

Personal Health Budget Policy

All Age Continuing Care (AACC)

Specifically, NHS Continuing Healthcare (CHC) and Children’s Continuing Care (CCC)

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CONSULTATION SCHEDULE	
Title of Individual	Groups consulted
See Version control below	

IMPACT ASSESSMENTS			
	Date Completed	Comments	
Equality Impact Assessment (EIA)	13 May 2025	Approved at stage 1.	
Quality Impact Assessment (QIA)	13 May 2025	Approved at QIA panel.	
Data Protection Impact Assessment (DPIA)	Not required	Not applicable	

VERSION CONTROL				
Version	Job Title of Lead/Policy Author	Ratification Date	Ratification Body	Summary of Amendments
0.1	Senior Strategic Lead	September 20	Not applicable	Initial draft.
0.2	PHC Development Lead Midlands and Lancashire Commissioning Support Unit (MLCSU)	October 20	Not applicable	Additions made to reflect operational processes, with guidance from PHB Lead (MLCSU)
0.3	PHB Lead MLCSU		Not applicable	Following sections updated: <ul style="list-style-type: none"> - PHB process - Risk - Approvals Financial Monitoring
0.4	Mills and Reeve	October 20	Not applicable	Reviewed and amended via track changes.
0.5	Senior Strategic Lead	October 20	Not applicable	Review of Mills and Reeve proposed changes
0.6	PHC Development Lead/ PHB Lead (MLCSU)	October 20	Not applicable	Responded to operational queries/ comments from Mills and Reeve.
0.7	Senior Strategic Lead	October 20	Not applicable	Final draft prepared for Finance and Performance Committee
1.0	Senior Strategic Lead	November 20	Finance and Performance Committee	Fully approved at Finance and Performance Committee and ratified at Governing Bodies Meeting in Common.
1.1/ 1.2	Mills and Reeve	November 21	Not applicable	Annual Review.

	PHB Development Lead (MLCSU)			
1.3	Interim Head of Commissioning	November 21	Not applicable	Updated to reflect comments and suggested amendments following annual review.
1.4	Mills and Reeve	November 21	Not applicable	Further review and amendments made by legal.
1.5	Interim Head of Commissioning	November 21	Not applicable	Final updated draft.
1.6	Interim Head of Commissioning	December 21	Not applicable	Amendment to section 6.2 and 6.3.
1.7	Mills and Reeve	March 22	Not applicable	Review by legal.
1.8	Mills and Reeve Head of Strategic Commissioning	June 22	Not applicable	Comments received from legal services. Updated policy for ratification.
1.9	Head of Strategic Commissioning	July 22	Integrated Care Board	Ratified by Staffordshire and Stoke-on-Trent ICB.
1.10	Head of Service AACC	November 24	Not applicable	Updates to the following sections: <ul style="list-style-type: none"> - Clinical oversight - Application of third-party PHBs - Funding mileage - Insurance for Personal Assistants (PAs) - Funding for holidays - Application of the working time directive (WTD) - Allocations for social activities/ redundancy Provision of care when in hospital (planned/unplanned).
2.0	Head of Service AACC	March/April 2025	Not applicable	Updated to reflect comments and suggested amendments following review by legal (Mills and Reeve) and ICB quality lead. Updated following review by ICB Director of Nursing for AACC and Deputy Head of Commissioning.
2.0	Head of Service AACC	April 2025	Quality and Safety Committee	Full review. Final updated document including legal oversight to be presented to Quality and Safety Committee for approval.

