

Personal Health Budgets and Integrated Personal Budgets Policy

March 2024 – September 2026

CONTROL RECORD			
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Title	Personal Health Budgets and Integrated Personal Budgets Policy		
Amendments	<p>Updates following 360 Assurance Internal Audit report.</p> <p>Paragraph 1.6 – outside of the legal ‘right to have’ - groups of people with a legal right to have a personal health budget</p> <p>Section 4 – Definitions updated</p> <p>Section 8 – Who can receive a health direct payment</p> <p>Section 11 – Key features of a PHB</p> <p>Section 12 – Approval of a PHB</p> <p>Section 13 – Appealing the personal health budget approval decision</p> <p>Section 14 – Review and monitoring of personal health budgets</p> <p>Section 15 – Article 8 of the Human Rights Act</p> <p>To include new Appendices A and B – Terms of References.</p>		
Purpose	<p>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 wellbeing of the people within the ICB footprint.</p> <p>This policy covers those individuals who have the legal right to have a personal health budget, and where health and social care work together to provide an integrated personal budget or where the ICB offers personal health budgets outside of the legal rights.</p>		
Superseded Documents	Personal Health Budgets Policy v1.2		
Audience	The document is aimed at the public, staff within the Nottingham and Nottinghamshire Integrated Care Board and providers who deliver personal health budgets.		
Consulted with	None		
Equality Impact Assessment	See Appendix C		
Approving Body	Strategic Planning and Integration Committee	Date approved	March 2024
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB’s document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

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1. Introduction

- 1.1 This policy applies to NHS Nottingham and Nottinghamshire Integrated Care Board (ICB); hereafter referred to as 'the ICB' and outlines the national context for Personal Health Budgets and Integrated Personal Budgets.
- 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 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 legal right to have a personal health budget, and where health and social care work together to provide an integrated personal budget.
- 1.5 The groups of people with a legal right to have 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.
- 1.6 In addition to the above, the ICB may offer personal health budgets to people who are not within the legal right to have group or do not have an integrated personal budget.

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 eligible for a Personal Health Budget.
- 2.2 All NHS organisations have a duty to operate within its financial framework which must be considered in addition to the Human Rights Act. The ICB also has an obligation of equality under the Public Sector Equality Duty.
- 2.3 This policy should be read in conjunction with the ICB Continuing Healthcare Commissioning Policy, Childrens Continuing Care Policy, Aftercare S117

Policy, National Health Service (Direct Payment) Regulations 2013, The NHS England Guidance on direct payments for healthcare: Understanding the regulations and The NHS England Guidance on the legal rights to have a personal health budgets and personal wheelchair budgets.

- 2.4 This policy should be used alongside the ICB personal health budget guidance and personal health budget financial monitoring standard operating procedures and processes.

3. Scope

- 3.1 This policy applies to all employees of the ICB including any individuals working within the ICB in a temporary capacity, NHS Continuing Care delivery teams and any individual who is eligible for a personal health budget which is funded by the ICB.

4. Definitions

Term	Definition
Personal Health Budget	A personal health budget is an amount of money to support a person’s identified health and wellbeing 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.
Integrated Personal Budget	An integrated personal budget is where the budget includes funding from both the local authority and the NHS. This could be for health and social care needs and where appropriate, includes education funding. Integrated personal budgets aim to put in place a seamless approach to care, so that people and their families have the same experience of care and support, regardless of whether their care is funded by the local authority or the NHS. The joint funded packages of care and S117 aftercare are provided to people as integrated personal budgets.
Options in how people can have a budget	
Notional Budget	The money is held by the NHS and services are commissioned by the NHS according to the agreed personalised care and support plan.

Term	Definition
Direct Payment	A monetary payment to a person (or their representative or nominee) funded by the NHS, to allow them to purchase the services that are agreed in the personalised care and support plan. 'Managed account' is the term used when a direct payment is held in an account on behalf of the budget holder, by a direct payment support service, solicitor, accountant or other provider. Unlike a third party budget, the managed account provider does not take on responsibility for arranging care and support, but co-ordinates the financial elements of the budget. The budget holder is still the person who signs the direct payment agreement and retains responsibility for decisions about how the budget is spent, and in most instances is also the registered employer for any personal assistants.
Third Party Budget	An organisation independent of the person, the local authority and NHS commissioners manage the budget and are responsible for ensuring the right care is put in place, working in partnership with the person and their family to ensure the agreed outcomes can be achieved. A third party budget is not a form of direct payment. They are particularly helpful when a person or their representative would like to employ personal assistants: <ul style="list-style-type: none"> • but does not wish to take on the responsibilities of being an employer • Lacks capacity or is otherwise not in a position to manage their own budget or be an employer
Personal Assistant	A personal assistant is a person who is employed by a Personal Health Budget recipient to provide their care and support.

5. Roles and Responsibilities

Roles	Responsibilities
Directors	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 Nurse and their Deputy	The Chief Nurse leads on Personalised Care and has a consultative and advisory role in clinical and operational aspects within the team. The Chief Nurse ensures that the ICB has met its responsibilities. The Chief nurse is supported by

Roles	Responsibilities
	the Deputy Chief Nurse.
Assistant Director, Heads of CHC and Case Managers	Responsible for ensuring that the CHC team work to the policy related to CHC and Children and Young People's Continuing Care and personal health budgets, to ensure 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.
Personalised Care Team	All members of the ICB personalised care team have a responsibility to work to the policy
CHC Delivery Unit staff	All members of CHC staff have a responsibility to work to the policy related to CHC and Children and Young People's Continuing Care and personal health budgets, to ensure 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.
Wheelchair services Delivery Unit managers and staff	All members of wheelchair services managers and staff have a responsibility to familiarise themselves with the contents of the Policy.

