

Governing Body (public) meeting

DATE: 27 March 2014

Title	Personal Health Budgets Policy	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Approve the Bexley CCG Personal Health Budgets Policy as attached.</p>	
Executive summary	<p>From April 2014 people receiving NHS Continuing Healthcare and families of children receiving continuing care will have the right to ask for a personal health budget. On 9 October 2013 the government announced that this right will be strengthened and will become a right to have a PHB. People will be able to choose to take their budgets as a direct payment which they manage themselves, appoint a third party to manage it for them or take a 'virtual' budget managed by the CCG. Patients and their carers will require different types of support according to the option they choose and Bexley CCG (BCCG) needs to be able to offer all options. For example those who choose to take the direct payment and manage it themselves may need support with sourcing the care they need, employment law, tax, national insurance etc whilst those who choose to take a virtual budget will need an 'account manager' from the CCG to report to them on the management of their personal budget and ensure it is deployed in accordance with their wishes.</p> <p>The attached policy sets out how Bexley CCG will operate Personal Health Budgets from April 2014. The policy will be subject to regular review in the light of the experience of implementation in the first year.</p>	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	<p>✓</p>
	<p>People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</p>	<p>✓</p>

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	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	There are a range of risks associated with PHBs. These include: the risk that PHBs will cost more than directly commissioned care, the risk that people will use up their budgets and still require care, the risk of fraud or abuse of public funds, the risk that people will not adequately manage their responsibilities in relation to employment, tax, health and safety etc, the risk that the administration and audit of PHBs places a financial burden on the organisation, the risk that the assessment and care planning associated with personal budgets will impact on the capacity of the CHC team. The attached policy makes provision for the mitigation of these risks as far as possible
	Equality and diversity	There is a risk that PHBs will be less accessible to harder to reach groups.
	Patient impact	Patients and their carers will experience greater choice and control over their own care
	Financial	A resource allocation tool has been developed to determine the amount and level of PHBs. This will require on-going review and audit.
	Legal issues	In the same way that patients and their families challenge CHC eligibility it is likely that there will be challenges of the amount of the PHB.
	NHS constitution	PHBs support the spirit of the NHS Constitution especially the patients right to make choices about services commissioned for them
Consultation (public, member or other)	Consultation has taken place with Patients Council members	
Audit (considered/approved by)	The Resource Allocation Tool has been approved by the Finance Working Group	

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other committees/groups)		
Communications plan	A communications plan forms part of the project implementation plan	
Author	Alison Rogers Assistant Director for Integrated Commissioning	
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Date	7 March 2014	

**NHS BEXLEY/BROMLEY CLINICAL COMMISSIONING
GROUP**

**Personal Healthcare Budgets Policy
For NHS Continuing Healthcare Patients**

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Sponsor's name & Title:	Alison Rogers,
Review date:	
Supersedes:	
Description:	New Policy
Audience:	

Consultation:		
Date	Name	Title and /or Organisation
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Approved by:		Date:	
Ratified by:		Date:	

(Version control

First version should be labeled 'V0.1', once ratified, please label 'V1.0')

Name	Date	Version	Reason	Status
<i>Person making the entry</i>	<i>Date of entry</i>	<i>Version control</i>	<i>New / revision / consultation etc</i>	<i>Draft / for approval / approved</i>
Janet Reid	03/03/14	V0.1	New	draft
Janet Reid	05/03/14	V0.2	Revision	draft
Caroline Shirley	12/03/14	V0.3	Revision	For approval

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1. Introduction and background

This policy is concerned with the arrangements for Personal Health Budgets, including the making of direct payments for healthcare, to secure the provision of certain health services under the National Health Act 2006, by NHS Bexley and Bromley Clinical Commissioning Groups.

NHS Bexley and Bromley Clinical Commissioning Groups have started to introduce personal health budgets to those eligible for NHS Continuing Healthcare (CHC) and are developing the commissioning intentions around personal health budgets for other areas.

As personal health budgets are new and the national policy is still developing, NHS Bexley and Bromley CCG's will review this policy when new guidance, regulations or further national policy is published.

