

NHS Northern, Eastern and Western Devon Clinical Commissioning Group

Personal Health Budgets Policy

*Policy relating to the provision of Personal Health Budgets
for NHS NEW Devon CCG funded individuals*

Final Version 2 Sept 2017

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1. Introduction

- 1.1 This document describes the standards, guidelines and regulations that Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) adheres to in the administration of Personal Health Budgets (PHBs).
- 1.2 It is the aim of the policy to at all times ensure a positive patient experience and promote choice and control wherever possible. The CCG is committed to promoting personalisation within healthcare and ensuring PHBs are delivered safely, efficiently and effectively.
- 1.3 The Personal Health Budget User Agreement, a contract between the individual holding the budget and the CCG, sets out individual responsibilities and accountabilities for the way in which the PHB is used to meet agreed health outcomes.
- 1.4 This policy will set out local and national decisions to support practitioners and individuals to understand 'how, when, where, and what' the PHB can be used for once a level of funding has been agreed.
- 1.5 This policy is considered a living document, and as such is subject to change as procedures and processes develop and improve during the implementation period.
- 1.6 Within the NEW Devon CCG footprint there is an emphasis on, and commitment to, actively engaging and promoting the opportunity to receive a PHB to all people eligible to receive funding who are living in the community. This applies whether the individual's primary health needs relate to physical or mental health, whether they are young people in transition to adult services, or whether they are requiring care at the end of their lives.

2. Scope

- 2.1 This policy currently applies to health funded individuals who are living in the community in the NEW Devon CCG footprint, where this is directly paid for by the CCG, however we expect our NHS providers who hold delegated budgets to apply the principles of this policy when offering Personal Health Budgets.
- 2.2 This includes adults in receipt of NHS Continuing Healthcare (CHC) funding, children in receipt of Continuing Care, Section 117 aftercare,

Individual Patient Placements, joint funded packages with the local authority, and other health funded budgets on a case by case basis where funding has been agreed.

- 2.3 Where a package is joint-funded, one Commissioner will take the lead on the budget and will require adherence to their user agreement and relevant policies. This policy will only apply to joint packages where the CCG is the Lead Commissioner.
- 2.4 This policy is expected to apply to all mechanisms of delivering a Personal Health Budget, including Direct Payments. Direct Payments are “monetary payments in lieu of services - made by CCGs to individuals (or to a representative or nominee on their behalf) to allow them to purchase the care and support they need”¹.
- 2.5 Individuals can also choose to receive their funding through a managed account (where a third party organisation holds the budget on their behalf), or to have a notional budget (where the CCG commissions the services described in the individuals support plan).
- 2.6 Funding decisions made using the Personal Health Budget policy are also influenced by the principles of the Individual Package of Care Policy² which sets out the funding expectations of the CCG to ensure each package is both safe and cost-effective.

3. Background

- 3.1 The NHS England Mandate states that:

*“The Government’s aim is that in future, everyone in England who could benefit from one will have the option of a Personal Health Budget. By April 2014, people eligible for NHS Continuing Healthcare will have the right to ask for a Personal Health Budget, including a Direct Payment for healthcare. This becomes a right to have a Personal Health Budget in October 2014. The NHS will also be able to offer Personal Health Budgets more widely - for example to people with long term health conditions or people with mental health problems who could benefit.”*³

- 3.2 A Personal Health Budget is an amount of money to support a person’s identified health and wellbeing needs, planned and agreed between the person and their local NHS team.

¹ Guidance on Direct Payments for Healthcare: Understanding the Regulations

² <http://www.newdevonccg.nhs.uk/your-ccg/nhs-funded-patients/nhs-continuing-healthcare-/100114>

³ <http://www.personalhealthbudgets.england.nhs.uk/Topics/Toolkit/Intro/>

3.3 The vision for PHBs is to enable people to have greater choice, flexibility and control over the healthcare and support they receive. The Commissioning and Provider organisations across Devon are committed to embedding these principles within their individual operating models and to embracing the introduction of personalisation and choice within healthcare practices.

