Torbay and South Devon NHS
NHS Foundation Trust

Policy for Personal Budgets for Torbay and South Devon NHS Foundation Trust

(Please note Social Care Budgets in South Devon, will follow Devon County Council pathways)

Ref No: 2139
Date: 10 March 2017

Partners in Care

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Document Information

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Care and Clinical Policies Group		18 January 2017	
Links or overlaps with other policies:			
Care Act 2014			
Torbay & South Devon NHS Foundation - Choice, Risk and Cost Policy			
Torbay & South Devon NHS Foundation - Safeguarding Adults			
Torbay & South Devon NHS Foundation - Trust Records Management Policy			
Mental Capacity Act			
NHS Continuing Healthcare Funding & Funded Nursing Care Policy			
The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership. The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	10 March 2017	New	Care and Clinical Policies Group
1		19 February 2018	Review date extended from 2 years to 3 years	

Contents

1 Introduction

This policy refers to health and social care personal budgets provided by Torbay and South Devon NHS Foundation Trust (TSDFT) to people in the following areas who are not eligible for continuing healthcare funding (see Continuing health Care Policy):

Personal Health and Social Care Budgets will be provided to people living in:

Torquay

Paignton& Brixham

Personal Health Budgets will be provided to people living in:

Coastal

Moor-to-Sea

Newton Abbot

Personal Social Care Budgets will be provided by Devon County Council to people living in:

Coastal

Moor-to-Sea

Newton Abbot

Throughout this document all health or social care personal budgets allocated by TSDFT will be referred to as PB (Personal Budgets), unless specific clarification for each area is required

1.1 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 Health Care (CHC), 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 greatest possible choice and control over the way their care is delivered.

1.2 Personalised care and support planning is a collaborative process between equals, whereby people with health and social care needs, along with their family and/or carer, work together with practitioners to discuss what matters to them and what they want to achieve, identifying objectives that are personal to them as well as meeting health and care needs. This can include working out the best treatment, or care and support options as well as things the person can do themselves to manage their needs better.

1.3 A personalised care planning process should reflect people's whole life needs, preferences and self-determined outcomes, while incorporating the clinical and professional expertise needed. The approach is essential to better support people living with a long term physical and/or mental health condition to develop the knowledge, skills and confidence to manage their own health, care and wellbeing. Personalised care and support planning should be a planned and continuous process, not a one-off event.

1.4 Person-centred care and support planning is mandated in the Care Act, and includes the provision for combining plans across health and social care. The statutory guidance describes the guiding principle in the development of a plan as, "person-centred and person-led, in order to meet the needs and outcomes…built holistically around people's wishes and feelings, their needs, values and aspirations."

1.5 Learning from implementation in a variety of settings suggests that to be most effective personalised care and support planning should:

- Involve information gathering from existing/previous care and support plans where outcomes have been identified.
- Involve the right people, which could mean a carer, family member, peer or advocate, a health professional, social worker, voluntary sector planner, or independent broker.
- Focused on outcomes and leave room for creativity in how they are met.
- Cover everything the person needs to live a good life.
- Take an enabling approach to risk and how it is managed, making clear contingencies where necessary to reduce risks.
- Where developed as part of a personal budget process, start with an indicative allocation already identified.
- Produce a plan that is owned by the person, reflecting them as an individual.

- The care plan should build on existing services, including social care, general practice and education
- Promote independence and choice through personal care and support planning and decision making

1.6 TSDFT is committed to promoting individual choice – where available, while supporting them to manage risk positively, proportionately and realistically

https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1849.pdf

2 Objective/Statement

2.1 This policy outlines the principles supporting the implementation of personal budgets for adults by balancing choice, risk, rights and responsibilities. It recognises that, in the right circumstances, risk can be managed to promote a culture of choice, and independence which encourages responsible, supported decision making.

3 Roles and Responsibilities

3.1 Zones to follow the Scheme of Delegation- via Resource Allocation Meetings (Torquay, Paignton and Brixham)

3.2 Continuing Health Care to follow their eligibility pathways across TSDFT

3.3 Social Care in Devon to follow their eligibility criteria in line with the Care Act 2014

4 Legislation and Guidance

Personal health budgets were introduced in response to the organisations of disabled people calling for the right for autonomy in their lives including control over the assistance they needed in order to live independently.

4.1 NHS Next Stage Review: High quality care for all (Department of Health 2008) outlined plans for personal health budgets.

4.2 Care Act 2014 (1)

4.3 Health Act (2009) Allowed selected Primary Care Organisation sites to pilot direct payments

4.4 High quality care for all: The operating framework for the NHS in England 2009/10 outlined NHS priorities such as better access, reduced inequalities, partnership working in delivering personalised care, and supporting individual contributions to improvement and shaping high quality provision.

