Process – Personal Health Budgets

This process document has been designed for health professionals in line with the NHS England 6 Steps to setting up a Personal Health Budget (PHB).

Patients within Trafford’s PHB Local Offer have the right to be offered a PHB as a way of managing their care and those eligible for Continuing Healthcare or Children's Continuing Care have a “right to have” a PHB.

It is essential that PHBs are offered once eligibility for NHS funding is confirmed and at a review of an existing care package.

Where a request from a patient for a PHB is made outside of the assessment / review process you must ensure that an assessment has been carried out in the last 3 months – if not a new assessment will be required to determine the current level of need.

Please note, all documentation completed must be saved in the patient’s record.

Where there is reference to other documents requiring completion, please visit: http://www.traffordccg.nhs.uk/guidance-and-templates/ for copies.

<table>
<thead>
<tr>
<th>1. Making Contact and Getting Clear Information</th>
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<tr>
<td>Always discuss and provide information about PHBs at MDT, Assessment, Review meetings – give patient / family PHB leaflet</td>
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<td>• Patient is eligible for a PHB under Trafford PHB Local Offer.</td>
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<td>• Patient requests PHB</td>
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<td>• Meet with patient / family and discuss the different PHB management options of self-managed or managed direct payments, third party PHB and notional PHB</td>
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<tr>
<td>• Inform patient / family of support brokerage services available, providing leaflet for these.</td>
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<td>• If the patient is considering use of broker, allow 7 working days for them to decide and then complete the referral form to chosen broker</td>
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*If a patient chooses to take a direct payment, they must get advice from a support brokerage service about their responsibilities, including employment law if they are thinking about using personal assistant

*You may already have discussed much of this at a recent assessment / review meeting and may not need to visit again.

- Establish the level of paid day to day support that the patient will need (no need to discuss what particular services will be used to meet the need at this stage).

- Establish what health outcomes are important to the patient

3. Working Out The Money Available (Budget Setting)

- Calculate the “indicative budget” using the “indicative budget calculator” – ask finance for assistance where necessary.

- Send letter to the patient / family informing them off their indicative budget.

4. Making a Support Plan

- Health professional or broker (if chosen or interested in a direct payment) to support the completion of the support plan with the patient/family. This could take any paper or media format, as long as the crucial information is supplied (i.e.

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health outcomes, chosen support, costs of support). NHS Trafford CCG has a PHB Support Plan template that patients can use if they wish.

- Where a broker is assisting with the Plan it must be submitted with the following financial information – Cost of care, set-up cost (support planning, recruitment, DBS checks etc.), budget management costs, any other cost e.g. equipment etc.

We recommend the support plan is completed within four weeks from being informed of the indicative budget; this is to avoid delays in process.

- Case manager must check that the support plan criteria are met and that the plan will meet needs and keep the patient safe and well.
- If you need any help understanding the costs in the plan seek advice from finance team
- Support plan signed off by case manager, then team manager.

If the support plan has not been agreed, the patient must be informed of the reasons why and what is required from them. This may need further involvement of the broker where there is one involved.

- Send letter to the patient confirming the support plan has been agreed and the final PHB amount.

### 5. Organising Care and Support

- Notional budget – case manager commissions services as per usual process
- Third Party PHB – case manager commissions services as per usual process (need to ensure that finance has an account set up with chosen third party provider)
- Direct Payment (managed or self-managed account – inform broker that support plan has been agreed and for them to arrange to assist patient with any bank account including as a managed account, recruitment, understanding and signing the Direct Payment agreement.

*For a direct payment once the patient / broker has provided a start date a ‘new account’ form will need to be completed and given to finance team to set up payments. You don’t need to give finance the support plan.*

Where personal assistants are being used the package cannot start until any required training has been completed. Also ensure that any required care plans are in place.

In all cases a patient must not be left without care during the time it takes to set-up PHB. A commissioned service must be offered to cover any delays.

### 6. Monitoring and Review

- Six weeks following implementation, contact patient / family to check that the care and support services detailed in support plan are meeting patient’s needs. (this does not need to be a face to face meeting)

If not working, services and budget may need to be amended – for direct payments, the broker may need to get involved again.

- 3 month review as per usual practice
- Annual review using the review of support plan document alongside the usual review

If, following any review there is a change in needs which affects the budget, complete a “variation” form, follow usual authorisation process and send to suitable finance colleagues. The Support Plan will need to be amended where any changes have been made.