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1. Introduction

- 1.1 This policy applies to NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB); hereafter referred to as 'the ICB' and outlines the national context for Personal Health Budgets (hereafter referred to as PHBs).
- 1.2 The NHS exists to serve the needs of all but also has a statutory duty to financially break even (National Health Service Act 2006). ICBs have a responsibility to provide health benefits for the whole of their population, whilst commissioning appropriate care to meet the clinical needs of individual patients.
- 1.3 The Integrated Care Board (ICB) has established this commissioning policy to ensure the best use of NHS resources, providing a level of service that is sustainable and equitable (fair) to the health and well-being of the people within the ICB footprint.
- 1.4 This policy covers those individuals who have the right to request a PHB. The groups of people with a right to request a personal health budget are:
 - Adult NHS Continuing Healthcare (NHS CHC)
 - After-care services under section 117 of the Mental Health Act (1983)
 - Personal wheelchair budgets
 - Children and Young Person's Continuing Care.

2. Purpose

- 2.1 The purpose of this policy is to ensure that high-quality, cost-effective care is delivered, and to support consistency and equity of access to services for individuals assessed as eligible for a Personal Health Budget. This policy should be used alongside the ICB personal health budget guidance and standard operating procedures and processes. This policy should be read in conjunction with the ICB NHS CHC Equity Policy which can be assessed using the following link: <https://staffsstoke.icb.nhs.uk/your-nhs-integrated-care-board/our-publications/governance-handbook/all-policies/commissioning/> .
- 2.2 This document sets out the ICBs intention to ensure that all individuals meeting the criteria for a PHB can be offered and/ or receive one in line with national guidance. A key aim of this policy is to ensure that a consistent and transparent approach is applied to the development and approval of local processes, procedures and services in relation to PHBs.

3. Scope

- 3.1 This policy applies to all ICB Board members and staff and, wider workforce within the Integrated Care System, involved in the NHS Continuing Healthcare (CHC) or Continuing Care assessment processes.

4. Definitions

Term	Definition
Personal Health Budget (PHB)	A personal health budget is an amount of money to support a person's identified health needs, which is planned and agreed between the person, their representative, or, in the case of children, their families or carers and the local NHS team. It is not new money, but money that would normally have been spent by the NHS on a person's care being spent in a more flexible way to meet their identified needs. The use of personal health budgets is one way of providing more personalised care and means tailoring services and support for people to enable them to have choice, control, and flexibility over their care. Personal wheelchair budgets are another form of personal health budget.
Options of how individuals can have a PHB	
Notional	No money is given to the individual. The individual knows how much money is available for their assessed needs and decides together with the NHS how to spend that money. The NHS is then responsible for holding the money and arranging the agreed care and support. Where the ICB manages an individuals' personal budget on their behalf as a notional budget, there is no requirement for the individual to maintain financial records.
Third-Party	The money is paid to an organisation that holds the money on the person's behalf. A different organisation or trust holds the money for the person and helps them to decide what they need. After the person has agreed this with their local NHS team, the organisation then buys the care and support the person has chosen. The organisation becomes the legal employer for the person.
Direct Payment	This is where the budget holder (individual or a representative) holds the money in a bank account or an equivalent account and takes responsibility for arranging the care and support and supply of any equipment in line with the agreed personalised care and support plan.

4.1 When considering which type of PHB should be offered the ICB will have regard to the NHS England guidance [NHS England » Guidance on direct payments for healthcare: Understanding the regulations](#), which sets out that the ICB should develop a consistent approach which considers a range of things when offering a PHB, for example.

- The person's wishes and feelings in relation to their care and support and receiving direct payments.
- Their capacity to consent to the making of a direct payment and where appropriate the provision of support in the form of a nominee or representative.
- The benefits to the person of having a direct payment for healthcare in both the short and longer term.

- Whether the **benefits of receiving a direct payment represents value for money and, where applicable, outweigh any direct additional financial costs.**
- Whether it is clear where the money for the direct payment will come from and when it will be available.
- The availability of appropriate support for the individual (or their representative or nominee) to be able to plan and manage direct payments.

4.2 There may be situations where the ICB will not, unless in exceptional circumstances grant a Direct Payment. These are set out below: (NB other forms of PHB (such as notional) will still be available for consideration).