4. Eligibility

4.1 People who are eligible for Continuing Healthcare funding⁴ (including Fast-tracked patients) and who are living in the community have the right to have a Personal Health Budget from October 2014. The Department of Health guidance⁵ and 'Personal Health Budgets: Including people with learning disabilities'⁶ guidance makes clear who can receive a PHB and provides a useful tool for understanding the regulations within healthcare.

4.2 Every CHC eligible individual living in the community will be supported to have a Personal Health Budget should they wish to receive their funding in this way. NHS provider organisations will be proactive in offering PHBs to all people who are eligible.

4.3 The CCG will explore PHBs for other health funded individuals on a case by case basis.

5. End of life / Fast track patients

5.1 NEW Devon CCG is supportive of providing PHBs to people who wish to have choice, control and flexibility over a personalised care package. In continuing to support PHBs for Fast-track and/or end of life individuals, the CCG has developed a set of criteria that must be met in order to assure itself that the planned care package is safe, clinically appropriate and sustainable. Therefore,

5.2 The CCG may support Fast-track PHBs where:

- Individuals have an existing Direct Payment and a well-established team of PAs
- Individuals have expressed an interest early on in having a PHB to support their end of life care and have clear plans for how they wish

⁴National framework for NHS continuing healthcare and NHS funded nursing care, December 2013

⁵Guidance on Direct Payments for Healthcare: Understanding the Regulations', March 2014

⁶ TLAP 'Personal Health Budgets: Including people with learning disabilities', February 2014

for this to take place, in line with the principles of advance care planning for the end of life

- 5.3 The CCG may not support Fast-track PHBs where:
- There is no clear evidence that training of PAs has been considered and is appropriate to meet individual needs and health outcomes
 - Individuals are asked to consider a PHB to facilitate timely discharge from hospital without other options being considered
 - Individuals need to recruit a team of PAs
 - The CCG is asked to fund exceptionally high PA hourly rates to support care at home

6. Declining a Direct Payment

6.1 The CCG adheres to the NHS England guidance in relation to when it is appropriate to decline a PHB and reserves the right to explore this on a case-by-case basis. Individuals whose application has been declined will be given information on the CCG Patients Advice and Complaints service should they wish to progress through this route.

6.2 A CCG may decide not to provide someone with a direct payment if for example it considers:

- that the person (or their representative) would not be able to manage them;
- that it is inappropriate for that person given their condition or the impact on that person of their particular condition;
- that the benefit to that individual of having a direct payment for healthcare does not represent value for money in line with the NHS NEW Devon IPOC policy;
- that providing services in this way will not provide the same or improved outcomes;
- that the direct payment will not be used for the agreed purposes⁷.

7. Resource allocation

7.1 Across the NEW Devon CCG footprint, the CCG generates indicative budgets based on comparative costs for alternative care options.

7.2 The indicative budget will be generated by the PHB Team and/or a Quality Assurance Lead Nurse within the CCG, in conjunction with the Case Manager.

⁷ Guidance on Direct Payments for Healthcare: Understanding the Regulations

- 7.3 An indicative budget will be reviewed alongside the principles of the Individual Package of Care Policy⁸. The likely budget will then be communicated to the eligible individual to enable a support plan to be written and agreed.
- 7.4 There may be a requirement to add a 'one off' amount on top of the indicative budget to allow for start-up costs including training, insurance, advertising for staff and other such requirements. Where this is included, the cost should be broken down as a weekly cost to give an indication of the true cost of the PHB.
- 7.5 Respite/contingency should be included when generating an indicative budget where family members or representatives are providing a level of informal care, if requested. This should be assessed on a case-by-case basis. Where this is included, the cost should be broken down as a weekly cost to give an indication of the true cost of the PHB.

8. Support plans

- 8.1 All individuals who wish to have a PHB will have a personalised support plan developed, whether this be by their case manager, themselves and their family, an independent agency, or a combination of these. The expectation is that all support plans will be highly personalised, and will be based on the health outcomes agreed in the individual's care plan.
- 8.2 Eligible individuals will be given the opportunity to choose how they receive their money and be given support and advice about how to manage this.
- 8.3 All proposed PHBs will be considered by the CCG and will require evidence that proposed costs are reasonable and appropriate in relation to the identified health outcomes prior to approval.

