

NHS FRIMLEY INTEGRATED CARE BOARD

Personal Health Budget Policy for Adult Continuing Healthcare and Children and Young People with Continuing Care

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Introduction

The NHS Long Term Plan includes the commitment to implement personalised care which means people have more choice and control over the way their care is planned and delivered. It is based on ‘what matters’ to them and their individual strengths and needs. It utilises the expertise, capacity and potential of people, families, and communities in delivering better outcomes and experiences. It enables people to take control over the funding for their care. It helps people make decisions about managing their health and care, so they can live the life they want to live.

Adults who are eligible for NHS Continuing Healthcare (CHC) funding and Children and Young people eligible for continuing care have had a legal right to have a personal health budget (PHB) since October 2014

On 1st May 2018, NHS England published a letter to CCGs outlining the expectation that from 1st April 2019, PHBs would be the default operating model for everyone in receipt of a home care package and adult NHS CHC.

Personal Health Budgets (PHB) are key component of the Government drive for the wider personalisation of the NHS care to give people greater individual choice and control over how their care is planned and delivered.

The PHB policy sets out the Frimley Integrated Care Board (ICB) -East Berkshire Adults Continuing Healthcare and Children and Young People Continuing Care offer for who can receive a PHB in line with national legislation and guidance following the National Framework for NHS Continuing Healthcare eligibility criteria.

Within this context, Frimley ICB is legally obligated and accountable for meeting their own statutory duties, for instance in relation to quality, financial resources, equity, health inequalities and public participation.

In making this arrangements, Frimley ICB has regard to relevant law and guidance, including its duties under the National Health Service Act 2006, the Health and Social Care Act 2012, the National Health Service Direct Payments Regulation 2013 and relevant guidance issued by NHS England.

The Frimley ICB Continuing Healthcare and Children and Young People Continuing Care programme will be delivered within the remit of its commissioning budget. The expenditures must be affordable within the limits of available resources with an emphasis on the quality of care and positive outcomes for patients and their families.

Policy Statement

The policy explains the following:

- Frimley ICB Personal Health Budget offer
- Eligibility and exclusion for a personal health budget
- Arrangements for managing personal health budgets
- Roles and responsibilities of Frimley ICB commissioned services and service users about implementation of the personal health budgets
- The approach to clinical, organisational, and financial risk associated with delivering personal health budgets on a patient and organisational level.

Legal, Statutory, Mandatory, and Best Practice Requirements

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

- The policy has been drawn up in response to the following legislation:
- The NHS Act 2006
- The Health Act 2009

- The National Health Service (Direct Payments) Regulation 2013 as amended by the National Health Service (Direct Payments) (Amendment) Regulation 2013
- Special Educational Needs and Disability Regulation 2014.
- Special Educational Needs (Personal Budgets) Regulation 2014
- Direct Payment for Healthcare: Guiding to ensure the Financial Sustainability of Personal Health Budgets
- Mental Capacity Act 2005
- Equality Act 2010
- The NHS Long Term Plan 2019

At all times, all users of this policy, Frimley ICB respective employees, staff on temporary contracts, and NHS funded services supporting the delivery of the PHBs must comply with all laws, statute, regulation, order, mandatory guidance or code of practice, judgement of the relevant court of law, or directives or requirements of any regulatory body with which the user is bound to comply, in relation to this policy.

Scope

The scope of this policy includes individuals who have been assessed as eligible for Continuing Healthcare (CHC) and Children and Young People eligible for Continuing Care (CCC)

This policy applies to Governing Body Members, Clinical Leads, Committee Members and all staff and services including those employed on permanent or fixed term contracts, interims, self-employed contractors, working for, or on behalf of NHS Frimley ICB responsible for assessment and regular review of care packages that have been commissioned on behalf of the service user.

Definitions

Case manager- a case manager is a person who coordinates services on behalf of an individual in health care, rehabilitation, and social work settings. A case manager is responsible for assessment and regular review of care packages that have been commissioned on behalf of the service users.

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

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

fees including for the person's accommodation and all their care (Department of Health 2009)

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

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

Notional Personal Health Budgets - NHS Frimley ICB manages the personal health budget money on the individuals 'behalf and commission/procure or provides the goods and services set out in the care and support plan.

