



**NHS**

*Isle of Wight  
Clinical Commissioning Group*

**A Practical Guide to Setting-Up a  
Personal Health Budget**

**May 2013**

# A Practical Guide to Setting-Up a Personal Health Budget

What is this guidance for?

This document will provide step-by-step guidance and additional information on the process of setting-up a personal health budget, for professionals involved in the process.

A Personal Health Budget (PHB) is an allocation of resources made to a person with an established health need (or their immediate representative). The **purpose** of the budget is to ensure the person is able to call upon a predefined level of resources and use these **flexibly** to meet their **identified health needs** and **outcomes**.

Personal Health Budgets offer the opportunity to work in equal partnership with the NHS about how a person's health and wellbeing needs can best be met and are one way to have more choice and control over healthcare and support to keep an individual within their own home.

The Department of Health set up 64 pilot sites in 2010 across the country to consider the issues and outcomes of PHBs. On the Isle of Wight we have not been a national pilot site but have been working closely with Oxfordshire and Hampshire who are, and have set up 6 local pilot personal health budgets for Continuing Healthcare (CHC) funded individuals living in their own homes through a broker and payroll system.

## The Main Things to Know About a Personal Health Budget

### Key Points

- The NHS care and support given should be safe and effective.
- Personal Health Budgets should help people who may not always get the best out of the NHS to get a better service, not make things worse.
- People do not have to get health care in this way if they do not want to.
- Individuals should have as much control over decisions as they want.

### Principles

There are six key principles for Personal Health Budgets and personalisation in health:-

## **1) Upholding NHS Values**

The personal approach must support the principles of the NHS as a comprehensive service, free at the point of use, as set out in the NHS Constitution, and should remain consistent with existing NHS policy:

- There should be clear accountability for the choices made.
- No one will ever be denied essential treatment as a result of having a Personal Health Budget.
- Having a Personal Health budget does not entitle someone to more or more expensive services – or to preferential access to NHS Services.
- There should be good and appropriate use of NHS resources.

## **2) Quality – safety, effectiveness and experience should be central**

The wellbeing of the individual is paramount. Access to a Personal Health Budget will be dependent on professionals and the individual/family agreeing a care plan that is safe and will meet agreed health and well being outcomes. There should be transparent arrangements for continued clinical oversight, proportionate to the needs of the individual and the risks associated with the care package.

## **3) Tackling inequalities and protecting quality**

Personal Health Budgets and the overall movement to personalise services could be a powerful tool to address inequalities in the health service. However, local organisations need to take care that their implementation does not exacerbate inequalities or endanger equality. The decision to set up a budget for an individual must be based on their needs, irrespective of race, age, gender, disability, sexual orientation or beliefs. Individuals with similar needs will be treated equally.

## **4) Personal Health Budgets are purely voluntary**

No one will ever be forced to take more control than they want, and a CCG does not have to offer an individual a particular way of managing a budget if it does not believe that that is the best way of commissioning services for that individual.

## **5) Making decisions as close to the Individual as possible**

Appropriate support should be available to help all those who might benefit from a more personal approach, particularly those least well serviced by existing services or access and who might benefit from managing a budget.

## 6) Partnership

Personalisation of healthcare embodies co production. It means individuals working in partnership with their family, carers and professionals to plan develop and procure the services and support that are appropriate

Patients and family will be central to all processes.

## Principles of Self Directed Health Support

The following are nationally recognised principles for self directed health support:

- **Improved health and emotional well-being:** To maximise health and wellbeing outcomes
- **Improved quality of life:** To have the best possible quality of life, including life with other family members supported in a caring role.
- **Making a positive contribution:** To participate as an active citizen, increasing independence where possible.
- **Choice and control:** To have maximum choice and control.
- **Freedom from discrimination:** To live free from discrimination or harassment.
- **Economic well-being:** To achieve economic well-being and have access to work and/or benefits as appropriate.
- **Personal dignity:** To keep your personal dignity and be respected by others.

## Individuals Who Lack Capacity

In this document we will refer to 'Individuals and their Advocates'. This is to take into account the fact that many of the individuals who receive a Personal Health Budget under this pilot are likely to lack mental capacity to consent. Individuals who lack mental capacity must have a nominated Advocate to act or make decisions in their best interest in order to participate in the pilot. This could be a friend, family member or carer, if the person made an advance directive requesting this and they have legal documentation to act in someone's best interests, or the person with Power of attorney for welfare

matters, appointeeship, or by the case manager requesting an IMCA (Independent Mental Capacity Advocate)

## **Authorisation Levels**

Any care package or placement for Continuing Healthcare is based on assessed health needs which may, of course, increase or decrease, and are subject to existing NHS resources and comprehensive risk assessments. A guide for the cost of care packages at home is up to the cost of a Nursing Home placement plus 10%. If the care package exceeds this then full reports and risk assessments must go to the CCG Executive Funding Panel chaired by the Chief Officer with a GP from the CCG Executive Board on the panel. They will consider exceptional need and made a decision about funding. Any such decision is subject to regular monitoring, reviews and evaluation of the care package. There will also be a risk panel chaired by the Deputy Chief Officer with a GP, Finance Officer, Head of CHC and representation from the Local Authority in attendance.

## **What is the process for setting up a personal health budget?**

There are 6 key steps to setting up a personal health budget as outlined below. Each step of the process will be described in detail throughout this document.

1. Contact/Information
2. Identifying health needs + Care Plan + up to date CHC review
3. Indicative Budget setting
4. Support planning and Risk assessment
5. Final budget setting
6. Personal Health Budget commences, monitoring and reviews.

In October 2011 the Government announced that from April 2014 people receiving continuing healthcare support from the NHS will have the right to ask for a personal health budget.

## **Step 1 Contact / Information**

When an individual becomes eligible for NHS Continuing Healthcare funding, information needs to be provided to let them know that they can choose to have a personal health budget to purchase their care at home if they would like to.

When an individual receives the letter confirming eligibility and funding, included within this information pack are details about personal health budgets. This is a lot of information for individuals and their families to take

in, therefore on the first visit to meet the individual and their representative, personal health budgets should be included in the discussion about how care can be provided in the future.