9. Clinical risk

- 9.1 The CCG is committed to promoting individual's choice, while supporting them to manage risk positively, proportionately and realistically. The CCG acknowledges that supporting people to make informed decisions with an awareness of risks in their daily lives enables them to achieve their full potential and to do the things that most people take for granted.

⁸ <http://www.newdevonccg.nhs.uk/your-ccg/nhs-funded-patients/nhs-continuing-healthcare-/100114>

- 9.2 An individual who has the mental capacity to make a decision, and chooses voluntarily to live with a level of risk, is entitled to do so. The CCG requires that the NHS providers clearly document any evidence of decision making and rationale in relation to the management and reduction of risk where appropriate or necessary. This will be considered as part of the PHB approval process by the CCG.
- 9.3 Ways of mitigating the risk should be explored with the individual. Depending on the situation and the risk, it may be possible to agree a trial period with the individual that includes more frequent monitoring and reviews.

10. Authorisation

- 10.1 Authorisation of packages will be undertaken by CCG Quality Assurance Lead Nurses, the Head of Quality Assurance, or through High Cost Panel – depending on the proposed cost of the budget.
- 10.2 When signing off packages, the approver will consider the safety of the proposed package and the likelihood of the plans to meet the individuals assessed health outcomes.
- 10.3 The authorising individual / Panel will embrace the principles of personalisation and provide clear rationale for declining the cost of a PHB or any element of the proposed support within the plan.

11. Use of PHB funding

- 11.1 A Personal Health Budget can be spent on a broad range of services that will enable the person to meet their health and wellbeing needs. Individuals should be empowered to choose from a wide variety of resources and activities to meet their identified health outcomes.
- 11.2 Individuals may only use their PHB to purchase care, items or activities agreed in their support plan, and set out in their signed PHB User Agreement.
- 11.3 Any expenditure will adhere to the Direct Payments Guidance and the terms and conditions of the PHB User Agreement. The PHB User Agreement is the method by which this is explained and that the individual or nominated person and the CCG confirm understanding of this arrangement, including for example the use of payroll services where personal assistants are employed

11.4 The CCG will at all times aim to ensure that innovative, personalised packages of care are designed and put in place to support people to have choice and control wherever possible over their care, and that funding can be used reasonably and flexibly to meet individuals agreed health outcomes.

12. Delivery of PHB funding

12.1 The CCGs required mechanism of delivering PHB funding is through the use of prepaid cards. The cards will be ordered and supplied at no cost to the individual/budget holder.

12.2 The CCG holds contracts with providers for the provision of prepaid cards in partnership with the local authority.

12.3 The only restriction on the card is the inability to withdraw cash. If this creates an issue for the individual in meeting outcomes identified as part of their support plan, the CCG will work with the individual to identify a solution.

12.4 Where individuals have a separate bank account for Direct Payments which has been set up for previous Direct Payments from Social Care or Children's services, the CCG would expect this to transfer to a prepaid card.

12.5 The CCG will only allow individuals to maintain an existing bank account for their PHB to be paid into where the individual can evidence exceptional circumstances.

12.6 This evidence will need to mitigate the additional administrative burdens related to monitoring spend on individual bank accounts (for both the CCG and the individual), the decreased oversight of the spend of public funds, and the added difficulties in returning surplus' to the CCG.

12.7 Where individuals maintain an existing bank account that has been agreed as an exceptional circumstance, the budget holder must send statements to the CCG PHB Team on a three monthly basis for account monitoring, or on request of the CCG if these are required more frequently.

12.8 In the event of an individual having a separate nominated bank account for their PHB funding, the individual must return any surplus identified to the CCG within 14 days of the request being received. Failure to do so will result in action being taken by the CCG through the misspend process.