4.5 National framework for NHS continuing healthcare and NHS funded nursing care (2)

4.6 NHS England Operating Model for NHS Continuing Healthcare.

4.7 On 1 August 2013, the Direct Payment in Healthcare regulations came into force across England, meaning that the NHS can lawfully offer direct payments for healthcare.

Other relevant legislation includes:

4.8 The Care Act 2014 (4)

4.9 Human Rights Act [1998] including Article 8 Right to respect for private and family life, and Article 14 Prohibition of discrimination

4.10 The Data Protection Act (2003)

4.11 The Carers (Equal Opportunities) Act (2005) ensures that carers are able to take up opportunities that people without caring responsibilities often take for granted.

4.12 The Mental Capacity Act (2005). The need to apply the Mental Capacity Act features strongly in self-directed support where there may be concerns about an individual who appears to lack the mental capacity to manage their own money and/or the ability to make decisions about their care.

4.13 The Equality Act 2010 Replaced previous anti-discrimination laws with a single Act.

5 Eligibility: Who can have a Personal Budget?

5.1 Apart from exclusions by statute, a Personal Health Budget can be offered to anyone who is likely to benefit:

5.2 People who have high levels of need but are not eligible for NHS Continuing Healthcare, could be considered for a personal budget, if they have health needs. The CCG have published a local offer identifying who can be offered a personal health budget http://www.southdevonandtorbayccg.nhs.uk/your-health/Documents/PHB%20-%20SDT%20CCG%20local%20offer%20statement.pdf

5.3 Parents, and children over age 16 with education, health and care plans, who could benefit from a joint budget including money from the NHS;

5.4 People with learning disabilities or autism and high support needs (in line with Sir Stephens Bubb's report);

5.5 People who make ongoing use of mental health services;

5.6 People with long-term conditions for whom current services are unable to achieve the desired health outcomes within their standard model of services.

5.7 People who need high cost, longer term rehabilitation e.g. people with acquired brain injury, spinal injury or mental health recovery.

5.8 Anyone entitled to funding for eligible adult social care needs should be informed of their 'personal budget' and be given the opportunity to take it as a direct payment, commissioned service or combination of the above or Joint Funded packages.

In some circumstances it will not be possible to enable an individual to access their PHB/PB via a direct payment. Please see the TSDFT Direct Payment policy. https://icon.torbayandsouthdevon.nhs.uk/areas/direct-payments/Pages/default.aspx

Principles of person centred, self-directed support

5.9 The key principles and values for personalisation as outlined in the Care Act 2014 incorporates personal health and social care budgets (and integrated personal budgets where appropriate):

NHS principles and values.

5.10 The personalised approach must support the principles and values of the NHS as a comprehensive service, which is free at the point of use for health (NHS Constitution) Some social care services are chargeable and means tested.

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

5.12 There should be clear accountability for the choices made.

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

5.14 Having a personal budget does not entitle someone to additional or more expensive services, nor preferential access, to NHS or Adult Social Care services.

5.15 There should be effective and appropriate use of current NHS and Adult Social Care resources.

Quality – safety, effectiveness and experience should be central.

5.16 The wellbeing of the individual is paramount. Access to a personal budget will be dependent on professionals and the individual agreeing a care and support plan that is safe and will meet agreed eligible health and wellbeing outcomes.

5.17 There should be transparent arrangements made for continued clinical/professional oversight.

Tackling inequalities and protecting equality

5.18 TSDFT is committed to preventing discrimination, valuing diversity and achieving equality of opportunity.

5.19 Personal budgets and the overall movement to personalise services can be a powerful tool to address inequalities in health and social care services.

5.20 A personal budget must not exacerbate inequalities or endanger equality.

5.21 Lack of mental capacity (5) should not be a factor.

5.22 No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics as governed by the Equality Act 2010: Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity ; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, TSDFT will not discriminate on the grounds of domestic circumstances , social-economic status, political affiliation or trade union membership. (7)

Direct payments are purely voluntary

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

Making decisions as close to the individual as possible

5.24 Appropriate support should be available to help all those who might benefit from a more personalised approach, particularly those who may feel least well served by existing services / access, and who might benefit from managing their own budget.

Partnership

5.25 Personalisation embodies co production. This means individuals working in partnership with their family, carers and professionals to plan, develop and procure the services and support that are appropriate for them.

Care Act Principles:

That care and support:

- is clearer and fairer
- promotes people's wellbeing
- enables people to prevent and delay the need for care and support, and carers to maintain their caring role
- puts people in control of their lives so they can pursue opportunities to realise their potential

Standards for self-directed health and social care support

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

- **Outcome 1** Improved health and emotional well-being: To stay healthy and recover quickly from illness.
- **Outcome 2** Improved quality of life: To have the best possible quality of life, including life with other family members supported in a caring role.
- **Outcome 3** making a positive contribution: To participate as an active citizen, increasing independence where possible.