- Where safeguarding concerns have been reported/ are under investigation.
- Direct payments have previously been used otherwise than for a service specified in the care plan in the past PHB spends.
- The ICB considers that theft or fraud or another offence may have occurred in connection with the direct payment in the past
- There is evidence that an individual has previously been unable to manage a social care direct payment.
- Where the value of the PHB forms part of an existing NHS contract, and to provide a PHB would result in significant double funding and create a financial risk to the ICBs. This could be the case in respect of the provision of clinical oversight.

4.3 The ICB will comply with the relevant regulations (The National Health Service Direction Payment Regulations 2013 at the time of this policy) and decide to approve a direct payment or not. If a direct payment is refused, that decision will be communicated in writing to the individual, detailing the reasons for refusal. In all instances where a direct payment is refused, all other options for budget management will be explored.

5. Duties and Responsibilities

- **Integrated Care Board**

Directors have overall accountabilities for all aspects of an individual's safety within the ICB and to ensure appropriate care is delivered. The ICB's Directors are responsible for the implementation of all relevant policies and arrangements within their areas of control and to lead their managers and staff in proactive and effective risk management.

- **Chief Nursing & Therapies Officer**

The Chief Nursing & Therapies Officer leads on CHC and non-CHC funding for individuals and has a consultative and advisory role in clinical and operational aspects within the team. The Chief Nursing & Therapies Officer ensures that the ICB has met its responsibilities as set out in the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012.

- **Director of Nursing All Age Continuing Care**

Responsible for ensuring that the CHC team work to the National Framework and the ICB's policies related to CHC and non-CHC funding and for ensuring the delivery of

best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

- **Policy Authors**

Responsible for ensuring that the CHC team work to the National Framework and the ICB's policies related to CHC and non-CHC funding and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

- **Line Managers**

Responsible for ensuring that the CHC team work to the National Framework and the ICB's policies related to CHC and non-CHC funding and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

- **All Staff**

All members of CHC delivery teams have a responsibility to familiarise themselves with the contents of the Policy.

6. Policy Contents

6.1 What can a PHB be used for?

- 6.1.1 Personal health budgets are not appropriate for all types of healthcare. There are exclusions for their use where the personal health budget is received as a direct payment and a full list can be found in The National Health Service (Direct Payments) Regulations 2013 (the regulations).
- 6.1.2 Although the regulations refer specifically to direct payments, for consistency and good practice the exclusions and general principles should be applied to all types of personal health budgets.
- 6.1.3 A personal health budget can potentially be spent on a broader range of care and support than would routinely be commissioned by the NHS, if it is agreed as being appropriate to meet someone's identified needs and achieve their health outcomes as detailed within an individual's personalised care and support plan.

6.2 What a PHB cannot be used for?

The National Health Service (Direct Payments) Regulations 2013 ([The National Health Service \(Direct Payments\) Regulations 2013](#)) and NHS guidance details a number of exclusions that a PHB cannot be used to buy:

- Alcohol, tobacco, gambling or debt repayment, or anything that is illegal.
- There are restrictions on employing friends and close family members living in the same home.
- Emergency care – for example if someone in receipt of a personal health budget had an accident, they would go to A&E like everyone else.
- Primary care services such as seeing a GP services (GP contract).
- Acute unplanned care (including A&E).
- Surgical procedures.
- Medication.

- NHS charges e.g., prescription charges.
- Vaccination/immunisation.
- Health Screening.
- Anything not related to assessed healthcare needs.
- Any services or goods not detailed in the authorised health support plan.
- Household bills, household goods, household repairs and any alterations to a property, clothes or groceries.
- Repaying debts.
- Anything that places the individuals or others at unacceptable risk.

7. Employing a family member

7.1 The Guidance on Direct Payments for Healthcare: Understanding the Regulations (2014, pg. 33) states:

“A direct payment can only be used to pay an individual living in the same household, a close family member....or a friend if the ICB is satisfied that to secure a service from the person is necessary in order to satisfactorily meet the individuals assessed care needs for that service; or to promote the welfare of a child for whom direct payments are being made. ICBs will need to make these judgements on a case-by-case basis”.