12.9 Where individuals have a bank account for their PHB funding, should the individual decease, the funding within the PHB bank account should be immediately returned to the CCG and not go into the personal assets/estate of the individual. This is an explicit requirement under the PHB User Agreement.

13. Exceptional circumstances around the use of the PHB

13.1 There may be occasions where exceptional circumstances need to be agreed to ensure that a Personal Health Budget is able to fully and flexibly meet the needs of the individual and their family where no other options are available.

13.2 In order for NEW Devon CCG to consider exceptional circumstances, the requesting practitioner must demonstrate clear and robust reasoning for circumventing the usual procedures and Department of Health Guidance, and submit this to the CCG for consideration on each occasion it occurs. The practitioner requesting must note that an agreement for exceptional circumstances in one case does not set a precedent for other future cases.

13.3 All practitioners will review the Direct Payments for Healthcare Guidance and/or Guidance for People with Learning Disabilities before submitting an exceptional circumstances request. Examples of an exceptional request could include the purchase of equipment, a holiday or the engagement of a therapist with specialist skills.

13.4 The CCG will consider exceptional requests on submission of a PHB exceptional circumstances form (Appendix 1) which should be sent to the CCG Complex Care mailbox (D-CCG.complexcarenewdevon@nhs.net).

13.5 The guiding principles of the exceptional circumstances protocol are centred on:

- A case-by-case approach to each request – what works well for one person may not work well for another and as such it is not appropriate to create a blanket policy for exceptional requests
- The exceptional circumstances request should be based on assessed needs and not wants
- An open approach and commitment to encouraging creativity in support planning by commissioners

14. Appeals

- 14.1 If an individual or their representative chooses to appeal a decision made by, or on behalf of, the CCG, then their appeal will need to be based upon the procedure that was applied in order to reach that decision, or the application of the policy decision in relation to their specific case. The process by which an individual or their representative is able to appeal or complain is through the CCG complaints procedure⁹.

15. Supporting people to manage their Personal Health Budget

- 15.1 The CCG works with a number of services across Devon to enable people to consider and access a wide range of support options, advice and information to help them to meet their agreed health outcomes.
- 15.2 The CCG will jointly commission Direct Payment Support Services with Plymouth City Council and Devon County Council to ensure that good quality advice and information is available to all PHB recipients.
- 15.3 The Direct Payment Support Service will provide on-going support to individuals with their PHB once the plan is agreed and implemented, including general advice and information, employment support including training and financial support for PHB holders and/or their representatives.
- 15.4 The case manager will be available for on-going clinical advice and information, to support people to make good decisions about their care and to manage any risks.
- 15.5 Individuals in receipt of a PHB will be able to access Direct Payment Support Services at no cost to them to support them to manage their PHB. The CCG will also provide funding for payroll services and/or managed account services, where this is required or requested.

16. Payroll

- 16.1 NEW Devon CCG holds a contract with Enable Payroll service for individuals registered with a Plymouth GP and utilises Disability Focus as the payroll provider for individuals registered with a Devon GP.
- 16.2 The CCG is able to achieve more consistent rates by using two consistent providers across the patch to support individuals to process PA wages through a payroll service. The usage of two distinct providers also allows

⁹ <http://www.newdevonccg.nhs.uk/information-for-patients/patient-advice-and-complaints/100081>

the CCG to more easily assure itself of quality and value for money which is essential with the distribution of public funds.

- 16.3 All wages for Personal Assistants must be processed through a payroll service. The CCG provides the costs within the PHB for this service for individuals in Devon, or refer individuals to a commissioned payroll service in Plymouth.
- 16.4 The CCG would request evidence of exceptional circumstances if individuals wish to use other payroll services and these must be at the same or lesser cost than the CCG would pay for its existing service.
- 16.5 The exceptional circumstances must also set out ways to mitigate the additional administrative burdens related to auditing spend through alternate payroll services (for both the CCG and the individual), the decreased oversight of the spend of public funds, and the lesser assurance the CCG has over payments to HMRC for employed Personal Assistants.

