Options for managing the money
Personal health budgets and Integrated Personal Commissioning
### NHS England Information Reader Box

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### Document Status

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1 Introduction

Integrated Personal Commissioning (IPC) and personal health budgets are part of a wider drive to personalise health, social care and education.

They promote a shift in power and decision-making, to enable a changed, more effective relationship between the NHS and the people it serves, aligning to the Five Year Forward View.¹

IPC is a partnership programme between NHS England and the Local Government Association. It supports the improvement, integration and personalisation of services, building on learning from personal budgets in social care and progress with personal health budgets.

This guide provides best practice advice, not statutory guidance. The IPC operating model sets out the essential components of IPC and provides a template for local areas to follow. It provides a best practice approach for implementing personal health budgets.²

The model is aimed at IPC areas, but will be of interest more widely. This includes NHS commissioners and others involved in providing health, education and social services, including the independent and voluntary sectors, as well as people interested in personal health budgets or IPC.

This guide is intended to help local authorities and the NHS ensure that people have a consistent, joined-up experience regardless of where their funding comes from. It should be read in conjunction with other resources published by NHS England to support the delivery of personal health budgets.

This guide uses the following terms:

- personal health budgets: wholly funded by the NHS
- personal budgets: wholly funded by the local authority
- integrated personal budgets: include funding from both sources.

Personal budgets and personal health budgets are governed by separate regulations as set out in the following guidance:

- Special educational needs and disability code of practice: 0 to 25 years³
- Care and support statutory guidance⁴
- Direct payments for healthcare⁵ and the right to have a personal health budget.⁶
2 Options for managing a budget

People can have a personal budget, integrated personal budget or personal health budget in one, or any combination of these three ways:

• Notional budget: the local authority or the NHS manages the budget and arranges care and support.

• Third party budget: an organisation independent of the person, the local authority and NHS commissioners manages the budget and is 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.

• Direct payment: the budget holder has the money in a bank account or an equivalent account, and takes responsibility for purchasing care and support.

The budget may be held by the person or by someone else acting on the person’s behalf.

Annex B provides a summary of these options. Clinical commissioning groups (CCGs) and local authorities should ensure that all three options are available. Irrespective of the option chosen, it is unlikely that the decisions about what services to buy and from whom would be contrary to the NHS Procurement, Patient Choice and Competition Regulations. This is because the way in which decisions are reached is through detailed discussions about the person’s specific needs and how best to secure them with the funds available between the person (or their representative) and the team responsible for the budget.
### 3 Deciding how to manage a personal budget, integrated personal budget or personal health budget

The type of arrangement put in place should be adapted to suit each person's circumstances. Some people may be clear from the start how they would like to manage their budget. However, CCGs and local authorities should ensure that people are able to access information, advice and support about the alternatives to enable an informed choice.⁹

Different aspects of a person’s personalised care and support plan may require different approaches to managing the money, so a combination of the three options may be suitable.

The most appropriate way to manage a budget should be discussed when developing the personalised care and support plan and at each review, taking into account:

- the outcomes identified in the personalised care and support plan
- the level of support the person requires
- the nature of services the person wishes to buy to achieve their outcomes and the options for purchasing them
- the degree of flexibility in the services and support needed
- how much direct control of the money and budgetary management the person would like
- which aspects of the personalised care and support plan the person wishes to take full responsibility for and which they require help with
- the impact on any carer or family member.

Whichever option is agreed, it is important to take an outcomes-based approach to care and support planning and review, rather than specify exactly what support must be delivered. This will help ensure that the person and their family have choice, control and flexibility.

There also should be complete transparency over the money and how it is being used. A clear record of decision-making processes and outcomes should be kept. This will form part of the personalised care and support plan, or may be recorded separately as part of a review of the plan. This will help to ensure public money is used properly and for the purpose of meeting a person's agreed health and wellbeing outcomes.