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

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

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

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

Third Party or Managed Account - With a Third Party, or Managed Account, an organisation commissioned by the ICB manages the personal health budget money by holding it on the individual's behalf and buys or provides the goods and services set out in the care and support plan.

Responsibilities

Lead Manager

The NHS Frimley ICB CHC Lead is responsible for writing, monitoring and the implementation of and the updating this policy.

All Staff

All individuals working for, or on behalf of the organisation listed within Scope, including those employed on permanent or fix contracts, interims, self-employed

contractors, Governing Body Members, Clinical Leads, Locality Leads and volunteers are responsible to comply with this policy.

All line Managers

All line managers are responsible for ensuring that their teams comply with this policy.

Principles and Key Characteristics for the Delivery of Personal Health Budgets

There are a series of national key principles that underpin the delivery of PHBs and personalisation in health which Frimley ICB will adhere:

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

- Individuals and their carers should be fully involved in discussions and decisions about their care using easily accessible, reliable, and relevant information in a format that can be clearly understood;
- There should be clear accountability for the choice made
- No one will ever be denied treatment as a result of having PHB
- Having PHB does not entitle someone to additional or more expensive services, or to preferential access to NHS services
- There should be efficient and appropriate use of current NHS resources.

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

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

PHBs Direct Payments are purely voluntary - No one will ever be forced to take more control than they want.

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

Partnership - Personalisation of healthcare embodies co-production. This means individuals working in partnership with their family, carers, and professionals to plan, develop and procure the services and support that are appropriate for them. It also means ICBs, local authorities and healthcare providers working together to utilise

PHBs so that health, education, and social care work together as effectively as possible.

In developing PHBs, Frimley ICB will ensure that the following characteristics of a PHB are met. The individual with a personal health budget (or their nominee or representative) should:

- Be fully involved in developing their personalised care and support plan and agree who else is involved in developing their personalised care and support plan
- Be able to agree the health and wellbeing outcomes they want to achieve, together with relevant health, education, and social care professionals
- Know how much money is available to meet the assessed health and wellbeing outcomes agreed in the personalised care and support plan
- Have enough money in the budget to meet the assessed health and wellbeing needs and outcomes agreed in the personalised care and support plan.
- Have the option to manage the money as a direct payment, a notional budget, a third- party budget or a mix of these approaches.
- Be able to use the money to meet their outcomes in ways and times that make sense to them, as agreed in their personalised care and support plan.

NHS Frimley ICB PHB offer

- Adults who are eligible for NHS Continuing Healthcare (CHC) as defined by the National Framework for Continuing Healthcare and NHS Funded Nursing Care, and the families of children eligible for Continuing Care as defined by the National Framework for Children and Young People's Continuing Care. In the case of children this refers to the element of their package that would normally be provided by the NHS once they become "continuing care" eligible and not the elements of their package provided by social care or education.
 - All NHS CHC packages delivered in a home care setting, excluding Fast Track NHS CHC, should be managed as a PHB.

Management of Personal Health Budgets

A PHB is based upon a personalised care and support plan. This plan sets out an individual's health and wellbeing needs, the outcomes they wish to achieve, the amount of money available and how it will be spent. Once the plan and budget has been agreed, the money in a PHB can be managed in three ways, or a combination of these:

Notional budget: The ICB holds the PHB on behalf of an individual and uses it to secure services based on discussions with the individual as set out in their personalised care and support plan.

Third party budget: An organisation independent of both the individual and the ICB (for example an independent user trust or a voluntary organisation) is responsible for and holds the budget on an individual's behalf. They then work in partnership with the individual and their family to ensure the care they arrange and pay for with the budget meets the agreed outcomes in the care and support plan.

The third party will monitor the account and check receipts, invoices and bank statements for the PHB. The third party will work with the ICB to ensure that the money is being spent appropriately.

The ICB has made arrangements with a number of organisations to hold Third Party PHBs. Contact details for these organisations will be made available to individuals as they pursue the options for managing a PHB.

Direct payment: The PHB money is transferred from the ICB to an individual or his or her representative or nominee, who contracts for the necessary services to deliver the agreed outcomes in the personalised care and support plan.

In most cases individuals will need a separate account to receive a PHB via a direct payment. The separate account must only be used for purchasing care.

Budget holders must show what the money has been spent on in accordance with achieving the outcomes agreed in their individual support plan.