7.2 Such situations are most likely to arise where needs are very complex, and a family member, as opposed to any other potential carer, is required to carry out tasks to manage all aspects of the individuals care needs. Where this occurs, the ICB will consider any request made that a family member provides care as part of the direct payment PHB.

7.3 The ICB reserves the right to conclude that there is **no necessary** basis in order to satisfactorily meet the individuals assessed care needs by employing a family member to provide care and support as detailed in the individuals personalised care and support plan. Where this is the case the ICB will support the individual to enable a PHB via an alternative form such as a notional PHB or the individual may wish to use their direct payment to employ carers outside the family.

7.4 The ICB recognises its duty to commission with due regard to promoting individual involvement and choice, wherever practically possible, alongside the need to balance this duty to ensure that care is safe, personalised, quality and cost-effective to support consistency, transparency, and equity of access to services.

7.5 As such, locally determined exclusions have been devised as follows:

- Any non-bespoke equipment. The ICB would expect that equipment would continue to be sourced through usual routes (i.e., Community Equipment Stores).
- Funding for mileage for Personal Assistants to get to their place of work.
- Transport to and from appointments.
- Anything that would bring the ICB into disrepute.
- Something which may damage an individual's health.

8. Locally determined criteria for PHB funds for specific items/ services

8.1 All PHB funds should meet an assessed need and meet an identified health outcome as detailed in an individual's personalised care and support plan. The following principles will apply, it should be noted that this is not an exhaustive list.

- **Gym Membership:** A PHB may include an agreed sum for gym membership, based on the local market rate.
- If **equipment** is purchased through a PHB and is no longer required e.g. if it no longer meets assessed needs, or the service user dies, the ICB reserves the right to request the item to be returned.
- **Disposables/ consumables including personal protective equipment (PPE)** will be provided through an NHS contract (such as continence/ tracheostomy) and are not funded through a PHB. However, if the local service is unable to supply to meet needs in either an appropriate or cost-effective way, a PHB may be considered in the best interest of the individual.
- If an **increase in PA/s or Service Provider staff/hours of care/cost of care** is required than is identified in the support plan, this must be discussed and agreed with the ICB in advance and if agreed the support plan will be amended. Extra resources may not be provided although it may be possible to agree rearrangement of existing allocated resources. This should be discussed and agreed with the ICB. The ICB will not reimburse costs that have not been agreed in advance.
- **Funding for PA Pensions** – the Individual, the Representative or Third-Party Provider is responsible for ensuring that good practice is followed in PA employment, including provision of a pension. For direct payment PHBs, the ICB has established standard PA rates inclusive of pension contributions.
- **Funding for PA Redundancy** – PAs who are employees of the individual or the representative and are not self-employed, are entitled to redundancy pay as set out in employment legislation. Employer's Liability Insurance PA insurance cover may include PA redundancy. In the absence of sufficient cover, the ICB will consider funding outstanding redundancy costs. Where the PAs were previously funded through LA Direct Payments the ICB will seek to recoup any costs from the relevant Local Authority. If there is evidence that the Individual/Representative/Nominated Person or PA has ignored advice from a PHB funded support service provider, the ICB reserves the right not to fund redundancy. The ICB will accrue for redundancy.
- **Funding for Travel and Mileage** – A PHB can cover travel costs such as bus/taxi fares to activities which are clearly documented within the personalised care and support plan with an evidence-based outcome. When appropriate a PHB can provide a contribution towards the mileage, based on the recommended Mileage Allowance Payment set by the Government. This would be looked at on a case-by-case basis. The standing costs for running a car will be met from the Mobility Allowance as these costs would need to be met regardless. Calculations are based on the average distance between the individual's home and the activity.
- **A PHB may not be used** to purchase care, treatment or intervention that is included in the ICBs Commissioning Policy Excluded and Restricted Procedures which can be found using the following link: <https://staffsstoke.icb.nhs.uk/your-nhs-integrated-care-board/our-publications/governance-handbook/all->

