NHS
Thurrock
Clinical Commissioning Group

Personal Health Budget

Policy and Guidance

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CONTENTS

1 INTRODUCTION

1.1 This is the policy of NHS Thurrock Clinical Commissioning Group (hereafter referred to as "the CCG") for governing the processes surrounding the offering and management of Personal Health Budgets (PHBs).

1.2 A personal health budget (PHB) is an amount of money to support a person's health and wellbeing needs, planned and agreed between the person and their local NHS team.

1.3 PHBs enable people to have greater choice, flexibility and control over the way in which they receive care.

1.4 The Policy recognises that, in the right circumstances, risk can be managed to promote a culture of choice, and independence that encourages responsible, supported decision making and empowerment of patients. It applies to all those who may benefit from a Personal Health Budget, including children and young people.

1.5 International research shows that empowering patients to take control, delivers better outcomes for them, often at lower cost.

1.6 CCGs are able to offer PHBs to service users that they feel may benefit from the additional flexibility and control of a PHB and have a 'right to ask' for PHBs in consultation with their health professional.

1.7 In working to this policy the CCG will at all times remain the decision making authority with regard to PHBs.

1.8 The initiative for personal health budgets originated from social care and organisations of disabled people pressing for the right for autonomy in their lives and for control over the assistance they needed in order to live independently.

1.9 NHS England's: Five Year Forward View into action: Planning for 2015/16[1] states that to give patients more direct control, we expect CCGs to lead a major expansion in 2015/16 in the offer and delivery of personal health budgets to people, where evidence indicates they could benefit. CCGs should engage widely and fully with their local communities and patients, including with their local Healthwatch.

1.10 The Thurrock Health and Wellbeing Strategy 2016 – 2021[2] demonstrates our commitment with partners to '*Empowering people and communities'* in the pursuance of our vision to Add Years to Life and Life to Years for the people of Thurrock. This Personal Health Budget policy will complement our principle that "*does not do things to people but gives people the opportunity to find their own solutions and healthy choices*".

1.11 In addition, the following national guidance set the policy context for the provision of Personal Health Budgets:

- **NHS Next Stage Review: High quality care for all (Department of Health 2008)** outlined plans for personal health budgets.
- **High quality care for all: The operating framework for the NHS in England 2009/10** outlined NHS priorities such as better access, reduced inequalities, partnership working in delivering personalised care, and supporting service user contributions to improvement and shaping high quality provision.

[1] https://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf
[2] https://www.thurrock.gov.uk/sites/default/files/assets/documents/hwb-strategy-2016-v03.pdf

- **Forward View into action: Planning for 2015/16 (NHSE 2015)** required the expansion of Personal Health Budgets to all those who may benefit, and highlighted that by April 2016, we expect that personal health budgets or integrated personal budgets across health and social care should be an option for people with learning disabilities.
- On 1 August 2013, the **Direct Payment in Healthcare regulations** came into force across England, meaning that the NHS can lawfully offer direct payments for healthcare.
- **The Children and Families Act 2014** which introduced Education, Health and Care Plans for children and young people with special educational needs and disabilities.
- **The Care Act 2014**, which primarily applies to Local Authorities, places personal budgets into law for the first time, making them the norm for people with care and support needs
- Guidance published in September 2014 on **The 'Right to Have' a Personal Health Budget in Adult Continuing Health Care and Children and Young People's Continuing Care (NHS England)** provides scope and exclusions by statute within the delivery of PHB options and expectations to offer to anyone who may benefit.
- **The National Expansion Plan for personal health budgets and Integrated Personal Commissioning (NHS England June 2017)** outlines NHS plans to support the achievement towards the national Mandate commitment that between 50,000 and 100,000 people will be benefitting from PHBs or Integrated Personal Budgets.
- **The Integrated Personal Commissioning and Personal Health Budget Finance and Commissioning handbook (NHS England 2017)** provides guidance for implementation of PHB within the context of the commissioning, contracting and finance functions It provides a information of the specialist support required to facilitate the expansion of a PHB offer and is a key reference to all aspects of this policy..

2 PURPOSE / POLICY STATEMENT

2.1 This document sets out a standard operational policy for the development and implementation of PHBs for the patients of the CCG within the parameters of the Thurrock Local PHB Offer document (Appendix B) and supports the national ambition for Personalisation.

2.2 The policy can be used in the support of both adults and children. It outlines a consistent, safe and effective process to be implemented in partnership with patients, aimed at providing a person-centred service, improving quality of life and providing value for money.