6. NHS Long Term Plan

- 6.1 Personal health budgets are part of the NHS's comprehensive model of personalised care which will, as part of the NHS Long Term Plan, transform 2.5 million lives by 2023/24.

7. Eligibility for Personal Health Budgets

- 7.1 The following groups have a legal right to request or be offered a personal health budget:

- Adults in receipt of NHS Continuing Healthcare including Fast Track
- Children and young people eligible for continuing care,
- People eligible for aftercare services under section 117 of the Mental Health Act
- People eligible for an NHS wheelchair.

- 7.2 The ICB is working with the four Place Based Partnerships of Bassetlaw, Mid Nottinghamshire, South Nottinghamshire and Nottingham City, to offer

personal health budgets to additional groups of people, based on local need, but who do not have a legal right to have a personal health budget.

8. Who can receive a health direct payment

8.1 A direct payment can be made to, or in respect of, anyone who is eligible for NHS care [under the National Health Service Act 2006] and any other enactment relevant to an ICB. Direct payments can be made:

- To a person aged 16 or over, who has the capacity to consent to receiving a direct payment and consents to receive one.
- To a child under 16 where they have a representative who consents to the making of a direct payment.
- To a person aged 16 or over who does not have the capacity to consent but has a representative who consents to the making of a direct payment.

And where:

- A direct payment is appropriate for that person with regard to any particular condition they may have and the impact of that condition on their life.
- A direct payment represents value for money and, where applicable any additional cost is outweighed by the benefits to the person.
- The person is not excluded from health direct payments (see Schedule of the regulations).

8.2 The ICB will adhere to the National Health Service (Direct Payments) Regulations 2013 when making/providing a direct payment as part of a personal health budget.

9. What a Personal Health Budget can be used for

9.1 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. This could include funding for a personal assistant to help with personal care at home or equipment such as a wheelchair. The ICB will not exclude unusual requests without examining the proposal on a case-by-case basis as these may have significant benefits for people's health and wellbeing.

10. What a Personal Health Budget cannot be used for

10.1 There are several exclusions that are outlined in The National Health Service (Direct Payments) Regulations 2013. A personal health budget 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 household.
- 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 service (GP contract).
- Acute unplanned care (including A&E).
- Surgical procedures.
- Medication.
- NHS charges, for example, prescription charges.
- Vaccination/immunisation.
- Screening.

10.2 Although the regulations refer specifically to direct payments, for consistency and good practice the exclusions should be applied to all types of personal health budgets.

11. Key features of a Personal Health Budget

- 11.1 To ensure people experience a personalised care approach and achieve the best outcomes possible. A person should expect to:
- To receive timely contact from the ICB and be provided with clear and accessible information about Personal Health Budgets.
 - To have a personalised assessment to understand their health and well-being needs.
 - Know upfront an indication of how much money they have available for healthcare and support.
 - Be central in developing their personalised care and support plan (CASP) 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.
 - Have enough money in the budget to meet the health and wellbeing needs and outcomes agreed in the CASP.
 - Have the option to manage the money as a direct payment, a notional budget, a third-party budget, or a mix of these approaches.
 - Be able to use the money to meet their outcomes in ways and at times that make sense to them, as agreed in their CASP.
 - To be supported to organise their care and support, as agreed in their CASP.

- To have a review of their Personal Health Budget after 3 months and thereafter annually, where appropriate.

12. Approval of a personal health budget

12.1. The ICB personal health budget panel is established to provide clinical and financial management and approval for Personal Health Budgets (see Terms of Reference at Appendix A).

12.2 In order for a personal health budget to be approved by the ICB personal health budget panel, there must be a CASP that has been developed with the person and/or their representative. The CASP must show:

- Who the person is and what matters to them
- What is working and not working for them
- What their health needs are
- How their health and well-being needs will be met
- What outcomes they wish to achieve.
- If there are any risks – What are the risks and how will they be managed
- How a budget will be used to meet their outcomes
- How the budget will be managed
- Have a clear action plan of what needs to happen

12.3 In order for a CASP to be approved it must also be:

- **Lawful:** The proposals should be legitimately within the scope of the funds and resources that will be used. The package of care must be lawful and regulatory requirements relating to specific measures proposed must be addressed.
- In deciding whether the CASP meets with legal requirements it must show that:
 - a. The CASP will fulfil the NHS statutory duty to meet the persons assessed, eligible needs.
 - b. The measures proposed in the CASP must in all cases be lawful.
 - c. In line with the Mental Capacity Act 2005, if the person appears to lack capacity, the CASP must make clear how their wishes have been ascertained and incorporated into the care and support plan.
 - d. The person must be made aware of any legal responsibilities they will incur as a result of measures proposed in the CASP (e.g. employment law, health and safety).