- **Outcome 4** Choice and control: To have maximum choice and control.
- **Outcome 5** Freedom from discrimination, harassment and victimisation: To live free from discrimination, harassment and victimisation.
- **Outcome 6** Economic well-being: To achieve economic well-being and have access to work and / or benefits as appropriate.
- **Outcome 7** Personal dignity: To keep your personal dignity and be respected by others.

6. GOVERNANCE

6.1 Reports will be available on request for any Integrated Care Organisational meeting.

Clinical risk

6.2 Good practice must support individual choice. 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.

6.3 Where people have capacity, enabling people to exercise choice and control over their lives, and therefore their own management of risk, is central to achieving better outcomes for individuals.

6.4 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, unless the impact would be felt across the wider community, as detailed in the Mental Capacity Act

6.5 TSDFT requires that the multi-disciplinary team clearly documents any evidence of decision making and rationale in relation to the management and reduction of risk where appropriate or necessary.

6.6 TSDFT will ensure that such risk are fully understood and managed in the context of ensuring that the individual's needs and their best interests are safeguarded.

6.7 TSDFT encourages a tiered approach to risk when considering PBs. In practice, this means that there are different ways to manage personalised budgets (notional, third party managed or direct payment)

6.8 Ways of mitigating risk should be explored with the individual and risk management will be appropriate to the individual's needs.

6.9 To assist staff in delivering a consistent, evidence based approach to proportionate risk management, staff should be using Choice and Control, Risk Enablement policy – Appendix 1

https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1849.pdf

6.10 Decisions on complex care provision should be held within the zone/cluster multi-disciplinary team with attendance from the individual, their family/representative and providers as appropriate and to go through the complex care panel and ratification process. For CHC the Placed People Board is responsible.

Organisational risk

The TSDFT has an obligation to ensure that:

- Eligible health, social and well-being needs are being met
- Safeguarding duties are fully met
- It is fulfilling its duty of care, is compliant with legislative frameworks and broad statutory obligations
- It is fulfilling its responsibility to ensure that public funds are used to enable customers to live independent and full lives – ensuring value for money
- Public funds are used appropriately
- Take in to account the need for the NHS Organisations to allocate its financial resources in the most cost effective way
- The availability of resources is a legitimate consideration but it must be balanced against the need of the individual and decisions must be made on a case by case basis, taking into account all other relevant considerations.

6.11 TSDFT is committed to shifting the balance of risk towards a positive approach of supported collaborative decision-making for individuals.

6.12 TSDFT will work with partners 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.

6.13 TSDFT takes lead responsibility for safeguarding concerns arising from physical, sexual or financial abuse of an adult receiving a PB.

https://icon.torbayandsouthdevon.nhs.uk/areas/safeguarding-adults/Pages/default.aspx

To sign off a PB request, the designated manager will approve:

- The proposed budget
- The outcomes plan including a plan for contingencies
- The supporting risk assessment
- Effective reporting mechanisms to demonstrate improved outcomes, benefit and value for money

6.14 The organisation will have an appeals panel (see Appendix 3) to consider appeals if the individual disagrees with the decision.

7. Financial risk

7.1 TSDFT requires PB implementation to demonstrate value for money and be affordable within the organisation's overall budgetary allocation for both health and social care funding, it must also be in line with joint commissioning priorities and the annual strategic agreement.

7.2 The budget should always be sufficient to meet the agreed outcomes identified in the care plan and allow for planned contingencies. Some outcomes will not require an identified budget as they can be sourced from personal or community resources.

7.3 The financial arrangements and requirements are contained in the agreement between TSDFT and the individual (or their nominated representative), which will be signed by both parties.

7.4 All individuals will have an initial reassessment of their personal outcomes and risk enablement plans after an initial three months. Revisions to support plans and personal budgets will be agreed with individuals as required.

7.5 **The following costs will normally be paid as part of a PB Direct Payment:**

- The direct cost of providing the service, including support service costs
- Equipment costs (where equipment specifically forms part of the PB and is not provided via the TSDFT community equipment contract)
- Equipment contingency, for life essential equipment (e.g. hire fee to cover breakdown not covered by insurance or by the TSDFT community equipment contract. In some cases this will include servicing and calibration)

7.6 Additional elements may be required to be funded within the PB such as the following (unplanned contingencies): .

- Personal Assistant (PA) please see PA toolkit for more information:

  https://icon.torbayandsouthdevon.nhs.uk/areas/direct-payments/Documents/Employing-personal-assistants-toolkit.pdf

7.7 TSDFT has agreed the financial management processes to ensure robust management of individual budgets taken as a Direct Payment and follow the Direct Payment policy. https://icon.torbayandsouthdevon.nhs.uk/areas/direct-payments/Pages/default.aspx

7.8 It is the responsibility of the individual to inform TSDFT as soon as they become aware of factors which may affect the costs. Individuals must be made aware that the TSDFT will not automatically fund increased costs which have not been approved through an individual's reassessment of needs.

