



Southampton City
Clinical Commissioning Group

Personal Health Budget Policy

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Equality Analysis Completed?	This document includes the section Equality Analysis, the aim being to encourage and support policy developers to demonstrate 'due regard' to the Equality Act 2010. Records will be kept of the equality analysis process and any actions identified.
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Personal Health Budget Policy

1. INTRODUCTION & PURPOSE

1.1 Aim of the Policy

- 1.1.1 The introduction of Personal Health Budgets (PHBs) is one of a range of national policies designed to improve personalisation, choice and empowerment in the delivery of healthcare.

Personalisation is fundamentally about better lives, not just services or packages of care. It means working with people, carers and families to deliver better outcomes for all, and ensuring that the person is at the centre of their care. The move towards personalisation in healthcare, as well as social care and Continuing Healthcare, is not focused on changing systems and processes, or allocating funding, but centred on making the necessary changes to ensure people have greater independence, enhanced wellbeing and the choice and control over the way their care is delivered.

Southampton City CCG are strongly committed to this approach and this document sets out how PHBs will be delivered locally. In doing so, Southampton City CCG will follow all national guidance (see appendix 1).

This document must be read in line with the Standard Operating Procedure for Personal Health Budgets.

2. Introduction to Personal Health Budgets

2.1 Definition

NHS England defines a personal health budget as:

‘An amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their nominee / representative, and the local CCG. At the centre of a PHB is the care and support plan. This plan helps people to identify their health and wellbeing goals, together with their case manager, set out how the budget will be spent to enable them to reach their goals and keep healthy and safe.’

A PHB is not new money; it is money that would normally have been spent by the NHS on that person’s care, but it is used in a more flexible way to meet the person’s needs.

2.2 Six Essential Components

There are six conditions which must be met for a PHB to be valid. In every case, the individual must:

- Be central in developing their personalised care and support plan and agree who is involved

- Be able to agree the health and wellbeing outcomes they want to achieve, in dialogue with the relevant health, education and social care professionals
- Get an upfront indication of how much money they have available for healthcare and support
- Have enough money allocated to the budget to meet the health and wellbeing needs and outcomes agreed in the personalised care and support plan
- Have the option to manage the money as a direct payment, a notional budget, a third party budget or a mix of these approaches
- Be able to use the money to meet their outcomes in ways and at times that make sense to them, as agreed in their personalised care and support plan

2.3 Ways to Manage the Money

There are three ways in which an individual can receive a PHB (or a combination of the three).

2.3.1 Notional Budget

Individuals develop their care and support plan with their case manager and are aware of the treatment options within a budget constraint and of the financial implications of their choices. The NHS underwrites overall costs, retains all contracting and service coordination functions and manages the budget/account. There is no requirement for the individual to take responsibility for managing their package or maintain financial records.

2.3.2 Third Party Budget

Individuals are allocated a budget, in accordance with their care and support plan, which is held by a third party (e.g. a brokerage and support service) on their behalf. The third party helps the individual choose services within the budget based on their agreed health and wellbeing outcomes. The third party are required to sign an agreement with CCG and maintain sufficient records to be able to demonstrate that any monies have been used in accordance with achieving the outcomes agreed in the individual's care and support plan.

2.3.3 Direct Payment

Individuals develop their care and support plan with their case manager and are given the budget to purchase and manage services themselves. If the individual is unable to manage the budget themselves, a representative or nominated person may do it for them. There is a requirement to maintain sufficient records to be able to demonstrate that any monies provided have been used in accordance with achieving the outcomes agreed in their care and support plan.

3. Who can have a Personal Health Budget

Apart from exclusions by statute¹, within Southampton City CCG PHB is currently offered to anyone who falls into the following cohorts i.e.:

- A person receiving NHS continuing healthcare or children's continuing care. These individuals already have a right to receive a PHB
- People with Learning Disabilities and Autism in receipt of joint funded packages of care
- People at the end of life – in receipt of end of life care
- Wheelchair users (The existing Wheelchair Voucher scheme will be replaced by a Personal Wheelchair Budget)
- People receiving individual health funded care to meet identified health needs
- People who need high cost, longer term rehabilitation e.g. people with acquired brain injury, spinal injury or mental health recovery (including Section 117 aftercare).

There are no exclusions by diagnosis or by virtue of mental capacity.

Generally, people living in permanent residential care (such as a nursing home or residential home) are currently not eligible for a PHB, although there could be elements of their care which may be eligible. However the CCG considers the benefits of care and support planning will improve the patient experience and therefore will be introducing notional budgets for those living in care in the future.

3.1 Fast Track Referrals

People who receive fast track funding, who live in their own homes may also be eligible for a PHB. Individuals develop their care and support plan with their healthcare professional and the PHB process may need to be adjusted in situations where services need to be set up immediately. Notional budgets should be available for people receiving fast track funding.

However, every effort should be made to continue with any care and support plans created by social services prior to the individual becoming eligible for Fast Track NHS care.

4. How a Personal Health Budget Can Be Spent

- 4.1** A PHB can be spent on a product or service that supports an individual's identified health and wellbeing needs. This may include items that are not usually offered via the NHS, but where it can be demonstrated that it will result in delivering a direct benefit to the individual by meeting their health and wellbeing needs as stated in their care and support plan.

PHBs can be combined with funding from social care and / or education, to create a single Integrated Personal Budget to purchase items and / or services that will effectively meet the individual's overall care and support needs.

However, if the CCG already commissions a service that meets needs, and it cannot

¹ annex A of Direct Payment Regulations

release funds from that service, it may reserve the right not to offer a PHB for that element of the care package.

5. Capacity and Consent

5.1 Where people have capacity to consent, they must be fully advised about what is involved in managing a PHB. Consent forms to share information and to process an application for a PHB are included in the locally developed PHB toolkit in both standard and easy read formats.

If there are concerns about the service user lacking capacity, the case manager will discuss the need for a mental capacity assessment and appropriate adult to assist. Changes in capacity should be referred to the case manager and will likely result in a re-assessment.

All reasonable steps must be taken to provide support to whoever may require it. Individuals, who can provide consent, and any responsible person or the parent/guardian acting for an individual without capacity, may be capable of managing direct payments either on their own or with help. We must make sure that:

- Individuals with capacity understand that they remain responsible for how direct payments are used even when arrangements are made by someone else on their behalf.
- An authorised person or parent/guardian understands that they are responsible for managing direct payments for PHB for children under the age of 18 years.

6. Care and Support Plan

6.1 The individual must be offered a choice of who they would like to complete their care and support plan with them. There should be a number of options, including support from family and friends. The Case Manager will provide overarching support for the development of the individuals care and support plan.

If an individual chooses to develop the plan themselves without professional assistance, the Case Manager will need to meet the individual to validate the support plan to ensure the service user has not over or underestimated his/her needs. They will be responsible for adding comments and recording detail about any differences of opinions and agreements, where specialist assessments have been requested/completed. The views of others (e.g. carers, family, friends, and other professionals) must be included and any issues to do with the capacity to make decisions and any identified risks around the individual's needs recorded.

In all cases the allocated personal health budget must be sufficient to meet the outcomes defined with the support plan.

Where an individual requests assistance to complete their Care and Support Plan the focus should still be on empowering the individual to do as much as possible for themselves or with the assistance of their family where appropriate.

Crucially the care and support plan must be agreed by the individual and the practitioner. It must contain information about clinical diagnosis and options for treatment or care. It must be balanced with information from the individual about lifestyle and the impact of their health condition on that lifestyle.

A PHB Care and Support Plan should indicate what is important to the individual as well as what is important for their health and wellbeing. Agreed outcomes should link to health needs and show how resources will be used to achieve goals. People should be encouraged to meet their care and support needs creatively, flexibly and innovatively provided that those needs are met lawfully.