The following documents should be discussed and given to the individual to review in their own time.

- Personal Health Budget Leaflet – DH  
[www.gov.uk/government/publications/understanding-personal-health-budgets](http://www.gov.uk/government/publications/understanding-personal-health-budgets)
- Isle of Wight CCG personal health budget pack

### **Step 1 Summary**

- Personal health budgets discussed with the individual
- Individual makes a decision whether they want a personal health budget or not
- If an individual requires more information about personal health budgets, contact details provided from their Case Manager of the Head of Continuing Healthcare and/or a broker

### **Step 2 – Identifying Needs & Care Planning**

A personal health budget is set by first identifying the individual's needs for care and support.

A Care Plan needs to be completed for all new continuing healthcare funded people and for existing continuing healthcare people who wish to have a personal health budget (see Appendix 1 for an example care plan template). This will clearly set out all the care and support that an individual needs to purchase their personal health budget.

Before an existing CHC funded individual can begin the process of setting up a personal health budget, they must have an up to date assessment (an assessment completed within the last 3 months) and an up-to-date Care Plan. Giving people a personal health budget based on an out-of-date assessment and care plan may result in inadequate identification of their needs and an inaccurate budget being set. Any individual needing an assessment for the purposes of setting-up a personal health budget should have an urgent review undertaken by their Case Manager.

## Step 2 Summary

- In date assessment completed
- Care Plan completed

## Step 3 Indicative Budget Setting

The purpose of an indicative budget is to estimate the amount of money available to each individual to purchase their care and support. The budget is based on the care and support needs set out in the Care Plan and from discussions with the individual. It is good practice to have an ongoing discussion with the individual as you work towards setting their indicative budget. Normally the indicative budget should not be more than the cost of a care home plus 10%. If it is likely that more funding than this is required discussion is required with the Head of CHC, and possible presentation to the Executive Funding Panel (chaired by the Chief Officer, with a GP from the CCG Executive)

The indicative budget will be different for people choosing to employ their own Personal Assistants rather than using agency carers.

It is important to note that the budget at this time is not 'set'. If an individual for some reason cannot purchase the care they need using the indicative budget then there is an opportunity to change the **final** budget. Any change to the final budget will be based upon discussions with the individual and Head of CHC.

If an individual decides to use a broker to help them develop their support plan, it is important that the broker knows how much money the individual has to spend.

The indicative budget form (Appendix 2) is an Excel Spreadsheet that when completed should provide an accurate cost for all the care and support needs as determined from the up to date care plan.

The PHB Indicative Budget Form is broken down into the following areas:

- **Care Agencies** – if an individual chooses to purchase care from a care agency this section will need to be completed. Indicative rates have been set per hour based upon the cost of a contracted agency carer. This also applies to the rate set for a live-in carer.
- **Employed Staff** – If an individual wishes to employ their own Personal Assistants (they can only do this if they choose to have a direct payment or a managed account) then this section of the PHB Indicative Budget Form will need to be completed. Rates per hour are indicative

The unit cost rate shown i.e. £12.50 per hour is the Gross Rate (tax and NI will need to be deducted from this amount).

Employee on-costs need to be calculated for every hour/time period of care, this is automatically calculated as the spreadsheet is completed and ensures that the individual has sufficient funds to pay their own NI contributions (Employer NI contributions) holiday pay, sick pay, maternity pay etc. The on-costs have been calculated as 26.6% of each unit rate for employing staff, therefore if the hourly rate changes then the on-costs will change to reflect this.

This sounds complicated but the spreadsheet will do the work for you.

- **Annual Charges and Start-Up costs** – all personal health budgets include an element of funding that will allow the individual to ‘get started’. The budget will need to include funds for the following;
  - **Training** - Costs for training Personal Assistants must be included if the individual chooses to employ Personal Assistants directly. The only mandatory training is moving and handling training and training for delegated healthcare tasks. A personal health budget will cover the cost of paying for moving and handling training, basic life support skills and food hygiene training. The budget will also cover the cost for Personal Assistants to attend training at their contracted hourly rate. Currently there is no cost for training for delegated healthcare tasks.
  - **Insurance** - Before an individual can employ a Personal Assistant they must take out employers and public liability insurance. The budget will not include a cost for Personal Assistant’s clinical negligence insurance – this cost needs to be paid for by the Personal Assistant and not from the personal health budget.
  - **Respite Allocation** – the indicative budget will identify respite funds based on six weeks respite per year at a cost of up to £699.23 per week. These funds are authorised within the indicative and final budgets but are not given as part of the 4 weekly direct payment. The respite funds are held centrally by the CCG and can be drawn down on request as and when needed. It is important that the individual knows that they can access these funds at any time. Typically, respite is provided for families who provide a substantial amount of unpaid informal care for the individual.

Indicative budget sign-off: the indicative budget needs to be signed off by the Head of CHC.



### **Step 3 Summary**

- PHB indicative budget form completed
- Indicative budget authorised by Head of CHC
- Indicative budget shared with the individual and broker (if they are using one)

### **Step 4 - Support Planning**

#### **What is a Support Plan?**

*Support Plan* is the name for the plan that shows how someone's Personal Health Budget will be spent. In order for the budget to be released, those responsible for agreeing the final budget must be able to see and agree a plan that meets clear criteria.

Support Plans can be written in different ways. They may be short or long - with pictures or just text. Crucially this plan must be an integrated co- developed plan between the individual, the clinician and broker, if they are using one. It must contain information about clinical diagnosis and options for treatment or care but be balanced with contextual information from an individual about lifestyle and the impact of their health condition on that lifestyle. Support planning in health is about planning together not planning for somebody.

People need to be given time and space to develop their plan and understand what genuine choices they can make.

#### **Who can do support planning?**

Support planning can be completed by a range of people and the individual must be offered a choice of who they would like to facilitate their support plan with them.

