Personal Health Budgets

Summary Guidance for Practitioners
Personal Health Budget (PHB) Pathway

Before a patient can have a PHB, the CCG requires them to have an up to date health assessment (completed within the last three months). This assessment should have confirmed that the patient is eligible for continuing healthcare funding and for a PHB as per NHS Trafford CCGs PHB Local Offer. It should also identify the current level of the patients health and well-being need. Providing a PHB based on an out-of-date assessment may result in inadequate identification of the current level of need and an inaccurate budget being set.

There are seven key steps to setting up a PHB as outlined in Fig.1 below. Each step of the process will be described in detail throughout this document.

Fig 1

Eligibility for a PHB
Trafford CCG currently provides PHBs to patients who are eligible for CHC and who live in their own home. At the moment PHBs are not being offered to those people who are living in a 24 hour nursing home.

1. Information and Advice
The PHB leaflet should be given to patients to inform them of the option to choose a PHB. The leaflet also provides both patients and practitioners with information on what a PHB can and cannot be used for. The Case Manager / Review Nurse can also provide further explanation as required about the different ways that PHBs can be taken and the support that is available to help manage them.
2. Assessment / Review
PHBs will only be offered to patients who have had an assessment or review within the last 3 months. The assessment should result in the Case Manager understanding the level of paid care and support that the patient will require to meet their assessed needs. The Case Manager should also identify and record the health outcomes that the patient wishes to achieve.

3. Calculating the “indicative budget”
Traditional health funded packages of care are supported by a “care plan” following assessment i.e. a schedule describing the care required which directs the care worker / provider.

Under PHBs, after an assessment, annual review or 3 month review an ‘indicative budget’ is set. The indicative budget gives the financial envelope within which the PHB support plan can be completed. It should not at this stage indicate which services will be used. This will be shown in the yet to be completed Support Plan.

For Continuing Healthcare patients the CCG will, until further notice, use a ‘ready reckoner’ approach to set the level of the “indicative budget”. This is where the assessed level of paid support required is used to calculate an “indicative budget” i.e. the number of hours support required multiplied by an agreed hourly rate.

NHS Trafford CCG will use the following rates as a basis for the calculation.

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day-time hours of care needed Monday to Friday</td>
<td>£10.50 per hour</td>
</tr>
<tr>
<td>Day-time hours of care needed on Bank Holidays</td>
<td>£21.00 per hour</td>
</tr>
<tr>
<td>Day-time hours of care needed on Saturday</td>
<td>£10.50 per hour</td>
</tr>
<tr>
<td>Day-time hours of care needed on Sunday</td>
<td>£10.50 per hour</td>
</tr>
<tr>
<td>Waking night hours - Mon-Fri</td>
<td>£120.00 per night</td>
</tr>
<tr>
<td>Waking night hours (9 hours per night) Bank Holidays</td>
<td>£120.00 per night</td>
</tr>
<tr>
<td>Waking night hours (9 hours per night) Saturday</td>
<td>£120.00 per night</td>
</tr>
<tr>
<td>Waking night hours (9 hours per night) Sunday</td>
<td>£120.00 per night</td>
</tr>
<tr>
<td>Sleep-over hours (9 hours per night) Mon- Sun</td>
<td>£100.00 per night</td>
</tr>
</tbody>
</table>

Where a patient already knows that they would like to use a care agency for some or all of their care the cost of this should be indicated in the “Commissioned Services” section of the “indicative budget” calculator.

The “indicative budget” is only for day to day care costs and does not include other costs that might be incurred, for example one-off costs for equipment, respite, start-up and budget management costs. Any costs for these will need to be included in the yet to be developed Support Plan.

Example of an “Indicative Budget calculator”
The Case Manager and CCG Finance will together use the “indicative budget calculator” and agree the amount. The Case Manager needs to decide the level of need for each day of the week and throughout the year taking into account any changes that may happen due to individual circumstances e.g. where someone needs different levels of support at different times of the year such as college term time / non-term time etc. CCG Finance will assist the Case Manager with these calculations.