- e. Any service providers identified in the CASP must meet applicable regulatory requirements.
- f. The person and carers must receive guidance on any health and safety issues or regulatory requirements in relation to any equipment to be used or any adaptations to their home.
- It must not include:
 - g. To pay a close family carer living in the same household except in circumstances when 'it is necessary to meet satisfactorily the person's need for that service; or to promote the welfare of a person who is a child'.
 - h. The employment of people in ways which breach national employment regulation.
- **Effective:** The proposals must meet the person's assessed eligible needs and support the person's independence, health and well-being. The proposals must make effective use of the funds and resources available in accordance with the principle of best value.
- In deciding whether the care and support plan is effective it must show that:
 - a. The care and support plan meets all the assessed eligible needs. Including any delegated healthcare tasks they require and ensuring whomever they employ receive the correct training.
 - b. The proposed measures will be effective in supporting the person's independence, health and wellbeing.
 - c. The proposals represent the most effective use of the resources and funds available.
 - d. A risk assessment has been carried out and any risks identified in the plan have been addressed.
 - e. The care and support plan includes measures to address outcomes that will help the person develop their independence or independent living skills and will enhance their health and wellbeing.
 - f. Where there is a carer, the carer's needs have been assessed and the proposals take account of their needs too.
 - g. A clinical decision will need to be made at the point the person wishes to use their budget for therapy. Funding for any therapy will only commence once the ICB approval has been given.

The ICBs cannot recommend individual therapists, but the therapists must hold current accreditation to practice.

- **Affordable:** All costs have been identified and can realistically be met within the budget.

In deciding whether the care and support plan is affordable it must show that:

- a. The care and support plan are within the indicative budget or, if the indicative budget is exceeded, a clear and reasoned explanation is provided to justify the additional spend.
- b. In the case of care and support plans that exceed the indicative budget, the plan is thoroughly checked by commissioners before being sourced to ensure best value.
- c. All relevant sources of funding have been identified and utilised: the use of universal services; community resources; informal support and assistive technology has been explored.
- d. All costs have been identified and fall within the indicative budget allocated and can be realistically met.
- e. A suitable contingency amount is included within the CASP.
- f. The proposals represent the most effective use of the resources and funds available.
- g. The CASP meets the assessed, eligible needs in the most cost-effective way possible.
- h. Where the CASP require a budget that is lower than the indicative budget, the lower budget will be approved.
- i. The value of the budget does not exceed the value of commissioned services.
- j. The CASP costs are not substantially disproportionate to the potential benefit.

“Where National Institute for Care and Excellence (NICE) has concluded that a treatment is not cost effective, ICBs should apply their existing exceptions process before agreeing to such a service. However, when NICE has not ruled on the cost effectiveness or otherwise of a specific treatment, ICBs should not use this as a barrier to people purchasing the service, if it could meet the individual’s health and wellbeing needs. People need the right information and support to enable them to make an informed decision about how to use their direct payments. Where relevant, individuals should be given the opportunity to review the underpinning evidence and the conclusions drawn up by NICE. NICE provide a lay version of their guidance that can help people make decisions about this type of healthcare.”

- **Appropriate:** The CASP should not include the purchase of items or services that are inappropriate for the state to fund or that would bring the NHS into disrepute. The CASP must have clear and strong links to a health or social care outcome.

12.4 The role of the ICB personal health budget panel is to:

- To ensure that any requests for individual treatments are NICE compliant and are being provided by an appropriate registered individual or organisation.
- To have oversight of the ICB's Personal health budget quality assurance processes
- Ensure the care and support plan is fully completed, has identified the individual's needs, takes a person-centred approach and details positive, personalised outcomes for the individual to ensure the personal health budget can be approved.
- Ensure the proposed actions meet the individuals needs and specified outcomes in a way that is lawful, effective, affordable, and appropriate as per ICB Policy.
- To review all personal health budgets to monitor effectiveness in accordance with the review date.

12.5 The panel will approve, partially approve, or reject the personal health budget, with proposed reasonable adjustments or justification for the panel's decision. This will be recorded and the care and support plan will be signed by the ICB in accordance with the ICB approval limits.

Approval route:	What they can approve:
Band 7 or above	Up to £2,000 and there are no exceptional circumstances in the request. If the cost is over £2,000, they can quality assure the plan and send the request to the relevant manager or panel. Requests which include exceptional circumstances, irrespective of cost cannot be approved.
Band 8a or above	Up to £3,000 and there are no exceptional circumstances in the request.
Band 8b or above	Up to £4,000 and there are no exceptional circumstances in the request.
Band 8c or above	Up to £5,000 and there are no exceptional circumstances in the request.
Complex Care and Quality Assurance	All requests that are £5000 or above

The panel is chaired by the Assistant Director of Nursing and Quality	Requests which include exceptional circumstances, irrespective of cost. Cases where the provision of a personal health budget (PHB) to support care at home is significantly more than a residential setting.
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- 12.6 The ICB will require additional assurance, for example complex care packages where:
- The cost of the personal health budget exceeds £5,000.00 per week.
 - Contentious cases irrespective of cost – such cases are defined as those that fall outside the scope of this policy or where there is significant concern or complexity around the package of care and funding requested.
 - Cases where the provision of a personal health budget to support care at home is significantly more than the cost of care in a residential setting.
- 12.7 These packages will be managed through the Complex Care & Quality Assurance Panel (see terms of reference at Appendix B)
- 12.8 The Complex Care and Quality Assurance Panel process aims to ensure that these requests are considered in a fair and transparent way, with decisions based on the best available evidence and in accordance with the ICB’s commissioning principles. When considering a request, in addition to the principles outlined in section 7 of this policy the Panel will also ensure that decisions:
- Comply with relevant national policies or local policies and priorities that have been adopted by the ICB concerning specific conditions or treatments.
 - Are based on the available evidence concerning the clinical and cost effectiveness of the proposed care package or placement.
 - Address any contractual, CQC or safeguarding issues.
 - Are taken without undue delay; a pragmatic approach may need to be taken when dealing with urgent requests i.e. where a delay in reaching a decision to fund adversely affects the clinical outcome.