The 'right to ask' becomes law in April 2014 and this will be followed in October 2014 by the 'right to have' a personal health budget. A 'right to have' will guarantee that people in receipt of NHS CHC and those transitioning in from social care or children's services will have continuity of care in the services they receive. Those already receiving NHS CHC will be able to continue to access the services they are familiar with as they will be in control of how their budget is spent and have the confidence to exercise choice.

There may be some people for whom a personal health budget is not appropriate because, for example, their existing package of care is the best way of managing their needs. Equally the 'right to have' doesn't mean 'must have'. No one will be pressured to have a personal budget if they would prefer not to.

Also as set out in section 2.9 Bexley and Bromley CCGs may refuse a request under certain circumstances.

Personal health budgets will not be available to the following Continuing Healthcare patients within the Bexley/Bromley CCG areas:

- Patients agreed through the 'fast track' process
- Patients agreed eligible for NHS CHC whilst in hospital until after their discharge home and 3 month CHC review
- Patients in residential or nursing care

2. Scope & Definitions

2.1 The *National Health Service (Direct Payments) Regulations 2013* set out how direct payments should be administered and what they can be spent on.

2.2 This policy applies to Continuing Healthcare patients (adults and children) for whom Bexley or Bromley CCG are the Responsible Commissioners (See *Who Pays Determining Responsibility for Payments to Providers*, Department of Health, August 2013 – <http://www.england.nhs.uk/wp-content/uploads/2013/08/who-pays-aug13.pdf>) and all personal health budgets administered by NHS Bexley and Bromley CCG's

- 2.3 For commissioning organisations, personal health budgets offer a new tool to support self-management and support planning, in line with the Government's mandate to the NHS to place greater emphasis on patients as partners.
- 2.4 The overall aim of personal budgets is to give people greater choice and control over their treatment and support, so the best possible outcomes can be achieved for each individual.
- 2.5 Bexley and Bromley CCG's are working with partners in the voluntary sector to ensure their views are captured and reflected in the development and implementation of personal health budgets.
- 2.6 Bexley/Bromley CCG will make explicit all the freedoms and flexibilities that people will have under the personal health budgets scheme, so they can make informed choices not only about the personal outcomes they want to achieve, but how they might achieve their outcomes.
- 2.7 Under the PHB scheme Bexley and Bromley CCG's aim to produce support plans for safe and effective delivery of care, where people with identified need are seen as equal partners in the decision making process with staff.
- 2.8 It is important to remember that underpinning NHS principles remain in place, i.e. personal health budgets must meet assessed care needs whilst demonstrating value for money and remaining free at the point of delivery
- 2.9 NHS Bexley Bromley CCG's may refuse a request for a personal health budget where the following circumstances exist:
- There is evidence of financial abuse of budget (e.g. fraud or using the money other than that intended and defined)
 - Where the cost of the service to be purchased from a PHB would exceed the cost which would have been paid for the equivalent service via usual commissioning arrangements
 - Where the client or third party are not deemed appropriate or able to manage their finances
- 2.10 This policy has been developed in line with the CCG's Information Governance Policy and use of Personal Identifiable Data guidance.
- 2.11 Links to legislation
http://www.legislation.gov.uk/ukxi/2013/1617/pdfs/ukxi_20131617_en.pdf
http://www.legislation.gov.uk/ukxi/2013/2354/pdfs/ukxi_20132354_en.pdf

3. **What is a personal health budget?**

According to NHS England, a personal health budget is an amount of money to support a person's individual health care and wellbeing needs, planned and agreed between the individual and their local NHS team.

There are five essential characteristics of a personal health budget, which are the person with the personal health budget (or their representative) must:

1. be able to choose the health outcomes they want to achieve
2. know how much money they have for their health care and support
3. be supported to create their own support plan
4. be able to choose how their budget is held and managed
5. be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

3.1 Personal health budgets can take three forms:

- **Notional budget** - No money changes hands. The PHB holder is informed of how much money is available and talks to his/her care co-ordinator about the different ways to spend that money on meeting his/her needs. The care co-ordinator will then arrange the agreed care.
- **Real budget held by a third party (managed budget)** - A different organisation or trust holds the money for the PHB holder, helps him/her decide what they need and then buys the services they have chosen.
- **Direct payments** - The PHB holder receives the cash to buy the services and training they and their care co-ordinator decide they need. The PHB holder has to show what they have spent it on, but they buy and manage services themselves.