· Other income sources including welfare benefits (e.g. Attendance Allowance) should be considered to ensure that the PB is not duplicating alternative funding

· The Organisation's Direct Payment Card Scheme will be the preferred mode of delivery for Direct Payment.

7.9 All budgetary decisions are subject to the eligibility criteria of the persons residing locality as described in the introduction.

7.10 Awareness of the potential for financial fraud will be monitored within the individual's reassessment and reviews.

8. Training

8.1 TSDFT Education Team will deliver strengths based training for all relevant staff, to support personalisation care and support planning.

8.2 An important element in delivering personalisation is supporting people to self-manage their Long Term Conditions' s. 'Patient Activation' supports this. Staff will have access to on-line training in Patient Activation Measures and receive support from South Devon and Torbay NHS Foundation Trust Education Team.

8.3 It is advised that staff of all disciplines access motivational interviewing training

8.4 Continuing Healthcare Teams will provide education on Continuing Health Processes and eligibility

8.5 Continuing Healthcare Teams will provide Health Needs assessment training to teams as requested

8.6 Adult Social Care staff will receive training around supporting the delivery of the Care Act.

9. Monitoring, Auditing, Reviewing & Evaluation

9.1 Appeals process in place for Personal Health and or Social Care Budget- see appendix 2

9.2 For Health budgets there is an internal IT system used, Torbay Finance Module (TFM), for which all clients details processed within the team are inputted.

9.3 Internal and External audit will also be undertaken as requested by the regulatory bodies.

9.4 The ongoing decision making by the multidisciplinary will be monitored by the Responsible Mangers of each locality

10. Distribution

10.1 Staff will be notified through the staff bulletin and training/awareness sessions.

10.2 The policy and associated procedure will be made easily accessible together with supporting material through the Trust's internet and intranet.

11 References

1. Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
2. https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care
3. http://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf
4. http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

12 Appendices

Appendix 1: GLOSSARY OF TERMS

Appendix 2: Flow chart for personal budgets

Appendix 3: Standard Operating Procedure Personal Health Budgets (non-CHC)

Appendix 1

GLOSSARY OF TERMS

Advocacy
Actions to help people say what they want, secure their rights, represent their interests, and obtain services.

Brokerage
Brokerage is the help and support that people may need to work out how best they can achieve their health outcomes as set out in their care plan, and gives them the support they need to plan spending their budget. This is wider than the traditional service provided by traditional care and nursing agencies. Brokerage functions may include: exploring what's available and possible, providing information and technical advice, developing informal support, co-ordinate resource, obtaining clinical support where necessary

Continuing Healthcare
This applies to adults. It is a complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. It can be provided in any setting including in a person's own home. It means that the NHS funds all the care that is required to meet their assessed health needs. In care homes, it means that the NHS also makes a contract with the care home and pays the full fees including for the person's accommodation and all their care. (Department of Health 2009)

Co –production
A relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities.

Direct Payments
Payments made by a local authority to a person who is eligible for social care support and who agrees to receive the money to enable them to make their own arrangements to meet their needs, instead of using services arranged and provided by the local authority.

Payments made to an appointed 'Suitable Person' (third party) to act on behalf of someone who is eligible for health care support, but who is unable to consent to receiving Direct Payments because they have been assessed as lacking the mental capacity to do so. The role is specified in the Mental Capacity Act 2005.

Education, Health and Care Plans
The Children and Families Bill 2013-14 requires that Statements of SEN will be replaced by a new birth- to-25 integrated education, health and care plan, to deliver better support for children and young people with special needs.

Budgets
The final budget is an amount of money that is agreed once a support plan has been written. This is usually calculated by estimating the costs of the care and support arrangements included in the plan. This is likely to be a more accurate guide to the actual costs of support. The final budget – rather than the indicative budget (below) – is the point at which an approval process is needed.

An indicative budget is an amount of money identified at an early stage in the process to inform care and support planning. It is a prediction of how much money it is likely to cost to arrange the care and support that would be sufficient to meet the assessed health needs and achieve the outcomes in the care plan. The indicative budget is a guide – it should not be used as a limit, a fixed allocation or an entitlement. The indicative budget does not need to be exact, and in practice it is difficult to design a tool that will predict the costs of support accurately. Most approaches to setting budgets are accurate in no more than about 80 percent of cases.

Outcome for an individual
What the person achieves based on their support plan.