[policies/commissioning/icb-excluded-and-restricted-procedures-policy-v3-1/?layout=file](#)

- **Holidays** should not form part of an individual's assessed healthcare needs so will not form part of their support plan (unless in exceptional circumstances) and there is therefore no entitlement to holiday funding within a PHB. Additional funds will not be provided to fund holidays, accommodation, travel, insurance etc. for the individual, family/friends, and/or PAs. The ICB will however consider an application for funding for the provision of care and equipment (where indicated) for individuals who want to have a holiday. In addition, the ICB would consider enabling the budget holder to use their budget flexibly to go on holiday providing that there is evidence to support such request. The budget holder would need to demonstrate to the ICB how they plan to meet this outcome within their allocated budget (i.e. receiving informal care to free up budget to fund a holiday). This would require approval from the ICB before any holiday was arranged or taken. If the ICB agrees that a direct payment can be used to fund carers whilst the individual is on holiday, the individual/representative must ensure that the individual and PAs are insured. The proposed plan will need to be agreed by the ICB. The ICB reserves the right to consider this on an individual basis.
- **Respite** The ICB will consider respite provision on an individual basis and take into consideration the care that a family member/ friend provides as informal care without payment, in conjunction with what should be expected from that of a family member/ individual living in the same household. The ICB reserves the right to consider this on an individual basis and in the context of any local authority responsibility.
- **Hospital Admissions – Planned and Unplanned** the ICB recognises that at times, an individual may require admission (both planned and unplanned) to hospital. It is not expected that routinely PAs will continue to provide care for the individuals whilst in hospital however it is noted in exceptional circumstances only that it may be beneficial for the individual to receive continuity of care by the PAs employed on the care package. Funding in these circumstances will be considered on an individual case by case basis. Where this is agreed by the ICB, it is advised that the individual/ budget holder/ representative consult with their insurance provider to ensure that the employed PAs are covered to provide care outside of the individual's home.
- **Social Stimulation** the ICB will not enable a blanket application to apply PHB funds for the sole purpose of social stimulation. Any budget for such activities should be linked to an individual's assessed need and support the achievement of an agreed outcome. The ICB will review care plans to ensure that they are specific and that an individual's budget allocation meets their assessed needs and supports their agreed outcomes as detailed in the agreed personalised care and support plan.

8.2 There is no definitive list of activities to illustrate what a personal health budget can be spent on. The service, activity or item proposed should be clearly linked to the outcomes identified in the support plan and show how it will meet the individual's health and wellbeing needs. However, some purchases are prohibited by law and policy and are set out at paragraph 7.1 above. This list is not intended to be exhaustive and provision funded within a PHB will depend on the individuals assessed need and the agreed outcomes as set out in their care plan.

9. Setting up a Personal Health Budget

- 9.1 There are six key features of a personal health budget that ensure people experience the best outcomes possible.
- 9.2 A person should:
- Be central in developing their personalised care and support plan and agree who is involved.
 - Be able to agree the health and wellbeing outcomes (and learning outcomes for children and young people with education, health and care plans) they want to achieve, in dialogue with relevant health, education and social care professionals
 - Know upfront an indication of how much money they have available for healthcare and support.
 - Have enough money in 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 in line with this policy.
 - 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.