It is important to note that the budget at this time is not ‘finalised’ – it is an approximation of what might be a reasonable amount for the patient to purchase the care they need on a day to day basis and may change on completion of the support plan. If a patient cannot purchase the care and support they need using the indicative budget then there may be a requirement to increase the final budget to meet the care needs. Similarly if the patient can manage to meet their needs more cost effectively there may be a reduction in the final budget.

“Indicative budgets” need agreement by the Clinical Lead prior to the patient / broker being informed.

Once the “indicative budget” has been approved a letter is sent to the patient / representative / nominee to inform them of the amount and about the next steps for developing a Support Plan. Where the patient is using a broker to complete their Support Plan the broker will be notified of the “indicative budget” on the “Brokerage Referral Form”.

4. Support Planning and Brokerage
Start-up costs

NHS Trafford CCG will pay for any costs incurred in setting up the PHB. These may include for any of the following.

Assistance with
• Support Planning
• Information and Advice about services
• Recruitment
• Training for staff
• Getting Personal Assistant Contracts in place
• DBS Checks

The CCG will also pay for the assistance needed to manage PHBs including for
• Fully managed bank accounting
• Payroll
• Insurance

The CCG will consider requests to fund one-off purchases (e.g. for specialist equipment) or for respite services on a case by case basis. Where specialist equipment is concerned funding will only be agreed following recommendation from a relevant health professional e.g. physiotherapist, occupational therapist. The decision to fund would also take into consideration the cost effectiveness of each purchase.

Support Planning

A support plan should demonstrate how needs will be met in order to achieve the agreed outcomes, and should be clear about how resources will be used to achieve this. It should capture what is most important to the patient, as well as what is important for their health and wellbeing.

Planning with a PHB is not just about planning how to spend the money but ensuring that as part of the planning process we consider all the resources that the patient may have, i.e. their ‘real wealth’. This is in part to ensure that we do not encourage an over reliance on statutory funding to fulfill all life outcomes, where those outcomes could be met from within a person’s own family, networks and support systems including use of universal and community services.

The Plan should also indicate what contingencies have been put in place should the usual support arrangements not be available to the patient e.g. through a personal assistant being off sick. Any cost associated with this should be indicated within the support plan.

Crucially the plan must be an integrated co-developed plan between the individual, the Case Manager and support planner (broker) if they are using one. It must contain information about clinical diagnosis, health needs and options for treatment through care but be balanced with contextual information from an individual about lifestyle and the impact of their health condition on that lifestyle.
Support brokerage

A support broker is a person who helps patients to explore how their “indicative” budget could be used to source the care and support they require once the support plan has been agreed by the CCG. It is their role to provide information on a range of local care and support resources available.

Support Brokers should also have expertise about Direct Payments and the responsibilities associated with having one, such as Employment Law, including employment contracts, recruitment, insurance, dispute resolution etc.

Support Brokers can be independent or part of a provider organisation. They are often linked to organisations that provide support with the financial management of Direct Payments.

NHS Trafford CCG is developing the use of the local Support Brokerage market. Service providers will be brought under a Preferred Provider Framework.

What can / can’t a Personal Health Budget be used for?

The Department of Health advises that PHBs cannot be used to purchase primary medical services provided by GPs, or:

- vaccination or immunization
- screening
- the national child measurement programme and
- NHS Health Checks

PHBs cannot be used for urgent or emergency treatment services such as unplanned in-patient admissions to hospital or accident and emergency.

PHBs cannot be used for surgical procedures.

PHBs cannot be used to pay for any NHS charges, such as prescription or for dental charges.

PHBs cannot be used:

- to purchase alcohol or tobacco
- for gambling
- to repay a debt (with the exception of debts relating to services specified in the Support Plan)

Requests to fund building adaptations will be referred to Trafford Council Disabled Facilities Grant Team.

A PHB direct payment can only be used to pay an individual living in the same household, a close family member or a friend if the CCG is satisfied that to secure a service from that person is necessary in order to satisfactorily meet the person
receiving care’s need for that service; or to promote the welfare of a child for whom direct payments are being made.