13. Appealing the personal health budget approval decision

- 13.1 Where an individual or representative is not satisfied with the panel decision, they can provide additional evidence or relevant information and ask the ICB to reconsider its decision. The ICB must reconsider their decision in the light of the new evidence, and then notify and explain the outcome of their

deliberation in writing. If the dispute persists, the ICB should discuss the case with its Chief Nurse.

14. Review and monitoring of personal health budgets

- 14.1 All personal health budgets will be reviewed at least every 12 months with the exception where a personal health budget has been provided as a 'one off' budget.
- 14.2 Reviews may need to take place sooner or more frequently if the ICB becomes aware that the health needs of the individual have changed significantly or if it becomes apparent that the care and support plan is not being followed or expected health outcomes are not being met.
- 14.3 Where a direct payment or third party personal health budget has been approved, financial monitoring and auditing of the expenditure against the approved CASP will be undertaken by the ICB. Financial audits will be carried out at least once every 12 months.

15. Article 8 of the Human Rights Act

- 15.1 The ICB has obligations of equality under the Public Sector Equality Duty and a duty to operate within its financial framework which must be considered in addition the Human Rights Act
- 15.2 The ICB also has a responsibility to promote a comprehensive health service on behalf of the Secretary of State and to offer individual choice, but within the constraints of the resources available to it.
- 15.3 The Human Rights Act means an individual can take action in the UK courts if their human rights have been breached.
- 15.4 However, Article 8 of the Human Rights Act is limited; this means rights can be restricted in specific situations set out in the Act. Interference is therefore permissible but must be justified with a legitimate aim making Article 8 a qualified right.
- 15.6 To prove objective justification, the aim must be a real objective consideration and not in itself discriminatory. For example, ensuring the health and safety of others would be a legitimate aim. Other examples of legitimate aim include the protection of other people's rights, the health, safety and welfare of individuals, running an efficient service, etc.

16. Equality and Diversity Statement

- 16.1 Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services as well as an employer.
- 16.2 The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 16.3 We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.
- 16.4 As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 16.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

17. Communication, Monitoring and Review

- 17.1 The ICB will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities.
- 17.2 This policy will be reviewed every three years as to effectiveness of ensuring choice and equity in the delivery of personal health budgets to individuals across the ICB. This policy will be reviewed earlier if there are changes in national guidance on the legal right to have a personal health budget, individual choice or the NHS direct payment regulations 2013 and will be approved by the ICB's Quality and People Committee.
- 17.3 An audit of cases will be undertaken every three months by the Personalised Care Manager. This audit will check that the personal health budget process has been followed in terms of a person centred CASP being fully completed, panel decision of approval has been recorded and the CASP has been

approved as per the ICB delegated limits. The audit findings will be presented to the Assistant Director of Quality and Nursing who will communicate the findings to the Deputy Chief Nurse and ensure any corrective action is taken. The audit findings will also be shared with the personal health budget panels and case management teams where appropriate.

- 17.4 Any individual who has queries regarding the content of the Policy, or has difficulty understanding how this relates to their role, should contact the ICB's Personalised Care Team via email: nnicb-nn.personalisedcare@nhs.net

18. Staff Training

- 18.1 Awareness of this policy will be proactively undertaken throughout the ICB and ongoing support will be provided to individuals to enable them to discharge their responsibilities. The core training that all Personalised Care staff and Continuing Healthcare staff will undertake in addition to mandatory training will be personalised care training including personal health budgets.
- 18.2 All staff carrying out financial monitoring will adhere to the ICB Fraud, Bribery and Corruption Policy.

19. Interaction with other policies

- 19.1 This policy should be read in conjunction with Continuing Healthcare (Adults and Children) Commissioning policy, Childrens Continuing Care Commissioning policy, Aftercare S117 policy, National Health Service (Direct payment) Regulations 2013 and NHS England Guidance on the legal right to have personal health budgets and personal wheelchair budgets.

20. References

- Continuing Healthcare (Adults and Children) Commissioning policy: [COM-005-Continuing-Healthcare-Adults-and-Children-Commissioning-Policy-v1.1.pdf \(icb.nhs.uk\)](#)
- Childrens Continuing Care Commissioning policy: [COM-006-Children-and-Young-Peoples-Continuing-Care-Policy-v1.1.pdf \(icb.nhs.uk\)](#)
- S117 After Care Policy [Section 117 After Care Policy \(icb.nhs.uk\)](#)
- Guidance on the legal right to have personal health budgets and personal wheelchair budgets: [Guidance-on-legal-rights-to-have-personal-health-budgets-or-personal-wheelchair-budgets.pdf \(england.nhs.uk\)](#)
- National Health Service (Direct Payment) Regulations 2013: [The National Health Service \(Direct Payments\) Regulations 2013 \(legislation.gov.uk\)](#)