10. Indicative Budget and Personalised Care and Support Planning

- 10.1 Following a clinical assessment of need by the CHC Nurse Assessor which will consider available support (such as ability to self-care, assistive technology, support provided by family, friends, community circles and core commissioned universal services) an indicative budget will be offered which will be based on the individuals assessed health care needs.
- 10.2 The clinical assessment of need will be used to calculate an indicative budget, based on the cost of locally sourced care and/or the hourly rate of health care assistant practitioners (subject to the level of skill to meet the individual's needs). This budget will be the baseline to allow the individual the flexibility to design how their health and wellbeing outcomes could be met.
- 10.3 The individual will use this indicative budget to begin to develop an individual personalised support plan to meet their health and well-being needs. This plan must be legal, effective, and affordable and meet a range of agreed outcomes.
- 10.4 The ICB will ensure that there are sufficient funds allocated to meet the individuals assessed healthcare needs. **It is a matter of choice** if an individual chooses to spend less money on one intervention/ activity so they can spend more on another, but the overall budget allocated by the ICB will remain the same.
- 10.5 The ICB has a statutory duty to manage its finances appropriately in line with the NHS Act 2006. The ICB uses a resource allocation tool/ protocol to ensure fairness and equity

of funding for individuals in receipt of a direct payment compared to individuals who are in receipt of NHS funding for non-direct payment services.

- 10.6 PHBs are intended and funded to meet an individual's assessed health and care needs, and this will be reflected in the value of the budget determined.
- 10.7 During the assessment process an indicative budget will be established and will be finalised after the support planning process has concluded.
- 10.8 To ensure that the individual's assessed needs are fully met, a personalised care and support plan will be completed. This shall include a record of the discussions and agreements between the individual and the Nurse Assessor, outlining the care package required.
- 10.9 The personalised care and support plan shall include:
- A statement of the individual's health (and, where appropriate, social care) needs as assessed by the ICB.
 - The health and wellbeing outcomes that the individual want to achieve while meeting their needs.
 - How the individual intends to use their budget to do this, with detailed costs.
 - How any risks will be managed.
 - The name of the healthcare professional responsible for managing the support plan.
 - Details of the combination of formal paid support and informal support that will meet the assessed needs of the individual and help to achieve their agreed outcome.
 - Information that shows that universal services, assistive technology and free community resources have been utilised where appropriate.
 - A demonstration that, where applicable, other relevant public funding sources (including local authority provision) have been accessed in conjunction with the personal health budget.
 - An account of the views and needs of carers.
 - A degree of adaptability and flexibility, so that individuals can revise their plans as they learn what works best for them or as their circumstances change.
- 10.10 The personalised care and support plan (the support plan) is an evolving document which reflects changing needs, where appropriate. The budget must only be spent on the care set out in the support plan and any changes must be agreed by the ICB.
- 10.11 The personalised care and support plan must contain details of any proportionate means of mitigating risks, and this should be informed by discussion of the significant potential risks and their consequences. The ICB must agree with the individual the procedure for managing risk and must include this in the personalised care and support plan.
- 10.12 Personalised care and support plan should be jointly developed with the ICB and the individual/representative.

11. Risk

11.1 Clinical Risk

11.1.1 The ICB is committed to promoting patient choice, whilst providing support to manage risk positively, proportionately and realistically. 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.

11.1.2 Individuals with mental capacity to make such a decision, who choose voluntarily to live with a level of risk, are entitled to do so. The CHC Nurse Assessor will document clearly any evidence or decision making that could be considered to pose a risk and provide a rationale in relation to the management and reduction of risk where appropriate. This will be considered as part of the PHB approval process by the ICB. Empowering people to take control of their own health may generate a perception of increased risk and adverse consequences.

11.1.3 Risk is also a consideration when the service user is deciding how they want to spend their money to meet their outcomes. Some choices may not be supported by NICE guidance, or be considered less orthodox, causing concern in professionals trained to adhere to evidence-based practice. Depending on the situation and the risk, it may be possible to agree a trial period with the individual that includes frequent monitoring to assess whether the risk involved is acceptable and the care plan can be agreed.

11.2 Organisational Risk

11.2.1 Authorising PHBs is the statutory duty and responsibility of the ICB. The ICB has an obligation to ensure that:

- Health needs are assessed and are being met and outcomes achieved.
- Safeguarding duties are fully met.
- PHB expenditure is managed within the overall ICB budget allocation for All Age Continuing Care (AACC).
- The public funds are used appropriately.