#### **Person led**

If we are to support the principles of self-direction in health then we should start from the assumption that the individual can lead as much of their own planning process as they wish to. They are the experts on how their condition impacts on their lifestyle and it is important to capture that information as part of the plan. They will need to work with the clinician(s) involved in their Healthcare to ensure the appropriate clinical information is included in the plan. People should be provided with the right tools and information to do this if they want to (see later in the guidance for information about tools for planning)

*If an individual wishes to have help to develop their support plan then they can choose from a range of people who can help them;*

### **Peer Support (Not currently available on the Island but will be developed).**

Peer support is provided by somebody who has a personal health budget themselves and has therefore been through the process of developing their plan. They can share their experiences with the individual through telephone support or face to face. They are able to share real life experiences of what worked and didn't work for them as part of the planning process in a way that others are not able to.

### **Broker**

Brokerage can be defined as a set of functions, which help individuals to plan, develop (or design) and organise the support they need.

A broker is a person who fulfills some of these brokerage functions by helping an individual decide how their resources could be used to get the support they require. It is a broker's role to provide information on a range of resources enabling choice and control.

Brokers can work in different ways. An independent broker works on a self employed basis and will charge for the development of a plan and for additional work by the hour.

Many brokers work as part of provider organisations but as a separate part of the business to the provision of support. On the island the Local Authority originally tendered for brokers for personal budgets and there are currently 3 different third sector organisations which undertake this work. The CCG do not commission this service as it is the choice of the individual if they use a broker and which one they choose,

Brokers can have a certain level of independence within the planning process because they are not responsible for the rationalisation of resources.

If there has been conflict in the process of establishing eligibility for Continuing Healthcare Funding it may be appropriate for a broker to facilitate the plan.

It may be appropriate to use a broker who has specific experience with a particular condition or group of people i.e. working with people who have multiple sclerosis or people with a learning disability.

### **Case Manager**

The Case Manager can also lead on the facilitation of the support plan if requested by the individual. They would always need to contribute to the planning process, even if somebody else was leading the plan but if the Case

Manager has a long and well established relationship with the individual it may be appropriate that they facilitate the planning process.

Case Managers may wish to use brokers for specific pieces of research to support the planning process.

Case Managers will also need to work with colleagues with other specialist skills particularly when working with individuals who have conditions other than those typically associated with Continuing Healthcare.

### **Other people who may be involved in the planning process.**

Whoever is responsible for facilitating the plan may need to involve other people in the process where appropriate or necessary. These may include interpreters, advocates or independent mental capacity assessors (IMCAs) as well as of course the input of family and friends.

### **What should be in a support plan?**

A great support plan is NOT just a document and is NOT just a template. A great support plan is proof of a great process, which supports a shift in power and decision making and enables a changed relationship between the NHS and the individual.

A great plan is an integrated plan, the person's plan, with everything in it that works for the whole of their life not just their health. It will have a golden thread running through it showing how health needs link to agreed outcomes, and will be clear about how resources will be used to meet those outcomes. It will show who the individual is and what is most important to them, as well as what is important for their health and wellbeing.

The personal health budgets delivery team at the Department of Health published a discussion paper whose aim is to provide a useful framework when approaching planning with a personal health budget. It is not DH policy or a prescriptive guide but offered as a summary of the best practice to date in planning with people who have a long-term condition and a personal health budget. It outlined the following as key elements that make a good plan;

- Agreeing the purpose of the plan or planning discussion
- Timely and relevant information available beforehand
- Clear goals, outcomes and solutions
- Self care
- Contingency planning and risk management,
- Recording who has been involved in the planning, and
- How and when the plan will be reviewed
- How the budget is going to be used
- How the budget is going to be managed

All of these elements can be captured when writing a support plan that meets the following 7 criteria;

1. What is important to me and important for my health?
2. What do I want to change and achieve?
3. How will my support be organised, arranged and managed?
4. How will I use my resources and the health budget?
5. How will we deal with anything that changes, including risk enablement and review?
6. How will I stay in control?
7. How is the plan going to be put into action?

Please see Appendix 3 for more detailed information on the 7 criteria. These criteria are widely used in social care and now in health when writing a support plan for somebody who has a personal or personal health budget.

Appendix 4 is a template for a support plan using the criteria described above

It is crucial that this criteria is used both for those writing plans and for those agreeing the plan.

It is not always possible to predict changes in circumstances which may require additional support and funding. In these circumstances the person may need to be re assessed for a change in need and changes made to the support plan and budget accordingly.

### **How to develop a support plan**

Developing a support plan is not about completing a form or a template but it is about changing the conversation between the individual and professionals. It is about focussing on individuals in their whole social context and not just their health. It's about bringing decision making and the planning of support closer to the individual to develop solutions that make sense to them. An investment of time in the planning process will lead to solutions that will work because the individual is fully engaged in them and which will eventually lead to possible savings in funding.

There are a number of tools and resources already available to help individuals develop their support plan. For example workbooks and card packs. Some of these have been initially developed in social care but are now being adapted to have a more health focus. It is not enough just to ask people to answer the questions posed by the 7 criteria, these can be difficult to answer directly without some thought or help. Experience has shown that by using the questions and tools set out in the workbooks and card packs, information can be gathered to develop a plan that meets the 7 criteria.

These resources can be found in a number of places;

In the health section of the support planning website at [www.supportplanning.org](http://www.supportplanning.org)

The in Control website at [www.in-control.org.uk](http://www.in-control.org.uk)

NHS Employers have developed a personalised care planning e-learning tool, which is available to NHS and social care staff to help them develop the skills to take a more personalised approach to planning. This can be accessed via the NHS Employers website

[www.nhsemployers.org](http://www.nhsemployers.org)

Supporting Self Care has developed three 20 minute e-learning modules for health and social care professionals, which aim to raise awareness of the self care support available and the benefits of supporting people with LTCs to self care.

<http://www.e-lfh.org.uk/projects/supportingselfcare/index.html>

## **What you can and can't spend a personal health budget on**

In its 'Personal Health Budgets First Steps' guidance the Department of Health outlines a number of restrictions for how Personal Health Budgets may be spent. They indicate that Personal Health Budgets should not be spent on

- Emergency or acute services
- The vast majority of primary services (including visits and assessments) as GPs provide a comprehensive, registration-based service.
- Anything illegal
- Gambling
- Debt repayment
- Tobacco
- Alcohol
- Treatments (like medicines) that the NHS would not normally fund because they are not shown to be cost-effective.