- [The National Health Service \(Direct Payments\) \(Amendment\) Regulations 2013 \(legislation.gov.uk\)](#)
- [The National Health Service \(Direct Payments\) \(Amendment\) Regulations 2017 \(legislation.gov.uk\)](#)
- Guidance on direct payments for healthcare - understanding the guidance: [NHS England » Guidance on direct payments for healthcare: Understanding the regulations](#)
- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care: [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - July 2022 \(Revised\) - corrected May 2023 \(publishing.service.gov.uk\)](#)
- National Framework for NHS Children's Continuing Care: [National Framework for Children and Young People's Continuing Care \(publishing.service.gov.uk\)](#)
- Human Rights Act 1998, Citizens Advice Bureau & Equality and Human Rights Commission: [The Human Rights Act | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)
- The NHS Choice Framework: [The NHS Choice Framework: what choices are available to me in the NHS? - GOV.UK \(www.gov.uk\)](#)

Appendix A

Personal Health Budgets (PHB) Continuing Healthcare (CHC) Panel Terms of Reference

<p>1. Purpose</p>	<p>The PHB, CHC Panel exists to ensure that rigorous and transparent employee policies, procedures and systems are in place and kept under review for all staff employed by the ICB.</p>
<p>2. Status</p>	<p>The Panel is established to provide clinical and financial management and approval for Personal Health Budgets.</p>
<p>3. Responsibilities</p>	<p>The group's main responsibilities are:</p> <ol style="list-style-type: none"> a) To ensure that any requests for individual treatments are NICE compliant and are being provided by an appropriate registered individual or organisation. b) Ensure the CASP is fully completed, has identified the individual's needs, takes a person-centred approach and details positive, personalised outcomes for the individual to ensure the PHB can be approved. c) Ensure the proposed actions meet the individuals needs and specified outcomes in a way that is lawful, effective, affordable, and appropriate as per ICB Policy. d) To review all PHBs to monitor effectiveness in accordance with the review date. <p>The group will then approve, partially approve, or reject the PHB, with proposed reasonable adjustments or justification for the group's decision. This will be logged and the CASP will be signed by the ICB in accordance with the ICB approval limits.</p>
<p>4. Membership</p>	<p>Membership is made up of a representative from each team who have the relevant knowledge of personalised care and support planning, personal health budgets or who represent the individual.</p> <p>The PHB CHC Panel Membership will be comprised of:</p> <ul style="list-style-type: none"> • ICB Individual Care Packages Manager (CHC) • ICB Assistant Director of Nursing/ Lead Nurse CHC & PHBS/Deputy Chief Nurse • A Clinical lead/case manager from the relevant CHC delivery team • A PHB co-ordinator/Personalised Care support officer from the relevant CHC delivery team

	<ul style="list-style-type: none"> An Administrator from the ICB CHC central team 	
5. Chair and deputy	<p>a) The Chair is the Individual Care Packages Manager (CHC).</p> <p>b) Deputy Chair is the Assistance Director of Nursing and Quality/Lead Nurse CHC & PHBS/Deputy Chief Nurse</p>	
6. Quorum	<p>The meeting will be considered quorate when a Clinical lead/case manager from the relevant CHC team; a PHB co-ordinator/Personalised Care support officer from the relevant CHC team; and an ICB Individual Packages Manager is present.</p> <p>Required Attendance: It is expected that member will prioritise these meetings and make themselves available. Exceptionally, where this is not possible, a deputy may attend of sufficient of seniority to support delivery in a timely manner and to have delegated authority to make decisions on behalf of their organisations or role on the group in accordance with the objectives set out in the terms of reference for this group</p>	
7. Approval Routes – Continuing Healthcare personal health budget panel	Individual care packages manager Band 7	<p>Up to £2,000 and there are no exceptional circumstances in the request.</p> <p>If the cost is over £2,000, they can quality assure the plan and send the request to the relevant manager of panel.</p> <p>Requests which include exceptional circumstances, irrespective of cost cannot be approved</p>
	Lead Nurse CHC & PHBS and Senior Commissioning Manager Band 8a	Up to £3,000 and there are no exceptional circumstances in the request
	Head of Continuing Healthcare	Up to £4,000 and there are no exceptional

		circumstances in the request
	Assistant Director Nursing and Quality Band 8c	Up to £5,000 and there are no exceptional circumstances in the request
	Complex case and quality assurance panel The panel is chaired by the Assistant Director Nursing and Quality	All requests that are £5,000 or above. Requests which include exceptional circumstances, irrespective of cost. Cases where the provision of a personal health budget (PHB) to support care at home is significantly more than a residential setting.
8. Frequency of Meetings	<p>Meeting will be held fortnightly on a Thursday. The panel will meet virtually via Microsoft Teams</p> <p>There will be a separate panel meeting for the North and South of Nottingham and Nottinghamshire.</p> <p>If for any reason the PHB requires urgent agreement outside of panel, there must be a timely and proportionate process for approval. This can be done virtually with each panel member receiving a copy of the PHB request. The ICB CHC admin team will liaise with all and set up a virtual meeting with one working day of receiving the request via the generic email.</p> <p>The chair may call any ad hoc meetings as required</p>	
9. Servicing and Processing	<p>The panel will be serviced by the ICB CHC administration team with support from the Chair of the panel.</p> <p>The following approach will be adopted to ensure the efficient and effective running of the group:</p>	