Whenever relevant, the needs of carers will need to be taken into account as part of developing the personalised care and support plan and deciding how the budget is used.

If a person lacks capacity, a ‘best interests’ decision-making process¹⁰ should be followed. In the case of a direct payment, a representative or authorised person must be appointed.¹¹ This is someone who agrees to act on behalf of a person who is otherwise eligible to receive direct payments but cannot do so because they do not have capacity to consent to receiving one, or because they are a child.
4 Notional budget

Where a notional budget is used, the money continues to be held by the local authority or the NHS, but the person has a clear understanding of the amount of money allocated for their care and support. The person has been fully consulted and involved in developing a plan that is responsive to their personal needs and preferences, and money is spent in line with that plan and reviewed accordingly.

The NHS or the local authority arranges and pays for the agreed services and support, including the employment of care and support staff, through its usual contracting processes with providers.

Notional budget arrangements do not require new or different contractual models to be put in place. A notional budget should still enable choice and flexibility in how services and support are arranged, based on the agreed personalised care and support plan. Within the NHS, notional budgets can be used to individualise arrangements within existing contracts or alongside spot purchasing from framework contracts.

Under this arrangement, the provider agrees to determine the funding amount for each person. Initially, the notional budget (or at least that part of it paid to this provider) is part of a larger contracting arrangement. Over an agreed period these elements of the contract are converted to a set of individual contracts.

5 Third party budget

Where a third party budget is used, an organisation independent of the person, the local authority and NHS commissioners holds some or all of the money on the person’s behalf. The third party organisation supports the person and their family to achieve the outcomes agreed in their personalised care and support plan using the available budget in a tailored and flexible way. There are different ways in which a third party budget can be established. The most common arrangements are individual service funds and trusts.

A third party budget is not a form of direct payment. A direct payment can be managed by a support service (see section 6.1); in the case of a third party budget the budget holder remains contractually and financially responsible.

Third party budgets are particularly helpful when a person:

• does not want to manage a direct payment
• does not wish to take on employer responsibilities for personal assistants
• lacks capacity or is otherwise not in a position to manage their own budget
• needs specialist or very tailored support that most providers are not in a position to deliver.
The third party organisation is contractually and financially responsible for the care and support, and will be the employer for any personal assistants engaged to support the person. The arrangement should enable the person and their family to have as much input into the delivery of their personalised care and support plan as they choose. This can include playing a role in:

- recruitment and training
- planning of rotas
- day-to-day management of a personal assistant team.

Third party budgets enable the person and their family to agree, in discussion with health and/or care professionals, the provider that is best able to meet their needs. To ensure third party budgets can work, it is important to put in place flexible contracting arrangements. This may include waiving requirements such as an approved provider process and framework contract, and agreeing to a different form of contract than is used for other providers. In these cases, the NHS is not required to use the NHS standard contract.12

Using a third party budget may incur costs such as management charges, which must be funded by the local authority or CCG.

5.1 Individual service funds

An individual service fund is one form of third party budget. Under this arrangement all or part of a person’s budget is held by a provider organisation agreed with the person. Through an individual service fund, the person continues to have choice and flexibility over what the money is spent on, in accordance with the personalised care and support plan. The person does not have responsibility for managing the budget. The provider is responsible for arranging care and support, and is subject to regulation in the same way as any other care provider.

Individual service funds are described more fully in the guide Individual service funds and contracting for flexible support published by Think Local Act Personal. This defines an individual service fund as “an internal system of accounting within a service provider that makes the personal budget transparent to the individual or family. This helps provide flexible support by making the organisation accountable to the person”.

