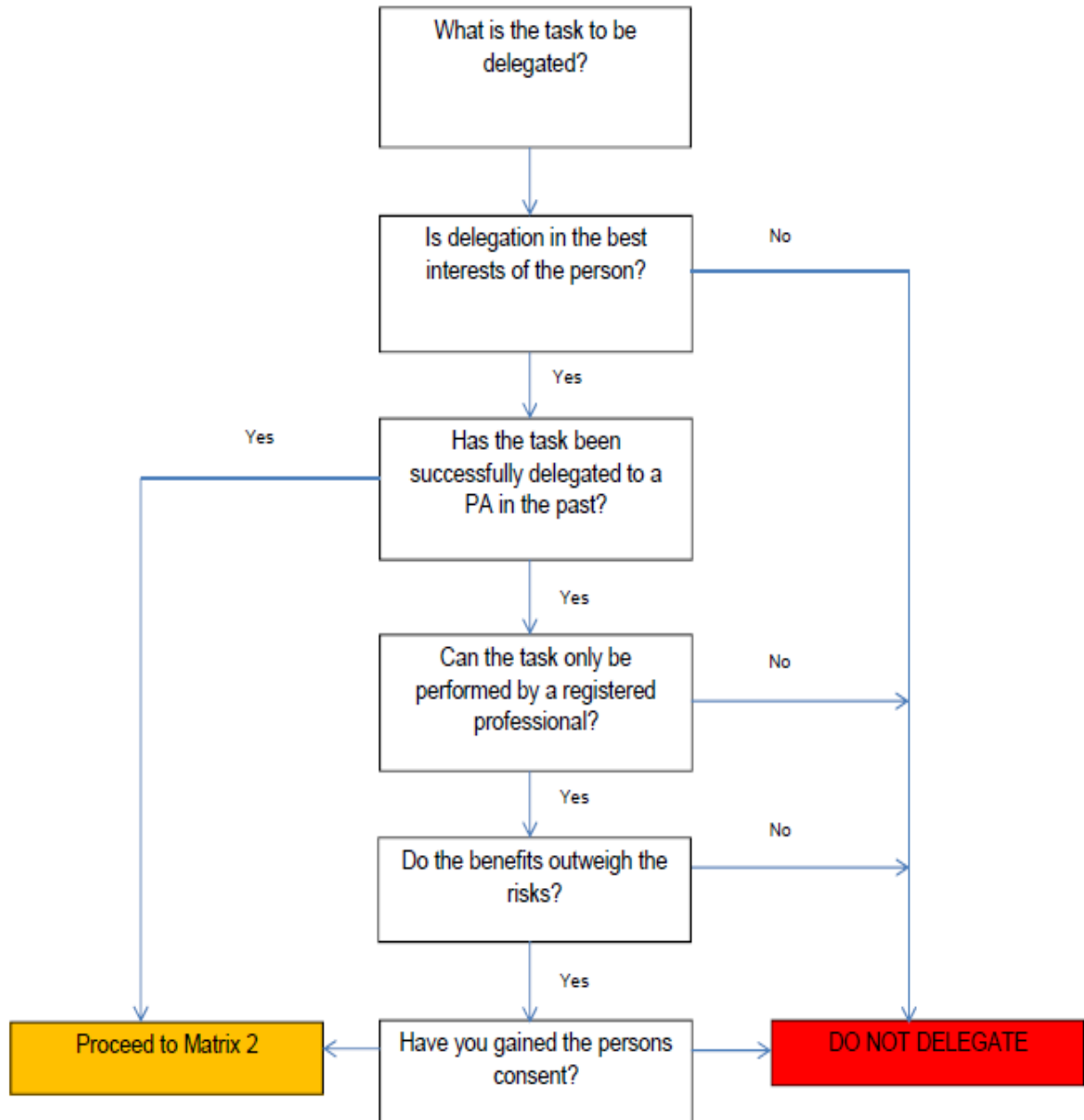
**After agreement to Final Care and Support Plan NHS Project Lead to:**

- Draw up PHB agreement for signature by patient (and provide bank details form if direct payment)
- Record relevant details on PHB Spreadsheet.
- All documents to be saved and attached to QA.



## Matrix 1:

## Assessment of the Task



## Matrix 2:

### Assessment of PA

**\*Knowledge, skills training**

Has the PA been trained to carry out the task?

When was the training last given?

Has the task changed since training and has training been updated?

**\*Competence**

Does the personal health budget holder/employer view the PA as competent to carry out the task?