Identifying social networks, clubs, organisations, friends and family support and appropriate universal and community services might encourage self-reliance and enable an individual to achieve outcomes independently.

Services purchased using direct payments should be as cost effective (i.e. best value for money) as services that we would arrange, although the increased flexibility, choice and control provided by direct payments represents some added value.

Funding for Travel and Mileage

Mileage allowance must be clearly recorded with in the individuals' Care and Support Plan.

A personal health budget can cover travel costs such as bus fares to activities which are part of the personal health budget but not their travel to and from their place of work at the beginning and end of the day.

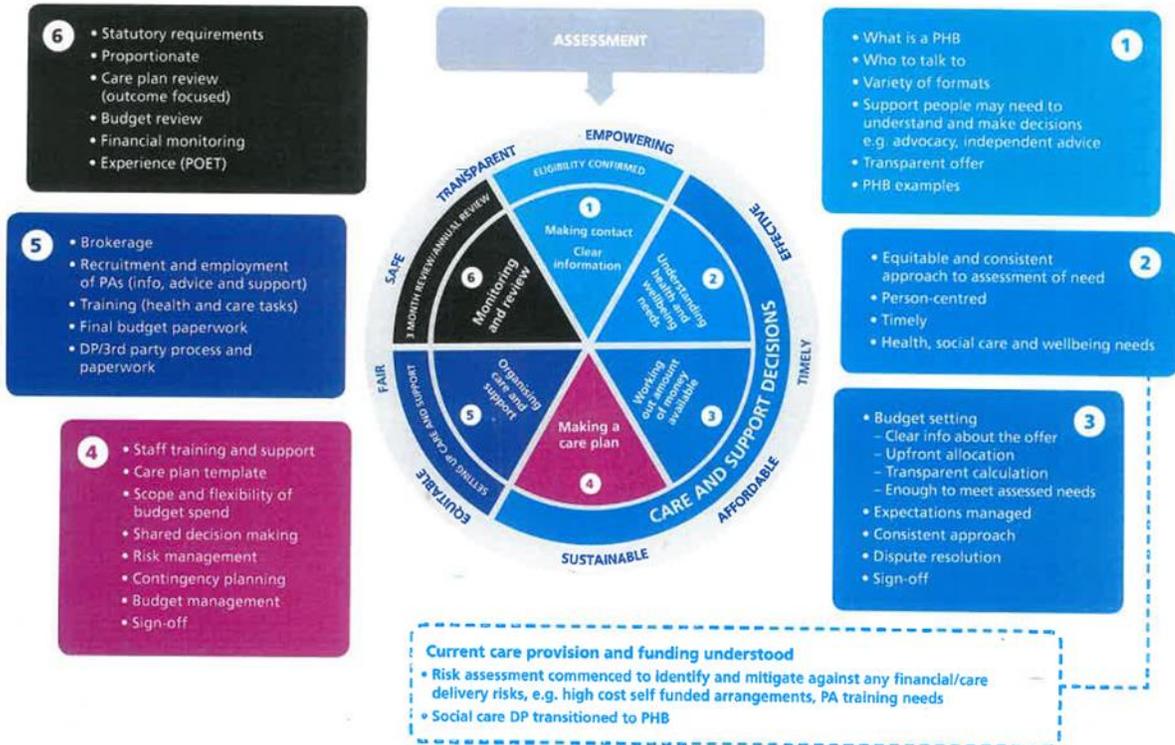
If a number of journeys are needed to participate in activities during the week, service users should consider the most cost- effective travel option. Service users should consider if admission is free for carers accompanying disabled people.

When appropriate a personal health budget can provide a contribution towards mileage at the HMRC standard rate. However if the patient has a Mobility Car or higher Mobility Allowance the CCG would not pay the full HMRC Mileage rate but only the reduced rate that will be locally determined. The standing cost for running the car should be met from the Mobility Allowance as these costs would need to be met regardless. If the individual is not in receipt of Mobility Allowance at higher rate then the personal health budget would meet the HMRC rates. Calculations are based on the average distance between the patient's home and the activity.

The care and support plan must acknowledge any potential risks and the decisions made to mitigate these risks. Individuals should be supported to make fully informed choices about the risks they may be taking, adopting a risk enabling rather than risk adverse approach. Where risk incidents occur, (e.g. safeguarding, financial abuse) usual policy and procedure must be followed. Regular reviews and robust case management processes will contribute to the mitigation of identified risks.

NHSE have developed the figure below to highlight the process involved within developing and agreeing the PHB Process. This diagram needs to be localised by the Cohort Leads to reflect local team Practice.

MASTERING THE ART OF CASE MANAGEMENT FOR PERSONAL HEALTH BUDGETS



7. What a Personal Health Budget Cannot be used for

7.1 A PHB may only be spent on the services agreed in the care and support plan that will enable the individual to meet their agreed health and wellbeing outcomes.

There are certain things that a PHB cannot be used for:-

- Alcohol or tobacco products;
- Any illegal substances;
- Gambling services or facilities;
- A debt other than for a service agreed in the care and support plan
- Primary medical services (such as diagnostic tests, vaccinations or medical treatment);
- Urgent or emergency treatment services (such as unplanned hospital admissions);
- A PHB cannot be used for support or care provided by a person who lives in the same household as the individual without the prior agreement of the CCG in accordance with paragraph 8(5A) of the Regulations. Agreement may only be obtained from the CCG if it considers that the service is necessary to

satisfactorily meet the individual's need for that service or to promote the welfare of an individual who is a child.

The CCG will also consider:

- The financial benefits which the individual, and the person of the same household, may already be in receipt of; and
- The care that should naturally be expected from that of a family member / person living in the same household.

Individuals are not allowed to contribute to or 'top-up' the cost of care as set out in the care and support plan from their own resources. If the individual considers that the direct payments are insufficient to meet his/her assessed needs then he or she should request a review of the care package by the CCG. The individual can 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.

The CCG will provide PHBs so that individuals may use them to meet their identified health and well-being needs and outcomes. The use of such funding does not extend to the delivery of 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). However, in exceptional circumstances, it may be sensible for the CCG to agree a service which would normally be funded by another funding stream if that service is likely to meet an individual's agreed health and wellbeing outcomes.

It should be noted that this list is not exhaustive and, if unsure, the individual should seek advice before any expense is incurred.

8. Indicative Budgets

An indicative budget using the Local Indicative Budget Setting Tool should be calculated by the case manager and CCG using locally developed tools (see PHB SOP). The expectation will be that all cohorts delivering PHBs will have a robust system in place to enable the setting of Indicative Budgets.

Once a person is assessed as eligible for a PHB, the CCG nominated case manager will work with the individual and / or their nominated representative to calculate the indicative budget. This is then validated by the CCG finance team.

9. Integration with the Local Authority

9.1 The Local Authority is an integral partner in the effective delivery of personalisation and choice through PHBs and Integrated Personal Budgets.

The Care Co-ordinator will work with third sector providers to encourage people to consider community / voluntary sector support options and to find other funding streams for equipment, adaptations etc.

10. Risk

10.1 Clinical Risk

Southampton City CCG are committed to promoting choice, while supporting people to manage risk positively, proportionately and realistically. Supporting people to take 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.

Individuals should be enabled to exercise choice and control over their lives, and therefore their own management of risk, is central to achieving better outcomes for individuals. A degree of risk can be accommodated within the aim of enhancing the quality of people's lives. Potential risks need to be identified and it is essential that individuals are fully involved in the risk assessment process.

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 care and support plan will be used to evidence decision making in relation to the management and reduction of risk where appropriate or necessary. It is important that decisions taken by the individual to move away from best practice are fully documented within the care and support plan. This will be considered as part of the PHB approval process by the CCG.