3 DEFINITIONS

BACS	Banks Automated Clearing System
CCG	Clinical Commissioning Group

CHC	NHS Continuing Healthcare
DBS	Disclosure and Barring Service
DH	Department of Health
EHC	Education, Health and Care Plan
LD	Learning disability
LTC	Long Term Conditions
MCA	Mental Capacity Act 2005
NHS	National Health Service
PA	Personal assistant
PHB	Personal Health Budget

4 ROLES AND RESPONSIBILITIES

4.1 CCG Board

4.1.1 The CCG Board is accountable for the decisions made in the delivery of care whether by CHC or Commissioners and will therefore need to be assured that appropriate policies, procedures and processes exist to govern the process in accordance with legislation and good practice.

4.1.2 The Board will seek those assurances from the Quality & Patient Safety Committee and the Chief Nurse.

4.2 Quality & Patient Safety Committee (QPSC)

4.2.1 The Quality & Patient Safety Committee will ensure, by holding to account the Chief Nurse, that due process has been followed and that actions have been taken in accordance with this policy, relevant legislation and guidance.

4.2.2 A regular update on PHB business and the performance of the CCG and the system therein will be reported to the QPSC.

4.3 Finance & Performance Committee (FPC)

4.3.1 The Finance & Performance Committee is responsible for the financial management of PHBs.

4.3.2 Reporting of funding decisions for the delivery of PHBs to the FPC meeting as part of regular reporting. In order to promote meaningful reporting, a regular report will be presented quarterly or more frequently upon exceptional circumstances.

4.4 Chief Nurse

4.4.1 The Chief Nurse will ensure that TCCG is adequately trained, versed in the relevant legislation, best practice guidance and CCG policy; and ensure that the controls and processes set out within those documents are followed.

4.4.2 The Chief Nurse is responsible for the authorisation of high cost cases. The decision of the Chief Nurse in relation to complex cases will be final.

4.5 Continuing Health Care Team

4.5.1 The Continuing Health Care Team and Continuing Care Team for Children are responsible for executing, collecting and monitoring the outcomes and performance of PHBs as well as promoting the appropriate use and eligibility criteria within the context of the Personal Health Budget Offer and Scope for the services commissioned. The findings and reporting therein will formulate the regular updates to the QPSC.

4.6 Commissioning Team

4.6.1 The Commissioning Team is responsible for collecting and monitoring the outcomes and performance of PHBs as well as promoting the appropriate use and eligibility criteria within the context of the Personal Health Budget Offer and Scope for the services commissioned. The Commissioners will ensure that the principles and scope of the personalisation offer is embedded within the commissioning programme. They will also work collectively with partners (see also section 5.7) to seek where developments to the offer are possible and develop business cases / technical commissioning activities accordingly. The findings and reporting from monitoring will formulate the regular updates to the QPSC.

4.6.2 The CCG is party to a Brokerage function. The purpose of the function is to commission individual packages of care as required according to agreed clinical need set out within the care plan.

5 POLICY DETAIL

5.1 Key Principles

5.1.1 There are five key principles to ensure a balance is achieved between giving people control, keeping them safe and protecting NHS resources. These are;

5.2 Upholding NHS values

5.2.1 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.

5.2.2 Fully involve service users and their carers in discussions and decisions about their care using easily accessible, reliable and relevant information in a format that can be clearly understood.

5.2.3 There should be clear accountability for the choices made.

5.2.4 No one will ever be denied essential treatment as a result of having a personal health budget.

5.2.5 Having a personal health budget does not entitle someone to additional or more expensive services or to preferential access to NHS services.

5.2.6 There should be good and appropriate use of current NHS resources.

5.3 Quality – safety, effectiveness and experience should be central

5.3.1 The wellbeing of the individual is paramount. A PHB will be dependent on professionals and the individual agreeing a support plan that is safe and will meet

agreed health and wellbeing outcomes. There should be transparent arrangements for continued clinical oversight, proportionate to the needs of the individual and the risks associated with the care package.

5.4 Tackling inequalities and protecting equity

5.4.1 PHB's and the overall movement to personalise services could be a powerful tool to address inequalities in the health service. A personal health budget must not exacerbate inequalities or endanger equality. Lack of mental capacity should not be a factor. The decision to set up a PHB for an individual must be based on their needs, irrespective of race, age, gender, disability, sexual orientation, marital or civil partnership status, transgender, religion or beliefs.

5.5 PHBs are voluntary

5.5.1 No one will ever be forced to take more control than they want to.

5.6 Making decisions as close to the individual as possible

5.6.1 Appropriate support should be available to help those who might benefit from a more personalised approach, to enable decisions to be made as close to the individual as possible.

5.7 Partnership

5.7.1 Personalisation of healthcare embodies co production. This means individuals working in partnership with their family, carers and professionals to plan, develop and procure the services and support that are appropriate for them. It also means CCGs, local authorities and healthcare providers working together to utilise personal health budgets so that the system e.g health, education and social care can work together as effectively as possible with the holistic needs of the patient and the patient voice at the core.