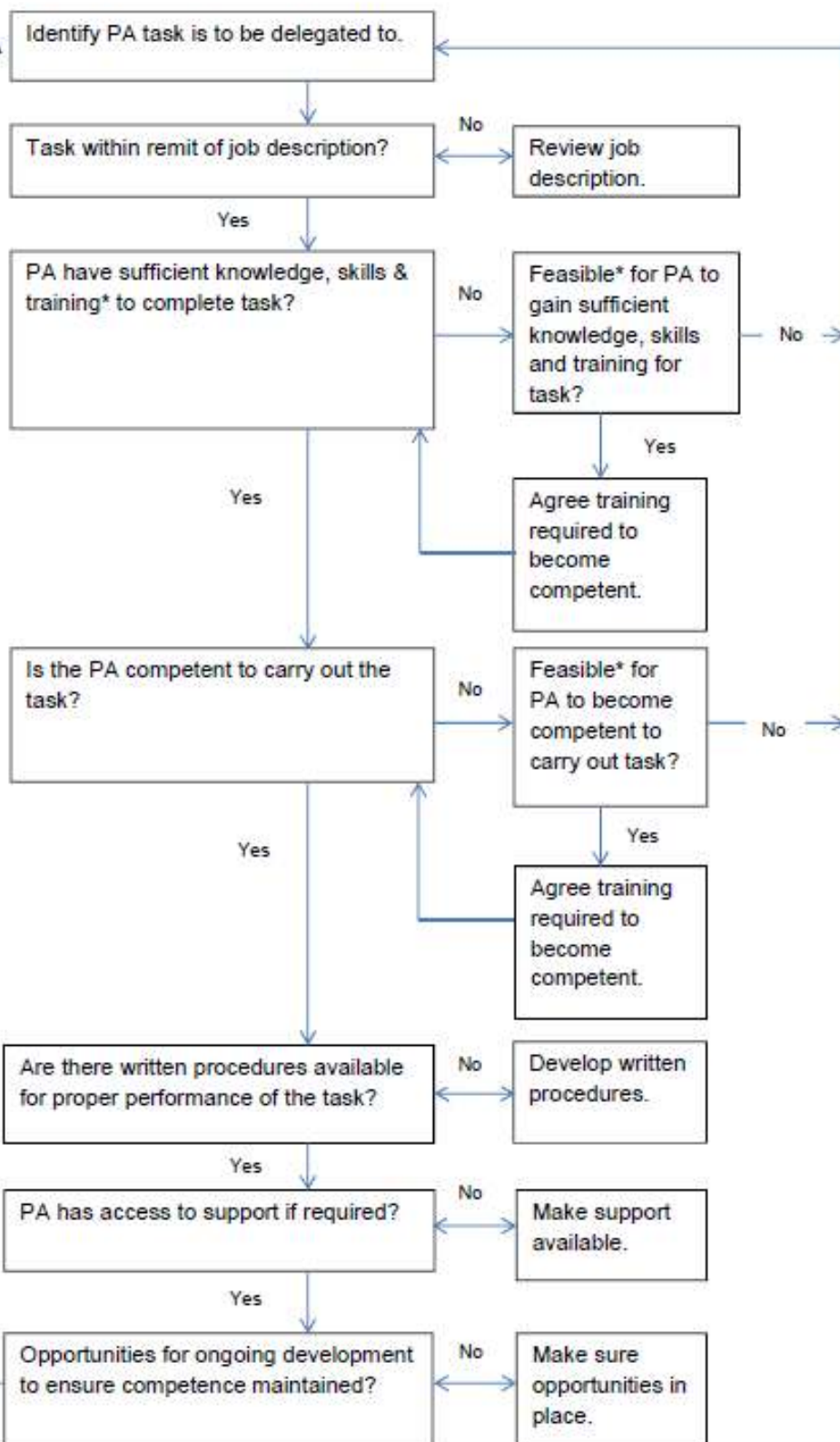
Do you believe the PA to be competent and confident to carry out the task?

Does the PA consider themselves to be confident and competent to carry out the task?

Does the PA recognise the limits of their competence and authority, and know when to seek help?

**\* Feasibility**

Includes consideration of time constraints, resources, capabilities and cost.



Appendix L

**Personal Health Budget**  
**Direct Payment Agreement**

**between**

**Budget Holder/Representative/Nominated Person**

**and**

**Bristol Clinical Commissioning Group**

**Name of Budget Holder:**

**Name of Representative / Nominated Person:**

**Date:**

## **1 Introduction**

This document sets out what Bristol Clinical Commissioning Group 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. The agreement states how the budget will work.

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

- as a notional budget where no money changes hands;
- the budget is held and managed by a third party organisation or trust;
- as a direct payment to the Budget Holder, their Representative or Nominated person.