Additionally the Department of Health says in First Steps, that Personal Health Budgets should be compatible with the core principle that NHS care is based on clinical need not ability to pay. The budget is there to meet the individuals agreed needs in full, subject to resources being available and equity considerations, not to provide only part of the funds they will need.

The DH are clear that the budget must cover the full cost of the care so topping up is not accepted unless it is additional support requested by the Family.

If, for any reason, an individual wanted to purchase additional care privately, they would need to do this through a separate arrangement with the provider. However, individuals can use their budget to purchase private services that help them achieve their health outcomes i.e. a private physiotherapy. This relates to the six principles for Personal Health Budgets.

1. Upholding NHS values. The personalised approach must support the principles of the NHS as a comprehensive service, free at the point of use, as set out in the NHS Constitution, and should remain consistent with existing NHS policy:
  - There should be clear accountability for the choices made

- No one will ever be denied essential treatment as a result of having a personal health budget
  - Having a personal health budget does not entitle someone to more or more expensive services, or to preferential access to NHS services
  - There should be good and appropriate use of NHS resources
2. They must support safeguarding and quality
  3. They must support the tackling of inequalities and protecting equality
  4. They must be voluntary
  5. They must support the making of decisions as close to the person as possible
  6. They must support partnership working

However, it places no other restrictions than those outlined above and does not give either a prescriptive or exhaustive list of what you can spend a personal health budget on. It is important to ensure that the spending of the personal health budget is directly linked to the achievement of personal outcomes that are in turn directly linked to the individual's identified health needs. The support plan should show this 'golden thread' and clearly indicate how the resources are being used to this end. Personal health budgets will be likely to push the boundaries of what we traditionally have 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 individual because the link is clear, may not be agreed for another individual.

Below are some examples of how individuals may use a personal health budget to achieve their personal health outcomes and support needs. The list is not meant to be prescriptive or exhaustive.

- Respite Care – Individuals can choose to spend the respite allocation of their personal health budget on purchasing care outside the Isle of Wight. Several individuals have decided to 'save' several weeks of respite care funds they are able to choose to receive fewer weeks of respite care but in a more costly and perhaps appropriate setting than before.
- Employing Personal Assistants – clients are choosing to employ their own Personal Assistants to provide their care and support. This means they do not have to use agency carers who often cannot provide the flexibility that they may need.
- Individuals can choose to receive their care partly from a Care Agency and partly from a Personal Assistant.

Planning with a personal health budget 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 individual may have, 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 networks and supports.

Where a personal health budget is being used to fund things that may be seen as non-traditional and 'risky', more frequent monitoring will be required to ensure that the budget is meeting the person's outcomes as set out in their support plan.

Due to the nature and severity of the health conditions of continuing healthcare individuals it is less likely that people will ask to spend their personal health budget on anything 'risky'.

If you are unsure about any planned spend that an individual intends to make, this should be referred to the risk panel for further discussion.

### **Personal Health Budgets and Risk Panel**

A PHB and Risk Panel will be established to help make decisions about how personal health budgets should be set up and spent. The panel will meet as required and will provide a forum where Case Managers can discuss any issues that have arisen during the setting of the budget and development of a support plan. This ensures by the time the support plan is ready for sign off any 'risks' have been discussed and a decision has been made about how they should be managed.

### **How can a personal health budget be managed?**

There are three ways that a personal health budget can be managed

#### **Notional budget**

Notional budgets could be an option for people who want more choice and control over their healthcare but who do not feel able or willing to manage a budget. The individual is aware of the amount of funding that is available to them and co-develops their agreed health outcomes and the solutions for achieving them. However it is the Case Manager who still commissions services and manages contracts on their behalf.

Where someone chooses a notional budget it is important to note that they will NOT be able to employ Personal Assistants directly.

## **Real budget managed by a third party**

In this case the budget is held by a third party organisation and the third party would be able to employ a Personal Assistant directly on behalf of the individual. Examples of third party organisations would be;

- Independent user trusts
- Voluntary organisations
- Private sector organisations
- Community Interest companies
- User led organisations.

The plan would need to state who is holding the budget and how they are organising the support, care or treatment to achieve the agreed health outcomes.

## **Direct Payment**

A direct payment is where the CCG pays the money directly to the individual or their representative. The money is paid into a bank account set up for this purpose. If the individual has received a payment from Social Care in the past then it will be possible for them to use the same bank account and processes to manage their personal health budget.

With a direct payment individuals can employ and pay Personal Assistants directly and have complete control of all the money coming in and going out of their personal health budget account.

A third party can offer a payroll and PAYE service so that the individual does not have to worry about paying tax, NI or wages. The third party will also accept the personal health budget on behalf of the individual and manage all financial aspects related to purchasing services. However, if the individual decides to use Personal Assistants to provide some or all of their care, the third party will not be registered as their employer, this will always be the individual or their representative. The individual needs to be aware of the employment liabilities.

The plan will need to show which individual is holding the budget and how they are organising the support, care or treatment to achieve the agreed health outcomes.

## **How will the Support Plan be signed off?**

It is crucial that those responsible for agreeing the support plan and therefore the final budget do so using the same criteria as outlined above (7 criteria).

At this stage the support plan should not contain anything that has not already been discussed and agreed at the risk panel if necessary. If the plan is not agreed and there are elements of the plan that the Case Manager is not happy to sign off, then these issues should be resolved through further discussion with the individual, broker, Case Manager and Head of Continuing



Healthcare if necessary. Where these discussions do not lead to a solution then the support plan should be discussed at risk panel and a final decision made.