The case manager will support and encourage individual choice as much as possible, and to keep the individual informed, in a positive way, of any issues associated with those choices and how to take reasonable steps to manage them. The case manager will ensure that such risk is fully understood and managed in the context of ensuring that the individual's needs and their best interests are safeguarded.

10.2 Organisational Risk

The CCG is responsible for authorising PHBs and it has an obligation to ensure that:

- Health and well-being needs are being met;
- Safeguarding duties are fully met;
- It is fulfilling its duty of care and broad statutory obligations;
- It is fulfilling its responsibility to ensure that public funds are used to enable people to live independent and full lives - ensuring value for money;
- PHB expenditure is managed within the overall CCG budgetary allocation ensuring the CCG meets its statutory duty to break even on its resource limit; and
- That public funds are used appropriately.

The CCG is committed to shifting the balance of risk towards a positive approach of supported decision-making for individuals, the organisation, and its partners.

The CCG will work with partner organisations to promote a wider understanding of this approach to risk. It will also seek to secure from partners, a complementary approach to risk which is as light touch as is reasonable.

The CCG will work with the Local Authority, should any safeguarding concerns arise, in respect of an individual receiving a PHB. These will be investigated accordingly.

10.3 Financial Risk

The CCG must balance value for money, and PHBs must be affordable within the CCG's overall budgetary allocation. Each budget must be sufficient to meet the outcomes identified in the care and support plan and allow for planned contingencies.

A growing number of individuals are expressing their desire to remain at home for as long as possible for their care. Where possible, individuals funded by Southampton City CCG are supported to remain independent, and at home, for as long as it is safe to do so. However, in cases where an individual receives a PHB to manage the services for their care and support plan, an individual's choice to remain at home will not override the budget agreed within the PHB.

Southampton City CCG's PHB policy stance in relation to balancing individual choice and value for money is set out below:

The CCG encourages a staged approach to risk when considering a request for a PHB relating to the three different ways that a PHB can be managed. Those individuals deemed not suitable for a direct payment should still be offered a budget held by a third party or a notional budget (which must be supported by an outcome focussed care and support plan).

Where a direct payment is to be made, the financial arrangements and requirements are contained within a direct payment agreement (see Appendix 3) between the CCG and individual (or their nominated person / representative), which will be signed by both parties.

The following costs will normally be paid as part of the PHB:

- The direct cost of providing the service, including support service costs;
- Start-up costs such as initial staff training;
- PA recruitment costs and DBS checks for staff employed by the PHB
- Employers' liability insurance, payroll & managed accounts (where applicable);
- Refresher training;
- Equipment costs (where equipment specifically forms part of the budget);
- Funding to cover the contingency plan;
- Equipment contingency (e.g. hire fee to cover breakdown not covered by insurance or by the CCG's community equipment contract).

Additional elements may be required to be funded within the PHB (unplanned contingencies) such as:

- Redundancy costs when a service provided by a Personal Assistant ceases;
- Maternity pay for a Personal Assistant;
- Long term sickness pay for a Personal Assistant;
- Ongoing staff recruitment and DBS budget
- Training to support newly employed staff.

The CCG will hold the additional elements until required by an actual liability. Should an additional element arise it will be necessary to discuss this with the CCG.

All new PHBs will be reviewed within the first 12 weeks to ensure that budget estimates are accurate. Revisions to budgets will be agreed with individuals based on this monitoring and will help inform the budget setting for future PHBs.

The CCG has financial management processes and documentation to ensure robust management of individual budget payments:

- The individual and the case manager both have to sign the care and support plan;
- The individual has to provide evidence of expenditure through bank statements, receipts etc. Financial expenditure records are retained by the individual and made available for inspection by the CCG or their agents (e.g. the Local Counter Fraud Service); and
- Mechanisms for changing the amount of the budget, recovering surplus funds, suspending or terminating payment of the budget as set out in the direct payment Agreement.
- It is the responsibility of the individual or their representative to inform the case manager and commissioning team as soon as they become aware of factors which may affect the cost of a PHB to the CCG.
- It is the responsibility of parents of a child who is receiving a PHB to inform the CCG within 4 weeks if they are unable to recruit to the PHB or in any other way are unable meet the child's needs as identified in the care and support plan.
- The CCG will not automatically fund increased costs which have not been pre-approved through the care and support plan or financial review process.

Other benefits should also be taken into account to ensure that the PHB does not duplicate other sources of funding (e.g. winter fuel allowance, motability allowance etc) or compromise the receipt of these benefits.

Self Employed Personal Assistants

Use of self-employed carers by an individual through a direct payment will be considered, however the CCG will have to evaluate the benefit to the client against the potential financial and reputational risk to the CCG.

11. Equipment and Disposables

Where equipment purchased through a PHB is no longer required local policy needs to be followed in relation to the return / disposal of an item

12. Governance

The case manager, CCG operational managers and CCG finance team will be responsible for providing the CCG with data as requested to provide assurance of overall financial and budgetary management. This may also include on request data intelligence which can inform market development and management.

The governance mechanisms in place for PHBs may include:

- A risk assessment completed for each individual;
- Clinical and financial audit reviews conducted in the first quarter and at least annually thereafter or sooner where indicated;
- Ad hoc reviews by the Care Co-ordinator as required;
- Quarterly performance monitoring through NHSE;
- Reporting of incidents;
- Root Cause Analysis and Learning lessons;
- Regular staff training & clinical supervision

13. Complains and Appeals

Southampton City CCG wish to hear all complaints and comments, and is committed to investigating all of these thoroughly. It is always the intention of Southampton City CCG to address any problem as soon as is practicably possible.

Anyone who is receiving, or has received, NHS treatment or services can complain. If the person is unable to personally complain then their representative or nominated person can complain on their behalf.

If an individual, or their representative, wishes to make a complaint about their PHB journey or care and support plan, there is a local two-stage process. The first stage encourages local resolution of the complaint, usually through a face-to-face meeting between the individual and the Care Co-ordinator. The Care Co-ordinator will attempt to resolve the complaint to the person's satisfaction, on an informal basis, and as quickly as

possible.

If local resolution does not solve the issue to the individual's satisfaction, they are invited to complain to Southampton City CCG, details of which can be found on the CCG's website.

If the complainant remains unsatisfied with the response from the CCG, they may refer the matter to the Health Service Ombudsman. The Ombudsman is independent of both the NHS and Government. However, the Ombudsman will normally expect complainants to have tried to resolve their concerns through the NHS complaints procedure above before they consider taking a case on.

All complaints will be handled in accordance with the CCG complaints process:
<https://www.southamptoncityccg.nhs.uk/download.cfm?ver=6515>

Complaints should be directed to: Patient Experience Service, NHS Southampton City CCG, NHS Southampton Headquarters, Oakley Road, Southampton, SO16 4GX or via email; SOCCG.patientexperienceservice@nhs.net

14. Performance

14.1 Performance and Activity

Ongoing performance monitoring and evaluation will be undertaken by the CCG managers responsible for PHB performance in each cohort area:

- Uptake of PHB's;
- Benchmarking against the national trend
- Finance Audits to ensure funds are being spent appropriately will be undertaken by the Finance Lead
- Activity & performance data

14.2 Quality Monitoring

The following information will be available to support the commissioners to quality monitor the PHBs. This information will include:

- Individual experience and feedbacks;
- Serious incidents, Root Cause Analysis reviews and lessons learned
- Complaints
- Safeguarding
- Capacity to deliver PHBs
- Waiting lists for PHBs
- Risk management

Clinical audit to monitor the quality and effectiveness of care and support plans

14.3 Equality Monitoring

An Equality Monitoring Form will be used so that equality of opportunity for those found eligible for PHB is monitored. The CCG will report on the uptake of PHBs by protected characteristics annually to identify any issues of accessibility. The results will be included in the Equality and Diversity Report.