A Personal Health Budget can be managed by the Budget Holder, their Representative or Nominated Person.

This agreement is based on the National Health Service (Direct Payments) Regulations 2013 (the "Regulations") and orders made under it, as amended from time to time.

## **2 Consent**

People are asked for their consent to share information with the Continuing Healthcare (CHC) team and potential Service Providers. This is part of the Continuing Healthcare application process and is so that decisions can be made about the care packages provided.

People with Personal Health Budgets are asked to consent to share information so that Personal Health Budgets and support packages can be reviewed regularly and changes made if needed. This is to help Personal Health Budget holders achieve their agreed health and wellbeing outcomes.

## **3 Definitions**

The following definitions have been used in this Agreement:

**"Agreement"** means this agreement between the Budget Holder and Bristol Clinical Commissioning Group including any annexes at the end of this agreement;

**"Bristol Clinical Commissioning Group"** includes all commissioned Service Providers;

**"Brokerage and Support Service"** means the service provided by Bristol Clinical Commissioning Group to provide information, advice or other support in connection with the direct payments to the Budget Holder, his or her Representative or Nominated Person;

**"You"** and the **"Budget Holder"** mean the individual who receives the Personal Health Budget for Continuing Healthcare funding;

**"Care Co-ordinator"** means the Provider commissioned by Bristol Clinical Commissioning Group who will manage the assessment of the Budget Holder's health needs for the Care and Support Plan. The Provider in 2014-15 will be the Bristol Community Health's Continuing Health Care Team for adults and Sirona's Lifetime Service for children. Their role is to check that their health needs continue to be met, and otherwise oversee the arrangements set out in this Agreement;

**"Care and Support Plan"** is the Continuing Healthcare overview care plan written by the Budget Holder and the Brokerage and Support Service. The plan is made with advice from the Care Co-ordinator, which has been agreed by Bristol Clinical Commissioning Group. It sets out the Budget Holder's health needs and health and wellbeing outcomes, the amount of money in the Personal Health Budget and how the money will be used. It includes a risk assessment, contingency and respite plans for managing any significant potential risks.

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

**"Disclosure and Barring Service" or "DBS"** These were formerly known as Criminal Records Bureau (CRB) checks.

**"Health and Wellbeing Outcomes"** are outcomes agreed jointly by the Budget Holder and his or her Care Co-ordinator setting out what the patient wishes to achieve in terms of their health and wellbeing needs;

**"Nominated Person"** is the person chosen by the Budget Holder to receive and manage the Personal Health Budget on their behalf where the Budget Holder has mental capacity to make that decision;

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

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

**"Personal Representative(s)"** means the executor or administrator of a deceased person's estate.

**"Regulations"** means the National Health Service (Direct Payments) Regulations 2013 (the "Regulations") and orders made under it, as amended from time to time.

**"Representative"** means the person who receives and manages the direct payments on behalf of the Budget Holder. This will be where the Budget Holder

lacks mental capacity look after the budget themselves. The representative may include;

- a deputy;
- donee;
- attorney; or
- person with parental responsibility

Where there is no such person, any person appointed by Bristol Clinical Commissioning Group to receive and manage the direct payments on behalf of the Budget Holder.

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

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

#### **4 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. Direct Payments are made to meet those agreed outcomes and Bristol Clinical Commissioning Group will need to check how the:

- direct payment is managed; and
- how money has been spent.

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.

The budget cannot be used to pay for:

- alcohol or tobacco products;
- gambling services or facilities;
- a debt other than for a service agreed in the Care and Support Plan
- primary medical services (such as diagnostic tests, vaccinations or medical treatment);
- urgent or emergency treatment services (such as unplanned hospital admissions);
- support or care provided by an individual living in the same household as the Budget Holder without the prior agreement of Bristol Clinical Commissioning Group in accordance with paragraph 8(5A) of the Regulations.

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. 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 Bristol Clinical Commissioning Group. The Budget Holder can purchase additional services which are not identified in the Care Plan but this should take place separately with clear accountability.

## **5 Service Providers**

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. Therefore before purchasing a service the Budget Holder, Representative or Nominated Person should check the Service Provider:

- has appropriate insurance or indemnity cover;
- is registered with the Care Quality Commission as required by the CQC registration requirements.
- is a member of any relevant professional body (e.g. chiropractors, occupational therapists etc) if applicable.

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

The Brokerage and Support Service can assist you with any of the above.

## **6 Householder's and Employer's Responsibilities and Provision of Insurance and Indemnity Cover**

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

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.