#### **Step 4 Summary**

- The Case Manager to discuss with the individual who they would like to facilitate the support plan.
- The Case Manager to ensure that the individual has all the guidance on what should be in a support plan, what they can and can't spend money on and information on tools to help with planning.
- If the Case Manager is not facilitating the support plan with the individual then they will need to ensure that whoever has all the relevant information from the assessment stage i.e. decision support tool, risk assessment, service requisition and the indicative budget amount.
- Support plan is facilitated, exploring risks through the risk panel where necessary.
- The Case Manager will check that the support plan meets the 7 criteria. It is the Case Manager's responsibility to check and sign off the support plan.
- If the Case Manager approves and signs off the support plan the next step is to set the final budget.

#### **Step 5 Final Budget sign off**

Once the support plan has been agreed and the Case Manager supports any adjustments to the budget which clearly link care and support costs to a health outcome, a final budget can then be prepared. The Final Budget Cost Form is a variation on the indicative budget form showing the final budget breakdown of all costs for each individual.

This step describes the process for final budget sign off and setting up appropriate payment mechanisms for the individual.

Final Budget under the cost of a care home placement plus 10% per week

Where the final personal health budget is under this amount per week the Head of Continuing Healthcare and Deputy Chief Officer signatures are required to authorise the budget.

### **Final Budget over the cost of a care home placement plus 10% per week**

If the personal health budget is over this amount per week per week then the case needs to be presented to the Executive Funding Panel chaired by the Chief Officer. Final Budget Costing Forms **must** contain signatures by the Chief Officer and GP on the panel for the budget to be authorised.

**The following documents will need to be completed before a direct payment can be set up:**

- **Direct Payment Agreement** – signed by the individual or their representative
- **Direct Payment Referral Form** – signed by the Head of Continuing Healthcare, and the Deputy Chief Officer will be required to sign for budgets under the equivalent of a care home placement plus 10%, and presented to the Executive Funding Panel and signed by the Chief Officer and GP on the Panel for those applications over this amount.
- **Final Budget Cost Form** – signed as appropriate by the Head of CHC and Deputy Chief Officer, or members of the Executive Funding Panel.
- **Support Plan** – signed by the individual and Case Manager.
- **Risk Assessment** – completed by the Case Manger in conjunction with the individual/family/advocate.

### **Direct Payment Agreement**

The Direct Payment Agreement is a legal document that needs to be signed by anyone who has a direct payment. The document needs to be signed by the individual or their representative, and states that their personal health budget will only be used to pay for the services that have been agreed in the individual's support plan.

A signed copy of the individual's Direct Payment Agreement needs to be scanned and emailed to the third party broker if appropriate.

### **Final Budget Cost Form**

The Final Budget Cost Form details all costs for each service purchased and includes start-up and respite care costs that have been agreed.

The Final Budget Cost form needs to be signed by the Head of Continuing Healthcare and the CCG Deputy Chief Officer for any personal health budget under the equivalent of an appropriate care home placement plus 10% per week, the Direct Payment Referral Form also needs to be signed by them.

## Direct Payment Referral Form

The Direct Payment Referral Form contains all the information required by the broker to make the direct payment into the individual's bank account.

It contains the individual's bank account details, name, address, as well as the amount of money to be paid into the individual's bank account every 4 weeks and any start-up costs required.

This form needs to be signed by the individual's Case Manager as well as the members of the Executive Funding panel for personal health budgets over the equivalent of an appropriate care home placement plus 10% per week; the Direct Payment Referral Form also needs to be signed.

**Respite funding** is held centrally by the CCG. Individuals can request respite funds by contacting their Case Manager who will complete a one-off payment form for the required amount. This form is signed by the Head of Continuing Healthcare.

## Step 5 Summary

### Important documents and where they go

<b>Individual's File</b>
<ul style="list-style-type: none"><li>• The Support Plan</li><li>• Risk Assessment</li><li>• Final Budget form</li><li>• Direct payment agreement form</li><li>• Direct payment referral form</li></ul>
<b>Broker</b> Before the Broker can process a direct payment they will need to have the following:
<ul style="list-style-type: none"><li>• Direct Payment Agreement</li><li>• Direct Payment Referral Form</li><li>• Final Budget Costing Form</li></ul>
<b>Third Party</b> Before the Third Party can administer payroll or PAYE services, or be responsible for a managed account on behalf of an individual, they need the following:
<ul style="list-style-type: none"><li>• Direct Payment Referral Form</li><li>• Final Budget Costing Form</li><li>• For individuals with a managed account, details from the support plan on how the budget is to be used</li></ul>

**An individual's representative does not need to have Power of Attorney to manage a direct payment on their behalf.**

## **Step 6 – Personal Health Budget Commences, Monitoring and Reviews**

### **For direct payment individuals**

All direct payments made into an individual's bank account are managed by a third party broker.

Payments are made into an individual's bank account every 4 weeks. An additional direct payment can be made at any time during the 4 weekly payment cycle, for example for respite care.

Before a direct payment can be made to an individual or their representative they must open a separate bank account. If an individual has received a direct payment from social care in the past then it will be possible to use the same account for their personal health budget.

It is a good idea to talk to an individual about whether they need to open a separate bank account to receive their personal health budget during the support planning process so that this does not delay the direct payment later on. Opening an account usually only takes a few days but can take longer where the account is opened in the individual's name using power of attorney.

An introduction letter for the bank detailing what the account will be used for which the individual may find helpful when opening an account can be provided.

For individuals who wish to have payroll and PAYE services from a broker a copy of the final budget form and direct payments referral form should be e-mailed to them.

### **For managed account individuals**

If the individual has decided to have a managed account they will need to be referred to a broker who will manage all the financial aspects of their personal health budget. They will not need to open a bank account but they will still need to sign a direct payment agreement.

The broker should be emailed a copy of the final budget form, direct payment referral form and details from the support plan outlining how the budget will be used.

**Notional Budget**

- Care package continues to be managed by the Case Manager in the traditional way.

**Direct Payment**

- Individual has a separate bank account and has signed a direct payment agreement.
- The broker has all the relevant information.
- Individual knows the personal health budget start date and when to expect the first payment.
- Final budget form sent to the client if requested.
- Individual referred to the broker if appropriate.
- Individual has complied with all employment responsibilities if employing Personal Assistants

**Managed Account**

- Has signed a DP agreement
- The broker has all the relevant information.
- The broker accepts the direct payment on behalf of the individual.
- Individual knows the personal health budget start date and date of the first direct payment to the broker.
- Final budget form sent to the individual if requested.
- Individual has complied with all employment responsibilities if employing Personal Assistants.