5.8 Self- directed Support

5.8.1 The following standards for self-directed support are followed nationally and articulated as seven outcomes, which will be delivered through the implementation of this policy.

5.8.2 These seven outcomes are:

- **Outcome 1** - Improved health and emotional well-being: To stay healthy and recover quickly from illness.
- **Outcome 2 -** Improved quality of life: To have the best possible quality of life, including life with other family members supported in a caring role.
- **Outcome 3** -Making a positive contribution: To participate as an active citizen, increasing independence where possible.
- **Outcome 4** - Choice and control: To have maximum choice and control.
- **Outcome 5 -** Freedom from discrimination, harassment and victimisation: To live free from discrimination, harassment and victimisation.

- **Outcome 6** - Economic well-being: To achieve economic well-being and have access to work and / or benefits as appropriate.
- **Outcome 7** - Personal dignity: To keep your personal dignity and be respected by others.

Establishing a Personal Health Budget

5.9 Scope

5.9.1 The CCG's focus for this work is detailed within the CCG Local PHB Offer document (Appendix B) and initially is for the following groups of individuals:

- people receiving NHS Continuing Healthcare or children's Continuing Care, who already have a right to have a personal health budget;
- people who have high levels of need but are not NHS Continuing Healthcare, but who have health needs which would be suitable;
- parents, and children over the age of 16 with education, health and care plans, who could benefit from a joint budget including money from the NHS;
- people with learning disabilities or autism and high support needs;
- people who make on-going use of mental health services;
- people who require specialist equipment e.g .Wheelchairs to meet their clinical needs;
- people with long-term conditions for whom current services do not work, so end up accessing acute services more; and
- people who need high cost, longer term rehabilitation e.g. people with an acquired brain injury, spinal injury or mental health recovery.

5.9.2 Personal Health Budgets require people to make active choices about the support that will best help them maintain health and wellbeing. They signal a very different direction for a system that has – until recently – been characterised by block contracting with providers of 'one size fits all' services, such as day care centres.

5.10 Approach

5.10.1 NHS Thurrock CCG operates a seven step model in the development and management of PHB. This approach is based on national guidance and learning from early adopter sites

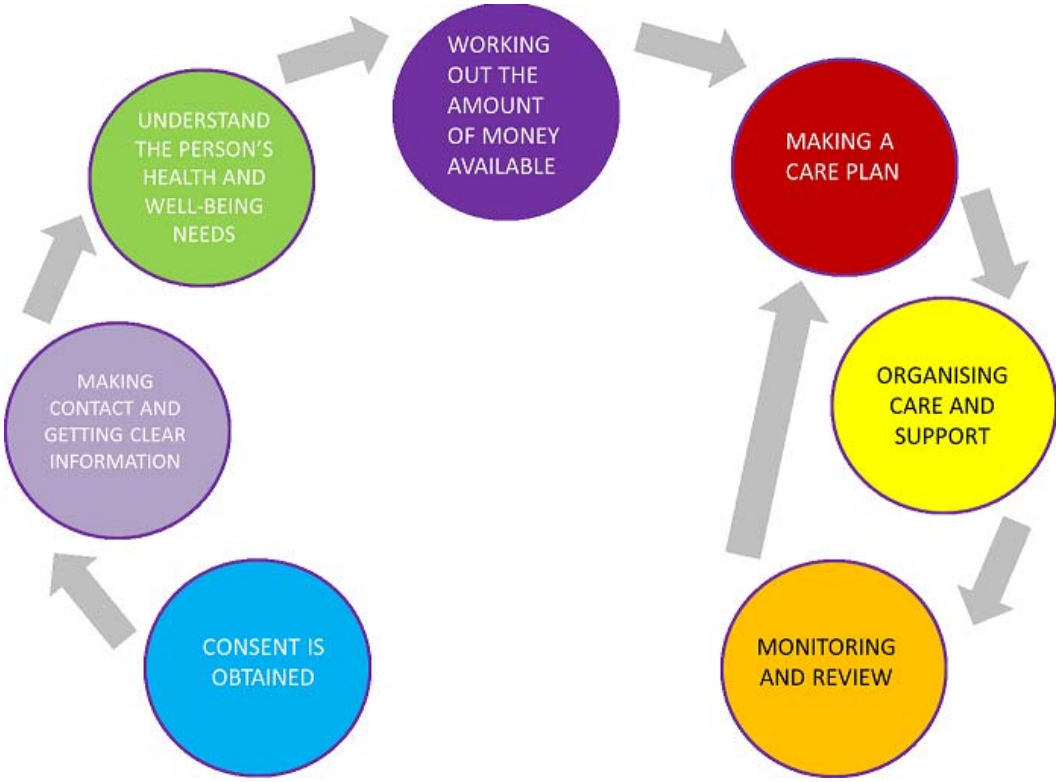

Fig.1 – The NHS Thurrock CCG approach to development and management of Personal Health Budgets

5.10.2 Establishing a PHB requires the Patient and or Patient's family and carers along with the CCG and health professionals in the field to work together and be clear about the various process steps and decision points within each area of scope. To aid understanding of these processes, flow charts and maps are made available on the CCG website www.thurrockccg.nhs.uk and additional information will be developed and made available for each area of scope detailed within the local PHB offer document.