Where Personal Assistants are employed, the Budget Holder must also provide employer liability insurance cover. This should be paid for out of the direct payment and must be from reputable insurers or underwriters.

Copies of insurance certificates must be available to Bristol Clinical Commissioning Group.

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.

The Budget Holder, Nominated person or Representative must not discriminate unfairly when employing Personal Assistants on the grounds of ethnic origin, religion, disability, age, or sexual orientation.

## **7 Disclosure and Barring Service Checks (DBS)**

An up to date Disclosure and Barring Check will be required for some individuals involved with the service user as required by the Regulations. This will include:

- Personal Assistants employed by the Budget Holder; and
- a Nominated Person.

Copies of certificates must be made available to Bristol Clinical Commissioning Group.

The Support and Brokerage Service can assist you with this.

## **8 Holidays**

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

- **Must ensure the Budget Holder and Personal Assistants are insured to travel.** The budget cannot be used to pay for these insurances. It is the responsibility of the Budget Holder to fund this.

Where travelling abroad:

- The insurance must adequately cover medical and health cover for existing illnesses / conditions and for the occurrence of injury or sudden illness abroad.
  - When travelling to a European Economic Area, consideration should be given to obtaining a European Health Insurance Card (EHIC) and whether this is likely to offer sufficient cover.
  - Where care is to be delivered by a Service Provider, the Service Provider's employer liability insurance must cover care delivery abroad.
- **If an increase in Personal Assistant/s or Service Provider staff / hours of care / cost of care is required, this must be discussed with the CCG in advance.**  
No extra resources will be provided 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.
  - **The service user is responsible for funding the insurance, travel and accommodation costs of accompanying Personal Assistant/s or Service Provider staff.**



- **The Budget Holder / Representative / 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.**

## **9 Administration of Payments**

The Personal Health Budget is the total annual sum of money Bristol 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.

The Schedule of Payments will set out the amount 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.

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

The Budget Holder will provide the bank or building society account for managing the direct payments income and expenditure. The account must:

- only be used for the Direct Payments to meet the outcomes agreed within the Care and Support Plan;
- only be accessible to people approved by Bristol Clinical Commissioning Group;
- issue monthly statements; and
- include the Budget Holder's name and quote 'PHB'.

Bristol Clinical Commissioning Group will need to see full details of the account that will be used to administer the Direct Payment.

The Budget Holder, Representative or Nominated Person should contact the Continuing Healthcare Team if there are any difficulties in the administration of the direct payment.

Bristol Clinical Commissioning Group requires Personal Health Budget Holders to use a payroll service to pay any Personal Assistants employed by them. The Brokerage and Support Service can provide this.

## **10 Reviews**

The Care Co-ordinator and Bristol Clinical Commissioning Group will regularly review how the Personal Health Budget is used. The reviews will cover both clinical and financial arrangements.

**a) Clinical Review**

An initial review will take place within three months and then at least once a year to see 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.

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.

The Budget Holder, Representative or Nominated Person should inform Bristol Clinical Commissioning Group of any changes in the Budget Holder's health or any other factor that could substantially change the direct payment.

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

**b) Financial Review**

Bristol Clinical Commissioning Group must monitor how the Direct Payment is being used. The Budget Holder, Representative or Nominated Person must therefore ensure that, as a minimum, the following records are provided every three months and upon request by Bristol Clinical Commissioning Group:

- monthly bank or building society statements;
- copies of invoices;
- signed receipts for any cash payments;
- wage records consisting of staff details, hours worked, staff payments, PAYE and National Insurance payments to the Inland Revenue.

All evidence received must be legible. Bristol Clinical Commissioning Group may require an explanation of evidence provided and will contact the Budget Holder, Representative or Nominated Person accordingly.

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

If Bristol Clinical Commissioning Group does not receive your evidence within 28 days of the date first requested, future Direct Payments into the account may be suspended until this has been received.

NHS Counter Fraud may be involved in financial review and where fraudulent use of PHB money is suspected, the CCGs nominated local counter fraud specialist has the right to investigate this.

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

## **11 Changes to the amount of your personal health budget**

The amount of your Personal Health Budget may increase or decrease as a result of a clinical or financial review. When the size of your direct payment is changed, Bristol Clinical Commissioning Group will provide 28 days' notice in writing to the Budget Holder, Representative or Nominated Person stating:

- the reasons for the decision;
- the new budget amount; and
- when the change will take effect.