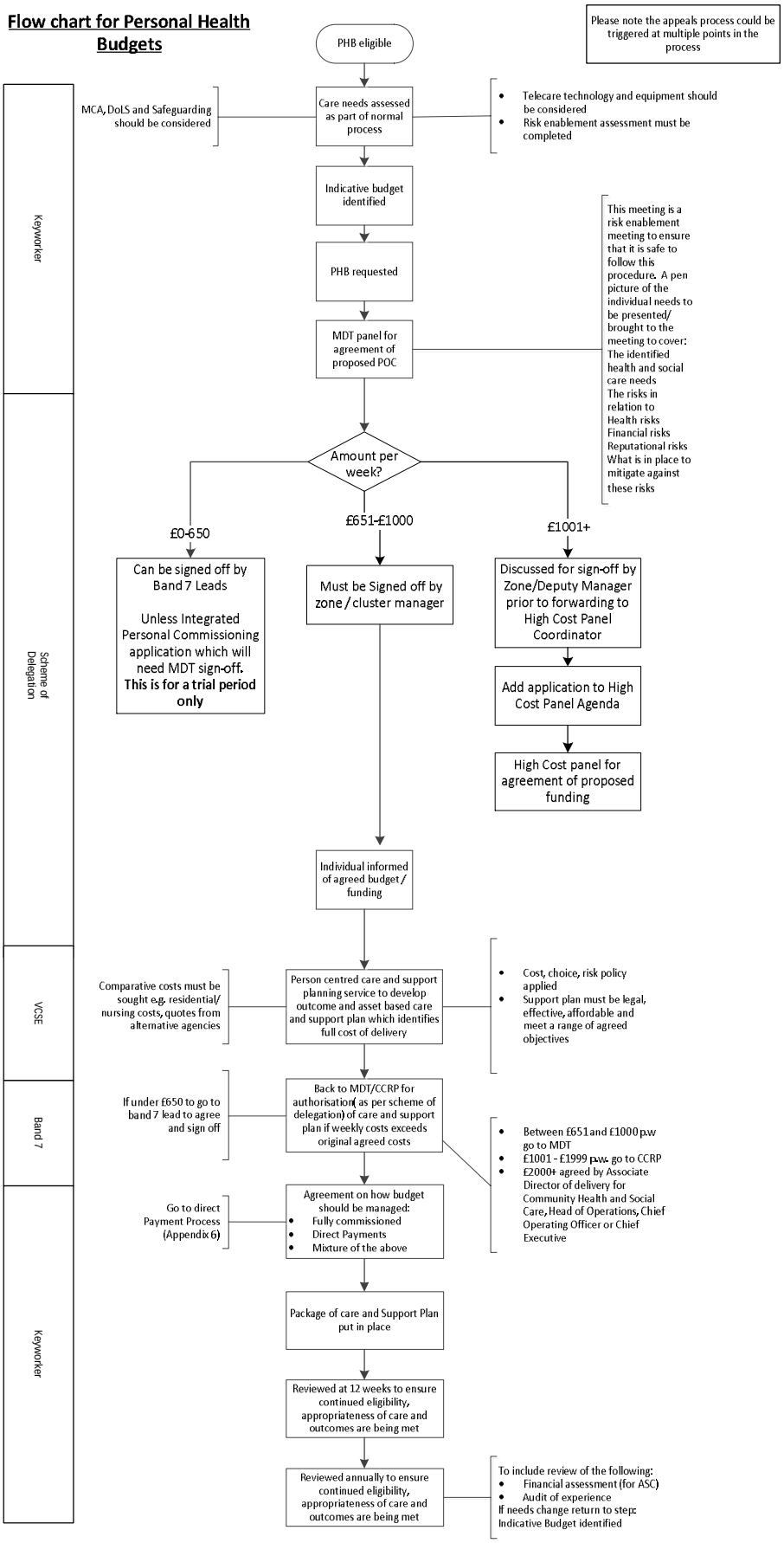
Personalisation
The process by which state provided services can be adapted to suit you. In social care this means everyone having choice and control over the shape of their support along with a greater emphasis on prevention and early intervention.

Personal Health Budget
A personal health budget helps people to get the services they need to achieve their health outcomes, by letting them take as much control over how money is spent on their care as is appropriate for them.

Suitable Person
A person who gives their consent to receive Direct Payments on behalf of a person eligible for healthcare funding. This is because the person is unable to consent to Direct Payments, as they do not understand all the information relevant to that decision i.e. they lack the mental capacity**.'** The Appointed Suitable Person must act in the best interests of the person lacking mental capacity.

Support Plan
A plan which describes how a person will use their personal health budget to meet their outcomes. It is likely to have a wider scope than a traditional health "care plan".