In the case of both 'managed budgets' and direct payments, the CCG will assess the suitability of both individuals and companies to hold and manage these forms of budget.

4. **Who can have a personal health budget?**

Following the publication of the final evaluation reports from the national personal health budget pilot programme the government has announced that anyone eligible for NHS Continuing Health Care will have the right to request a personal health budget by April 2014.

- 4.1 NHS Bexley and Bromley CCG's are working within the new guidance to ensure we are able to manage such requests and be in a position to fulfil the request for a personal health budget by Oct 2014.

- 4.2 By April 2015 this will be extended to anyone who has a long term condition and could benefit from a personal health budget. This Policy will be updated in due course to reflect this further development.
- 4.3 In NHS Bexley and Bromley CCG's, personal health budgets will be introduced for adults who are eligible for NHS Continuing Healthcare. Initially, this is only for adults who are receiving care at home (not in a residential or nursing home).
- 4.4 Continuing Healthcare patients agreed via the fast track process and whilst in hospital will also not be initially offered a personal health budget by Bexley/Bromley CCG's.

5. Person to whom a payment can be made

- 5.1 Direct payments can be made to a person who is over 18 years of age, has capacity to consent to making of a direct payment to them, and is not a person described in The statutory instrument (2013 No 1617) Schedule 'Persons excluded from direct payments', see 2.11 above for link to document. In the case of young people aged under 18 direct payments may be made to their parent or the person with parental responsibility (in accordance with the Children Act 1989)
- 5.2 Where a patient lacks the capacity to consent to making of a payment to them, Bexley/Bromley CCG would require the nominated representative to have one of the following:
- The holder of Enduring Power or Attorney registered with the Court of Protection.
 - A receiver appointed by the Public Guardianship Office of the Court of Protection.
 - A Person appointed by the Court of Protection.
 - A person holding Lasting Power of Attorney for property and financial affairs registered with the office of the Public Guardian.

in order to act on behalf of the patient, in regard to personal healthcare budgets

- 5.3 A third party identified by the patient to hold and manage the budget on their behalf who will be subject to appropriate checks and approvals by the CCG.

6. How can personal health budgets be used?

- 6.1 How a personal health budget is used (however it is managed) must be set out in a support plan. The support plan needs to show how an

individual's health needs will be met and the personal health budget used to support their agreed health and care outcomes.

- 6.2 Support is available to budget holders who opt for direct payment. This support is known as 'Brokerage'. Brokerage is support provided by independent advisors (Brokers). Brokers work closely with both the budget holders and or representatives to choose services to meet their health outcomes and develop a plan to describe these as identified within the support plan. The service specification for this service is currently in development.
- 6.3 There are some restrictions on how personal health budgets can be used. These are not intended to reduce choice and control for individuals, but to ensure that personal health budgets are administered consistently and fairly for everyone.

The NHS direct payment regulations state that direct payments cannot be used to pay for the following:

- Alcohol
- Tobacco
- Gambling
- Debt repayment (other than for a service specified in the support plan)
- Core GP services
- Planned surgical interventions
- Prescriptions
- To top-up existing care provision, that has been assessed to meet patient need
- Services provided through vaccination or immunisation programmes
- Any service provided under the NHS health check or National Child Measurement Programme
- NHS dentist or opticians
- Payment of family members, residing in the same household. (This may only be applied in exceptional circumstances, i.e. when there is no other reasonable way of meeting someone's care needs or "to promote the welfare of a patient who is a child").

In Bexley and Bromley, the regulations for direct payments will apply to all forms of personal health budget.

- 6.6 In addition to the national regulations NHS Bexley and Bromley CCG's do not regard this as an exclusive list and have agreed that personal health budgets cannot be used to purchase the following:
- Food and drink
 - Long term residential care
 - The PHBs may be not used to pay mortgage payments, rent, utility bills or any other items or services not specified within the care plan.

- 6.7 Whilst there are no further policy restrictions on the use of personal health budgets, in order to maximise their benefit, they must not be used to purchase services that NHS Bexley and Bromley has already commissioned.
- 6.8 If any individual does want to purchase these services using their personal health budget, they will need to make a case for this in their support plan.
- 6.9 The CHC coordinator should advise the individual and their family or support planner about existing NHS services
- 6.10 All providers of care services purchased using personal health budgets must be registered with the Care Quality Commission and hold current appropriate liability insurance.