Where Bristol Clinical Commissioning Group decreases the size of the payment it must be satisfied that the new amount is sufficient to cover the full cost of assessed care needs. However, there may be instances where an increase in need increases the budget to a level where a personal budget does not represent value for money. Bristol Clinical Commissioning Group must ensure that it makes best use of its resources. As such, in the event of any increase to the size of the payment Bristol Clinical Commissioning Group will review whether the personal health budget continues to represent value for money in line with the Choice Policy it operates. The CCG may reach the decision that direct payments are no longer a suitable way of providing the care in which case the termination provisions set out below will apply.

### **a) Repayment of direct payments**

Bristol Clinical Commissioning Group may require all or part of a direct payment to be repaid if:

- the Care and Support Plan changes substantially resulting in surplus funding;
- the Budget Holder's circumstances have changed substantially resulting in the direct payment not being required;
- the Direct Payment is used for any item or service not agreed in the Care and Support Plan;
- Bristol Clinical Commissioning Group 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;
- theft, fraud or another offence has occurred in connection with the Direct Payments;
- the Budget Holder is no longer eligible for Continuing Healthcare funding or has died leaving part of the direct payment unspent; or
- an unplanned surplus accrues.

In some cases the CCG may agree for a one-off adjustment may be made to a future direct payment. Alternatively, if agreed with Bristol Clinical Commissioning Group, it may be possible to recover the overpayment by phased adjustments of future payments.

If repayment or adjustment is needed, Bristol Clinical Commissioning Group will write to the Budget Holder, Representative or Nominated Person giving 28 days' notice stating:

- the reason for the decision;
- the amount to be repaid, or lower regular direct payment; and
- the deadline for repayment or date the lower payment starts;

In the case of a Budget Holder who has died, Bristol Clinical Commissioning Group will give the above notice to the Budget Holder's Personal Representative(s).

#### **b) Suspension of Direct Payments**

Bristol Clinical Commissioning Group 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 Bristol Clinical Commissioning Group in accordance with the process outlined above.

In this event Bristol Clinical Commissioning Group will ensure an appropriate alternative way of meeting care needs is offered.

#### **c) Termination of Direct Payments**

Bristol Clinical Commissioning Group retains the right to terminate the whole or part of the Direct Payment in circumstances including, but not limited to:

- the Budget Holder is no longer eligible for Continuing Healthcare funding;
- the CCG considers that direct payments are no longer a suitable, effective or efficient way of providing the care;
- Bristol Clinical Commissioning Group does not consider that the Budget Holder's Representative or Nominated Person is a suitable person to receive direct payments, and an alternative Nominated Person cannot be found;
- the Budget Holder withdraws his/her nomination of the Nominated Person;
- the Nominated Person does not agree to receive the Direct Payments in respect of the Budget Holder and the Budget Holder does not wish to receive the direct payments themselves;
- the Budget Holder, Representative or Nominated Person has used the Direct Payments other than for the services set out in the Care and Support Plan;
- Bristol Clinical Commissioning Group has reason to believe that theft, fraud or an abuse may have occurred in relation to the Direct Payments;
- the Budget Holder's assessed care needs cannot be, or are not being met by services secured by means of a Direct Payment;

- the Budget Holder or Nominated Person fails to provide full co-operation with financial reviews or clinical reviews or fails to comply with the terms of this agreement;
- the Budget Holder or his or her Representative has withdrawn consent to the Direct Payments being made; or
- the Budget Holder has died.

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.

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

- the reason for terminating Direct Payments; and
- details of any repayments due.

In the case of a Budget Holder who has died, Bristol Clinical Commissioning Group will give the above notice to the Budget Holder's Personal Representative(s).

## **12 Challenge to a change in the budget**

A Budget Holder, Representative or Nominated Person can ask Bristol Clinical Commissioning Group to re-consider its decision to:

- change the amount of the Personal Health Budget;
- repay all or part of the Personal Health Budget;
- suspend the Personal Health Budget; or
- terminate the Personal Health Budget.

Evidence or relevant information can be provided for Bristol Clinical Commissioning Group to re-consider. Bristol Clinical Commissioning Group will then write to the Budget Holder, Representative or Nominated Person to tell them:

- what has been decided as a result of the re-consideration; and
- why this has been decided.

Bristol Clinical Commissioning Group is not required to undertake more than one re-consideration in these circumstances.

### **13 Complaints Procedure**

If you have any reason to complain about the Personal Health Budget service you are receiving, please discuss this directly with the Continuing Healthcare Manager. If you remain unsatisfied, Bristol Clinical Commissioning Group you can contact the Complaints Department. Their contact details are:

Complaints  
Bristol Clinical Commissioning Group  
South Plaza, Marlborough Street, Bristol  
BS1 3NX

Telephone: 0117 900 2494  
Email: [contactus@bristolccg.nhs.uk](mailto:contactus@bristolccg.nhs.uk)

Help with your enquiry is available through the Patient Advice Liaison Service. Their contact details are:

PALS  
Suite 15, Corum 2, Corum Office Park  
Crown Way, Warmley, South Gloucestershire  
BS30 8FJ.