	<p>The agenda and PHB request including CASPS are sent to will be emailed to all panel member by midday three days before each panel meeting.</p> <p>Any PHB request that is incomplete will not be discussed at panel.</p> <p>The panel will discuss any direct payment alert raised by the Personalised care team. Actions should be recorded and reviewed by the ICB panel members.</p> <p>The meeting will follow a standard agenda with items noted for decision on the log sheet and the CASP.</p> <p>Each personal health budget co-ordinator/personalised care support officer from the CHC team will present their PHB cases for discussion.</p> <p>Where the ICB agree that all criteria are met then the CASP and PHB will be approved. The IBC Manager will sign the CASP or forward it to an authorised ICB CHC colleague in accordance with the ICB scheme of delegation.</p> <p>Where the ICB do not approve the plan and budget, the reasons and rational will be documented on the CASP (see section 11.1 of the guidance). Once addressed the CHC team will need to return the case to panel with an updated CASP.</p> <p>Where there is a contentious case, it will be discussed at the PHB panel and then referred to the ICB Complex Case and Quality Assurance (CCQA) panel for approval.</p> <p>Details of each PHB approval/non approval will be recorded by the ICB CHC central team administrator and documented on a log to be held by the ICB CHC central team and emailed over to the CHC teams within one working day.</p>
<p>10. Conflicts of Interest Management</p>	<p>In advance of any meeting of the PHB Panel, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring the supporting papers for a particular agenda item are not sent to conflicting individuals.</p> <p>At the beginning of each PHB Panel meeting, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formerly recorded in the minutes for the meeting.</p>

	<p>The Chair of the PHB Panel will determine how declared interests should be managed, which is likely to involve one of the following actions:</p> <ul style="list-style-type: none"> a) Requiring the conflicted individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the PHB Panel decision making arrangements. b) Allowing the conflicted individual to participate in the discussion, but not the decision-making process. c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the PHB Panel decision making arrangements and where there is a clear benefit to the conflicted individual being included in both. d) Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source.
<p>11. Reporting responsibilities and review of committee effectiveness</p>	<p>There is a statutory reporting of PHBs into the Quality and People Committee.</p>
<p>12. Review of terms of reference</p>	<p>These terms of reference will be formally reviewed on an annual basis but may be amended at any time in order to adapt to any national guidance as and when issued.</p> <p>Any proposed amendments to the terms of reference will be submitted to the PHB CHC Panel for approval</p>

Appendix B

Complex Care & Quality Assurance Panel (CCQA) – Terms of Reference – August 2023

<p>1. Purpose</p>	<p>The purpose of the CCQA Panel is to consider complex high cost or contentious packages of care that have been identified through continuing care or transforming care. High cost is defined as a cost of £5k or more per week or £3k or more per week for Looked After Children’s cases.</p> <p>The Local Authorities are members of the Panel for decisions relating to joint funded cases where the ICB contribution is £5k or more per week, or £3k or more per week for Looked After Children’s cases or if the case is contentious.</p> <p>A case may be considered as contentious regardless of cost.</p>
<p>2. Status</p>	<p>The panel is established in accordance with the ICB constitution. The panel will report to the QIPP Continuing Care Panel Saving and Efficiencies Group.</p>
<p>3. Duties</p>	<p>Consider complex high cost packages and contentious cases in line with the CHC Commissioning Policy and relevant Local Authority policies.</p> <p>When making decisions in line with the policies, the panel will ensure that the high cost package Decision Framework paperwork is completed.</p> <p>For joint funded cases negotiate and agree each agency’s funding contribution to a care package, based on evidenced health and social care needs.</p> <p>When making decisions the panel will ensure that:</p> <ul style="list-style-type: none"> • evidence is available to demonstrate personalised care, clinical and cost effectiveness, care is based on the least restrictive approach resulting in an appropriate care package/placement for the individual. • risks are identified and managed for each individual case, there is consistency of decision making in line with each organisation’s commissioning policy.
<p>4. Membership</p>	<p>The Panel membership is:</p> <p>Core Group</p> <ul style="list-style-type: none"> • Assistant Director of Nursing and Quality (Chair)

	<ul style="list-style-type: none"> • Operational Director of Finance (Deputy Chair) • Deputy Chief Nurse • Head of Continuing Healthcare (Senior CHC Commissioning Manager as deputy) • Assistant Head of Finance <p>Invited individuals depending on the agenda</p> <ul style="list-style-type: none"> • Individual Care Packages Manager and/or Personalisation Team Manager and/or Case manager (to present the case) • Nottingham City Council (appropriate representation from adults or children’s services depending on the case(s) on the agenda. • Nottinghamshire County Council (CHC Operational Lead plus appropriate representation from adults or children’s services depending on the case(s) on the agenda. • Other individuals with specific expertise and skills may also be invited to attend the panel for health funded cases on a case by case basis e.g. Transforming care, Childrens commissioning, safeguarding, pharmacist, relevant commissioning manager, DCO SEND in order to ensure effective and robust decision making. <p>Cases will be presented to the Panel by the referring clinician or a representative from the CHC Team/Transforming Care Team, with support from the ICB Personalisation Team as required.</p> <p><u>Voting Rights</u> Panel members will seek to reach decisions by consensus where possible, but if a consensus cannot be achieved: The final decision sits with the Operational Director of Finance or Deputy Chief Nurse</p>
<p>5. Chair and Deputy</p>	<p>Assistant Director of Nursing and Quality (Chair) Operational Director of Finance (Deputy Chair) The panel members will determine the chair and deputy chair for the panel, they will each serve for a period of 3 years (Nov 24)</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Panel will be quorate with a minimum of 3 members present.</p> <p>This must include either the ICB Operational Director of Finance or the Deputy Chief Nurse.</p> <p>In addition this must include at least 1 Local Authority representative relevant to the case if a joint funded case is on the agenda.</p>