In some instances, the ICB can transfer the direct payments to:

- A third party who manages the money and payments for the individual who still makes all the decisions about buying the goods and services set out in their care and support plan (this is often referred to as a 'Direct Payment Managed Account')
- An individual with a pre-loaded payment card administered by an organisation on behalf of the ICB. The individual can use the card to buy the goods and services set out in their care and/or support plan.
- A PHB may not be offered or could be withdrawn if, for example:
 - a) Safeguarding concerns are being reported/under investigation.
 - b) Evidence that an individual has previously been unable to manage a social care direct payment.
 - c) Where the value of the PHB forms part of an existing contract, and to provide a PHB would result in significant double funding, and create financial risk to the ICB or provider, or set a precedent which could destabilise the service.
 - d) Where there is serious cause for concern regarding the safe and effective running of the direct payment, or to protect public money if there is a risk of abuse. This may include referral to the NHS Counter Fraud Team.

Personal Health Budget Agreements

All Frimley ICB PHB must be approved by the nominated representatives.

A Personal Health Budget Agreement forms the contract between the ICB and the individual PHB holder and stipulates the conditions upon which the payment is made.

- **Notional Budgets** - the ICB will commission the care directly from a service provider on behalf of the individual PHB holder and will utilise the NHS standard contract arrangements. A Personalised Care Support Plan (PCSP) for each individual is required to set out the care to be delivered and the cost.

- **Third Party Budgets** - The ICB will contract with the third -party organisation to organise, purchase and be responsible for an individual's care and support as set out in their PCSP.
- **Direct payments** -where an individual chooses to have a their PHB managed as a Direct Payment the individual or representative will need to enter into a legal agreement with the ICB for the use of the budget and provision of care. - Direct Payment Agreement Template-Annexe to be added
The ICB Direct Payment Agreement aims to ensure that robust processes and documentation support the management of a PHB taken as a Direct Payment. The PHB holder is required to provide evidence to the ICB of budget expenditure on a regular basis through submission of bank statements, receipts, invoices etc.
The PHB records are retained by the service users and made available to the ICB on quarterly bases.
Any unused funds can be reclaimed by the ICB as set out in the Direct Payment Agreement.

What can a Personal Health Budget be spent on?

Although a PHB is not new or additional money it can potentially be spent on a broader range of care and support than would be routinely commissioned by the NHS if it is agreed by the ICB as being appropriate to meet an individual's assessed needs. This could include funding for a personal assistant to help with personal care at home, and equipment such as a wheelchair.

What a personal budget will spent on must be outlined in their personalised care and support plan and agreed between the person (or their representative/nominee) and the local NHS team and where necessary the ICB.

There are several **exclusions** that are outlined in regulations and include the following.

- Alcohol, tobacco, gambling or debt repayment or anything that is illegal;
- Emergency or urgent care
- Primary medical services such as GP care
- NHS charges such prescriptions or dental charges
- Private surgical procedures

A full of exclusions is available in 'Guidance on Direct Payments in Healthcare – Understanding the Regulations March 2014'.

The ICB may also choose not to agree the funding of certain goods or services, where it has already reached a decision that these will not normally be commissioned for the general population based on available evidence. Any such instances will be considered on an individual basis taking into account the specific circumstances and needs of the individual concerned.

Frimley ICB have overall responsibility for ensuring that all intended expenditure is lawful as part of the governance arrangement for PHBs.

Calculating a Personal Health Budget

The amount that an individual receives in their PHB will depend on the assessment of their health and wellbeing needs and the cost of meeting these needs.

The PHB will be equivalent to the Frimley ICB estimate of the reasonable cost of securing the agreed provision of the service. This means that the PHB should be sufficient to enable the recipient to lawfully secure a service of a standard that the ICB considers is reasonable to meet the assessed needs to which the PHB relates.

When estimating the reasonable cost of securing the support required through a PHB Direct Payment (rather than directly paid for by Frimley ICB), some associated costs will be included that are necessarily incurred in securing provision, without which the service could not be provided or could not lawfully be provided.

The costs involved will vary depending on the way in which the service is secured, but when an individual intends to employ someone to deliver their care, such costs might include recruitment costs, staff training, National Insurance, pension, statutory holiday pay, sick pay, maternity pay, employers' liability insurance, public liability insurance and VAT. The individual will need to follow all employment regulations.