Appendix 2


Flow chart for Personal Health Budgets
Please note the appeals process could be triggered at multiple points in the process
PHB eligible
Care needs assessed as part of normal process
MCA, DoLS and Safeguarding should be considered
Telecare technology and equipment should be considered
Risk enablement assessment must be completed
Indicative budget identified
PHB requested
MDT panel for agreement of proposed POC
This meeting is a risk enablement meeting to ensure that it is safe to follow this procedure. A pen picture of the individual needs to be presented/ brought to the meeting to cover:
The identified health and social care needs
The risks in relation to
Health risks
Financial risks
Reputational risks
What is in place to mitigate against these risks
Amount per week?
£0-650
£651-£1000
£1001+
Can be signed off by Band 7 Leads
Unless Integrated Personal Commissioning application which will need MDT sign-off.
This is for a trial period only
Must be Signed off by zone / cluster manager
Discussed for sign-off by Zone/Deputy Manager prior to forwarding to High Cost Panel Coordinator
Add application to High Cost Panel Agenda
High Cost panel for agreement of proposed funding
Individual informed of agreed budget / funding
Comparative costs must be sought e.g. residential/ nursing costs, quotes from alternative agencies
Person centred care and support planning service to develop outcome and asset based care and support plan which identifies full cost of delivery
Cost, choice, risk policy applied
Support plan must be legal, effective, affordable and meet a range of agreed objectives
If under £650 to go to band 7 lead to agree and sign off
Back to MDT/CCRP for authorisation(as per scheme of delegation) of care and support plan if weekly costs exceeds original agreed costs
Between £651 and £1000 p.w go to MDT
£1001 - £1999 p.w. go to CCRP
£2000+ agreed by Associate Director of delivery for Community Health and Social Care, Head of Operations, Chief Operating Officer or Chief Executive
Go to direct Payment Process (Appendix 6)
Agreement on how budget should be managed:
Fully commissioned
Direct Payments
Mixture of the above
Package of care and Support Plan put in place
Reviewed at 12 weeks to ensure continued eligibility, appropriateness of care and outcomes are being met
Reviewed annually to ensure continued eligibility, appropriateness of care and outcomes are being met
To include review of the following:
Financial assessment (for ASC)
Audit of experience
If needs change return to step:
Indicative Budget identified
Keyworker
Scheme of Delegation
VCSE
Band 7
Keyworker

Appendix 3

Personal Health Budgets (non CHC)

Standard Operating Procedure (SOP)

Prepared by: Helen Davies-Cox	
Presented to:	**Date:**
Ratified by:	**Date:**
	Review date:
Relating to policies: need full titles · Cost, choice risk policy · Care Act 2014 policies and procedures · Personalisation Policies · Choice and control risk enablement · Safeguarding adults- all policies and procedures · RAM/complex care panels · Child protection-all policies and procedures · Direct Payments Policy · MCA Policies	

Purpose of this document:

· To provide guidance to staff on the process of identifying and providing person centred budgets

Scope of this SOP:

- This SOP is relevant to all Torbay and South Devon NHS Foundation Trust staff (TSDFT) who commission packages of care (POC's) for people in the following areas:

Personal Health and Social Care Budgets will be provided to people living in:

- Torquay
- Paignton& Brixham

Personal Health Budgets will be provided to people living in:

- Coastal
- Moor-to-Sea
- Newton Abbot

Personal Social Care Budgets will be provided by Devon County Council to people living in:

- Coastal
- Moor-to-Sea
- Newton Abbot

Competencies required:

- All staff employed by the TSDFT, involved in identifying and providing person centred budgets will have training in a strengths based approach, motivational interviewing and Patient Activation.
- All staff involved in identifying and providing person centred budgets will have attended training on the Mental Capacity Act and understand the principles of best interest decision making and the Deprivation of Liberty Safeguards.
- All staff employed by the TSDFT, involved in identifying and providing person centred budgets, will have been trained in producing outcome and strength based support plans.
- All staff employed by the TSDFT, involved in delivering person centred budgets, will follow the direct payment policy.

Clients covered

- Apart from exclusions by statute, a Personal Health Budget can be offered to anyone who is likely to benefit.

- People who have high levels of need but are not eligible to receive NHS Continuing Healthcare, but who have health needs which would be suitable.

- Parents, and children over age 16 with education, health and care plans, who could benefit from a joint budget including money from the NHS.

- People with learning disabilities or autism and high support needs (in line with Sir Stephens Bubb's report https://www.england.nhs.uk/wp-content/uploads/2014/11/transforming-commissioning-services.pdf)

- People who make ongoing use of mental health services.

- People with long-term conditions for whom current services are unable to achieve the desired health outcomes within their standard model of services.

- People who need high cost, longer term rehabilitation e.g. people with acquired brain injury, spinal injury or mental health recovery.

- Anyone entitled to funding for eligible adult social care needs should be informed of their 'personal budget' and be given the opportunity to take it as a direct payment, commissioned service or combination of the above or Joint Funded packages.

Procedure: For Adult Service Users

- Where the request is for a user of adult services, the key worker must have completed a Supported Self-Assessment Questionnaire (SSAQ) with the service user and produced an outcome based support plan. Found in ICON. http://nww.torbaycaretrust.nhs.uk/Operations/mental_capacity_act/Documents/revisied%20Supported%20Self%20Assessment%20V0%207%2022%2003%2012.doc

- A risk enablement assessment must also be completed- Found on ICON **http://nww.torbaycaretrust.nhs.uk/professional_practice/quality_and_safety/Documents/Risk%20tool.pdf**

- If the individual is likely to be eligible for Continuing Healthcare (CHC),the CHC Checklist must be completed and when indicated referred on for the Decision Support Tool (DST).