7. Equipment purchased using a personal health budget

- 7.1 Each CCG would expect any Specialist equipment (medical, nursing, aids to daily living, wheelchair) purchased with a personal health budget to be returned to the CCG, when no longer required. Any other equipment purchased will be assessed on a case by case basis, once it is no longer required (eg ipad).
- 7.2 Each CCG will develop a separate policy for the repatriation, re-cycling and/or write-off of equipment purchased via a PHB which is no longer required.
- 7.3 Equipment purchased using the PHB must be maintained, serviced, licensed if required, and replaced if required, using the PHB.
- 7.4 If a Moving and Handling assessment and/or training is required for the use of equipment purchased with the PHB this will be allowed for within the budget allocation and paid for from it.
- 7.5 The PHB holder is expected to ensure that all equipment purchased with the PHB is appropriately insured.

8. How do personal health budgets work?

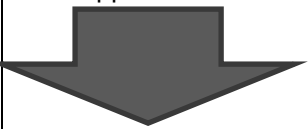
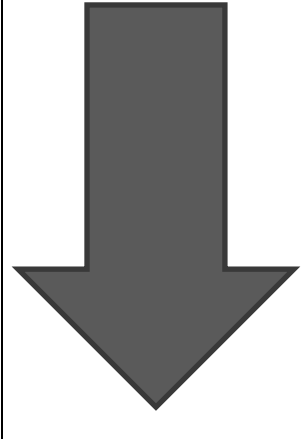

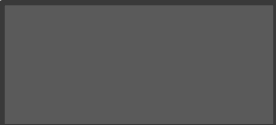
- 8.1 In NHS Bexley and Bromley CCG's personal health budgets, for people eligible for NHS continuing healthcare, are based on individuals' home care requirements. The basis of the personal health budget is the money that would otherwise have been spent on home care.
- 8.2 In order to ensure equity and transparency, under the personal health budgets model, both Bexley and Bromley will use the Bexley and Bromley Resource Allocation Tool" (or BaBRAT) to help decide the level of funding in each person's personal health budget. BaBRAT allocates resources fairly and transparently, so each person knows approximately how much money is available, before beginning to plan their support.

However the aim is not to simply spend all the money available, but rather to ensure that money is used to enable each individual's personal outcomes to be met in the most cost effective way possible. The prices of different types of support will be made explicit, so people can make informed choices as to the best possible use of their personal health budgets, and achieve value for money.

- 8.3 People will be able to choose to take their budgets in one of three ways: as a 'notional' budget managed by the CCG, appoint a 'third party' to manage it for them or take 'direct payment' which they manage themselves, Patients and their carers will require different types of support according to the option they choose and Bexley and Bromley CCG's will need to be able to support all options.
- 8.4 Existing patients in receipt of NHS continuing healthcare, who are in their own homes and not agreed via the fast track process, will be given the opportunity to discuss personal health budgets at their next continuing healthcare review.

9. The end to end process for personal health budgets

As mentioned above, in Bexley and Bromley, personal health budgets are being introduced for people who are eligible for NHS continuing healthcare. All adults who are eligible for NHS continuing healthcare receiving care at home (and not needing a nursing or residential care placement), excluding patients who require discharge from hospital (until their 3 months review) and those agreed via the fast track process, will be made aware of personal health budgets and will be guided through the process below:

<p>1. Assessment and CHC approval</p> 	<ul style="list-style-type: none"> • Eligibility for NHS CHC established • If approved CHC team send eligibility letter, CHC leaflet and PHB leaflet to patient/ their representative
<p>2. Indicative budget setting and support plan development</p> 	<ul style="list-style-type: none"> • CCG finance & CHC coordinator input assessment information into Bexley Resource Allocation Tool (BRAT) to calculate indicative budget • CHC coordinator inform patient of indicative budget and explains PHB process including options of using brokerage services • CHC Nurse – produces draft support plan with patient/representative • Draft support plan approved or adjusted by CHC Clinical Manager. • Final support plan submitted for approval by PHB local panel. • Final budget confirmed as 'Notional budget' • Patient informed of final agreement and asked to sign PHB agreement. • Brokerage service referral instigated if required • If Direct payments requested, referral to third party advisor, to begin setting up DP arrangements
<p>3. Service delivery- home care package; direct payments: PA employment</p> 	<ul style="list-style-type: none"> • Brokerage – set-up home care package and or provide support for Direct payments • Brokerage – regular updates & liaison with patient and CHC coordinator. • Financial audit– check payments are being spent appropriately.
<p>4. Review</p> 	<ul style="list-style-type: none"> • CHC review – at three months after eligibility established and annually thereafter. • CHC review health and ensure that support plan is meeting needs. Inform commissioning/brokerage if services not working • Financial audit– check payments are being spent appropriately

This outline flow chart shows that once a person is approved by the continuing healthcare panel as being eligible for NHS continuing healthcare, their CHC coordinator and clinical commissioner will set an 'indicative budget'. This is then the basis of support planning, which leads to the final budget. Once the support plan is approved, the services in the support plan are set-up and /or direct payments can begin.

This process only applies where patients are agreed as eligible for NHS Continuing Healthcare in the community and not from hospital. This is because

Personal Health Budgets take longer to set up than a traditional care package and it would be detrimental to prevent a patient being discharged from hospital whilst a Personal health budget is organised. The only exception to this would be if the patient already has direct payments from Social Services. If this is the case Bexley/Bromley CCG would seek to keep the existing care arrangement in place and either arrange for additional care to be provided or adjust the direct payment.

When a CHC patient who has been agreed eligible for NHS CHC whilst in hospital is reviewed after three months in line with the National CHC Framework, if they are still eligible for NHS CHC they may go through the personal health budgets route detailed in the above diagram.

10. Assessment

There are no additional assessments for personal health budgets, for Continuing Healthcare patients. The continuing healthcare assessment process remains as it is, with the same assessment tools, i.e. the checklist, the Decision Support Tool and London Health Needs Assessment.

11. Budget Setting

11.1 The traditional model of continuing healthcare prescribes an assessment, which would be followed by the production of a schedule outlining the planned care and defining specific tasks for a care worker, this would provide an indication of the financial envelope within which the identified care can be provided. Under the personal health budgets approach, after an assessment, an 'indicative budget' is set. The indicative budget is a planning tool, which provides a financial envelope within which the individual and their planner can undertake support planning.

11.2 Bexley & Bromley CCG's have developed a 'resource allocation tool' (BaBRAT) which will be used to set an indicative budget based on an individual's level of need – it puts a monetary value on any particular level of need.

In theory the BaBRAT is not driven by existing services, but having a BaBRAT generated indicative budget should enable more creative support planning.

11.3 Once a person is assessed as eligible for NHS continuing healthcare, the CHC nursing team and CCG finance will work together to calculate the indicative budget.

12. Support Planning

12.1 A support plan is developed by the individual/their family and the CHC care coordinator. It shows how a personal health budget will be used to achieve peoples identified health care outcomes. This plan should also include details of who will be providing each element of support, who will be managing the budget and any contingency planning. Good support

planning involves looking holistically at a person's life to improve their health, safety, independence and wellbeing.

- 12.2 Support plans will be developed with all eligible CHC patients, regardless of the personal health budget management option they choose, i.e. whether to take notional or third party managed budget or direct payments.

13. Approvals

- 13.1 Personal health budget support plans will be taken to the personal health budget panel, which will consist of relevant individuals (listed below) from NHS Bexley/Bromley CCG's. They will be reviewed against the following criteria:

1. Checks that the PHB criteria has been fulfilled and support planning has been carried out
2. Ensure the support plan reflects the views of the patient
3. Ensure that both patient and or their representative and lead CHC coordinators have signed the support plan.
4. Check that the patient and or their representative has signed to indicate full understanding of the nature of the risks, agreement to act to reduce the risks and acceptance of any residual risk.
5. Check the value of the indicative budget is accurate
6. Review the outcomes, planned activities and other purchases and spending set out in the support plan
7. Determine whether the support plan will deliver the agreed outcomes
8. Be assured that safeguarding provisions are in place
9. Be assured that contingency plans are in place
10. Determine whether the final budget is the right amount to deliver the support plan and if required, suggest amendments
11. Determine whether the final budget is within +/- 10% of the indicative budget and, if the variance is more, to find out why
12. Find out whether direct payments have been requested and whether it is appropriate to give the personal health budget as a direct payment (supporting information may be required to assist in this element)
13. Ensure that the plans for the direct payments are in line with the NHS Direct Payments regulations (see appendix 2 & 3)

14. Check there is a review date in the support plan and it meets the requirements of the continuing healthcare review process.