17. Managed accounts

- 17.1 The CCG can offer individuals a managed account service to hold the Personal Health Budget on their behalf. In the Plymouth City Council area this is provided by Enham Trust and in the Devon County Council area through Disability Focus.

18. Monitoring and review

- 18.1 The CCG will monitor transactions on the PHB account on a regular basis. Where transactions do not meet the agreed and identified outcomes, the CCG will request immediate evidence of spend to assure itself there has not been misspend on the account.
- 18.2 Spend on the accounts will be reviewed three monthly, unless the CCG has reason to believe there is misspend on the account at which point it will request immediate rationale for spend that appears to be outside the parameters of the support plan/User Agreement.
- 18.3 The CCG commits to leaving a reasonable amount of funding in each account. The amount considered reasonable will be determined on a case by case basis by discussion between the CCG and the budget holder. The CCG will always write to individuals to advise that a surplus has accrued and request these funds are returned, except where misspend

has occurred.

- 18.4 PHB reviews will be in line with individual's healthcare review. As per the National Framework¹⁰ this should take place after 3 months of CHC eligibility and annually thereafter.

19. Commissioned or existing services

- 19.1 The CCG will provide PHBs so that individuals may use them to meet their identified health outcomes. The use of such funding does not extend to the delivery goods or services that would normally be the 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 via the Joint Integrated Community Equipment Service contract, continence services, primary care services, community therapy services, district nursing services etc).

20. Agency support

- 20.1 It is possible for an individual to have a direct payment to pay for care directly from an agency. In this case, the individual will contract directly with the agency for this support. Where an individual has a notional budget, the contract remains between the CCG and the agency.

21. Self Employed Personal Assistants

- 21.1 The CCG does not allow the use of self-employed Personal Assistants (PAs) to support any individual through a PHB. This is clearly set out within the terms and conditions of the PHB User Agreement.
- 21.2 The only exceptional circumstance where the CCG will allow the use of self-employed PAs is to maintain an existing Social Care Direct Payment, where an individual has been Fast-tracked, and for a maximum of three months. Should the package be likely to continue beyond three months, the CCG will expect the PAs to be directly employed after the third month.
- 21.3 All Personal Assistants must be paid through a payroll service, the cost of which will be included in the PHB package.

¹⁰ National framework for NHS continuing healthcare and NHS funded nursing care

22. Rates of pay for Personal Assistants

- 22.1 The CCG will review rates of pay for Personal Assistants on a case by case basis, taking into account the skills of the Personal Assistant, complexity of tasks, difficulty in recruitment/retention of a suitable workforce etc.
- 22.2 The CCG will review Personal Assistant hourly rates in line with the pay scales for trained staff set out under NHS Agenda for Change. The CCG would not expect to pay Personal Assistants delivering healthcare tasks the rate paid to a registered professional.
- 22.3 The terms and conditions of the Personal Assistant's employment will be set out in individual employment contracts provided by the CCG to the employer. The CCG would not expect amendments to be made to the standard employment contract without prior discussion with the PHB Team.
- 22.4 The CCG will adhere to the NHS England guidelines and "recognise the additional 'hidden' costs. For example, if someone is employing an assistant, they must ensure that there is sufficient funding available to cover the additional necessary costs of employment such as tax, National Insurance, training and development, pension contributions, any necessary insurance such as public liability, emergency cover and so on."¹¹

23. Non care related tasks

- 23.1 The CCG would not expect to fund Personal Assistant time to run non care related tasks for the PHB recipients (e.g. collecting prescriptions, shopping, cleaning etc.) unless these are specifically set out in the care plan as meeting an assessed health and/or social care need.
- 23.2 The CCG may fund the Personal Assistants time to accompany the individual to do these tasks if it forms part of the care and support plan as 'enabling'. In all circumstances, this should be set out in the individuals plan and Personal Health Budget User Agreement.

24. Living at same address

- 24.1 In line with national guidance, the CCG does not usually permit the employment of Personal Assistants who live at the same household as the

¹¹ Guidance on Direct Payments for Healthcare: Understanding the Regulations

PHB recipient. Requests for this will be considered in exceptional circumstances.