**Review**

New packages will be reviewed at 12 weeks and yearly or more often if required.

If there is a significant change in need or circumstance the support plan and budget will need to be reviewed sooner.

Reviews should be focused on whether the outcomes outlined in the support plan have been achieved rather than a focus on financial audit.

Financial monitoring will be undertaken by the broker. Case Managers will be informed by the broker if there has been significant overspend or underspend of the budget. The Case Manager should use the review process to discuss with the individual whether the budget has been set accurately to meet their identified outcomes.

**Informal reviews**

Case Managers should check with personal health budget holders once a month that their personal health budget is going well.

If at the point of either a formal or informal review it becomes clear that the person does not require all the funding allocated to them, then the budget can be reduced. In the same way if it is clear that the budget is not meeting all the individual's health needs the budget can be increased. The process for making a budget change or a change to the direct payment amount is the same as that for setting up a new personal health budget.

Any revision to the budget should be backed up by a corresponding change in the support plan.

If at any time the individual decides that having a personal health budget is not working for them, they will have the option to have their care provided in the traditional way.

## **Summary**

Setting up personal health budgets for people in continuing healthcare began as national pilots. However the Government has signaled that from April 2014 all people receiving NHS Continuing Healthcare will have the right to ask for a personal health budget. There will be awareness sessions and the Head of CHC is very happy to discuss any issues with case managers. There will be formal consultation in six months time (December 2013) to find out how this is progressing and whether any changes in the policy and process are required.



**APPENDIX 1**

**NHS CARE PLAN**

(Summary of Key Needs)

<b>Name of service user / recipient</b>	<b>Service User/Home Address</b>	
<b>Date of birth</b>		
<b>NHS no</b>		
<b>Swift no</b>		
<b>NHS Case Manager</b>		
<b>Case Manager Contact Details Christine Hardy Continuing</b>	<b>Service User/Recipients Tel no</b>	
<b>Care Plan</b>	<b>Review due</b>	
<b>Need, problem or possible risk</b>	<b>Aim / objectives of intervention</b>	<b>Plan of action (task, by whom &amp; frequency)</b>
<u>Continence</u>		
<u>Possible risks</u>		
<u>Skin Integrity</u>		
<u>Possible risk</u>		
<u>Respiratory</u>		
<u>Possible risk</u>		

<u>Personal care</u>		
<u>Possible risk</u>		
<u>Diet and Fluids</u>		
<u>Possible risk</u>		
<u>Medication and Symptom Control</u>		
<u>Possible risk</u>		
<u>Diversional activities</u>		
<u>Possible risk</u>		
<u>Maintenance of established relationships</u>		



<u>Possible risk</u>		
<u>Monitoring of physical health</u>  <u>Possible risk</u>		
<u>Anxiety/Emotional</u>  <u>Possible risk</u>		

<b>Plan Agreed by:</b>	<b>Signature</b>	<b>Designation</b>	<b>Date</b>



**Isle of Wight  
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**APPENDIX 2**

**INDICATIVE PERSONAL HEALTH BUDGET COST FORM**

<b>Client Name</b>		<b>Date of Birth</b>	
<b>Address</b>		<b>Healthcare Manager</b>	
<b>CHC – date awarded</b>		<b>Review Date</b>	

<b>Care Package requirements (from Service Requisition)</b>	<b>Unit Measure</b>	<b>Unit Cost £</b>	<b>Units Per Week</b>	<b>Cost per week £</b>	<b>Care Agencies / Carers / Other Suppliers</b>
<b>Care Agencies (average rates):</b>					
Weekday daytime rate	per hour	£14.52	0.00	£0.00	
Weekend daytime rate	per hour		0.00	£0.00	
Waking Nights weekdays (9hr night)	per hour		0.00	£0.00	
Waking Nights weekends (9hr night)	per hour		0.00	£0.00	
Sleeping Nights	per night		0.00	£0.00	
Live-In Carer	per week		0.00	£0.00	
<b>Employed Staff:</b>					
Live in Care	per week			£0.00	
Weekday daytime rate	per hour		0.00	£0.00	
Weekend daytime rate	per hour		0.00	£0.00	
Waking Night (9 hrs)	per hour			£0.00	
Sleeping Night (9 hrs)	per night		0.00	£0.00	
<b>Other Charges:</b>					
Transport				£0.00	
Supplies	per week	£7.00		£0.00	
Day Centre (meals not included)	per day			£0.00	
Employee on-costs (live in)	per week	£0.00	0	£0.00	
Employee on-costs (daytime)	per hour	£0.00	0	£0.00	
Employee on-costs (weekend)	per hour	£0.00	0	£0.00	
Employee on-costs (waking night)	per hour	£0.00	0	£0.00	
Employee on-costs (sleeping nights)	per night	£0.00	0	£0.00	

<b>Total Cost Per Week</b>					
				<b>£0.00</b>	
	<b>Unit Measure (per day, per shift etc, per hour etc)</b>	<b>Unit Cost £</b>	<b>Per Year</b>	<b>Cost per year</b>	
<b>Annual charges/start-up costs</b>					
Employers/Public Liability	per year		0	£0.00	Premier Care
PA Clinical Indemnity Insurance	per year			£0.00	Premier Care
Bank Holiday Supplements	per day	£0.00	0	£0.00	£3.20 p/hr x hrs p/day
Training	per day		0	£0.00	Moving & Handling
	per ½ day	£36.00	0	£0.00	Basic First Aid
	per ½ day	£36.00		£0.00	Fire Safety Awareness
PA rate for training (+on-costs)	per hour	£10.68	0	£0.00	
Recruitment	per year	£500.00			Advertising etc.
<b>Annual Charges</b>				<b>£0.00</b>	
<b>Annual Budget</b>					
	52 weeks			<b>£0.00</b>	
<b>Average Weekly cost (for Authorisation purposes only)</b>					
				<b>£0.00</b>	
<b>Respite Allocation</b>	<b>Unit Measure</b>	<b>Unit Cost £</b>	<b>Per Year</b>	<b>Cost per Year</b>	
	per week	£0.00	0	£0.00	

**Service Managers Name:** \_\_\_\_\_

**Service Managers Signature :** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Calculation of on-costs (Isle of Wight)**

Employers NI = 12.8%  
 Holiday entitlement 5.6wks = 5.6/52 = 10.77%  
 Sick pay, assumed 1 wks per year = 1/52 = 2%

12.8 + 10.77 + 2 = 25.6%

An accrual for redundancy ids not included in the on-cost calculations as our finance team have opted to pay those costs additionally if and when they arise.