All monitoring will be confidential, and all applications monitored to ensure that equality is being met.

14.4 Equality Statement

The general equality duty requires public authorities (such as the CCG) to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential impact of its decision making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.

The CCG endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse needs of our population, patients and workforce, ensuring that none are placed at a disadvantage.

Southampton City CCG aim to design and implement policies that meet the diverse needs of the services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document policy has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances i.e. the protected characteristics of their age, disability, gender, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socioeconomic status, immigration status and the principles of the Human Rights Act.

In carrying out its functions, Southampton City CCG are committed to having due regard to the Public Sector Equality Duty. This applies to all the activities for Southampton City CCG including policy development, review and implementation.

14.5 Equality Analysis

The CCG undertakes an Equality Analysis of policies, strategies, service design and other relevant activities to assess the impact of decision making against:

- The nine protected characteristics (age, disability, ethnic origin, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status);
- Other groups or communities known to suffer disadvantage, such as the homeless, carers, migrants and sex workers;
- Human Rights

- Known health inequalities

Appendix 1 – Financial auditing and monitoring of direct payments

Financial Auditing and Monitoring of Direct Payments

All staff working for NHS Southampton City Clinical Commissioning Group (CCG) that works with clients who may be eligible for Direct Payments or Personal Health Budgets (PHB) should read this document.

Practitioners and line managers must ensure that:-

- This information is read, understood and where appropriate, acted upon
- All people in the workplace see this guidance where relevant
- This document is available in a place which all staff members have access to

Introduction

NHS Southampton City CCG provides Direct Payments to people and their carers to enable them to gain greater independence, flexibility, choice and control around how they meet their assessed eligible needs. There is a local and national expectation that Direct Payments will become the usual way of meeting people's outcomes, meeting needs and providing services.

Individuals receiving Direct Payments take responsibility for ensuring their support is delivered and that agreed outcomes are met. NHS Southampton City CCG takes a more 'arm's length' role, although it still has responsibility for ensuring that that an individual's care needs are met appropriately and that the Direct Payment is spent to meet those needs.

The financial auditing and monitoring of a Direct Payment is a partnership approach between the Case Manager, the Direct Payments Support Broker, if they are supporting the individual to manage their finances, and the Finance Team when auditing returns are sent in.

Definitions of financial auditing and monitoring

- Financial audit – the Finance Team will formally audit financial records of all Direct Payment recipients on a regular basis every month. This will ensure that Direct Payments are being provided in a fair, consistent and transparent manner.
- Financial monitoring – a function carried out by the Case Manager during the monitoring and reviewing of a support plan that is provided through a Direct Payment.

This document should be used in conjunction with the Personal Health Budgets Policy.

Financial auditing and monitoring of a Direct Payment

The purpose of financial auditing and monitoring of an individual's Direct Payments is to:

- Ensure that the funds are being used to meet the individual's identified eligible support needs and outcomes and in the most appropriate and cost effective way.
- Queries will be raised to the Continuing Healthcare (CHC) team, where advice is sought by the Finance team.
- Monitor that the correct client contributions have been paid onto the prepaid card.
- Monitor that there are not more than 6 weeks surplus funds accruing on the prepaid card.
- Safeguard the individual against financial abuse or lack of care through insufficient funds.

The individual is required to keep records of all expenditure. This includes, but not exclusively, wages records, invoices, Personal Assistant expense claims, etc. The individual should have the documentation ready to forward to the CCG on an ongoing basis to enable their prepaid card to be topped up. Clients will be notified of any issues arising from the audit of paperwork received by the CCG.

Financial audit - Finance Team responsibilities

The Finance Team must:

- The payments will not be commenced unless the PHB Finance Agreement has been received and saved (See Appendix 6).
- If the Direct Payment recipient does not send in evidence relating to expenditure within 7 working days of the end of the month, then contact should be made with the person/ representative/ nominee to ask for this to be submitted. This will normally be a telephone call but may sometimes need to be by letter/email (please note top-ups to the prepaid card will not be undertaken without these receipts):
 - Evidence relating to expenditure should be received within 5 working days of contacting the person/ representative/ nominee, although the Finance Team may use some discretion regarding timescales.
 - If issues are still not resolved then this should be referred to the Clinical Lead or Associate Clinical Lead for Continuing Healthcare and Continuing Care who will decide an appropriate response based on the circumstances of the case.
 - If the Finance Team have concerns about how the Direct Payment is being spent or the person/ representative/ nominee's ability to manage the required record keeping, the case will be referred back to the respective
 - Clinical Leads within NHS Southampton City CCG for early review.

Financial monitoring - Case Manager's responsibilities

Case Managers must:

- Ensure that the individual understands the financial record keeping responsibilities and signs PHB Finance agreement form (see Appendix 6) **and** the budget has been ratified by either an appropriate manager (Associate Clinical Lead or higher) or the Continuing Healthcare Oversight and Development Group.
- They **must** ensure that the outcomes and eligible support needs outlined in the support plan are being met. If they are not, the reason why should be recorded, for example, not enough funds, misspent funds, lack of appropriate providers to purchase services from etc.
- Refer to the Personal Health Budgets lead if there are issues identified in record keeping. If the person is supported with their finances through an external agency, the Case Manager should identify the issues to them for increased support.
- Identify an action plan and agree this with the appropriate manager (Associate Clinical Lead or higher) and the service user within 2 weeks.
- Consider discontinuation of the Direct Payment in favour of a managed service if, after support is provided, the individual continues to experience problems with financial record keeping. Before this happens, the case should be referred to Risk Panel for further discussion (see Terms of Reference)
- Ensure that Direct Payment recipients are reviewed after the initial 3 months and annually thereafter as a minimum. This will include ensuring that the support plan and budget is up to date.

Financial monitoring at review

The fact that NHS Southampton City CCG is making Direct Payments rather than arranging services for the individual does not affect its responsibility to review Support Plans at regular intervals.

All payments and receipts will be checked on a monthly basis, this is to review the record keeping within the account, and any queries will be forwarded to the case manager. Top-ups will only be made once all queries have been resolved.

NHS Southampton City CCG, the individual, or anyone who is helping them with their Direct Payments, may request a reassessment if circumstances change or there are concerns or difficulties.

Important areas to cover in a Direct Payment review are:

- Establishing whether the outcomes of the support plan are being met.
- Establishing whether the individual's eligible support needs have changed.

- Ensuring that the payments are being used to meet the outcomes identified in the support plan.
- Establishing how the individual is managing their Direct Payments; monitoring whether the current level and type of support is sufficient.
- Establishing whether the individual is satisfied with the services he or she is receiving.
- Any concerns about an individual's ability to manage their Direct Payment should be raised directly with them at the earliest opportunity without waiting for a scheduled review or reassessment.
- If the outcomes and care needs are being met, there is still a need to check that evidence of transactions is being kept. Detailed inspection is not required, but Case Managers should look for:
 - Evidence that any required client contribution is being made into the account
 - Does the amount of invoices, receipts, time sheets etc. seem sufficient to cover the amount of transactions on the bank statement?

Direct Payments – Management Difficulties

If there are areas of concern this should be discussed with the individual to see if the problem can easily be resolved or explained and outcomes should be recorded.

Reasons for concern may be:

- The outcomes or eligible support needs are not being met.
- A lack of financial paperwork to show how money has been spent.
- Evidence that the money has been spent on things that clearly do not meet the care needs or outcomes.
- Minor examples of any of the above but recur on a regular basis at reviews.

Wherever possible the Direct Payments will be continued with appropriate support from the Case Manager or Direct Payment Support Service, however in some cases Direct Payments will need to be discontinued once all other possible support sources have been exhausted. If consideration is being given to suspension or discontinuation of a Direct Payment a reassessment will be needed to ensure that eligible support needs are met, possibly through third party or notional budget. If it is apparent that the person is unable to manage their finances, even with support from the Case Manager or Direct Payment Support Service; the professional will need to take appropriate action and record their recommendations referring to Risk Panel.