In addition PHBs cannot be used to purchase anything illegal or unlawful.

The Department of Health requires that PHBs should be compatible with the core principle of the NHS that care is based on clinical need, not ability to pay. The PHB can only be spent on what has been agreed in the Support Plan. Any use of the PHB must have been agreed in advance by the CCG.

Having said that it would not be appropriate for the CCG to question the spending when a patient decides to vary the way they meet a health outcome, for instance, when they choose to spend the budget on horse riding one week and swimming the next when the outcome they are trying to achieve is “more exercise to become fitter”.

It is important to ensure that the spending of the PHB is directly linked to the achievement of personal health outcomes that are, in turn, directly linked to the patients identified health and well-being needs. The Support Plan should show this ‘golden thread’ and clearly indicate how the resources are being used to this end.

PHBs will be likely to push the boundaries of what the CCG has traditionally spent health money on and therefore it is important that where funding is being used in different ways this is always clearly linked back to a person’s outcomes and assessed needs. This means that something that would be agreed as appropriate spending for one patient because the link is clear, may not be agreed for another patient.

Pause

Where a Support Plan indicates that the PHB may be used to fund things that may be seen as non-traditional or suggest a high level of risk, the CCG will make the decision on whether or not to agree the Plan and may request more frequent reviews and financial auditing be undertaken to ensure that the budget is meeting the person’s outcomes as set out in their Plan.

5. Setting the Final Budget

Agreeing the Support Plan

All PHB Support Plans will need to be clinically agreed. This is initially the responsibility of the Case Manager. There is a “Support Plan checklist” in the PHB Toolkit which should be used to check that the support plan meets all requirements.

Trafford CCG has set the following criteria, which must be met before a support plan can be agreed.

- The plan contains a summary of the person’s health and well-being needs
• The plan identifies what is important “to” the person – “these are the things that make life worth living”
• The plan identifies what is important “for” the person – “these are the things that must happen to keep the person safe and well”
• The plan shows what the person wants to change
• The plan shows how the person will be supported in all aspects of their life – not just paid support (including other NHS services, paid/natural support, assistive technology, equipment, community resources etc.)
• The plan shows how the PHB will be managed i.e. self-managed, managed by a representative / nominee, by a Direct Payment support service or Third Party PHB support service
• The plan shows how the person will stay in control of their life, and maximise their independence.
• The plan identifies any risks and how they will be managed (including Personal Assistant training)
• The plan sets out what the person is going to do to make their plan happen (action plan) to keep themselves healthy, safe and well
• The plan meets the person’s assessed needs and is clinically safe
• The plan refers to other essential written Care Plans or Care procedures that must be in place before the PHB starts
• The plan sets out how the person will spend their Personal Health Budget within the budget provided.
• The plan identifies contingency arrangements that ensures that the person will be safe and well should the usual support arrangement not be available e.g. a plan around being unwell - their Personal Assistant(s) not being available

It is crucial that these criteria are used by both those writing and those agreeing support plans.

All Support Plans (either on the Plan itself or in an attached costing sheet) should clearly show how the person intends to use the PHB and all intended expenditure should be clearly communicated. Case Managers and CCG Finance need to jointly check that any costs have been calculated appropriately by the person or organisation writing the Support Plan. This should be carried out prior to the Support Plan being submitted for final agreement.

Where Support Plans are not agreed the decision must be communicated to the patient / representative / nominee and broker (where involved) with clear reasons requesting that the Plan be re-submitted once the Plan has been amended.

Agreeing the Funding

The final PHB budget can be agreed as follows;
• Continuing Healthcare packages under £10,000 per annum by the Clinical Lead following a Quality Assurance check.
• Packages between £10,000 and £100,000 per annum will need the approval of the Chief Nurse following approval of the Clinical Lead.
• Packages over £100,000 per annum will need the approval of the Director of Finance following clinical approval from the Clinical Lead and Chief Nurse.

Once the funding for the Support Plan and funding have been agreed it may take some time to get the support in place. This may involve

• Recruiting staff
• Getting Employment contracts in place
• Training staff
• Sourcing provider agencies
• Buying equipment etc.