There will normally be an individual service fund agreement made between the person and the provider. The agreement should have the following features:

- All or part of the budget is held by a provider on a person’s behalf, and the money is restricted for use on that person’s support and accounted for accordingly.
- The person is empowered to plan with the provider the who, how, where, when and what of any support provided, in line with the agreed plan.
- There is flexibility to carry money forward into future weeks or months and to ‘bank’ support for particular purposes, as agreed in the plan.
- The individual service fund is accompanied by written information that explains the arrangement clearly and confirms any management costs to come from the budget.
- There is portability, so the budget holder can choose to use the money in a different way, or with a different provider, as agreed in the personalised care and support plan.
5.2 Trusts

Another example of a third party budget is a trust arrangement. This may be known as an:

• independent user trust
• user-controlled trust
• independent living trust.

A trust is an independent agency equivalent to any other provider except that it will normally be set up to support one person. A trust commits to managing the person’s budget by establishing a board of trustees who are responsible for providing the services agreed in the plan.

There will normally be a contract between the trust and the local authority or the CCG. The contracting arrangements will need to provide flexibility in the same way as other forms of third party budget.

A trust can employ staff and make purchases. If the trust employs staff, the trustees become the legal employers. This role brings responsibilities, so it is important that trustees have access to up-to-date information and adequate support.

Trustees are responsible for ensuring a person’s health outcomes are being met and that contingency arrangements are adequate.

6 Direct payments

With a direct payment, the budget holder holds the money in a bank account or an equivalent account, and takes responsibility for arranging care and support in line with the agreed personalised care and support plan.

There are some specific requirements which must be met, which are set out in the relevant guidance (see section 1). Local authorities and CCGs must follow the guidance in full; only a few key points are highlighted in this guide.

The budget holder must consent to having a direct payment, and there must be regular reviews as set out in the guidance. Where NHS money is included in a direct payment:

• the services described in the personalised care and support plan must fully meet the health needs specified
• the direct payment must be sufficient to provide for the full cost of those services.

If a person does not wish to manage the direct payment they may nominate another person to receive the direct payment on their behalf. In these situations the nominee becomes the budget holder and is accountable for all contractual and financial aspects of managing a direct payment.

Direct payments must be paid into a separate bank account (or equivalent account) used solely for that purpose unless the payment is a one-off. A one-off payment is a single payment to purchase no more than five items in one year. The same account can be used for a direct payment from the local authority or from the NHS.
As well as giving people more control and independence, direct payments carry greater responsibilities than third party budgets and notional budgets:

- The budget holder will be accountable for ensuring that the budget is spent in line with the personalised care and support plan.
- If a person chooses to use their direct payment to directly employ personal assistants, they will become the employer and take on all the responsibilities that this entails.
- If a person buys services from a provider, they will need to ensure that the provider has the necessary registrations and insurances in place and will be responsible for all contractual relationships.

Support should be available to enable the person to carry out these checks where necessary, as part of developing their personalised care and support plan.

When a direct payment is used to purchase goods and services, the budget holder is the purchaser, and there is no contract between the supplier and the local authority or the NHS. In general, the decisions on how the direct payment can be used should be made for every individual based on their needs, as part of developing the plan. It is not appropriate to limit use of a direct payment to goods and services that the local authority and the NHS would normally purchase, impose restrictions such as approved provider lists, or require the use of a particular form of contract.

There are a number of ways in which people can be supported to manage a direct payment. These could include:

- direct payment support services
- support from carers, family members and friends
- peer support
- advocates and brokers.

### 6.1 Direct payment support services

People will have different levels of confidence and skills in managing a direct payment. CCGs and local authorities must make sure that there is information and advice available to the budget holder and their family.

Many local authorities have already commissioned direct payment support services (DPSS) and CCGs may find it helpful to work with them to develop joint services. The budget holder should be able to choose the level of support they receive.

For some people it may be their first experience of being an employer, and it will be vital that there is good support available to them. This support could include provision for payroll, training, information and advice on management of employment-related issues (for example, employment contracts, compliance with statutory requirements relating to sick leave, maternity leave, management of grievances, disciplinary procedures and dismissal). There is further advice available from the Skills for Care personal assistant toolkit. Budget holders must be made aware of other employment responsibilities including minimum wage and pension regulations and the requirement to pay tax and national insurance contributions.
Good support services can make all the difference in making direct payments successful for people. DPSS may be provided by the NHS or local authority directly, by a commissioning support unit, a user-led organisation or other private and voluntary sector organisations.