Training, Staff Development and Ongoing support

All staff is expected to read this guidance in conjunction with the Personal Health Budget Policy. Any initial questions should be directed to the Associate Clinical Leads within NHS Southampton City CCG.

Please contact the Personal Health Budget lead with any initial questions regarding financial monitoring or auditing of a Direct Payment.

Learning and Development will incorporate the financial auditing and monitoring of Direct Payments Guidance; training for CHC Team will be provided by Senior Management Accountant.

Appendix 2 – Jointly Funded NHS Southampton City CCG/Southampton City Council Direct Payments

Where a direct payment agreement is jointly funded, NHS Southampton City CCG and Southampton City Council will work in partnership to deliver the direct payment to the person. Whilst the detail of each case will depend on the finally validated care and support plan, the following principles will be applied to each case:

- Whichever of NHS Southampton City CCG or Southampton City Council that has the largest agreed percentage for funding the direct payment, will be the lead organisation for the delivery of the particular jointly funded direct payment agreement
- Any dispute between NHS Southampton City CCG and Southampton City Council in relation to funding responsibility should not delay or otherwise adversely influence delivery of the jointly funded direct payment agreement. If necessary, both organisations will agree 50/50 without prejudice funding to progress the direct payment whilst the dispute is resolved.
- If Southampton City Council are part funding the client, this money will need to be sent to NHS Southampton City CCG in advance to enable these funds to be topped up on the prepaid card for the client.

APPENDIX 3 – DIRECT PAYMENT AGREEMENT

NHS Southampton City Clinical Commissioning Group Personal Health Budget – Direct Payment Agreement

In order to receive your Personal Health Budget as a Direct Payment you will need to enter into an agreement with NHS Southampton City CCG. This agreement outlines your own and the CCGs responsibilities when using your Direct Payment and should be read in conjunction with your Support Plan. It is a legally binding document so please read the whole document carefully. There are important legal requirements that are associated with receiving and using a Direct Payment and in signing this agreement you accept these responsibilities. No payments can commence without this agreement form being signed and received by NHS Southampton City CCG. If you have any questions about these Terms and Conditions or your Support Plan, please ask your Care/Case Manager before you sign. You may also want to seek independent advice from a family member or another independent professional before signing.

Your Personal Health Budget

You have completed a Support Plan and agree that the support described in the plan is to be provided wholly or partly through a Direct Payment. This does not affect any other your right to other NHS care. You agree that the information contained in your Support Plan may be shared with your GP and other healthcare professionals involved in your care and support provision unless you have specifically asked us not to share with certain people.

NHS Southampton City CCG will ensure that your Direct Payment is sufficient to meet your eligible needs as identified in your Supported Self-Assessment Questionnaire and shown in your Support Plan. You must not use your Direct Payment to fund any support or activity that does not meet your eligible support needs. Your Direct Payment can be suspended or terminated if the terms and conditions of the Direct Payment Agreement are not being adhered to.

NHS Southampton City CCG can provide support and advice to help you to manage your Direct Payment and about your responsibilities relating to how the Direct Payment is used. Once your Support Plan is agreed, you will receive written confirmation of the amount of your Direct Payment and the date that you will receive the first payment.

Acting As a Suitable Person

If an individual does not have the mental capacity to consent to receive Direct Payments then a Suitable Person can be appointed to receive the payments on their behalf. The Suitable Person is bound by the same Terms and Conditions and has the same responsibilities as a service user in receipt of a Direct Payment. The Suitable Person must sign this agreement before Direct Payments can commence.

Your Direct Payment Account

You will be issued with a prepaid card (this includes a bank account and sort code along with a debit card, access is very similar to a normal internet bank account from a traditional bank/building society) by the CCG. You will then need to send a copy of all receipts, timesheets, invoices, etc. to the CCG.

Once these have been received and checked back against the account and have been validated as correct, your account will be topped up again.

Arranging Services

It is your duty to ensure that you have services when you need them. You need to recognise that things can go wrong and be prepared for this by having back-up arrangements such as someone else that can provide support at short notice.

You are responsible for all legal requirements and obligations relating to the services that you pay for using the Direct Payment including meeting all Her Majesty's Revenue and Customs (HMRC) requirements, complying with all applicable employment law and ensuring that adequate Employer's Liability and Public Liability Insurance is in place where necessary. The Direct Payment Cost will cover these costs.

A Direct Payment cannot normally be used to employ any partner (married, unmarried or in a civil partnership) or any close relative living in the same household; this means a parent, parent-in-law, aunt, uncle, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, stepson or stepdaughter, or the child or spouse or partner of any of these. In exceptional circumstances relatives may be employed, but only with prior written agreement from NHS Southampton City CCG.

If you wish to use your Direct Payment to purchase support from a care agency we recommend that you purchase care from a provider who is registered with The Care Quality Commission (WWW.cpc.co.uk) who inspect the standards provided by agencies nationally.

NB: If you employ a personal assistant you need to ensure that the tax and national insurance are paid and that you have employer's liability insurance and third party liability insurance for employees. You will need to make provision for staff holidays and other leave such as sickness. You are also responsible for the health and safety of your staff. It is **STRONGLY RECOMMENDED** that a Disclosure and Barring Service (DBS) check is completed when you employ a personal assistant. This is mandatory if there is anyone under 18 years of age living in the household.

Reviewing the Direct Payment

NHS Southampton City CCG will carry out an initial review of your support plan after three months and thereafter at least every twelve months, or as appropriate. If there is a change in your circumstances or if you would like a change to your Support Plan, you can request a review at any time.

At the point of review your Case/Care Manager, in discussion with yourself, will determine whether the aims and assessed outcomes of your Support Plan are being met and whether there are any changes to your eligible needs. If so, your Direct Payment

may increase, decrease or cease and your Support Plan will need to be revised. Your Care Manager will complete a financial monitoring checklist, and you must therefore ensure that financial records as listed in the next section are up-to-date and available for checking.

Your Personal Health Budget can only be used to pay for expenditure that has been agreed in your Support Plan.

Keeping Financial Records

You must maintain accurate financial records. If you need support to maintain your financial records or are having difficulties in completing your summary, then you must speak to your Case/Care Manager. NHS Southampton City CCG may consider terminating this agreement if you do not provide adequate financial records.

All payments made using the Direct Payment should usually be in the form of debit card payment or bank transfer; no cash payments can be supported.

You will need to provide the following to show how much you have spent to meet your agreed needs:

- Records of wages paid showing: staff details, hours worked and payments made as well as the payments which you make to the Inland Revenue.
- Agency invoices and receipts (if applicable)
- Receipts for one off payments for items or services purchased which have been identified in your Support Plan.

If you do not keep proper financial records your Direct Payment will be reviewed. We may request that a third party manage your Direct Payment on your behalf, or decide to withdraw the payment and offer you an NHS Southampton City CCG managed service in order to meet your needs.

If you do not need your entire allocated Direct Payment, we may review your Support Plan with you. If necessary, we will recover any unused direct payment from your card.

Ending the Direct Payment Agreement

You are entitled to choose to terminate your Direct Payment at any time. If you require NHS Southampton City CCG to arrange an alternative service, a minimum of eight weeks' notice will be required and a review of your care needs undertaken. You will need to talk to your Case/Care Manager to agree to this course of action.

NHS Southampton City CCG retains the right to suspend or terminate a Direct Payment if:

- You or your agent is using the Direct Payment illegally, fraudulently or outside of your agreed Support Plan.
- One or more of the terms and conditions of this Direct Payment Agreement are not being met e.g. inadequate record keeping, failure to submit records.