PALS advice line: 0117 900 3433

Alternatively you can contact ICAS, the Independent Complaints Advocacy Service. ICAS is available to help you and advise you should you require assistance with your complaint. ICAS can help you by providing free, independent and confidential support. Their contact number is 0845 120 3752.

## **ANNEX 1 - Agreement of Contract of Care**

In return for monies paid to me by way of Direct Payment:

I, as Budget Holder / Representative / Nominated Person, agree that:

- the Care and Support Plan is an accurate reflection of the Budget Holder's health care needs plan.
- I will participate in clinical and financial reviews and provide information requested by Bristol Clinical Commissioning Group to support the financial review.
- I will provide Bristol Clinical Commissioning Group with all relevant information about the expenditure of the Direct Payment every three months including:
  - monthly bank or building society statements;
  - copies of invoices;
  - signed receipts for any cash payments;
  - wage records consisting of staff details, hours worked, staff payments, PAYE and National Insurance payments to the Inland Revenue.

I confirm that Bristol Clinical Commissioning Group is authorised to make copies or take extracts of any information relating to the direct payments.

I understand that:

- My care needs will be met by the services set out in the Care and Support Plan and the amount of the direct payment is sufficient to cover the full cost of those care needs
- The Care and Support Plan will be reviewed as clinically appropriate and my needs may be re-assessed as part of those reviews
- financial arrangements will be reviewed every three months;
- the support arrangements will be reviewed after three months and annually afterwards though they can be more often; and
- I can request a review.

I agree to use a dedicated bank account for Direct Payments with the account name to include the Budget Holder's name and quote 'PHB'. The monies from this account will only be used to pay for services agreed in the Care and Support Plan. Access to the account will be restricted to those authorised by Bristol Clinical Commissioning Group.

I understand that the direct payments may be stopped in certain circumstances, including but not limited to:

- I am, or the Budget Holder that I represent is, assessed as no longer eligible for CHC funding;
- I, or the Budget Holder that I represent, fail(s) to provide the required evidence to support the expenditure of the direct payment;

- I am, or the Budget Holder that I represent is, assessed as no longer eligible for a Direct Payment;
- my Nominated Person is, or I (as Nominated Person) am, is no longer suitable to receive direct payments and an alternative Nominated Person cannot be found;
- my needs, or the needs of the Budget Holder that I represent, can no longer be met through a Direct Payment;
- there is evidence of misuse or fraudulent use of the monies;
- I understand that NHS Counter Fraud may be involved in financial review and where fraudulent use of PHB money is suspected, the CCGs nominated local counter fraud specialist has the right to investigate this;
- the CCG considers that direct payments are no longer a suitable, effective or efficient way to fund the care; or
- the monies are used to purchase goods/services outside of the agreed Care Plan or without prior agreement of Bristol Clinical Commissioning Group.

I understand I am responsible for obtaining employer's liability insurance and paying the tax and National Insurance due for any Personal Assistants employed by the Budget Holder out of the budget.

I understand that any Personal Health Budget funds that are not used remain the property of Bristol Clinical Commissioning Group. Bristol Clinical Commissioning Group can either recover this as a lump sum or reduce future direct payments accordingly. The period of notice I will receive from Bristol Clinical Commissioning Group prior to a change in direct payments is 28 days.

I understand that I can only use Personal Health Budget monies to pay for services in the Budget Holder's agreed Care and Support Plan. I am aware that I cannot spend the budget on alcohol, tobacco, gambling services, primary medical care, emergency treatment, support given by close relatives living at the same address as myself (without the consent of Bristol Clinical Commissioning Group) or debts other than in respect of services identified in the Care and Support Plan.

In the event of the Budget Holder's death,

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Bristol Clinical Commissioning Group**

will act on the Budget Holder's behalf to ensure that the balance of monies in the nominated bank / building society account is returned to Bristol Clinical Commissioning Group.

As Representative (if applicable), I agree to:

- act on the Budget Holder's behalf in relation to the Direct Payment,
- act in the best interests of the Budget Holder when securing the provision of services for which the Direct Payment is made,
- use the Direct Payments in accordance with the Care and Support Plan,
- be responsible as a principal for all contractual arrangements entered into for the benefit of the Budget Holder and secured by means of the Direct Payments and
- comply with the provisions of the Regulations.