25. DBS Checks

25.1 The CCG requires all Personal Assistants to have a current DBS check before working for an individual through a PHB. The CCG will refuse to start a PHB before DBS checks have been undertaken, unless the PA “is a close family member of the person, living in the same household as the person or a friend involved in the person’s care”¹²

26. Mileage

26.1 The CCG would not routinely agree to pay mileage to individuals or to allocate mileage funding for their Personal Assistants. The CCG would not usually allocate funding for mileage for Personal Assistants to get to their place of work.

26.2 The CCG may consider mileage payments in exceptional circumstances; for example for Personal Assistants to use their own vehicles to enable recipients of a PHB to access the community/appointments etc. – however the CCG would need clear reasoning as to why this could not be covered through mobility benefits such as Disability Living Allowance.

26.3 Where the CCG does agree to pay mileage in exceptional circumstances, the HMRC mileage rate will be applied. As at March 2017, this is £0.45p per mile.

27. Transport

27.1 The CCG would expect that transport to and from appointments, activities etc., would be met through existing resources (DLA, Patient Transport Services, Motability vehicles, their own resources).

27.2 Transport to and from respite and day care will be considered on an exceptional circumstances basis where there is clear evidence available to support delivery of an assessed health outcome as a result.

¹² Guidance on Direct Payments for Healthcare: Understanding the Regulations

28. Holidays

- 28.1 The CCG would not routinely agree to pay for holidays or trips, in terms of travel costs or accommodation. The CCG may agree as part of an individual's care plan to fund increased Personal Assistant hours to support the PHB recipient whilst they are away – this will be requested through an individual's support plan and agreed on a case by case basis.

29. Support in hospital

- 29.1 The CCG would not expect to pay Personal Assistants to undertake healthcare tasks while an individual is in hospital. The CCG may consider a 'retainer' payment to Personal Assistants where the PHB recipient is admitted to hospital to retain the staff; although would expect that annual leave options are also explored by the Personal Assistants.
- 29.2 There may be circumstances where it is appropriate for a Personal Assistant to support an individual in hospital (e.g. where the individual has challenging behaviours or specific communication approaches); however this will be at the discretion of the CCG and the hospital as to the appropriateness.
- 29.3 In these circumstances the Personal Assistant will follow the hospital delegation policy and not the community care plan.
- 29.4 The CCG may pay Personal Assistants for up to 28 days at the minimum hours outlined in their employment contracts. If an employment contract does not exist, or the contract is zero hours, the CCG will use its discretion over the appropriateness of the retainer period, taking into account the established staff team and difficulty in starting a new package should the Personal Assistants need to find new employment while the individual is in hospital.
- 29.5 Any such request for discretion around hospital admission and the retention of Personal Assistants must first be discussed with the PHB Team.

30. Equipment

- 30.1 It is not expected that PHBs should be used to purchase equipment. The CCG would expect that equipment would continue to be sourced through usual routes (i.e. Community Equipment Store contracts).
- 30.2 The CCG may, in exceptional circumstances, agree to fund a specific piece of equipment using a PHB – but is conscious that PHBs are not a

way for individuals to access services/equipment/provision that is not available to CHC eligible individuals who are not in receipt of a PHB. The CCG will therefore follow the usual process for agreement of funding for equipment.

31. Consumables

- 31.1 The CCG would expect that all options for consumable delivery through commissioned contracts are explored through the individuals care plan before agreeing a set cost for this in the PHB (e.g. through commissioned continence services).
- 31.2 Where consumables cannot be provided through existing community services or prescriptions, the CCG will discuss with the individual an appropriate weekly amount to be included in the PHB.
- 31.3 The CCG acknowledges that it is a requirement of infection control and health and safety for all carers to have Personal Protective Equipment (PPE) and will therefore include appropriate costs for this through the PHB (gloves, aprons etc.) where this is identified in the care plan.
- 31.4 The CCG will include the cost of PPE to assure itself at the sign off process that the package is clinically safe – acknowledging that to practise whilst not wearing PPE would put the individual at risk and potentially others around them. The CCG's principle is that the PHB will cover the cost of consumables equivalent to what an individual receiving a contracted personal care service would receive.