- Your health and safety is at risk due to the fact that you are failing to minimise the risks that need to be managed, as identified in your Support Plan.
- Your agent is misusing your Direct Payment or not acting in your best interest.
- You no longer meet Continuing Healthcare eligibility criteria.
- You or your agent has been assessed as no longer having the capacity to manage a Direct Payment, in accordance with The Mental Capacity Act 2005.
- Payments are not needed for a period exceeding 21 days, although careful consideration will be given to any continuing contractual responsibilities for staff.

You will **normally** be given at least two weeks' notice by NHS Southampton City CCG of any suspension or stoppage of the Direct Payment and advice about what you can do to prevent this happening.

However:

- If receipts, invoices or any other reasonable documentation required are not provided, your top up will not be undertaken.
- If NHS Southampton City CCG believes the direct payment is being used illegally or fraudulently, it may be necessary to involve NHS Protect (local counter fraud service) or the Police.
- Direct Payment funds and any items bought with the funds belong to NHS Southampton City CCG and on death any unused funds must be returned to NHS Southampton City CCG and will not form part of your estate.

Comments

If you or your representatives wish to comment or complain about any aspect of your Direct Payment, please write to:

NHS Southampton City Clinical Commissioning Group
Continuing Healthcare Team
Oakley Road
Southampton
SO16 4GX

Email: SOCCG.continuinghealthcare@nhs.net

Finance queries about invoices, receipts etc. (no care queries can be sent here)
Email: SOCCG.PHBFinance@nhs.net

I understand that I must comply with the terms and conditions set out in this agreement. My details and signature shown below demonstrate my agreement:

Support Plan Recipient Details: **Representative/ Nominee Details: (Delete if not applicable)**

Name:

Name:

Address:

Address:

Tel:

Tel:

E-mail:

E-mail:

Signature:

Signature:

Date:

Date:

APPENDIX 4 – WHAT YOUR PERSONAL HEALTH BUDGET CAN BE USED FOR

It **can** be used for spend which **directly** links to your Care and Support plan.

It **cannot** be used for:

- Alcohol
- Tobacco products (including e-cigarettes)
- Bank charges
- Credit card charges
- Foreign currency exchange fees / commission
- All spending is expected to be in GBP, unless otherwise agreed in writing, including all employee bank accounts
- Parking fines
- Speeding fines
- Petrol/diesel unless explicitly agreed within your care and support plan
- Maintenance/repairs on vehicles
- Any gambling spends, i.e. lottery tickets, racing bets, bingo, etc.
- Cash payments without receipts
- Cash payment for staff/carers
- Day-to-day living expenses
- No advance / loans to staff
- Equipment without prior written agreement from the CCG
- Debt repayment
- Anything classified as illegal or unlawful
- No services that can normally be provided by the NHS, some of these may be free of charge or at a minimal cost to the client i.e. prescriptions, dentists, physio,
- Private healthcare.

The above list is not exhaustive and reasonable judgement by the client/clients representative must be applied.

If you are unsure, please contact your case manager for advice and guidance before the spend is made.

APPENDIX 5 - PERSONAL HEALTH BUDGET CHECKLIST

Please find below examples of the types of information you will need to provide to enable us to audit your personal health budget successfully. Your case manager will agree with you which ones you must submit.

- Bank statements
- Copy of insurance, including policy cost / invoice
- Timesheets, travel claims, including the payslip to show how the payments have been calculated
- Payroll transaction to be made via bank transfer
- HMRC (tax) payments
- National insurance (NI) payments
- Copies of invoices for:
 - Items of equipment
 - Course fees, including mandatory training
 - Agency staff
 - Payroll administration fee
 - Accountant cost
 - Parking receipts
 - Receipts for any cash payments

Please note, this list is not exhaustive, but just an indication of what you may need to provide as back-up. Any money spent which is funded by the CCG must have written evidence, e.g. receipt, of what it was spent on. If in any doubt, keep the paperwork and ask for advice.

Remember your PHB is provided to meet the health outcomes agreed in your PHB care and support plan only. If you are unsure what you can spend the money on please discuss with your CHC case manager before any money is spent.

APPENDIX 6 – PHB FINANCE AGREEMENT

PHB Finance Agreement

I understand that I must comply with the terms and conditions set out in this agreement and the PHB Policy. I understand that I am responsible for ensuring the CCG have up to date contact information. My details and signature shown below demonstrate my agreement and understanding of the Financial Auditing and Monitoring guidance as above. I understand that any changes to this policy may be communicated to me via email.

I also understand that I must forward copies of all invoices, payslips, receipts (etc.) to the CCG (either via post, hand delivered, uploaded directly into the prepaid card internet bank site, or scanned to the (SOCCG.PHBFinanee@nhs.net) on a monthly basis, If I do not do this, my top-up card will not be reimbursed and this may affect my spending ability, including paying my staff.

If I have previously been in receipt of PHB funds via a separate bank account, on activation of the prepaid card, I confirm that I will refund the entire balance back to the CCG and close the bank account.

I understand that any failure to comply with this agreement may result in the PHB being suspended or terminated. I understand that I am accountable for any funds not spent in compliance with this policy and it will be my responsibility to reimburse NHS Southampton City CCG where is identified.

I confirm that either myself or my representative will communicate directly with the finance team as required (on financial matters only) via letter/telephone or email (SOCCG.PHBFinanee@nhs.net)

Support Plan recipient details:

Clients Name:

Recipient or Representative/ Nominee Details:

(Delete as applicable)

Name:

Address:

Telephone:

Email:

Signature:

Date:

For NHS Southampton City CCG authorisation purposes:

Checked and Signed: _____

For Southampton City Council authorisation purposes (where jointly funded)

Checked and signed: _____

Once completed and funding authorisation has been given please email to:

SOCCG.PHBFinance@nhs.net

APPENDIX 7 – PERSONAL HEALTH BUDGET RISK PANEL TERMS OF REFERENCE

NHS Southampton City CCG

Terms of Reference

Personal Health Budget Risk Panel

1. Constitution

1.1 The Personal Health Budget (PHB) Risk Panel is a sub-group of the CHC Oversight Group, reporting to the Clinical Governance Committee within NHS Southampton City CCG.

2. Purpose

2.2 The primary purpose of the Risk Panel is to enable the escalation of appealed decisions to validate support plans where the professional judgement believes the risks associated with an individual's care, support health and wellbeing have not been identified or adequately addressed or where insufficient action has been proposed to mitigate them in said support plans. The Risk Panel may consider the following (not exhaustive within the purpose of the group):

- Clinical quality concerns of the support plan.
- Clinical quality concerns of the contingency plan.
- Employing and training of Personal Assistants (DBS, Contracts)
- Carer support and stress in relation to informal support which may be affecting support.
- Employing family members who live in the same house in exceptional circumstances.
- Employing a person who financially represents or has been nominated to manage the support plan.
- If the service user/representative/nominee wishes to appeal refusal or suspension of a personal health budget.
- Appeal of a support plan that was not validated.
- Complex Case Management.

2.3 The Risk Panel is a tool for the empowerment of professionals, service users and carers/representatives/nominees in decision making in regard to clinical, reputational, financial and any other identified risk.

2.4 Southampton City Integrated Commissioning Unit (ICU) has a responsibility to ensure service users have access to high quality clinical care delivered in a timely, effective and person centred way. The activity of co-production in personal health budgets is to redistribute power in a person's care so that there is shared responsibility and benefit in meeting their needs. This panel enables professionals to highlight unmitigated risks and service users to challenge how their needs are met. This forum allows discussion and decision making external to the professional groups that work directly with the person/s. This is a forum to be open and honest about how the CCG may support a person's ability to meet jointly agreed outcomes, in line with best practice.