As Nominated Person (if applicable), I agree to:

- be responsible as a principal for all contractual arrangements entered into for the benefit of the Budget Holder and secured by means of the Direct Payments;
- use the Direct Payments in accordance with the Care and Support Plan and
- comply with the provisions of the Regulations.

Where a Brokerage and Support Service has been involved in planning the Personal Health Budget:

- I agree to the Brokerage and Support Service supplying information about my Personal Health Budget to Bristol Clinical Commissioning Group.

### **Schedule of Payments**

Payment will be made by BACS into the recipient's Direct Payment bank / building society account once a month on a date arranged by Bristol Clinical Commissioning Group.

Total agreed annual Direct Payments budget £

Amount to be paid monthly £

### **Effective Dates of Payment Agreement**

Commencement date (to continue until such time as a termination date is notified).

Date of first review (unless an earlier review is required)

**I have read and understood the terms and conditions that are set out in the main body of this Agreement and agree to abide by the same.**

**Signatures**

*This agreement must be signed by the Budget Holder where they have capacity.*

*Where the person does not have capacity, their Representative should sign this agreement.*

*If the Budget Holder or Representative has a Nominated Person managing their budget on their behalf then the Nominated Person must also sign the agreement.*

I have read, understand and agree with the Direct Payment Agreement and the Care and Support Plan attached.

I can confirm that the bank account details below have either been created in my name or have been set up to manage funds on my behalf in the name of another person or company. I authorise you to use the account details below for the purpose of making payments into the account in relation to my Personal Health Budget.

Name of Budget Holder

Signed by

as Budget Holder / Representative / Nominated Person (delete as applicable)

Date

\_\_\_\_\_

Name of Nominated Person

\_\_\_\_\_

Nominated Person's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Bank Account Details for Personal Health Budget Direct Payments:

*Please note that old building society accounts with roll numbers cannot be used.*

Name of Direct Payment Recipient	
Address of Direct Payment Recipient	

Bank Name	
Bank Address	
Bank Account Name	
Bank Account Number	
Sort Code	

Care Co-ordinator

Signed by

Date

CHC Manager

Signed by

Date

.....

.....

.....

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.....

.....

## Personal Health Budget Review on **date completed**

<b>Client Name:</b>	<b>GP Name:</b>	<b>My <u>current</u> indicative Personal Budget (weekly amount): £</b>
<b>Address:</b>	<b>Address:</b>	
<b>Tel No:</b>	<b>Tel No:</b>	<b>Date commenced:</b>
<b>Email:</b>	<b>Next of Kin:</b>	<b>How my Personal Budget is being held:</b>
<b>Date of Birth:</b>	<b>Relationship:</b>	
<b>QA No:</b>	<b>Address:</b>	
<b>Date of last CHC Assessment:</b>	<b>Contact No:</b>	
<b>Domain gradings changed:</b>		
<b>Date of last PHB Review:</b>		
<b>Date of next PHB review:</b>		
<b>Name of person completing PHB clinical review :</b>		

	Yes	No
<b>1. Does the plan still convey what is important to the person?</b>		
<b>2. Has the person revised their health and wellbeing outcomes?</b>		
<b>3. Please list any new outcomes:</b>		
<b>4. Are these clear and achievable?</b>		
<b>5. Is the detailed plan for care and support still appropriate?</b>		
<b>6. Does the plan reflect how the budget is actually being used? If not please indicate how?</b>		
<b>7. Please list any changes to the care and support plan?</b>		

**8. Please add any other relevant information here:**

**Summary**

Looking at the financial summary does the budget require revision? If **Yes** Please give details

Does the budget holder agree the current care and support plan? If **No** please give details

Signed: \_\_\_\_\_ (Service User/Representative)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