5.11 Capacity and Consent

5.11.1 Direct payments or third party arrangements can only be made where appropriate consent has been given by:

5.11.2 A person aged 16 or over who has the capacity to consent to the making of direct payments to them.

5.11.3 The representative of a person aged 16 or over who lacks the relevant capacity to consent.

5.11.4 The parent/guardian or legally appointed representative of a child under 16.

5.11.5 In line with the Mental Capacity Act (MCA), people in receipt of a PHB will be empowered to make decisions for themselves wherever possible, and where they lack capacity over certain decisions, every effort will be made to identify a representative who is able to manage the PHB on the person's behalf.

5.11.6 Where the person does not have capacity, NHS Thurrock CCG will work in partnership with a representative.

5.11.7 A representative is someone who agrees to act on behalf of someone who is

otherwise eligible to receive direct payments but cannot do so because they do not have the capacity to consent to receiving one, or because they are a child. Representatives are responsible for consenting to a direct payment and fulfilling all the responsibilities of someone receiving direct payments. This is similar to the appointment of a 'suitable person' in social care.

5.11.8 Before someone can be a representative, they must give their consent to managing the direct payment on behalf of the service user. Like all decisions involving consent, CCGs should ensure that people are fully informed and provided with sufficient advice and support when making their decision. In a similar way to the process for appointing nominees, the CCG should also consider whether the person is competent and able to manage direct payments, on their own or with whatever assistance is available to them.

5.11.9 In the case that a representative is identified, they take on the full legal responsibility involved with having a PHB. These responsibilities are outlined in the Direct Payment/Third Party Agreements.

Establishing the value of the personal health budget

5.12 Indicative Budget

5.12.1 It is imperative to the PHB process that the service user (or their representative) is provided with an indicative budget before they start the support planning process. The budget will be calculated in an equitable way, based on the needs of the service user.

5.12.2 By giving the person their indicative budget before the support planning process commences this allows them to be creative and begin thinking about how their needs can be met within what is financially available. All identified spend must directly correlate with an identified health and well-being outcome.

5.13 Transition from Indicative Budget to Final Budget

5.13.1 The next stage is to begin the support planning process;

5.13.2 This process looks to creatively deploy the indicative budget into a support plan that delivers the required outcomes of the service user within the resources available

5.13.3 We would expect the final budget to be within +/- 20% of the indicative budget, as set out in NHS England guidance.

5.14 Final Budgets

5.14.1 The final budget will be agreed with the service user (or their representative) and the Case Manager / Lead Health Professional / Lead Health Professional as being able to meet identified needs and deliver agreed outcomes. This will then be agreed by the CCG.

5.14.2 Service users will have an initial review of their PHB and associated care needs within three months of the start of the PHB. Thereafter within each subsequent twelve months.

5.14.3 The budget may increase or decrease at review depending on the current needs of the service user and contents of their current support plan. The final budget must be sufficient to meet any financial contribution towards the health element of their plan

identified in the support plan without requiring any financial contribution from the service user.

