



Personal Health Budgets for Continuing Health Care

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Personal Health Budgets- Key Areas Covered.

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2. How PHB's fit with local NHS.
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A History of PHBs in NEL CSU

- National Pilot 2009-2012- Conducted by PSSRU UKC
- Programme Director – André Fox December 2011
- Granted Direct Payment status and covered 2 initial in-depth pilot sites of NHS Havering and NHS B&D PCT's
- PHB & DP status broadened to include TH and C&H May 2012 but these PCTs not part of in-depth pilot/research
- Tested PHB in LTC, COPD Diabetes & Stroke,
- CHC taken forward and rolled out in small numbers
- Transfer to CCG's suspended the programme
- PHBs NEL CSU service offer in 2014.



How PHB's for Adults fits with the NHS in NEL

- CCGs – commissioners and budget holders
 - Welc Pod - NHS Waltham Forest CCG, NHS Tower Hamlets CCG, NHS Newham CCG, NHS City & Hackney CCG
- NEL CSU– supports CCGs
 - . Hosts the clinical CHC teams, PHBs, Retrospectives, Reimbursement of Care Fees, Individual Funding Requests Team amongst others. PHB Offer proposal to manage PHB's for adults across WeLC.
- Personal Health Budgets Team
 - Sits within the CSU and acts as a “commissioner”, “broker”, “support service” and “auditor”



What is a Personal Health Budget?

A Personal Health Budget is an amount of money to support your identified healthcare and wellbeing needs, planned and agreed between you, or your representative and your local NHS team.

ALF



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Who can get a Personal Health Budget- Eligibility

- From the 1st April 2014 any person found eligible for NHS Continuing Health Care (Adults) and Continuing Care for Children will have the right to ask/have a PHB.
- The person needs to be residing at home in the community.
- The person will benefit from a PHB
- The person wants one.
- The person does not have to be the PHB-holder – they can have a “nominee” (e.g. a family member) who will manage the PHB on their behalf and be responsible for it.

The “Right to Ask” & The “Right to Have” a PHB

CCGs are mandated to provide:

- From April 2014 all CHC-eligible patients have the “right to ask” for a PHB
- By October 2014 all CHC-eligible patients have the “right to have” a PHB.
- From April 2015 the mandate will be extended.

Long Term Conditions

- From 1 April 2015 the mandate will be extended to give the “right to ask” to those people managing a Long Term Condition.

LTC has not been fully defined as yet but is likely to include, COPD, Diabetes, Stroke, a Mental Health Condition.



Key PHB info

Based on assessed CHC need, not on what may already be in place and not on “Individual want”.

The PHB Team support people in having a budget, however, it is the CCG who signs off the amount of that budget.

An “appropriate” PHB referral is a patient who:

1. Meets CHC Eligibility
2. Lives in their own home and
3. Is a resident within the WeLC geographic and
4. Is not a “fast-track” patient and
5. wants a PHB

N.B. A patient can have a PHB to spend on an agency, however, this could cost more than the current spend as the NHS can obtain a lower contract price than a private individual. If this happens a Direct Payment PHB can be refused on grounds of increased costs.



Offering a PHB

When confirming the CHC Eligibility all suitable patients would be offered a PHB as an alternative means of meeting their assessed needs.

Key points to remember when discussing this with patients:

1. It is not mandatory to have a PHB if the person does not want one
2. Advice Support is available to work through the PHB Process (Real)
3. People transferring from Social Care to CHC may have a “Personal Budget” – usually a PHB is the only way to continue with this arrangement
4. Support is available to help with employing staff
5. People can employ a relative where it can be demonstrated that this is the most appropriate way to deliver the care.
6. All paid staff must undergo mandatory training and DBS checks (unless employing family – then just training is required)
7. Money is paid into a separate bank account and is regularly audited



PHB Delivery

There are 3 ways someone can have a PHB:

- Via a “Third Party”. This Party will manage the PHB and be responsible for all decisions and payments. This is not a popular option
- Via a “Notional Budget”. Informed of the budget and the NHS contracts with organisations delivering care e.g. an agency. Very easy to administrate but choice is limited.
- Via a “Direct Payments”. This is where the money is paid to the person who then contracts with the services themselves. This is the only option which gives full control over who delivers care to the individual. There is a greater level of administration and responsibility with this option.

Definite No No's

NHS Direct Payments in Healthcare regulations.

Direct Payments cannot be used for:

1. NHS services e.g. prescription charges, hospitals, medication
2. Food and drink
3. Normal utility bills
4. Debt repayment, including mortgages
5. Alcohol
6. Smoking
7. Gambling
8. Illegal activities
9. Items which can put the NHS in a bad light e.g. the purchase of sex
10. Anything not related to the eligible person's health needs
11. Items which are not recorded in the Support Plan



Supported Accounts

- A Supported, or Managed Account is where another person or organisation holds a patient's Direct Payment on their behalf
- This Account does not have any decision-making over how the PHB is used – it simply pays the instructed bills
- This can be purchased from support organisations (e.g. Equal Lives)
- Full receipts are required, as are regular statements (this is for the patient to provide)
- The contract for this service is between the patient and the organisation, not the NHS
- However, any queries about money being paid should come through to the PHB Team

Payroll

- Most PHB holders would like support in running a payroll
- They can choose to do this themselves, or to source it elsewhere.
- Any contract is between themselves and the provider
- As NHS funding is given every 4 weeks, it is suggested Payroll is also paid on a 4-weekly basis

Further Advice and Support:

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Questions?