Frimley ICB is not obliged to fund associated costs if, considering the individual's assessed need, the total costs exceed the ICB's estimate of the reasonable cost of securing the service and if a service of the requisite standard could in fact be secured more cost-effectively in another way.

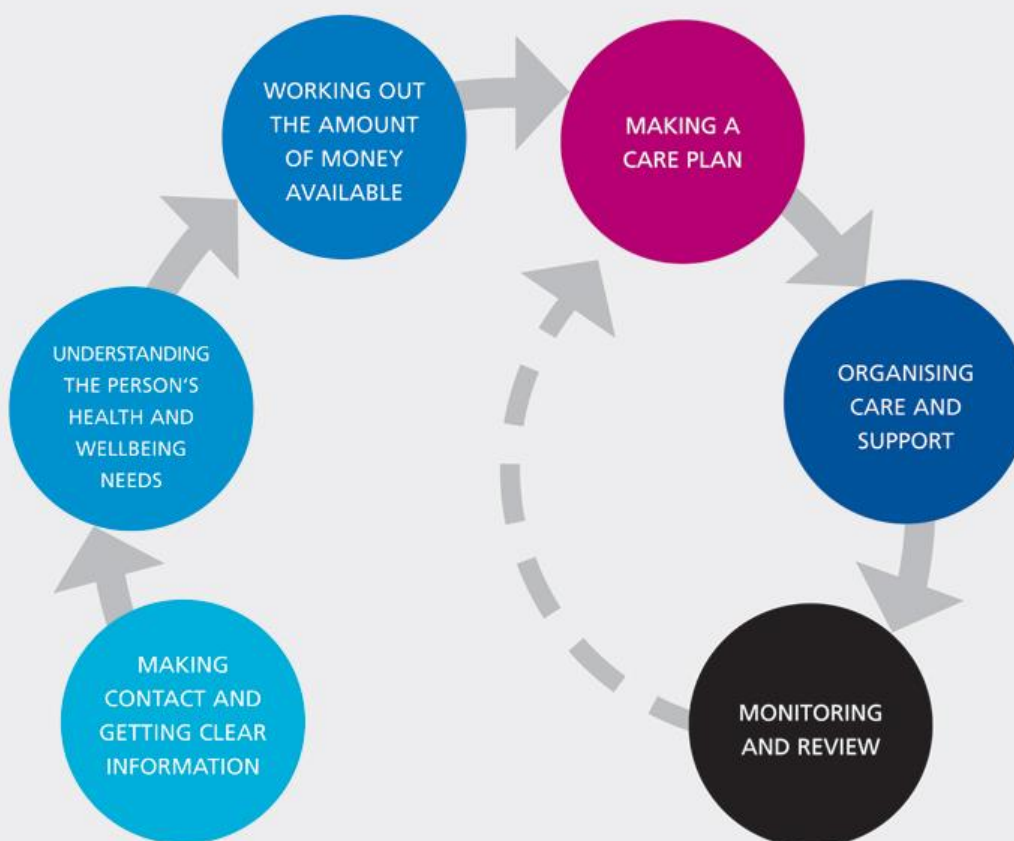
In nearly all cases, people cannot add their own money into a PHB, and the budget should meet all the assessed health and wellbeing needs of the individual.

[The Steps of the Personal Health Budget Process and Case Management](#)

There are **six steps** to the Personal Health Budget process. The National Framework for NHS Continuing Healthcare (2018) states "In the context of NHS Continuing Healthcare case management necessarily entitles management of the whole package, not just the healthcare aspects. The key elements of case management, which in any given case might be undertaken by more than one professional, include:

1. Ensuring that a suitable **personalised care** plan has been drawn up for, and with the individual
2. Ensuring that the agreed **care and support package** continues to meet the individual's assessed health and associated care and support needs and agreed outcomes
3. Where the care plan includes access to non-NHS services, ensuring that the **arrangements** for this are in place and are working effectively
4. **Monitoring the quality** of the individual's care and support arrangements and responding to any difficulties /concerns about this in a timely manner
5. Acting as a **link person** to coordinate services for individual
6. Ensuring that any changes in the person's needs are addressed undertaking reviews as per paragraph 181-191 from CHC National Framework".

The steps of the personal health budgets process



Step 1 - Making contact and giving clear information

A good quality PHB begins by helping the person to understand that process and providing information to help them understand it.