A support service can provide people with a range of advice and support, including:

- holding the direct payment
- using it to pay for care and support services in line with the person’s personalised care and support plan
- payroll services
- budgeting
- recruitment of personal assistants
- staff management
- training
- employment law and advice.

The costs of the DPSS can be paid for directly by the NHS or the local authority, or included in the budget.

6.1.1 Managed accounts

A managed account is a term used when a direct payment is held in an account on behalf of the budget holder, by a DPSS, 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 coordinates 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 is also the registered employer for any personal assistants.

6.2 Carers, family members and friends

Where carers and family members are involved in supporting a person with their direct payment, it is important that they are both willing and able to provide this support, and that it is made clear that alternative sources of support are available if wanted. NHS England has published advice on carer health and wellbeing, setting out the responsibilities of local authorities and the NHS.

6.3 Peer support

In some places, people are enabled to share their experiences and support each other. This is known as peer support. Local peer networks have proved very useful in supporting people taking up direct payments.
7 Pre-paid cards and e-marketplaces
These systems provide an alternative way to manage a budget. They may have one or more of the following features:
- A website that enables the budget to be spent on goods and services.
- A virtual online account which replaces the need for a separate bank account.
- A card that can be used to buy goods and services.
This section describes how to ensure that pre-paid cards and e-marketplaces:
- are fit for purpose and in line with the relevant guidance
- meet the requirements of budget holders, local authorities and the NHS
- meet information governance requirements.
Annex A provides a checklist for local implementation and links to relevant guidance. Pre-paid cards and e-marketplaces should not be the only available option for people to receive a direct payment. There should always be the option of receiving a direct payment into a conventional bank account.
If implemented well as part of a range of options, pre-paid cards and e-marketplaces can be a good solution for many people. Benefits can include increasing uptake of direct payments for people who don’t have a bank account, simpler review and monitoring, and making it easier to deliver a joined-up approach. Poor implementation could lead to less choice and control, disproportionate and intrusive monitoring, and failure to comply with guidance.

8 Information governance
The approaches to managing the money should build in privacy from the outset, and this will be important to consider when planning new developments such as pre-paid cards and e-marketplaces. This is known as privacy by design; further guidance can be found in the IPC and personal health budget finance and commissioning handbook.\(^2\)
In particular it is important to consider the potential risks to the person’s privacy and confidentiality, through carrying out a privacy impact assessment. This will ensure that the new approach protects personal data and meets the requirements of the Data Protection Act 1998 and the common law duty of confidentiality. Further guidance on information governance can be found on the Information Commissioner’s Office (ICO) website\(^19\) and on the Information Governance Alliance website.\(^20\)

9 Conclusion
Having all three options for managing the money is an important element to support choice and control. Providing a full range of options, including third party budgets, and direct payment support services, will enable budget holders to select the option that best suits their situation.
Annex A: Design checklist for pre-paid cards and e-marketplaces

This good practice checklist includes requirements set out in guidance (see below for examples).