**APPENDIX 3**

**7 CRITERIA FOR A GOOD PERSONAL HEALTH PLAN.**

*Personal Health Plan* is the name for the plan that shows how someone's Personal Health Budget will be spent. In order for the money for the Budget to be released, those responsible must be able to see and agree a plan that meets clear criteria.

Personal Health Plans can be written in different ways. They may be short or long - with pictures or just text. Crucially this plan must be an integrated co- designed plan between the individual and the clinician. It must contain information about clinical diagnosis and options for treatment or care but be balanced with contextual information from an individual about lifestyle and the impact of their health condition on that lifestyle.

People need to be given time and space to develop their plan and understand what genuine choices they can make.

The budget holders and decision makers will need to make sure that the plan answers these seven questions:

<b>CRITERIA</b>	<b>WHAT THIS MEANS</b>	<b>WHAT THIS MEANS FOR THE PERSON DEVELOPING THE PLAN</b>	<b>PLAN WOULD NOT BE AGREED</b>
1. What is important to me & what is important for me	If someone reads the plan, they should get a good sense of your lifestyle. They should get an understanding of who you are, and your interests and hopes for the future. e.g ~ Lifestyle ~ People ~ Interests ~ Dreams	Providing appropriate information, using all clinical information from assessment(s)  Offering choices to enable people to make informed choice about treatment/ care options Listening well Managing conflict of interest Awareness of boundaries	Your plan will not be agreed if the information in the plan treats you like a stereotype, and does not express your individuality.  Your plan will not be agreed if it is written in very general terms.  Your plan will not be agreed if you

	<p>All the things that are 'important to' you.</p> <p>They should also be able to read clinical information about diagnosis &amp; treatment/care options for your health condition and the impact it has on your lifestyle and quality of life</p>	<p>Facilitating Negotiating Respecting lifestyle choices</p>	<p>can't see a balance of 'important to/and important for' information from both the perspective of the individual and clinician</p>
<p>2. What is working well, that I want to maintain and what is not working well, that I want to change.</p>	<p>The plan should describe what is working well about your life and that you want to maintain and what is not working well and you want to change. This could be about :</p> <ul style="list-style-type: none"> <li>~ support ~ paid &amp; unpaid</li> <li>~ work</li> <li>~ where you live</li> <li>~ family</li> <li>~ what you do (hobbies/ interests/ how you spend your day)</li> </ul> <p>About your health condition:</p> <ul style="list-style-type: none"> <li>~ treatment/ care options</li> <li>~ maintaining current lifestyle within the context of worsening health.</li> </ul> <p>The plan should describe the outcomes you wish to achieve with these plans.</p>	<p>As above</p> <p>High level of awareness of needs and solutions</p>	<p>The plan will not be agreed if it is not clear what you would like to both maintain about your life and health condition and what you would like to change.</p> <p>The plan will not be agreed if there is no clear outcomes from what you are planning.</p> <p>It will not be agreed if it looks like what is planned would make your life worse</p>

<p>3. How I will be supported to live my chosen lifestyle and manage my health condition.</p>	<p>The plan should describe what is needed to support you with the above. It should tell us</p> <ul style="list-style-type: none"> <li>~ what support you need</li> <li>~ where you need that support</li> <li>~ when you need support</li> <li>~ who will give you that support.</li> </ul> <p>It should indicate how to support your health and safety.</p> <p>It should identify any risks that there may be to you and how these risks will be managed.</p> <p>It should describe support to help you stay well and also the support you need when you are unwell or when your health condition is worse.</p>	<p>You will need to consider the following questions;</p> <ul style="list-style-type: none"> <li>Is what is planned safe?</li> <li>Does it require a risk assessment</li> <li>Does it fit with Professional Codes of Conduct?</li> <li>Can you defend it?</li> <li>Does it make use of professional expertise where it exists?</li> </ul>	<p>The plan will not be agreed if;</p> <ul style="list-style-type: none"> <li>~ there are no detailed plans for support</li> <li>~ If it looks like the support will make your life</li> <li>~ If there are no clear risk management strategies</li> </ul>
<p>4. How my Personal Health Budget will be spent</p>	<p>The plan must set out how you are going to use your Personal Health Budget.</p> <p>The money allocated will be for a year and you must show how this annual allocation will be spent to get the support you have outlined in the plan.</p> <p>It must also indicate how the budget will be received and managed, i.e.</p> <p>Notional budget-</p>	<p>Support with managing the money</p> <p>Support with reporting expenditure</p> <p>Supporting in identifying which budget management model will work best for the individual and their family/carers.</p>	<p>The plan will not be agreed if the plan does not say how your money will be used.</p> <p>The plan will not be agreed if the service costs more than the amount that has been agreed.</p> <p>The plan will not be agreed if you are going to do anything</p>