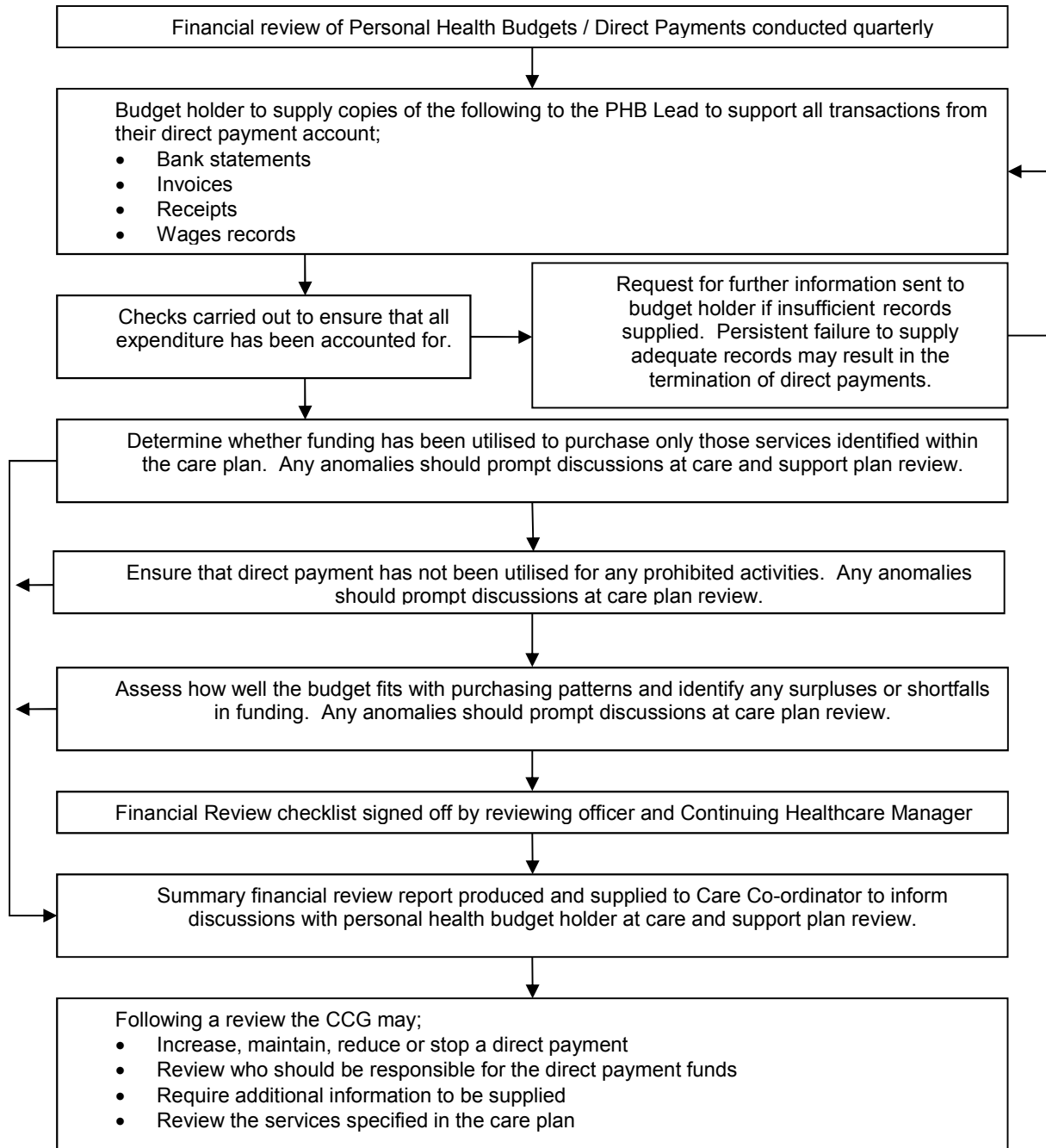
Signed: \_\_\_\_\_ (Care Co-ordinator)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (CHC Programme Manager)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix N**



**Appendix O**

**Quarterly Financial Review**

<b>Client Name</b>	
<b>QA Number</b>	
<b>Address</b>	
<b>Contact Number</b>	

<b>Period for review</b>			
<b>From:</b>		<b>To:</b>	

<b>Have copy bank statements been provided for the whole review period?</b>			
<b>Yes</b>		<b>No</b>	

<b>Has the following evidence been provided to support transactions from/to the direct payment bank account where applicable?</b>	
Copies of invoices	
Copies of receipts for cash payments	
Agency invoices	
Wages records (consisting of staff details, hours worked, staff payments, PAYE and NI payments to the Inland Revenue)	

<b>Has documentation been supplied to support ALL transactions from/to the direct payment bank account?</b>			
<b>Yes</b>		<b>No</b>	

<b>If No, please state details and the value of unsupported transactions</b>	
	£



	£
--	---

Please state closing balance at date of review	£
--	---

<b>Has the budget been used to purchase goods not specified in the care plan?</b>			
<b>Yes</b>		<b>No</b>	
<b>Details</b>			

<b>Please identify any indicators that the direct payment does not reflect the funding levels required to secure services specified in the care plan</b>	
<i>* Any indicators should be discussed at care plan review to establish cause.*</i>	
A surplus has accumulated.	
Funds are depleted significantly in advance of when the next payment is due.	
Additional funds have been requested.	
<b>Details:</b>	

<b>Any other comments:</b>

<b>Review Conducted by:</b>	
<b>Reviewers signature:</b>	
<b>Date:</b>	