<table>
<thead>
<tr>
<th>Implications for design and operation of the local approach</th>
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<tbody>
<tr>
<td><strong>Coproduction</strong></td>
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<tr>
<td>• Budget holders help shape the design of the system, working together with the local authority and the NHS.</td>
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<tr>
<td><strong>Improving access</strong></td>
</tr>
<tr>
<td>• The system can work for everyone with a direct payment, whether funded by the local authority or the NHS.</td>
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<tr>
<td>• Information on all the options for managing the money is available in a range of formats.</td>
</tr>
<tr>
<td>• Assistance to use the system is available for disabled people and people who do not use the internet.</td>
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<tr>
<td><strong>Options for managing the money</strong></td>
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<tr>
<td>• There is access to information, advice and direct payment support services.</td>
</tr>
<tr>
<td>• The pre-paid card or e-marketplace should not be presented as the only option; people can choose to receive a direct payment into a conventional bank account.</td>
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<tr>
<td><strong>Information governance and consent</strong></td>
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<tr>
<td>• People using the system must consent to having a direct payment and have signed a direct payment agreement.</td>
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<tr>
<td>• A privacy impact assessment is completed to ensure all risks to personal information are considered prior to implementing pre-paid cards or e-marketplaces, and a plan is in place to mitigate these risks.</td>
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<tr>
<td>• Budget holders are fully informed about how their personal information will be used and who will receive it, and have consented to this.</td>
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<tr>
<td>• Only the minimum level of personal data is shared, that is necessary to provide the service.</td>
</tr>
<tr>
<td>Implications for design and operation of the local approach</td>
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<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Choice and control</strong></td>
</tr>
<tr>
<td>• Use of the budget is agreed for each person, linked to outcomes in the plan.</td>
</tr>
<tr>
<td>• The system enables purchase of any goods and services agreed in the plan; automatic blocks on transactions are limited to use that is excluded in regulations, or specified in the person's plan.</td>
</tr>
<tr>
<td>• People can choose to use any personal assistant or provider, including micro-providers and third party organisations, if they meet all necessary governance and their use is agreed in the plan.</td>
</tr>
<tr>
<td>• Functionality is the same as a conventional bank account, and can include BACS transfers, direct debits, standing orders and access to cash, if agreed in the plan.</td>
</tr>
<tr>
<td>• Employment-related payments can be made including personal assistant salaries, tax and NI, pension contributions and other payroll costs.</td>
</tr>
<tr>
<td>• Contingency amounts can be provided to cover fluctuating needs, emergencies, training and other one-off costs, if agreed in the plan.</td>
</tr>
<tr>
<td><strong>Review and monitoring</strong></td>
</tr>
<tr>
<td>• Monitoring of spend takes place at agreed intervals, generally linked to a review of the plan, and is proportionate to risk.</td>
</tr>
<tr>
<td>• Monitoring takes account of the need for contingencies.</td>
</tr>
<tr>
<td>• Any reduction of the direct payment, or repayment of a surplus, should only take place following a review, and the budget holder must be notified in writing.</td>
</tr>
</tbody>
</table>
When implementing pre-paid cards and e-marketplaces, it is important to take account of the relevant legislation and associated guidance; some key sections are listed here.

**Special educational needs and disability code of practice: 0 to 25 years**

- 9.118 For children and young people under 18, local authorities are under a duty to offer direct payments ... for services which the local authority may provide to children with disabilities, or their families, under section 17 of the Children Act 1989.

- 9.119 Direct payments are cash payments made directly to the child’s parent, the young person or their nominee, allowing them to arrange provision themselves.

**Care and support statutory guidance**

- 12.24 The reporting system should not clash with the policy intention of direct payments to encourage greater autonomy, flexibility and innovation. For example, people should not be requested to duplicate information or have onerous monitoring requirements placed upon them. Monitoring should be proportionate to the needs to be met and the care package.

- 12.58 Many local authorities have been developing the use of pre-paid cards as a mechanism to allow direct payments without the need for a separate bank account, or to ease the financial management of the payment. Whilst the use of such cards can be a useful step from managed services to direct payments, they should not be provided as the only option to take a direct payment. The offer of a ‘traditional’ direct payment paid into a bank account should always be available if this is what the person requests and this is appropriate to meet needs. Consideration should be given to the benefit gained from this arrangement as opposed to receiving the payment via a pre-paid card.