	<p>Once an individual's health outcomes have been agreed, possible options for meeting these outcomes within the amount normally spent on their healthcare can be discussed. As a result the individual understands the amount of funding available to them and is able to contribute to decisions about how the budget is used. The PCT still commissions services, manages contracts etc. Notional budgets could be an option for individuals who want more choice and control over their healthcare but who do not feel able or willing to manage a budget. Real budget managed by a third party – you will need to indicate who the third party is. This maybe a budget holding lead professional, a GP, a Trust or an organisation like a community interest company.</p> <p>Direct payment – this option is not currently available but when it is possible the plan would need to indicate who is managing the</p>		<p>illegal!</p>
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	budget		
5. How my support, treatment or care will be organised and managed.	<p>The plan will must describe how your support, treatment or care will be organised and managed. It must describe the following;</p> <ul style="list-style-type: none"> <li>~ Your role in this</li> <li>~ The role others may take</li> <li>~ How you will comply with any legal requirements i.e. employment law.</li> <li>~ Practical arrangements</li> <li>~ Managing well/ unwell plans</li> <li>~ Risks and review</li> <li>~ Training issues – Continued Professional Development</li> </ul>	<p>Could be a Co-ordination role Authorising spending Communication</p>	<p>The plan will not be agreed if;</p> <ul style="list-style-type: none"> <li>~ It is not clear how your support treatment and care will be managed</li> <li>~ If it looks like you might not be safe</li> <li>~ It is not legal</li> <li>~ There are no contingencies in place</li> </ul>
6. How I will stay in control of my decision-making?	<p>The plan must describe how you will stay in control of your decision making. It should show;</p> <ul style="list-style-type: none"> <li>~ How you make decisions</li> <li>~ How information should be presented to you</li> <li>~ When your</li> </ul>	<p>Capacity assessments ~&gt; assuming capacity</p> <p>Following local guidance</p> <p>Shared decision-making</p> <p>Respect for individual's decision-making</p>	<p>The plan will not be agreed if it looks like others are making decisions for you or there is no evidence that a conversation about decision making has taken place</p>



	<p>capacity for decision-making maybe affected and how that is supported</p> <p>~ Advanced care plans/directives where appropriate.</p>		
<p>7. What I will do to make this happen? (Action Planning)</p>	<p>The plan should set out real and measurable things that will happen in the future. In that way it is possible to look back and see whether the plan is working or not.</p> <p>The plan should say who will be responsible for each action and when it will be done. The plan should say how you will check your action plan to ensure that problems can be dealt as they arise.</p> <p>It should be clear how these actions will help you to make the changes that you said you wanted to make.</p>	<p>The plan should not be agreed if you just said some general things that need to happen. There need to be clear actions that will make sure your plan will happen.</p>	



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APPENDIX 4

# Personalised Support Plan for:

<b>My address:</b>	
<b>My telephone number:</b>	
<b>Plan developed by:</b>	
<b>Date:</b>	

## **About Me**

**How did I get where I am today?**

## **My Health Journey**

**What is the current treatment for my health condition?**

**How my condition affects me?**

**What are my wishes and preferences for my treatment and support?**

## **What is important to me?**

**About Life;**

**About my Health;**

**What is working and not working, what I want to change and what are my personal outcomes?**

What is working	What is not working

Things I want to change and my priority issues	
1.	
<b>Personal Outcome 1: <i>this is the outcome I wish to achieve</i></b>	<b>My ideas for achieving this outcome</b>
Things I want to change and my priority issues	
2.	
<b>Personal Outcome 2: <i>this is the outcome I wish to achieve</i></b>	<b>My ideas for achieving this outcome</b>
Things I want to change and my priority issues	
3.	
<b>Personal Outcome 3: <i>this is the outcome I wish to achieve</i></b>	<b>My ideas for achieving this outcome</b>

**How to support me to live my life and manage my health condition.**

**How I stay in control of my decision-making.**

**My Action Plan**

<b>Outcome</b>	<b>Who</b>	<b>What</b>	<b>By when</b>
		<ul style="list-style-type: none"><li>•</li></ul>	
		<ul style="list-style-type: none"><li>•</li></ul>	
		<ul style="list-style-type: none"><li>• Manage all my care needs and activities for daily living</li></ul>	Ongoing



## Mandatory Training / Delegated Healthcare Task Training

The following training is required for all my paid carers, whether directly employed or supplied via an agency. As an employer, I will ensure that all my PAs receive the appropriate training and are signed off as competent in the delivery of all tasks. Where I am using an agency, I will ensure they are aware of all Delegated Healthcare Tasks they may need to carry out so they can arrange for their carers to receive the appropriate training.

Training Required	To be provided by

## My Budget and how I will use it.

Outcome to be met	Detailed cost breakdown: care budget (annual and weekly costs)	Total costs

		<b>Total annual costs (year1)</b>

Outcome to be met	Detailed cost breakdown: respite	Total costs
	A budget of £<AMOUNT> has been allocated for <NAME> respite breaks: this will be drawn down on request	
		<b>Planned respite spend @ DD/MM/YYYY</b>

## How my budget will be managed.

## Contingency plan

(What will happen if circumstances arise that may cause inconvenience or put me at risk, e.g. in case of emergency or if my planned/informal support is unavailable)

Circumstance	Action to be taken	By whom

## Keeping myself safe

Looking at my chosen risks and how they will be managed. (Risk is often thought of in terms of: danger, loss, threat, damage or injury. However, as well as potentially negative characteristics, risk taking can have positive benefits)

What is the risk?	How will this be managed?	Who will manage it?	What are the benefits to me / any additional info?

## Support plan review

Date of 1<sup>st</sup> review will be 3 months from the date direct payment starts – expected to be DD/MM/YYYY

Frequency of future reviews: at the end of the first 12 months or sooner if there is a change in needs or an emergency situation arises that impacts upon the care or budget.

### Topics for 1<sup>st</sup> review include:

1. Are there any changes in my health needs that need to be drawn into my support plan?
2. How effectively is my paid support working?
3. What is the effect on my informal support?
4. Are the financial arrangements working OK?

## Key Contacts

Person / Organisation	Relationship	Contact details
	NOK	
	Case Manager	

Continuing Healthcare Team	Dawn Berryman Head of Continuing Healthcare	01983 534948
	District Nurse	
	GP	
	Support Broker	

**My plan has been seen and agreed by the following people**

Myself / my representative: Name: \_\_\_\_\_ Signed: \_\_\_\_\_

My Healthcare Manager: Name: \_\_\_\_\_ Signed: \_\_\_\_\_