- 2.5 This Risk Panel will actively promote joint working with service users, carers, representatives and nominees to gather information discuss and justify judgements and decisions before implementation or as part of review or a person's support plan. This will support development and knowledge for CCG staff of what an effective personal health budget is.
- 2.6 The Risk Panel will work closely with micro-commissioners Continuing Healthcare and Continuing Care staff in order to monitor the clinical quality and co-productive elements of personal health budgets. The Risk Panel will agree actions for these teams respectively on individual support plans but may make operational recommendations at each Panel.
- 2.7 The Risk Panel will normally be run as part of the CHC Oversight Group, unless there are exceptional circumstances where a one off panel needs to be held
- 2.8 The CHC Oversight Group will sign off all new Direct Payment PHBs. The CCG cohort managers will monitor the number of support plans to have been referred, validated, reviewed or stopped each month, which can be reported at CHC Oversight Group. The Group will identify and record those Personal Health Budgets which need case management by the Financial Audit, as described in the Financial Audit and Monitoring Guidance.

3. Responsibilities

3.1 The main functions of the group will be to:

- Provide a forum for discussion and debate about the quality and effectiveness of a support plan in a personal health budget or in complex case management.
- Review the quality of a support or contingency plan should the effectiveness be in question by professional or person/carer/representative/nominee.
- Discuss and make decisions concerning the subjects outlined in 2.1 of these terms of reference. These are key to operations of providing person centred quality care to those eligible for Continuing Healthcare or Continuing Care. These subjects will be able to report on the subjects outlined in 2.1 of these terms of reference to inform future review of NHS Southampton City CCG policy and guidance in respect to personal health budgets.
- Provide written a rationale for any decisions or outcomes made to the individual/ representative whose PHB is presented at the panel
- This Group will empower those involved in commissioning and receiving personal health budgets to be able to discuss and make decisions regarding what risks are acceptably mitigated or not according to co-produced outcomes.
- Monitor performance and effectiveness of personal health budgets to inform process, policy and guidance review.
- Ensure that processes are in place to assess and monitor performance against the quality and financial aspects of the personal health budgets.
- Report to Clinical Governance Committee on exceptions in compliance/quality, highlighting areas for improvement and of good practice, making recommendations where necessary.

4. Scope of authority and decision-making

- 4.1 The Group is authorised to undertake any actions within its Terms of Reference.
- 4.2 It may pursue any action that will facilitate or achieve the quality standards and best practice in offering personal health budgets or complexities of case management.
- 4.3 The Group may seek any information review and monitor performance in line with legal requirements of personal health budgets and case management.
- 4.4 The Group has the power to co-opt others, may obtain outside independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- 4.5 The Group has responsibility to monitor and review personal health budget processes and guidance to inform policy and practice of its micro-commissioners.

5. Membership and attendance

- 5.1 The Group will be split by Core group (attendance / representation required at all meetings) and Extended group (by invitation on ad hoc basis when required).
- 5.2 The Group will be quorate with the attendance of core group members from NHS Southampton City CCG at least one of whom should be clinical holding active appropriate professional registration, one of whom should be at Associate Director or Director level and one of whom should be able to represent the financial team.

5.3 Core Group:

- Associate Director for Quality – NHS Southampton City CCG /ICU
- Director of Quality - NHS Southampton City CCG /ICU
- Clinical Lead for Continuing Healthcare/Children’s Continuing Care – NHS Southampton City CCG /ICU
- Deputy Clinical Lead for Continuing Healthcare/Children’s Continuing Care – NHS Southampton City CCG /ICU
- Associate Clinical Lead Continuing Healthcare/Children’s Continuing Care - NHS Southampton City CCG/ICU
- Continuing Healthcare Case Manager – NHS Southampton City CCG/ICU
- Senior Management Accountant- NHS Southampton City CCG
- Deputy Chief Financial officer - NHS Southampton City CCG

Extended Group:

- Appropriate Health and Social Care Professionals
- Associate Commissioners
- Other key functional representation
- Head of Safeguarding – NHS Southampton City CCG /ICU
- Service Manager/ Team Manager – Southampton City Council (SCC)/ICU
- Lay Person (Stakeholder) – SCC
- Carer – Carers Strategy UK
- Representative – Healthwatch
- Representative – Southampton Voluntary Services

- 5.4 The Associate Director for Quality shall Chair the Group.. All members are expected, if unable to attend, to provide an appropriately briefed deputy.
- 5.5 Representatives from provider and commissioning organisations may be invited when relevant to the discussion.
- 5.6 Service users/carers/representatives can be invited to attend when appropriate to the discussion.

6. Frequency

- 6.1 Meetings shall usually be convened monthly with additional meetings convened as required.

7. Management

- 7.1 The Quality Team Business Support Team will provide business services and technical support to the Group.
- 7.2 Agendas, papers and queries will be distributed no less than 5 working days in advance of the meeting. Draft notes from the meeting shall be produced no later than 10 working days afterwards.
- 7.3 A monthly exception report of the Group escalating quality issues shall be formally recorded and submitted to the CCG Clinical Governance Committee.

8. Review

- 8.1 These Terms of Reference will be reviewed annually by the Group to ensure they are still appropriate and submitted to the CCG for formal approval.

APPENDIX 8 – PERSONAL WHEELCHAIR BUDGETS (PWB)

Personal Wheelchair Budgets (PWBs)

Like Personal Health Budgets, PWBs are a resource available to improve personalisation, choice and empowerment in the delivery of healthcare, in this case Wheelchair services.

Since April 2017, all Clinical Commissioning Groups in England have been expected to start developing plans to offer PWBs to replace previous voucher schemes.

Since December 2019, those who access wheelchair services now have a legal right to a personal wheelchair budget.

Southampton City CCG has been offering PWBs since April 2019 and previously commissioned a wheelchair voucher scheme. This work has been undertaken through collaboration with the local Wheelchair service provider.

PWBs are a resource available to those who:

- Meet the locally commissioned wheelchair service eligibility criteria
- Have had a face to face assessment by the commissioned wheelchair service
- Require a new wheelchair for their postural and mobility needs due to a change in clinical needs or in the condition of their current wheelchair or buggy.

However PWBs will not be right for everyone, for example those with a rapidly changing condition, or with very complex needs that may require close monitoring, regular adaptations or adjustments. Decisions on PWBs for this group will be made on a case by case basis by the clinician who is managing the care pathway for the individual service user.

There are four types of PWBs:

- **Notional personal wheelchair budget:** This is where the person chooses to use their personal wheelchair budget within the NHS locally commissioned services and the service purchases and provides the chair. This also offers the option for contributions to the personal wheelchair budget to enhance the wheelchair people can access. This contribution may come from an integrated package with other agencies such as education, social care, a voluntary or charity organisation, or through self-pay.
- **Third party personal wheelchair budget:** This is where the person chooses to use their personal wheelchair budget outside of NHS commissioned services. An independent provider receives the personal budget via invoicing the NHS. This may also be contributed to as above.
- **Traditional third party personal health budget:** where an organisation legally independent of both the NHS and the person holds the money and manages the budget. This could include provision of a wheelchair as part of a package of support.
- **Direct payment:** This is where the budget holder holds the money in a bank account or an equivalent account, and takes responsibility for arranging the care and support, in line with the agreed personalised care and support plan.

As of December 2019, direct payments are not routinely available as an option for managing a standalone PWB. Where a direct payment is requested it would either need to meet the whole cost of the wheelchair or be part of an integrated package of care and clearly demonstrate the health and wellbeing outcome which require a contribution via a separately commissioned service.