- The keyworker must ensure that any relevant safeguarding issues are highlighted.

- Keyworker to assess for eligibility and refer to 'brokerage' who will undertake outcome based care and support planning in collaboration with the service user.

- The Keyworker must discuss with 'brokerage' possible ways of meeting service users' needs

- Brokerage' to demonstrate the associated costs and risks to meet health or care outcomes as identified by keyworker and service user.

- The key worker must evidence that they have consulted with relevant professionals when determining the service users' needs

- The use of Telecare technology should be explored.

- The key worker must submit the proposed support plan to a Funding Panel in line with the current Scheme of Delegation.

- Funding Panel / Line Managers will agree packages of care in line with the Scheme of Delegation and if necessary, escalate to additional 'High Cost Funding Panel' for agreement, as per 'Scheme of Delegation"

  http://nww.torbaycaretrust.nhs.uk/Operations/funding_panel_processes/Pages/default.aspx

Monitoring tool:

- Appeals process (appendix 1) in place for Personal Health and or Social Care Budget
- For Health budgets there is an internal IT system used, Torbay Financial Module (TFM), for which all clients details processed within the team are inputted. Internal and External audit will also be undertaken as requested by the regulatory bodies.

Standards:

Item	%	Exceptions

5.27 Equality Statement.

5.28 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy

References:

- Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care
- http://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf
- http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- Mental Capacity Act 2005
- NHS Continuing Healthcare Funding & Funded Nursing Care Policy
- EQUALITY AND DIVERSITY POLICY

Appendix:

Appendix 1: Panel for appealing Personal Health and or Social Care Budget decisions Terms of Reference

Appendix 2: Personal Health Budgets Recording process

Amendment History

Issue	Status	Date	Reason for Change	Authorised

Appendix 1

Panel for appealing Personal Health and or Social Care Budget decisions

Terms of Reference

Version	Revision	Author	Date
V1.0		Helen Davies-Cox Nicola Barker	21/01/16

Background

The TSDFT is fully committed to the Governments policy that every individual should have choice and control over their care and support. This will enable people to live healthy independent lives and maximise their autonomy in the decision making process. As part of this people will know how much their personal budget is with regard to health and social care, which they may also wish to manage for themselves.

From April 2014 everyone who receives NHS continuing health care and children's continuing care funding will have a right to ask for a personal budget rather than receiving services commissioned by others. TSDFT has the right to refuse this request, but must provide a transparent process and rationale for decision.

Governments NHS Mandate in 2015 states that everyone with long-term conditions, including people with mental health problems, should be offered a personalised care plan that reflects their preferences and agreed decisions;

In addition, patients who could benefit should have the option to hold their own personal health budget as a way to have even more control over their care.

Core Purpose

The purpose of the Panel decisions is to provide individuals and their representatives (non-legal) the opportunity to have the decisions that they are dissatisfied with review and reconsidered prior to the complaints process.

Expected outcomes

A fair and transparent process for decision making across the TSDFT with regard to assessment of need, care planning and budget setting

Membership

Member	Responsibility
Senior Operational Manager (Chair)	To chair the panel and liaise directly with the appellant on the decision made by this panel.
A minimum of 2 practitioners from the below groups as appropriate to the individuals identified need: Occupational Therapists, Physiotherapists, Nurses, Mental Health workers, Learning Disability team member, Social Worker.	As required according to the needs of the individual. The members of this panel will not be the same people as those who were part of the original decision making process.

Frequency of meetings and conduct of business

The panel will meet as and when required.
The originating locality will be expected to provide administration throughout this process, including minute taking and any support required for correspondence.

Reporting

A copy of the decision will be held on the individual's personal file and also on a specific folder within the operational H drive.
The Panel activity will form part of the TSDFT Community Service Delivery Unit and report to the CCG and local authority.
In relation to personal health budgets, the outcome of each panel hearing will be reported and discussed at the regular Integrated Personal Commission implementation Group meetings.

Review

The Terms of Reference will be reviewed annually or at an appropriate time prior to this, to reflect any changes in the organisations governance structure, or as occasioned by significant changes in need.