	<p>If any Panel member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.</p> <p>Urgent Decisions – where a decision cannot wait until the next scheduled meeting, an extraordinary meeting may be arranged. This may be via a MS Teams meeting or email with approval obtained from an authorised person in accordance with the ICBs Standing Financial Instructions.</p>
7. Frequency of Meetings	<p>The panel will meet twice a month.</p> <p>On occasion it may be necessary to hold an extraordinary meeting to approve an urgent funding request.</p>
8. Secretariat and Conduct of Business	<p>Secretariat support will be provided to the panel by the ICB Deputy Chief nurse’s PA.</p> <p>All cases will be presented to Panel on the Complex Care & Quality Assurance Decision form. Joint funded cases must be co-produced by the ICB and Local Authority.</p> <p>The agendas and supporting papers will be circulated no later than 3 working days in advance of meetings and will be distributed by the PA to the panel.</p> <p>Any cases to be placed on the agenda are to be sent to the PA no later than 5 working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.</p> <p>The panel agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Panel discussions and decisions will be recorded on the Complex Care & Quality Assurance Decision form by the Panel secretariat and forwarded to the Chair of the panel for approval.</p>
10. Conflicts of Interest Management	<p>In advance of any meeting of the panel, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.</p> <p>At the beginning of each panel meeting, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it</p>

	<p>arises. Any such declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the panel will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ul style="list-style-type: none"> • Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Panel’s decision-making arrangements. • Allowing the individual to participate in the discussion, but not the decision-making process. • Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Panel’s decision-making arrangements. • As the numbers of patients discussed will be small there is a chance that patients will be identifiable. If conflicts of interest arise during the meeting they should also be declared.
11. Reporting Responsibilities	The panel will report to the QIPP Continuing Care Panel Saving and Efficiencies Group.
12. Review of Terms of Reference	These terms of reference will be formally reviewed on an annual basis unless agreed by the group for an earlier review but may be amended at any time in order to adapt to any national guidance as and when issued.
13. Authority	It has delegated authority in accordance with the ICBs Standing Financial Instructions to make financial decisions in respect of funding of individual cases on behalf of Nottingham and Nottinghamshire County ICB For joint funded cases, the Local Authority representative(s) have the authority to make financial decisions on behalf of their respective organisation.
14. Accountability	Members of the CCQA Panel are accountable to their respective organisations for financial decisions.
15. Reporting and Monitoring	The PA will record the decision of the Panel on the Complex Care Decision Framework Document. The completed document, together with the record of attendance, will form the actions of an individual case.

Appendix C: Equality Impact Assessment

Overall Impact on: Equality, Inclusion and Human Rights [Select one option]	Positive <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Undetermined <input type="checkbox"/>
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Name of Policy, Process, Strategy or Service Change	Personal Health Budget and Integrated Personal Budgets Policy	Date of Completion	August 2023
EIA Responsible Person Include name, job role and contact details.	Lewis Perkins – Personalised Care Manager Email: lewis.perkins@nhs.net		
EIA Group Include the name and position of all members of the EIA Group.			
Wider Consultation Undertaken State who, outside of the project team, has been consulted around the EIA.			
Summary of Evidence Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	Equality Act 2010, including Public Sector Equality Duty (General and Specific) Human Rights Act 1998		

<p>For the policy, process, strategy or service change, and its implementation, please answer the following questions against each of the Protected Characteristics, Human Rights and health groups:</p>	<p>What are the actual, expected or potential positive impacts of the policy, process, strategy or service change?</p>	<p>What are the actual, expected or potential negative impacts of the policy, process, strategy or service change?</p>	<p>What actions have been taken to address the actual or potential positive and negative impacts of the policy, process, strategy or service change?</p>	<p>What, if any, additional actions should be considered to ensure the policy, process, strategy or service change is as inclusive as possible? Include the name and contact details of the person responsible for the actions.</p>	<p>Impact Score</p>
<p>Age</p>	<p>For those who have a legal right to a personal health budget there will be no age exclusion for being able to ask for a personal health budget.</p> <p>A person-centred approach will achieve better outcomes by promoting health, well-being and independence through choice and control</p>	<p>PHB offers outside of the legal right to have groups will be for specific health conditions and so may impact on people of all ages.</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>	<p>None.</p>	<p>3</p>

<p>Disability¹ (Including: mental, physical, learning, intellectual and neurodivergent)</p>	<p>The ICB's approach is to provide person-centred care to meet assessed needs which are considered as part of the care and support planning.</p> <p>For those who have a legal right to a personal health budget, individual health outcomes are tailored around the person's needs, considering their preferences based on what matters to them along with the nature of their disability. As a result of this, each personal health budget allows a person's needs to be managed in a person-centred way that is unique to them and their disability, resulting in a more positive outcome with more choice and control.</p> <p>An individual's communication needs are considered as part of the</p>	<p>There is a potential impact on people who do not have capacity to make decisions and choices about their care.</p> <p>The policy may impact on people with physical or learning disabilities when the person's preference is for a package of care at home which is high cost due to complexity and intensity of needs. The ICB need to ensure the balance between cost and individual choice is applied consistently and equitably and this process could delay finding an appropriate service.</p> <p>There is a potential impact on people who have specific communication needs and who require an interpreter and or information in a different format as</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p> <p>The ICB will work with fellow professionals and families to make best interest decisions where required.</p> <p>The ICB will always support an individual's communication needs by providing an interpreter and or easy read, large print or recordings to ensure the person is provided with the information they require to be fully involved in the care</p>	<p>None</p>	<p>3</p>
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	care and support planning. Interpreters and or the requirement for information in other formats such as large print, easy read, recordings etc. will be provided upon request.	delays may incur whilst being able to provide information in an accessible format that they require or whilst an interpreter is allocated.	and support planning process.		
Gender² (Including: trans, non-binary and gender reassignment)	The ICB's approach is to provide person-centred care to meet assessed needs which are considered as part of the care and support planning.	None expected	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>	None	3