- Provide clear information about PHB with the CHC/CC eligibility letter (Appendix 6)
- Make initial contact and explain what PHB is and the options of delivering the budgets- Notional, Third Party and Direct payment including Supported Managed Account and E-market
- Consider existing care provision and funding arrangements
- Process for ICB to take over funding from self- funded arrangements and social care direct payments
- Open and transparent communication
- Establish timing

Step 2 - Understanding Health and Wellbeing Needs

- Health and wellbeing outcomes are a key feature of PHBs
- Understanding what is important for the patient, what is working and what is not working, future aspirations and explore options
- A good outcome is something that a person wants to change or achieve

Step 3 - Working out the Indicative Budget

- Working out the amount of money available and allocate an Indicative Budget depending on the initial assessment (DST) and the health and wellbeing needs have been identified
- Indicative Budget is just a starting point. The budget may change as needs and outcomes are explored through the PCSP process
- **CUTE**- Clear, Upfront, Transparent, Enough
- The setting of an indicative budget varies depending on the initial assessment

Step 4 - Making a Personalised Care and Support Plan

- This is an essential step in the offer of a good quality PHB
- Work in partnership with the patient or representative
- Ensure it is lawful, effective, appropriate and represents value for money
- The key characteristic of a PCSP is that the patient has ownership
- Calculating the final budget
- Set up arrangements for PHB management and payment if is Third party or Direct Payment

Finalising the budget and approval of the PCSP

- Before the care and support can be **organised** it has to be approved by the ICB/ PHB Panel?
- Once the PCSP is agreed the plan needs to be signed and dated by both clinician and PHB client / representative.
- Set up arrangements for PHB management and payment
- PHB Audit checklist completed.

Step 5 - Organising the care and support

- The level of organisation required depends on which option of a PHB has been chosen Notional, Third party or Direct payment
- At the heart of the PHB is the personalised care and support plan. This should demonstrate how a person's health and wellbeing needs will be met by achieving the agreed outcomes. The plan should provide clarity about how resources will be used and capture what is most important to the individual. The plan should utilise and encourage networks of support from within a person's own family, community, and voluntary sector services.
- Other elements that need to be incorporated into this: Direct Payment with or without Supported Managed account, Recruiting and employing PAs, PAs training requirements based on the allocated clinical tasks to identify the Tier required, Contract/payroll and Liability Insurance, signing off process aligned for CHC and PHB

Step 6 - Monitoring and review

- Once the personalised care and support plan is in place, the plan should be reviewed at 3 months and at least annually or more frequently if there are changing needs.
- A record of the annual review needs to be placed on file with a note of date of review and signed by the reviewer and PHB client/representative.
- What is the process if there is a change?

- Review of the PCSP to ensure that is working and continues to achieve their outcomes
- Record what is not working and what alternatives have been considered
- Financial monitoring - As part of the financial reconciliation process, surplus in the PHB accounts will be reviewed to identify whether it is appropriate to reclaim the money or reduce future allocations.
- If there are any changes, update PCSP clinical and financial

Respite (breaks from informal care)

When an individual is receiving a home-based care package where the unpaid involvement of a family member or friend is an integral part of the care, the level of support given to the carer will be set out in the Personalised Care and Support Plan.

The support for unpaid carers includes a break for them from their caring, known as respite. Consideration will also be given to making a referral for a separate carer's assessment by the relevant local authority, especially if the carer has needs in relation to education, leisure, or work (unrelated to their caring role) as these falls outside the scope of the NHS but can be addressed through Care Act 2014 provisions.

Although the National Framework for NHS continuing healthcare sets out (paragraphs 326 and 327) that the ICB must meet 100% of the assessed healthcare and associated social care needs of the individual, there is no obligation to fund for 'respite'.

However, there is a recognition that informal carers need a break, and the ICB will fund for any assessed healthcare and associated social care needs that would otherwise be provided by the informal (unpaid) carer.

This may be by funding the individual to spend time away from home e.g., in a residential setting. It may be as a *Break from informal care* budget or additional resource as a Direct Payment and thus, can be used as flexibly as needed if it meets an agreed health or well-being outcome, including a break away with the informal carer. It is individually calculated by assessing the monetary value of the informal care support. The amount will vary according to individual needs and circumstances. It can be used flexibly to meet the individual's care and support needs whilst the informal carer has a break from his/her caring role.