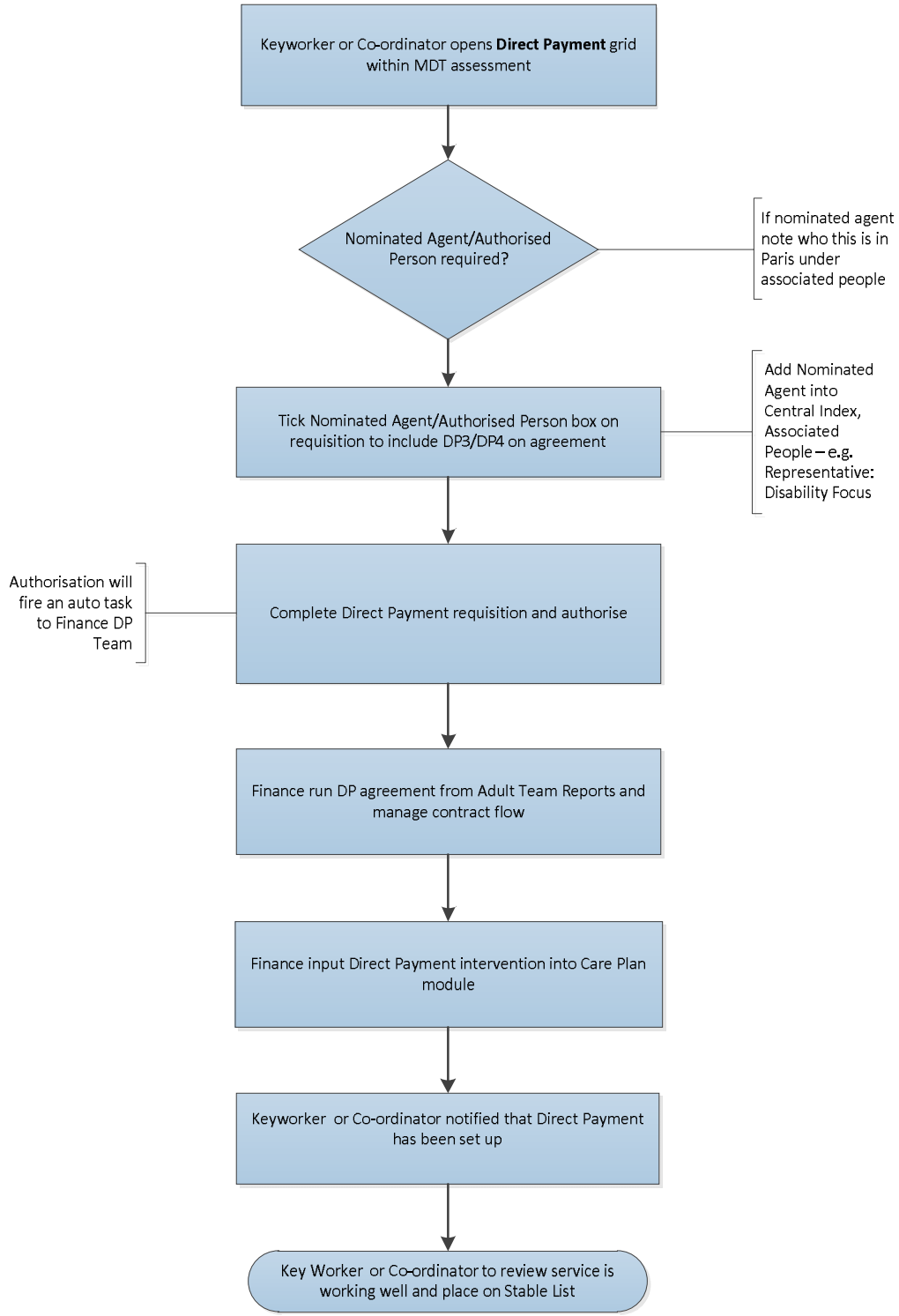
Appendix 2

Personal Health Budget Recording Process

Process	Action
Step 1	Identify and Refer Patient Open a Paris account
Step 2	· Eligibility Criteria completed · Gain consent to participate · Key worker to complete/collect baseline outcome measures · Social Care to complete normal eligibility tools and confirm Resource Allocation System (RAS) · Referral made to Finance Assessment Brokerage (FAB) team
Step 3	· Establish indicative Social Care budget- if any in addition to identified health care budget. · Send letter to client
Step 4	· Wellbeing co-ordinator /My Support Broker to generate “My Plan for Living Well” using guided conversations, PAM tool and indicative budget
Step 5	· Return the ““My Plan for Living Well”” to the zone for sign off agreement with the actual budget in line with the scheme of delegation · Key worker to present to panel if complex · Agree start date of POC/budget · Key worker to complete Social Care Personalised Budget in addition to Personal Health Budget paperwork (Direct Payment) · Patient/service user informed of decision via a letter · Key worker to log/scan “My Plan for Living Well” on to PKB and PARIS, ensuring that the PHB box is ticked as appropriate. · Key worker to inform GP of “My Plan for Living Well” and send a copy for their records · MSB/WBC to support micro commission services if support is required · Signpost to peer support groups
Step 6	Review the “My Plan for Living Well”

Appendix 6

Direct Payment Process for Personal Health Budgets



The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☐	Other, please state… ☐

Could the policy treat people from protected groups less favorably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐
Please provide details for each protected group where you have indicated 'Yes'.	

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centered care?	Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)	

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state… ☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***	Yes ☐ No☐

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.