Patients can have assistance with this from their chosen brokerage provider.

If a patient already has a package of care in place, this will continue to be commissioned until the CCG is notified that the PHB package is ready to commence by the patient / their representative or nominee or by their broker. The patient / broker should provide the CCG with a “PHB Quality Assurance Checklist”

Where a patient has been receiving a Trafford Council funded direct payment care package but has become eligible for Continuing Healthcare, the Council will continue to pay the direct payment until they are notified that the PHB package is ready to begin.

CCG Finance will then notify the Council of the PHB start date so that the Council can stop making social care payments and invoice the CCG for any costs they have incurred.

The Council will invoice the CCG to cover the period from the date when the CCG became the responsible commissioner to the date that the Trafford CCG PHB starts.

The Case Manager will inform the Council social work team that the PHB has started so that the Council can end their services.

Resolution Panel

Where there is increased risk or complexity within the submitted Support Plan the Personalised Care Team Clinical Lead may refer to the Resolution Panel for assistance in reaching a decision.

Where Support Plans are not agreed the decision must be communicated to the patient / representative / nominee and broker (where involved) with clear reasons requesting that the Plan be re-submitted once the Plan has been amended.

If the person, their representative or nominee is still not happy with the decision of the Resolution Panel they can appeal.

6. PHB Commences
For Direct Payments

Patients can choose to use a payment card to manage their direct payment or have the direct payment paid into a designated direct payment bank account if they wish as required under the Care Act 2014.

Before a Direct Payment can be made to a patient or their representative / nominee they must open a payment card or bank account. If a patient has received a Direct Payment from social care in the past then it will be possible to use the same account for their PHB as long as that account has been set up specifically for Direct Payments. Direct Payments cannot be paid into a patient’s current account.

Direct Payments are made by Trafford Council (on behalf of the CCG) into a patient’s account on a monthly basis.

Where the patient has chosen to have a “managed direct payment” the payments will be made by the Council (on behalf of the CCG) to the direct payment support service provider who should hold separate banks account for all patients.

All patients taking their PHB as a Direct Payment must sign Trafford CCG “direct payment agreement”.

Need to agree who signs it on Trafford CCGs behalf.

Need more info on payment cards here

Need further discussion around the legality of forcing people to have a payment card

All direct payments can be audited at any time by Trafford Council on behalf of the CCG.

For Third Party PHBs

For this option payments will be made by the CCG to the chosen third party four weeks in advance as

For Notional PHBs

With this option payments will be made by the CCG to the chosen support / care agency providers on the patient’s behalf.

7. Review

The CCG will review PHB packages after three months and again after one year. The CCG may decide to undertake more frequent reviews should it be deemed necessary to manage any perceived risk.

If the assessment process has indicated a need for the care and support arrangements to be reviewed more regularly this must be established at the time the PHB commences.
Reviews will be robust and consider the potential for people to suffer from neglect or abuse. Although there is little evidence to suggest to date that people using PHBs are more at risk than people receiving direct services, it is important that the review process prioritises and risk assesses keeping the patient safe and protected from abuse.

The review will consider whether outcomes have been met. This should be a primary focus of the review and provides a platform for understanding how plans may need to change and adapt to be effective.

If it is clear that the budget is not meeting the patient’s health needs at a review an application for an increase in the budget may need to be made. The process for making a budget change or a change to the Direct Payment amount is the same as that used for setting up a new PHB and follows the same authorisation process.

Any request for a revision to the budget should be evidenced by a corresponding change in the Support Plan. Patients may enlist the help of their support broker to make the necessary change to the support plan or amend it themselves. Agreement for the changes to the support plan will be through the same process as when agreeing the initial plan and a “PHB Variation Form” should then be given to Finance who will arrange payments for the next 12 months.

If, at any time, the patient decides that their PHB arrangement is not working for them, they will have the option to have their care and support provided in the traditional way or through a “notional” PHB.

See Appendix 1 – PHB Process – Detailed Flow-chart