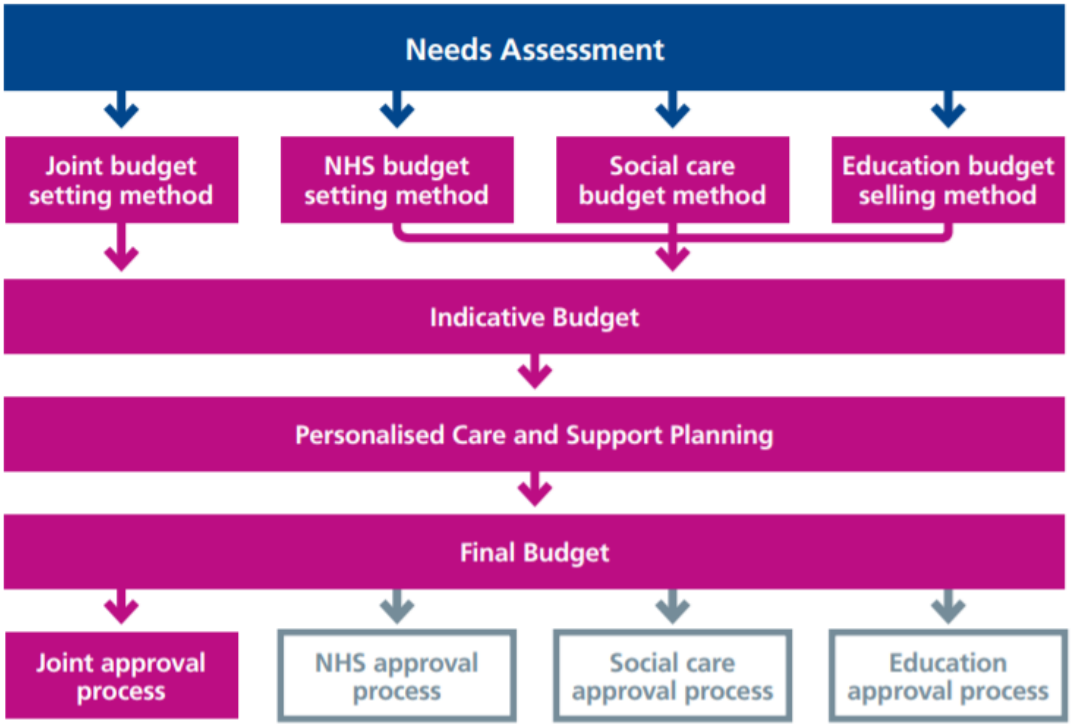

Fig 2. NHS England (2017) Budget setting process

Figure 2 demonstrates the process flow for budget setting that is wrapped in person centred support planning and robust governance processes. The figure shows that approval of budgets may be individualised by organisation, therefore the CCG can conduct approvals independently or where joint packages are established and appropriate have the option to formulate a joint approval panel.

Support Planning

5.15 **Support Planning**

5.15.1 A Personal Support Plan is the heart of the PHB. This is developed in partnership between the person, their family and support network and health professionals. The plan will include the detail of their health needs, the health and wellbeing outcomes they wish to achieve, how they intend to use their budget to achieve the identified outcomes and how they will manage the care and support.

5.15.2 Following on from the indicative budget being shared the person will receive support if they wish to develop this into a PHB. This support can be from the identified Case Manager / Lead Health Professional , health professional involved in the support planning, an independent support planner or their circle of support.

5.15.3 The identified Case Manager / Lead Health Professional will remain involved to ensure that the plan identifies and meets health and wellbeing outcomes in line with assessed need.

5.15.4 The support plan is signed and agreed by the service user and the Case Manager /

Lead Health Professional and forms the basis for how the PHB is spent.

5.15.5 It is essential that at the point of the needs assessment that any conflicts of interest in the context of the identified plan are declared to the CCG by all. By way of completed declarations template (Appendix D) and submission to the CCG PHB inbox at thuccg.phb@nhs.net

5.15.6 The CCG will advise of appropriate actions if required and will adopt the principles of the CCG Conflicts of Interest Policy.

5.16 **Managing Risk**

5.16.1 The support plan must contain details of any identified risks to the Service User or others, alongside proportionate means of mitigating these risks. This should be informed by a discussion with the Service User, Lead Health Professional and CCG.

Fig.3. Identifying & Managing Risks in Personal Health Budgets (DH Personal Health Budget Guide)

5.16.2 Risks may include:

- The risk to the individual's health
- The health risks of different treatments
- Risk around employing members of staff
- The direct payment being mis-spent

5.16.3 Every effort should be taken to mitigate risk, through informed discussion with the individual, lead health professional and other stakeholders. Risks must be documented and be part of a clear plan to reduce risk.

Options for Managing a PHB

5.17 There are three ways to manage a PHB. The type of arrangement put in place should

support the purpose of the personal health budget and be adapted to suit each person's circumstances.

5.18 While some people may be clear from the start how they wish to receive and manage their budget, it is important that they understand all their options and talk through how they may work for them, so that they, or their representative, can make an informed choice. Making people aware of the different support options available to them is a vital part of this process.

5.19 To enhance flexibility, whilst a Service User may elect to receive a Direct Payment or enter a Third Party arrangement, elements of their PHB can remain as a notional payment, where this is locally agreed.

5.20 The local NHS team will provide support (sometimes referred to as 'Brokerage') to individuals in shaping their PHB. Support may be available from local commercial organisations should this be commissioned by the CCG.

5.21 A Personal Health Budget can be received and managed through the categories described in sections 5.22-5.24.

5.22 Notional budget

5.22.1 Notional budgets could be an option for Service Users who want more choice and control over their healthcare but who do not feel able or willing to manage a budget. The Service User 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 Healthcare Manager who still commissions services and manages contracts on their behalf.

5.22.2 When the service user is informed of their indicative budget, they discuss ways to meet their needs through the PHB support planning process; within the indicative budget, with the Support Planner. Once the support plan is agreed the care is arranged for the person. No money changes hands.