15. Check that care providers are registered with CQC

13.2 The personal health budget panel will consist of the following members:

CHC Clinical Manager
Secondary Care Doctor on Governing Body
Member of CCG Clinical Quality Team
Member of CCG Finance Team
Commissioner

13.3 Following approval by the PHB Panel, if the Personal Health Budget is taken as a direct payment, the patient or their representative must sign the Personal Health Budget Direct Payment Contract (attached as appendix 1).

14. Disputes and appeals

14.1 In the event that an individual wishes to appeal against the decisions of the PHB it has been agreed between Bexley and Bromley CCGs that their respective PHB Panels will review each others appeals.

14.2 In the event the individual is still dissatisfied they will be referred to the CCGs Complaints Procedures

15. Reviewing personal health budgets

15.1 There are two sets of reviews for patients who have personal health budgets:

1. Review of individual's health needs. This should be carried out in line with the continuing healthcare national service framework, i.e. three months after they become eligible for continuing healthcare and annually thereafter. A review of needs will also be carried out if the continuing healthcare team becomes aware of a change in the needs of any patients.
2. For people who have direct payments. This will be a review of how the personal health budget is being spent. This may vary from person to person but at a minimum, will be in line with the NHS direct payments regulations, i.e. within three months of the first direct payment being made and three months thereafter.

16. Stopping or reclaiming personal health budgets

- 16.1 In accordance with the NHS direct payments regulations, NHS Bexley /Bromley will stop making direct payments or withdraw the personal health budget where the patient no longer wants this. Each CCG may stop direct payments/personal health budgets where the money is being spent inappropriately (e.g. to buy something which is not specified in the support plan), where there may have been theft or fraud or if the patients assessed needs are not being met.
- 16.2 Where direct payments/personal health budgets are stopped, NHS Bexley/Bromley CCG will give notice to the patient or his/her representative in writing. There is no fixed notice period for stopping direct payments/personal health budgets. The time taken before stopping personal health budgets will depend on any contractual obligations the personal health budget may have entered into.
- 16.3 Should this occur Bexley/Bromley CCG's will ensure that alternative support to meet patient need, will be put in place.
- 16.4 Direct payments are not a welfare benefit and do not represent an entitlement to a fixed amount of money. Personal health budgets and direct payments in particular are paid to meet assessed health and care needs. Where individuals needs change a review of the personal health budget will take place, the result of which will be reflected in the value of the personal health budget/direct payment.
- 16.5 NHS Bexley/Bromley can claim back direct payments where the patients' health needs have changed and they no longer need the money, there has been theft or fraud, the money has not been used and has accumulated or where the money has been used not in accordance with the support plan.
- 16.6 Except in exceptional circumstances it is the responsibility of the PHB holder to ensure that the CCG is informed if they are admitted to hospital. If a budget holder (patient) is admitted to hospital each CCG will assess on an individual basis the continued payment of the personal health budget and if the PHB holder is employing a Personal Assistant will continue to make the direct payment for a maximum of 28 days from the date of admission.
- 16.7 In the event of a surplus on the PHB the CCG reserves the right to reclaim any funds required to meet the needs identified in the support plan.
- 16.8 The CCG reserves the right to recharge the PHB holder for any expenditure not used in accordance with the support plan.
- 16.9 The bank account set up by the PHB holder must not have an overdraft facility.