PWBs offer Wheelchair service users:

- A personalised assessment where they are supported to identify the health and wellbeing outcomes they wish to achieve
- A care plan which captures the health and wellbeing outcomes identified, which may be part of any wider care plans the person requires for their care, for example an Education, Health and Care (EHC) plan
- Care that is better integrated, meaning that different agencies work together to support their postural and mobility needs and achieve their health and wellbeing outcomes
- Information provided upfront about the amount of money available in their personal wheelchair budget and the options available to them locally to use it
- Information on the repair and maintenance of wheelchairs, if the option to purchase a wheelchair outside of the NHS commissioned service is taken.

Southampton City CCG continues to work with the locally commissioned Wheelchair Service Provider to develop a local standard operating procedure, ensuring that services user needs are being appropriately met through the provision of PWBs and within the clinically managed pathway of care

APPENDIX 9 – EQUALITY ANALYSIS

Analysing the Impact on Equality – Template

<p>1. Title of policy/ programme/ framework being analysed</p> <p>Personal Health Budget (PHB) Policy and process</p>
<p>2. Please state the aims and objectives of this work and the <i>intended equality outcomes</i>. How is this proposal linked to the organisation's business plan and strategic equality objectives?</p> <p>This Policy and process set out the CCGs approach to the assessment and delivery of personal health budgets, including providing guidance to staff on balancing patient preference with safety and value for money. The Policy provides transparency for those wishing to scrutinise the application of the CCG's Policy for the assessment and delivery of Personal Health Budgets.</p>
<p>3. Who is likely to be affected? e.g. staff, patients, service users, carers</p> <p>Patients and their representatives, carers, CCG staff</p>
<p>4. What evidence do you have of the potential impact (positive and negative)?</p> <p>Step one: Gather evidence - List the main sources of evidence (including full references) reviewed to determine impact on each equality group or protected characteristic. This can include national research, census data, Joint Strategic Needs Assessment (JSNA), surveys, reports, research interviews, focus groups, engagement with stakeholders.</p> <p>Step two: Consider the impact – On the basis of the evidence and findings from engagement activity, what is the impact of your work on each equality group/ protected characteristic? Identify whether the evidence shows potential for differential impact, if so state whether positive or negative and for which groups. This could be barriers to access, or different levels of needs, experiences or health outcomes. Identify how you will mitigate any negative impacts. Also how you will include certain protected groups in services or expand their participation in public life. How do the proposals impact on elimination of discrimination, harassment and victimization, advance the equality of opportunity and promote good relations between groups? (See Guidance Note)</p> <p>This Policy is in conjunction with The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and the NHS obligations on choice.</p> <p>A range of stakeholders have been involved in the review, updating and further development of this policy including consideration of potential equality impact:</p> <ul style="list-style-type: none">• Consult and challenge: a diverse group of service users, carers, representative organisations including professional advocacy• CCG staff: including CHC team, Commissioners, Communications team, Associate Directors and Executives• CCG Clinical Governance Committee• This policy was also checked by Bevans, the CCG's solicitors in 2016 and then again on further revisions in 2017.

4.1 Disability (Consider attitudinal, physical and social barriers)

Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (The National Framework paragraph 20).

Generally, NHS continuing healthcare eligibility has a positive impact as, once found eligible, the NHS funds all of the individual's health and social care and they don't have to make a financial contribution. If a personal health budget is requested and agreed, again generally this will have a positive impact maximising personal choice and control within agreed health and support outcomes.

Reasonable adjustments are considered in terms of language barriers and comprehension, for example documents made available in 'easy read'.

4.2 Sex (Impact on men and women, potential link to carers below)

This Policy does not impact differently on men or women. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20*).

4.3 Race (Consider different ethnic groups, nationalities, Roma Gypsies, Irish Travellers, language barriers, cultural differences).

There will be no negative impact with the proviso that race issues such as communication and cultural issues are kept in consideration. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20*).

4.4 Age (Consider across age ranges, on old and younger people. This can include safeguarding, consent and child welfare).

There will be no negative impact on any particular age range. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20*).

4.5 Gender reassignment (Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment).

There will be no negative impact with the proviso that gender reassignment issues around dignity and respect are kept in consideration. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of

State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (The National Framework paragraph 20)

4.6 Sexual orientation (This will include lesbian, gay and bi-sexual people as well as heterosexual people).

NHS continuing healthcare delivers an equitable service regardless of sexual orientation. Personal Health Budgets are delivered in the same equitable manner. Staff and partners involved with the delivery of NHS continuing healthcare and Personal Health Budgets are subject to the values in the NHS Constitution. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (The National Framework paragraph 20).

4.7 Religion or belief (Consider impact on people with different religions, beliefs or no belief)

There will be no negative impact with the proviso that religious and belief issues are kept in consideration. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (The National Framework paragraph 20)

4.8 Marriage and Civil Partnership

NHS continuing healthcare delivers an equitable service regardless of marital or civil partnership status. Personal Health Budgets are delivered in the same equitable manner. All staff involved with NHS continuing healthcare are subject to the values in the NHS Constitution. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (The National Framework paragraph 20).

4.9 Pregnancy and maternity (This can include impact on working arrangements, part-time working, infant caring responsibilities).

NHS continuing healthcare delivers an equitable service regardless of pregnancy or maternity status. Personal Health Budgets are delivered in the same equitable manner. Staff involved with NHS continuing healthcare are subject to the values in the NHS Constitution. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (The National Framework paragraph 20).

4.10 Carers (This can include impact on part-time working, shift-patterns, general caring responsibilities, access to health services, 'by association' protection under

equality legislation). There will be no negative impact on carers with the proviso that carers' issues are kept in Consideration. The individual and their family will be offered choice of care homes where possible. Geographical proximity of identified care homes to family and friends will be given full consideration.

In the assessment, delivery and ongoing support of Personal Health Budgets the CCG will ensure the care can be delivered safely to the individual without undue risk to other members of the household. The CCG will take account of the willingness and ability of family, friends or informal carers to provide elements of care as part of the care and support plan.

4.11 Additional significant evidence (See [Guidance Note](#))

Give details of any evidence on other groups experiencing disadvantage and barriers to access due to:

- socio-economic status
- location (e.g. living in areas of multiple deprivation)
- resident status (migrants)
- multiple discrimination
- homelessness

Anyone who is eligible for NHS services may be eligible for NHS continuing healthcare and therefore a PHB. NHS continuing healthcare and Personal Health Budgets are delivered as equitable services regardless of pregnancy or maternity status. All staff involved with NHS continuing healthcare are subject to the values in the NHS Constitution. Section IC of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (The National Framework paragraph 20).

The National Framework reflects the new NHS framework and structures created by the Health and Social Care Act 2012 effective from 1 April 2013. Standing Rules Regulations have been issued under the National Health Service Act 2006, and directions are issued under the Local Authority Social Services Act 1970 in relation to The National Framework. The evidence does not show potential for differential impact.

The National Framework sets out the core values and principles for determining eligibility. Access to assessment should be fair and consistent. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation or belief, or type of health need (for example, whether the need is physical, mental or psychological). NHS England and the CCG are responsible for ensuring that discrimination does not occur and should use effective auditing to monitor this matter. (The National Framework, paragraph 43).

This Policy provides transparency on the application of the CCG's Policy for NHS Continuing Healthcare and NHS-funded Nursing Care. The NHS continuing healthcare process is person centred and is not dependent on diagnosis or condition. Choice is taken into account based on the individual's care plan and family circumstances. The Policy will have no negative impact against the protected characteristics with some provisos that issues are kept in consideration.

The CCG will sign post advocacy help and support to individuals or their representatives in the NHS Continuing Healthcare and Personal Health Budget process. Individuals or their representatives can also make a complaint through the CCG's Complaints Procedure.

5 Action planning for improvement (See [Guidance Note](#))

Please give an outline of the key action points based on any gaps, challenges and opportunities you have identified. An Action Plan template is appended for specific action planning.

Not applicable