5.23 Direct Payment

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

5.23.2 When the service user is informed of their indicative budget, they discuss ways to meet their needs through the PHB support planning process; within the indicative budget, with the Support Planner. The person or their representative then receives the money to spend on the identified care and support identified in the support plan, which they may source from a variety of places including;

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

5.23.3 NHS Thurrock CCG will work within the NHS (Direct Payments) regulations 2013; which governs the use of direct payments in relation to PHB.

5.24 **Third Party Arrangement**

5.24.1 In this case the budget is held by a third party organisation on behalf of the service user, and the Third Party secures services for them from a range of providers, including;

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

5.24.2 When the service user is informed of their indicative budget, they discuss ways to meet their needs through the PHB support planning process; within the indicative budget, with the Support Planner. A different organisation or trust holds the final budget. Once the support plan is agreed, this organisation then buys the identified care and support for the person.

5.24.3 The plan needs to state clearly who is holding the budget and how they are organising the support, care or treatment to achieve the agreed health outcomes

Exclusions

5.25 Apart from those specified below, there are no hard and fast rules for what a PHB can be used for within the scope of the Local PHB Offer document. The main determinant is whether a particular expenditure will meet the desired outcomes set out on the support plan.

5.26 A PHB cannot be used to fund:

- Alcohol, tobacco, gambling or debt repayment, or anything that is illegal.
- Emergency or urgent care
- Primary medical services such as GP care, dental treatment
- Medication
- Inpatient Care
- Treatments that the NHS would not normally fund because they are not shown to be cost effective. This includes alternative/complimentary treatments that may contra-indicative to the use of prescription medication

5.27 It should be noted that this list is not exhaustive and, if unsure, the service user or their advisor should seek advice from their health professional.

5.28 PHBs are intended to help service users meet their holistic health and well-being needs. The use of such funding does not extend to goods or services that would normally be the funding responsibility of other bodies (e.g. local authority social services, housing authorities) or are covered by other existing contracts held by the CCG (e.g. community equipment/district nursing).

5.29 NHS Thurrock CCG may put in place local arrangements for the disaggregation of certain contracts to allow the money to “follow the patient”, promote choice, and be included in the PHB.

5.30 Personal health budgets, including direct payments, remain public money, and are

taxpayer funded. Therefore, the CCG should be clear that transferring the money to the person as a direct payment will result in the money being spent in ways that are likely to meet the desired health and wellbeing outcomes set out in the personalised care and support plan. If this is not the case, the CCG has the right to withhold a direct payment from a person and only offer a personal health budget as a notional budget or a third party arrangement.

Supporting Service Users in Managing Their PHB

5.31 A list of approved support service providers which is held jointly with the Local Authority (LA) will be made available to those whose request for a PHB is approved. An additional element of funding within the PHB is provided to fund the support service provider.

5.32 The support service providers will ensure that service users are offered information that is easily accessible, reliable and relevant in a format that can be clearly understood. Advice and guidance will be free from bias to ensure that the service user secures quality support and value from their PHB.

5.33 The CCG will fund access to brokerage services; this amount will be included in the final budget.

Process for CCG Approval

5.34 The process for CCG approval of each PHB application will be agreed locally.

5.35 Consent to share information will be sought from the person at the start of the development of the PHB to allow the CCG access to the appropriate amount of information.

5.36 Following agreement (of the PHB) by the CCG, the service user must agree and sign a PHB agreement with the CCG or a Provider of services who have delegated authority to do so from the CCG, clearly setting out the responsibilities of both the CCG and the person. Following the signing of this agreement the PHB can commence.

5.37 **Payment Mechanisms**

5.37.1 It is important that Clinical Commissioning Groups have an agreed payment mechanism in place for all PHB direct payments. It may be necessary for the CCG to have a formal agreement with another agency to allow payments to be made.

5.37.2 Payments should be made into a separate bank account to facilitate monitoring and audit.

5.37.3 Payment mechanisms available include:

- BACS via the CCG
- BACS via the local authority payment mechanism

Clinical Review

5.38 Regular clinical reviews will be carried out, the first no later than three months after the initial decision, and then at least once a year subsequently.

5.39 Some people may need more frequent clinical reviews, for instance, in the case of a change in need to ensure that identified health and wellbeing outcomes are being met.

5.40 It is the responsibility of NHS Thurrock CCG to identify factors which may affect the cost to the CCG. Service users must be made aware that the CCG will not automatically fund increased costs which have not been pre-approved through the Support Plan Review process.

5.41 Following a clinical assessment the PHB will be reviewed to ensure that an appropriate level of funding is available to meet any revised needs of the individual.

5.42 It should be noted that the level of funding associated with the PHB can both reduce as well as increase following review.

5.43 CCGs have a duty to ensure that PHB funds are used appropriately and within the principles of PHB.

5.44 It should be noted that the level of funding associated with the PHB can both reduce as well as increase following review.