32. Administrative costs

- 32.1 Administrative costs may include printer ink, paper, diaries, stationary, related to the administration of running a PHB and employing staff.
- 32.2 Where these costs are requested by the budget holder, the CCG will apply a test of reasonable towards the request and whether the items required relate specifically and exclusively to the cost of maintaining the Personal Health Budget.
- 32.3 In all cases the CCG would expect the budget holder to appropriately source cost effective methods of meeting administrative costs, bearing in mind the spend of public monies.

33. Accommodation

- 33.1 A PHB should not be used to fund accommodation for individuals as it is expected that accommodation costs should be met through existing benefits or other income.
- 33.2 The CCG may consider funding accommodation for the individual where this represents respite provision and will review this on an individual basis. The CCG will not fund accommodation for Personal Assistants but may fund their hours worked to support an individual during a period of respite. This would be considered by the Exceptional Circumstances process.

34. Respite

- 34.1 Respite allocation should be identified in the individuals care plan and agreed through usual processes. Respite funding can be added into the PHB account but should only be used in the way described in the care plan/PHB User Agreement Schedule 10.

35. Utilities

- 35.1 The CCG will not usually agree to fund utility bills/costs through a PHB. It is expected that in most cases where individuals have higher utility costs due to the nature of their condition, these additional costs should be met through existing benefits.

36. Training for Personal Assistants

- 36.1 The CCG should include a set amount for training as a one-off and annually within PHBs where this is necessary. The required training should be set out in the individuals care plan in conjunction with their Case Manager, and signed off by a Quality Assurance Lead. It is the responsibility of the employer using a PHB to employ staff to ensure that their training is up to date and to liaise with their case manager if further training or updates are required.
- 36.2 PHB recipients should not purchase training outside that in their care plan and must contact their case manager if they feel additional training needs are identified.

37. Case management

- 37.1 The case management of individuals in receipt of a PHB should not be any different to eligible health funded individuals living in the community in receipt of a personal care package. The CCG PHB Team will not case manage individuals in receipt of a PHB.

38. Top ups (non-care related)

- 38.1 In line with the Continuing Healthcare Framework, PHBs cannot be topped up by individuals/their families to meet assessed needs. Top ups for non-care costs should also not be added into the PHB account, as this is not appropriate for audit purposes/monitoring spend on the account/bringing back identified surplus' of public funds to the CCG.
- 38.2 If the budget holder considers that the direct payments are insufficient to meet the assessed needs in the care plan, the individual should request a review of the care package by the CCG.
- 38.3 The budget holder may purchase additional services from their own funds which are not identified in the care and support plan but this should take place separately with clear accountability (i.e. cleaning, shopping etc.)

39. Misspend

- 39.1 As set out in the PHB User Agreement, the CCG will monitor transactions on a regular basis and if transactions do not fall within the identified parameters, the CCG will request immediate evidence of any unauthorised spend to avoid closure of the account.
- 39.2 Where misspend forms a genuine mistake on the part of the budget holder, the CCG will liaise with them to repay the misspent funds.
- 39.3 Where the CCG identifies fraudulent activity, a referral will be made to Counter Fraud to progress or legal advice will be sought.

40. Employers Liability Insurance

- 40.1 It is the responsibility of any employer paying staff through a PHB to ensure that Employers Liability Insurance is in place and that the staff training is appropriate to ensure the insurance is valid.

- 40.2 The CCG would expect that all Personal Assistants have an appropriate level of cover (e.g. to include healthcare tasks where relevant) and will add new staff to the policy where required. The insurance should be renewed annually using the accrued amount within the Personal Health Budget.
- 40.3 It is also the responsibility of the employer to ensure that the Personal Assistants covered by the Employers Liability Insurance have the appropriate training and competency sign off to ensure the insurance is valid.
- 40.4 Individuals who do not have the appropriate level of cover through their Employers Liability Insurance will be in breach of the user agreement.