Support planning should incorporate guidance, discussions, and outcomes around how breaks will be planned and managed using this part of the budget when needed (and bearing in mind that breaks away are often cheaper per week than the cost of care at home.) There will need to be a clear plan about how care and support will be provided when the individual is 'away'. Support planning should also cover any risks around how the break is being achieved.

- a) Exceptional cases will be considered on an individual basis. Examples include Where more funding than calculated is required to enable the informal carer to have a break from their informal caring role.
- b) Where there is no Break from informal care budget available (i.e. 100% of the individual's needs are funded through the PHB and their husband or wife is not providing informal care that would otherwise need to be arranged by CHC).
- c) Crisis situations

If there are savings accumulating in the Direct Payment account, then no additional payment would be made for the allocated *Break from informal care* budget. If there are no savings in the account to be used to support a break for the informal carer, then a one-off payment would be arranged.

Ceasing PHBs

If an individual in receipt of a PHB is assessed as no longer eligible for CHC/CC funding, the PHB will also cease. Details of the process and timescale are given in the Operational Policies for adults and children's care. The cessation date must be included in the notification letter.

When a financial account needs to be closed, due to a change in eligibility or how the PHB is delivered or the death of the individual, the following steps must be taken to complete the closure of the account and recoup any remaining funds.

For a **Third Party**, the relevant organisation will submit the information; for a **Direct Payment** the individual will do this themselves.

Once the closure has been approved by the CHC Clinical Lead, the finance team must be notified that the account is to be closed and a final audit should be completed.

Before the final audit is undertaken, all monies due to be paid out or returned to the account must be identified, completed, and accounted for. This may include final payments of invoices, wages to PAs (including any outstanding annual leave payments or redundancy payments), payments to HMRC or the Pension Scheme, payments to the managed account or Third Party support organisation (if used) and any other payments due to providers/ suppliers as identified in the Care and Support Plan. There is also the potential for refunds to be made to the account, e.g., from the insurance company if only a certain amount of time has lapsed since the policy has been set up.

The final audit should mirror the monthly monitoring process, but with the added element of checking the final bank statement and notifying finance how much is due to be returned to the ICB by the Individual/ their representative.

The ICB finance team and CHC Clinical Lead will agree a letter to be sent to the individual/ representative about the closure arrangements and the final balance due back to the ICB if applicable and provide the ICB's bank account details to repay the funds.

Once the individual/ representative has repaid any funds to the ICB's bank account, the ICB finance team must close the account and the CHC commissioning team must ensure all documentation is saved on Broadcare.

Useful Resources for Practitioners working with Personal Health Budgets

General PHB information: www.england.nhs.uk/personal-health-budgets/

Direct Payments in Healthcare Guidance: <https://www.england.nhs.uk/wp-content/uploads/2017/06/guid-direct-paymnt.pdf>

The guidance on the legal right to have personal health budgets and personal wheelchair budgets (December 2019) is to specifically help ICBs to understand the right to have a personal health budget:

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

Sites for Practitioners

You can register to join the sites which includes PHB resources/ good practice guides and a discussion forum page that enables you to email queries related to PHBs and receive responses.

For PHB E-Learning: <https://www.e-lfh.org.uk/programmes/personal-health-budgets/>

To join the NHS Collaborative Platform:

<https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FPCCN%2FgroupHome>

Information for Employers of PAs



Factsheet-PA-employed-self-employed.p

Skills for Care

Skills for Care are a national charity that support the health and social care workforce. They offer specific support to people with Personal Health Budgets and funding for PA Training.

Employing your own care and Support: <https://www.skillsforcare.org.uk/Recruitment-retention/Employing-your-own-care-and-support/Employing-your-own-care-and-support.aspx>

Information hub for individual employers and PAs, which brings together really useful information from lots of different places:

https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-hub.aspx?utm_source=EmpPAPage&utm_medium=Website&utm_campaign=Employing%20your%20own%20care%20and%20support

PHB Stories

People hub Peer-led information about personalisation and personal health budget stories: <https://www.peoplehub.org.uk/>

Finance Process-Payment Mechanism and Financial Control Guidance



Finance proces and
payment mechanism :

PHB Direct Payments Guidance



PHB Direct Payments
Guidance.docx

Direct Payment Agreement



Direct Payment
Agreement version 1.0

Bank details form



Bank Details Form
PHB .docx