5.45 CCGs have a duty to ensure that PHB funds are used appropriately and within the principles of PHB.

Financial Review

5.46 PHB holders with a direct payment or third party arrangement will be subject to regular monitoring and audit of their PHB financial transactions.

5.47 This monitoring and audit will ensure that expenditure is in line with the agreed PHB support plan. Any variation will be investigated and appropriate action agreed with the CCG.

5.48 A Direct Payment can be stopped immediately if the service user has been found to have acted dishonestly.

5.49 Should excess funds accrue the CCG have the right to reclaim these funds.

Statutory Responsibility for Managing Risk

5.50 **Statutory responsibility for the management risks**

5.50.1 Statutory responsibility for the management of identified risks associated with a PHB remains with the CCG and cannot be delegated. The risks associated with a PHB will be documented and considered by the CCG at the approval/recommendation stage.

5.51 **Addressing Risk through Monitoring, Review & Safeguarding**

5.51.1 Sometimes things go wrong. The person may not be achieving the outcomes agreed; the budget may not be sufficient; there may be abuse of a physical, emotional or financial nature by family, friends or Personal Assistants.

5.51.2 Sometimes problems will be reported by the person themselves; sometimes they will be noticed as part of a review; and sometimes a safeguarding alert may be raised by family, friend or neighbour.

5.51.3 If there is concern that a person has been abused or is at risk of abuse, local safeguarding procedures must always be followed.

5.51.4 In other instances, or alongside this, the same personalised approach that was used to set up the personal health budget needs to be used to address the problem. This involves establishing with the person what has gone wrong and working in partnership with them to resolve it.

5.52 **Managing Financial Risk**

5.52.1 PHBs carry a degree of financial risk to the CCG, which needs to be managed effectively.

5.52.2 Effective accounting and financial monitoring arrangements will mitigate the risk of fraud associated with PHBs.

5.52.3 NHS Thurrock CCG, particularly in relation to non CHC PHBs need to identify a source of funds with which to resource PHBs. This may involve rebasing, or re-negotiating existing contracts to release funding.

5.52.4 NHS Thurrock CCG will identify any longer term financial risks associated with PHBs, in order that the CCG may make suitable provision, for example in respect of redundancy costs, arising in relation to the termination of employment of a Personal Assistant when a PHB ends, or needs change.

5.52.5 See also section *5.16 Managing Risk* in the context of Support Planning

Challenges and Disputes

5.53 Whilst every attempt will be made to agree a budget and a support plan that is appropriate for the service user's needs, on occasion it may not be possible to reach an agreement with the service user or their representative. In this event, the service user or representative can pursue the matter through escalation to the CCG via the PHB team at thuccg.phb@nhs.net. The Team may call on the local NHS complaints process if required. All challenges and disputes will be considered on the basis of clinical need and appropriateness and conducted in consultation with health professionals involved in the care of the service user and experts within the field.

6 MONITORING

6.1 NHS Thurrock CCG will provide regular reports to the Quality and Patient Safety Committee and the Finance and Performance Committee, initially on a quarterly basis.

6.2 The CCG will continue to provide monitoring and reporting as required to the NHS England Regional team. These reports may fall outside of the local quarterly frequency however a consistent data source will be used and the CCG committees informed as appropriate.

6.3 The CCG will provide updates upon exception to committees where necessary.

6.4 Key Performance Indicators for reporting:

Metric	Frequency	To which committees
Number of PHBs in total for Adults	Quarterly	QPSC and FPC
Number of PHBs in total for children and	Quarterly	QPSC and FPC

Metric	Frequency	To which committees
Young people		
Number of PHBs by service area	Quarterly	QPSC and FPC
Number of PHBs by category • Notional • Direct • Third Party	Quarterly	QPSC and FPC
Growth in total number since last reporting period	Quarterly	QPSC and FPC
Variance on baseline trajectory by service area (if baseline agreed)	Quarterly	QPSC and FPC
Total value of PHBs	Quarterly	FPC
Risk indicators • Safeguarding • Financial	By exception	QPSC and FPC

7 STAFF TRAINING

7.1 The Chief Nurse will ensure that TCCG is adequately trained, versed in the relevant legislation, best practice guidance and CCG policy; and ensure that the controls and processes set out within those documents are followed.

8 ARRANGEMENTS FOR REVIEW

8.1 This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance.

8.2 If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the CCG Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the CCG Board.