12. Approval Process

12.1 Individuals applying for a PHB will have the opportunity to work jointly with their Nurse Assessor to develop a personalised care and support plan to meet identified assessed needs.

12.2 Once the personalised care and support plan has been finalised, the Nurse Assessor will submit to the ICB Care Assurance Process (CAP) for consideration. The ICB will review the personalised care and support plan that has been drafted.

12.3 If the ICB is satisfied that the personalised care and support plan meets the assessed needs of the individual and the contents are in line with this policy, it will approve the PHB and the personalised care and support plan.

- 12.4 Where the personalised care and support plan cannot be approved, it shall be returned to the Nurse Assessor with details of what further information/ amendments are required before being resubmitted for consideration.
- 12.5 If issues arise and it is not possible to resolve in a timely manner, the ICB may consider whether the personalised care and support plan can be partially approved to avoid any delay in meeting an individual's assessed need. If this is not possible, a care package will be commissioned by the ICB to provide the support required in the interim to ensure that the individual's assessed needs are met in a safe and effective manner. See below (section 14 if an individual is unhappy with the ICB's decision).

13. Governance

13.1 The Governance mechanisms in place for PHBs involve:

- A risk assessment completed for everyone. This should be completed by the responsible person such as a service provider (where applicable) or the employer of the PAs.
- Clinical Review conducted in the first quarter and at least annually thereafter or sooner where indicate.
- First quarter Financial Review (where the budget is received via a managed account or direct payment) and at least annually thereafter or sooner where indicated.
- Ad hoc review through the ICB audit processes.

13.2 The above governance mechanisms will involve representatives from the ICBs, Providers, Individual/ Individual Representatives/Nominated Persons, the Local Authority and Brokerage Support Services (where on-going support is provided e.g. managed account function).

13.3 Monitoring and reviewing of personalised support plans will remain a role for the ICB and should be proportionate to needs and risk in the context of our duty of care and statutory responsibilities, in line with the National Framework this will be at least annually.

13.4 Reviewing will be at a frequency and intensity which is proportionate to vulnerability, risk, need and value. The first review must take place within 12 weeks of the start of a PHB. Individuals eligible for NHS Continuing Healthcare should have a face-to-face review at least once a year in line with the National Framework guidelines.

13.5 More frequent reviews than annually will be a condition of higher risk PHB requests receiving approval and the riming will be set by the Nurse Assessor.

13.6 The personalised support plan will be reviewed against the following criteria:

- Whether the personalised support plan is meeting the health and well-being outcomes
- Whether the personalised support plan has adequately addressed the health and wellbeing needs
- Whether health and wellbeing needs/circumstances have changed
- Whether risks have increased/decreased/stayed the same

- Whether contingencies have been used
 - Whether there is cost neutrality or improved value for money for the ICB.
- 13.7 The ICB will report the financial balance of each PHB to the individual drawing attention to any significant variations or trends, irregularities and issues that require further investigation (such as the unlikely need for a referral to the Local Counter Fraud Service). The ICBs nominated Local Counter Fraud specialist may be involved in financial audit.
- 13.8 Financial reviews will be conducted regularly throughout the duration of the PHB and initially within 12 weeks of the PHB starting. For third party budgets and/or Direct Payments, the individual, Representative or Nominated Person must therefore ensure that, as a minimum, the following records are provided upon request by the ICICB as detailed within the separate supporting agreements (Direct Payment Agreement/ Third-Party Agreement).
- Bank or building society statements.
 - Copies of invoices (including any payments for public and employer's liability insurance).
 - Wage records consisting of staff details, hours worked, staff payments, PAYE and National Insurance payments to the Inland Revenue.
 - Pension contributions made.
 - Pay-remittance advice slips.
 - Payroll service invoices.
 - Signed receipts for any cash payment.
- 13.9 The Individual, Representative or Nominated Person of a direct payment must fully cooperate in any financial review and provide such reasonable assistance as the ICB requires. If the ICB does not receive the required evidence within 28 days of the date first requested, future Direct Payments into the account may be suspended until this has been received.
- 13.10 NHS Counter Fraud may be involved in financial review and where fraudulent use of PHB money is suspected, the ICBs nominated local counter fraud specialist has the right to investigate this. The individual, Representative or Nominated Person must keep the financial records for six years.