Marriage and Civil Partnership	<p>The ICB's approach is to provide person-centred care to meet assessed needs which are considered as part of the care and support planning.</p>	<p>None expected</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>	<p>None</p>	<p>3</p>
Pregnancy and Maternity Status	<p>The ICB's approach is to provide person-centred care to meet assessed needs which are considered as part of the care and support planning.</p>	<p>None expected</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs.</p>	<p>None</p>	<p>3</p>

			The ICB will be responsive to changing needs and circumstances.		
Race³	<p>The ICB's approach is to provide person-centred care to meet assessed needs. Cultural needs and communication methods are considered as part of the care and support planning. Translators, the request for a specific gender from the service involved and information in other languages will be provided upon request.</p> <p>Part of the care and support planning process includes questions around cultural preferences. Based on this, the ICB will support individuals to receive support from organisations that can meet their needs in line with their cultural beliefs.</p>	There is a potential impact on people who require information in a different language as delays may incur whilst being able to provide information in a language/format that they require or whilst a translator is allocated.	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances. Mechanisms are in place via the Communications and Engagement Team to receive information in a range of languages.</p>	None	3

<p>Religion and Belief⁴</p>	<p>The ICB's approach is to provide person-centred care to meet assessed needs. Consideration of an individual's religion and belief are an important part of the care and support planning. Religious observance requirements are factored in when planning any care required. Information in other languages will be provided upon request, as will any requests for specific gender support.</p> <p>Part of the care and support planning process includes questions around cultural preferences. Based on this, the ICB will support individuals to receive support from organisations that can meet their needs in line with their cultural beliefs.</p>	<p>None expected</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>	<p>None</p>	<p>3</p>
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<p>Sex⁵</p>	<p>The ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning.</p>	<p>None expected</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>	<p>None</p>	<p>3</p>
<p>Sexual Orientation⁶</p>	<p>The ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning.</p>	<p>None expected</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs.</p>	<p>None</p>	<p>3</p>

			The ICB will be responsive to changing needs and circumstances.		
Human Rights⁷	The ICB's approach is to provide person-centred care to meet assessed needs which are considered as part of the care and support planning. The care and support planning process will specifically adhere to Articles 2, 5 & 8 of the Human Rights Act 1998.	None expected	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>	None	3
Community Cohesion and Social Inclusion⁸	<p>The ICB's approach is to provide person-centred care to meet assessed needs.</p> <p>During the care and supporting planning</p>	None expected	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and</p>	None	3

	<p>process, individuals are given the opportunity to explore methods to assist them with accessing the local community and activities. The benefit of a personal health budget is that it allows more creative solutions to remove any barriers that may have prevented community access previously.</p>		<p>individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>		
<p>Safeguarding⁹ (Including: adults, children, Looked After Children and adults at risk or who lack capacity)</p>	<p>Care and support planning meetings and conversations are a crucial part of the ICB's approach to provide person-centred care. People involved range from the individual and/or their representatives/legal guardian and their healthcare professionals.</p> <p>Part of the process of arranging care through a personal health budget is to ensure all employment</p>	<p>There is a potential impact on people who do not have capacity to make decisions and choices about their care. The policy may impact on people with physical or learning disabilities when the person's preference is for a package of care at home which is high cost due to complexity and intensity of needs.</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>	None	3

	<p>checks, training and any other professional registrations are in place. The ICB will review and monitor how the personal health budget has been used regularly to ensure that funds are being appropriately and responsibly managed.</p>		<p>The ICB will work with fellow professionals and families to make best interest decisions where required.</p>		
<p>Other Groups at Risk¹⁰ of Stigmatisation, Discrimination or Disadvantage</p>	<p>The ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning.</p>	<p>None expected</p>	<p>A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably.</p> <p>The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.</p>	<p>None</p>	<p>3</p>

Additional Narrative

Provide additional evidence and narrative about the positive, negative, and neutral impacts of the proposal on the equality, inclusion and human rights elements detailed above.

You should consider:

- Three elements of Quality (safety, experience and effectiveness)
- Intersectionality
- Impact of COVID-19
- Access to Services
 - Physical
 - Written communication
 - Verbal communication
- Digital Poverty
- Safeguarding
- Dignity and Respect
- Person-centred Care

Personal health budgets will have a positive impact on unpaid and family carers by ensuring the cared for individual has the right care and support at home or in the community. By using a person centred approach and involving unpaid and family carers in the care and support planning process, it will help address and support the mental health and well being of those informal carers by planning for the right level of support for the cared for person.

Positive Impact	Neutral Impact	Negative Impact	Undetermined Impact	Equality Impact Score Total	
56 to 50	49 to 36	35 to 22	21 to 14	39	

Positive	Neutral	Negative	Undetermined
4	3	2	1

1. **Disability** refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).
2. **Gender**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."
3. **Race**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.
4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.
6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.
7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.
8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.
9. **Safeguarding** means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.
10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).