9 ASSOCIATED DOCUMENTATION

- Equality Impact Assessment (Appendix A)
- Thurrock CCG PHB Local Offer (Appendix B)

Associated Policies

- PHB Policy for Continuing Health Care (Appendix C)

10 REFERENCES

1) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf
2) http://www.legislation.gov.uk/ukpga/2009/21/contents
3) http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/Planningframework/DH_122618
4) http://www.personalhealthbudgets.england.nhs.uk/_library/Resources/Personalhealthbudgets/2014/Guidance_on_Direct_Payments_for_Healthcare_Understanding_the_Regulations_March_2014.pdf
5) http://www.legislation.gov.uk/ukpga/1998/42/contents
6) https://www.gov.uk/data-protection/the-data-protection-act
7) http://www.legislation.gov.uk/ukpga/2004/15/contents
8) http://www.legislation.gov.uk/ukpga/2005/9/contents
9) http://www.legislation.gov.uk/ukpga/2010/15/contents
10) http://services.parliament.uk/bills/2012-13/childrenandfamilies.html
11) https://www.gov.uk/government/publications/the-nhs-constitution-for-england
12) https://www.gov.uk/government/collections/mental-capacity-act-making-decisions
13) http://www.personalhealthbudgets.england.nhs.uk/Topics/Toolkit/
14) https://www.england.nhs.uk/wp-content/uploads/2017/06/right-to-have-phb-guid.pdf
15) https://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf
16) https://www.england.nhs.uk/wp-content/uploads/2017/06/516_IPC-Finance-and-commissioning-handbook-S3.pdf

11 LIST OF STAKEHOLDERS CONSULTED

Date Policy Circulated	Name of Individual or Group	Were Comments Received?	Were Comments incorporated into Policy?	If no, why not?
December 2018	Chief Nurse CCG			
December 2018	Directors, AD and Strategic Leads of Commissioning			
January 2019	Integrated Governance Group			
March 2019	Quality & Patient Safety Committee			

Key individuals involved in developing the document

Name	**Designation**
Stevie Attree	Commissioning Manager
Philip Clark	Strategic Lead for Continuing Health Care
Helen Farmer	Assistant Director of Commissioning for Children, Young People and Maternity
Jane Foster-Taylor	Chief Nurse

Jane Itangata	Assistant Director of Commissioning for Mental Health
Maria Wheelan	Nurse Lead for Continuing Health Care

12 Results of Equality Impact Assessment

12.1 This document forms part of NHS England's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

12.2 As part of its development this document and its impact on equality has been analysed. The EIA has identified no equality issues with this policy.

12.3 The EIA has been included as Appendix A.

13 Change History:

Date	Version	Author	Description
01/10/2014	0.1	NHS Arden & GEM CSU	
01/04/2016	0.1	NHS Thurrock CCG	
30/11/2018	0.2	NHS Thurrock CCG	Re - draft
21/02/2019	0.3	NHS Thurrock CCG	Final Edit and formatting

APPENDIX A

Equality Impact Assessment

To be completed and attached to any policy/procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	▪ Race	No	
	▪ Ethnic origins (including gypsies and travellers)	No	
	▪ Nationality	No	
	▪ Gender	No	
	▪ Culture	No	
	▪ Religion or belief	No	
	▪ Sexual orientation including lesbian, gay and bisexual people	No	
	▪ Age	No	
	▪ Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

APPENDIX B

Thurrock CCG Personal Health Budget Statement of Local Offer

Personal health budgets_Thurrock Offe

APPENDIX C

Thurrock CCG Personal Health Budgets: Continuing Health Care Protocol

TCCG PHB Policy and Guidance.docx

APPENDIX D

Declaration of Conflict of Interest In Planning a Personal Health Budget

Name		
Organisation (if applicable):		
Role:	**Service User / Lead Health Professional / Lead Professional PHB Approver**	
PHB reference number to which conflict applies (provided by CCG)		
Type of Interest	**Details of conflict in context of the PHB Support Plan**	**Personal Interest of that of a family member, close friend or other acquaintance**
Provision of services or other work outside of current role.		
Directorships including non-executive directorships, held in private companies or PLCs		
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG		
Shareholdings (more than 5%) of companies in the field of health and social care		
Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care		
Any connection with a voluntary or other organisation contracting for NHS services		
Research funding/grants that may be received by the		

individual or any organisation they have an interest or role in		
Other specific interests?		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the PHB Support Planning Process		

This information submitted will be held by the CCG for the reasons specified on this form and to comply with the NHS Act 2006 (section 14O(1)), the CCGs constitution and the CCGs policies. This information may be held in both manual and electronic form, in accordance with the Data Protection Act 2018.

The information will be held securely by the CCG, but, as per the NHS Act 2006 (section 14O(2)), will be made available to the public on request, and, in the case of Governing Body members, published on the CCG website.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make fully, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

If you have any objections to your information being kept on the registers held by the CCG, and made available or published as necessary, please raise these in the box below for consideration by the CCG. Not being included in the registers will be decided on a case-by-case basis.

Signed:		**Date:**	
Additional Comments			

PLEASE RETURN TO THURROCK CCG PERSONAL HEALTH BUDGETS SUBMISSION PORTAL

THUCCG.PHB@NHS.NET

Types of interest	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment (see paragraph 56 to 57); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;

	• Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include: • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.