14. Complaints

Where an individual is unhappy with the ICB's final decision on approval of their support plan or personal health budget, they have the right to make representations through the NHS complaints procedure, details of which will be provided at the time.

15. Training and Implementation

This is an established policy which has been embedded within the organisation for a number of years, hence no implementation plan is needed as relevant processes are already in place.'

16. Monitoring

The ICB will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to the management team in relation to their responsibilities.

This policy will be audited throughout this period as to effectiveness of ensuring choice and equity in the delivery of CHC across the ICB.

17. Review, Ratification and Archiving

This policy will be reviewed every three years, or if there are changes in national guidance on individual choice or CHC and will be approved by the ICB Strategic Planning and Integration Committee.

Any individual who has queries regarding the content of this Policy or has difficulty understanding how this relates to their role, should contact the ICB's Continuing Healthcare Team via email: aaccspa@StaffsStoke.ICB.nhs.uk

The policy will be reviewed every 3 years, or earlier if national policy or guidance, organisational changes are required to be considered. The review will then be subject to review and re-ratification.

The Corporate Governance Team is responsible for ensuring that archive copies of superseded working documents are retained. All policies which have been superseded will be archived.

Please note the authors' responsibilities regarding archiving superseded copies. The author will ensure that a review of the document is carried out in the event of a change in circumstances or immediately prior to the expiry date.'

18. Dissemination and Publication

Dissemination of the final policy is the responsibility of the author. They must ensure the policy is uploaded on the intranet via the Communications Team. The Communications team is responsible to issue an organisation-wide notification of the existence of the Policy.

Heads of Departments/Managers are responsible for ensuring that all staff (including bank, agency, contracted and volunteers) have access to and are made aware of policies that apply to them.

All staff will be able to access copies of policies via the policy section of the ICB intranet.

19. References and Associated Documents

- Staffordshire and Stoke-on-Trent ICB Continuing Healthcare (Adults) Equity Policy. November 2023. staffsstoke.icb.nhs.uk/your-nhs-integrated-care-board/our-publications/governance-handbook/all-policies/commissioning/cp009-continuing-healthcare-adults-equity-policy-final-003/?layout=file
- Department of Health and Social Care. National Framework for NHS Continuing Healthcare and NHS Funded-Nursing Care. July 2022 (revised). [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - July 2022 \(Revised\) - corrected May 2023](#)
- The National Health Service (Direct Payments) Regulations 2013. [The National Health Service \(Direct Payments\) Regulations 2013](#)
- Staffordshire and Stoke-on-Trent ICB Commissioning Policy Excluded and Restricted Procedures. staffsstoke.icb.nhs.uk/your-nhs-integrated-care-board/our-publications/governance-handbook/all-policies/commissioning/icb-excluded-and-restricted-procedures-policy-v3-1/?layout=file
- Staffordshire and Stoke-on-Trent ICB Direct Payment Agreement. Link to be added when available.
- Staffordshire and Stoke-on-Trent ICB Third-Party Agreement. Link to be added when available.

20. Impact Assessments

Full Assessment Statement

This policy has been through a Full Assessment process and identifiable or potential adverse impact against any protected characteristics or inclusion health group have been considered and mitigating actions have been taken. An Objective Justification will provide a rationale where identifiable adverse impacts remain.

In the event of any new data, information or reporting, identifying any adverse or potential adverse impact, this assessment will be reviewed. Accessible and inclusive information, and equality monitoring (where it is practical to do so) have been considered.

A QIA has been undertaken, and to be presented to QIA panel on 13 May 2025.

21. Appendices

Not applicable