17. Risks

17.1 There may be risks arising from the proposed support plan, some of which may be appropriate for the personal budget holder to accept/carry, assuming s/he has the mental capacity to understand those risks. The issue of risk will have particular relevance where a direct payment is offered, in which case risks may include:-

- clinical risk arising from the procurement of a particular type of service
- risks arising from the employment relationship where direct payments are used to secure services from an employee
- risks arising from a provider of services secured by means of direct payments operating under an inadequate or no procedure for the investigation of complaints arising from the provision of the services
- risks arising from a provider of services secured by means of direct payments operating under inadequate or no insurance or indemnity cover for the services to be provided or
- a risk that monies paid by way of a direct payment may go missing, be misused or be subject to fraud.
- risks associated with a third party holding the money for a PHB holder

Risks such as these must be raised with the personal budget holder, and ways of reducing the risk (where feasible) must be discussed.

17.2 Each of these risks must be written into the support plan, and the patient and or representative must sign to indicate full understanding of the nature of the risks, agreement to act to reduce the risks where feasible, and acceptance of any risk remaining.

18. National websites

The NHE England website has a section dedicated to personal health budgets. This has information about national policy, the implementation toolkit, stories and other resources: www.personalhealthbudgets.england.nhs.uk

The Peer Network, a user-led organisation for personal health budgets, has its own website: www.peoplehub.org.uk

Bexley & Bromley CCG Personal Health Budget Direct Payment Contract

Person agreement

- I agree to only use my personal health budget/direct payment to buy the services as detailed in my support plan, and any related expenses that have been agreed with _____. I will not misuse the money in any way. The product or service as agreed is for _____ and the money to be paid is _____ which is a one-off payment and/or ongoing payment of _____ [delete as appropriate].
- I understand that my support plan and direct payment will be reviewed every 3 months, and if I am assessed for different services I may be re-assessed for direct payments.
- In accordance with _____ financial monitoring policy, I agree to open a dedicated, separate bank account for the payments and send copies of bank statements to _____ every 3 months. For a one-off purchase I will send the receipt or invoice to the same office.

Or *

- I will use a bank account already set up to receive direct payments from _____ Council and send copies of bank statements to the _____ every 3 months. For a one-off purchase I will send the receipt or invoice to the same office.

Or *

- I will ask a third party _____ to act as my agent by holding the money on my behalf.

(*Please delete as applicable)

- I agree that I (or my agent) will send _____, details of how the money has been spent at intervals of _____ or otherwise as requested.
This refers to ongoing payments and not one-off payments.
- I agree that I will meet all legal requirements and obligations relating to the services I pay for using my direct payments.
- I agree to take out employer's and public liability insurance if I am employing my own staff. The direct payment will cover this cost.

- I agree that I will not use my direct payment to employ my partner (married or not) or any of my close relatives who live with me. This means a parent, parent-in-law, aunt, uncle, grandparent, son, daughter, son-in-law, daughter-in-law, step son or daughter, brother, sister, or the spouse or partner of any of these. (In exceptional circumstances, relatives may be employed, but only by prior agreement with _____)
- I understand that _____ strongly recommend that I should ask for appropriate checks to be made through the Criminal Records Bureau on all my prospective employees.

*I intend to seek CRB Checks for my employees

OR

*I do not intend to seek CRB Checks for my employees

(*Please delete as applicable)

- I understand that _____ has the right to stop my direct payment if they decide that my employee or care provider is unsuitable.
- I understand that I can stop my direct payment by giving four weeks' notice and agree to repay any unspent money.
- I will be given at least 4 weeks notice by _____ of any suspension or stoppage of my direct payments and advice about what I can do to prevent this happening.
- In the case of equipment or products, I agree to maintain and safely look after the item and insure as necessary to prevent from theft or damage.

I understand that if I do not keep to the above terms and conditions _____ may stop the payments and I may be required to return all or part of the money I have received.

Signed: _____

Print name: _____

Dated: _____

Bank account details

Persons approved for a personal healthcare budget direct payment must complete the following bank account details form to ensure prompt payment can be made. Please note: this information will be stored in the strictest confidence and in accordance with the Data Protection Act, 1998.

Person's Name	
Person's Address	
Account Number	
Sort Code	
Bank account name / address	
Is this account separate to your personal bank account?	
Is this account set up to receive social care direct payments from your council?	
Do you consent to the CCG making payment?	

For CCG Completion Only

Frequency of payment agreed	
Date of first payment	
Type of payment	
Purchase agreed	
Confirmed account is separate to person's personal bank account	
Budget holder authorisation – name and signature is required	
Date	