- 12.59 It is also important that where a pre-paid card system is used, the person is still free to exercise choice and control. For example, there should not be blanket restrictions on cash withdrawals from pre-paid cards which could limit choice and control. The card must not be linked solely to an online market-place that only contains selected providers in which to choose from. Local authorities should therefore give consideration to how they develop card systems that encourage flexibility and innovation, and consider consulting care and support user groups on any proposed changes to direct payment processes.
Guidance on direct payments for healthcare

• 28) In principle, other than the services listed in paragraphs 22 to 27, a direct payment can be spent on a broad range of things that will enable the person to meet their health and wellbeing needs. A direct payment may only be spent on services agreed in the care plan... For brevity, the term ‘services’ is used throughout this document, although it refers to anything that can be bought and which will meet someone’s health needs. The care plan must be agreed by both the CCG and the person receiving care, or their representative. Before signing off the care plan, the CCG must be reasonably satisfied that the health needs of the patient can be met by the services specified in the care plan.

• 128) Before making a decision to stop or reduce a direct payment, wherever possible and appropriate, the CCG should consult with the person receiving it to enable any misunderstandings or inadvertent errors to be addressed, and enable any alternative arrangements to be made.

• 129) Whenever a direct payment is reduced or stopped, the CCG must ensure that the person receiving the direct payment is given reasonable notice, and an explanation regarding the reasons for the CCG’s decision. This must be done in writing, and it should be accessible and understandable to the person involved.

• 130) Direct payments may be reduced:

  • where the CCG is satisfied that a reduced amount is sufficient to cover the full cost of the current care plan;

  • if a surplus payment has accumulated that has remained unused. A surplus may indicate that the individual is not receiving the care they need or too much money has been allocated. As part of the review process, the CCG should establish why the surplus has built up. Under these circumstances, a reduction in direct payment in any given period cannot be more than the amount that would have been paid to them in the same period.
**Annex B: Options for managing the money summary table**

<table>
<thead>
<tr>
<th>Who manages the budget?</th>
<th>Notional budget</th>
<th>Third party budget</th>
<th>Direct payment</th>
<th>Managed account provider/direct payment support service (DPSS) (see section 6.1).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority or NHS.</td>
<td>Local authority or NHS contracts directly with care provider(s).</td>
<td>Third party organisation (see section 5).</td>
<td>Person, representative or nominee (see section 6).</td>
<td>Managed account provider/direct payment support service (DPSS) (see section 6.1).</td>
</tr>
</tbody>
</table>

**Contract arrangements**

| Local authority or NHS contracts directly with care provider(s). | Local authority or NHS contracts directly with third party organisation to hold and manage the budget. For individual service fund (ISF) arrangements there will also be an agreement between the person, representative or nominee and the ISF provider. Third party organisation can contract with other care provider(s). | Direct payment agreement signed by person, representative or nominee. Person, representative or nominee contracts directly with care provider(s) or employs personal assistants directly. | Direct payment agreement signed by person, representative or nominee. Local authority, NHS or person, representative or nominee contracts with managed account provider. Person, representative or nominee contracts directly with care provider(s) or employs personal assistants directly. |
### Options for managing the money

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<tr>
<th></th>
<th>Notional budget</th>
<th>Third party budget</th>
<th>Direct payment</th>
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</thead>
</table>
| **Flexibility with budget spend** | Limited flexibility.  
Traditional services and care provision only.  
Potential scope to individualise funding and develop more flexibility within existing contracts. | Flexible budget spend, which can include traditional services and care provision.  
Employment of personal assistants.  
Purchase of non-traditional services and support as agreed with the NHS. | Flexible budget spend, which can include traditional services and care provision.  
Employment of personal assistants.  
Purchase of non-traditional services and support as agreed with the NHS.  
There are restrictions on how a direct payment can be spent.  
21 |
| **Employer responsibilities** | No employer responsibilities for the person, representative or nominee.  
Service providers employ own staff. | Third party organisation is the registered employer for any personal assistants.  
Third party organisation manages all aspects of recruitment and employment.  
The person, representative or nominee may play a role in managing the personal assistant team if they wish to do so but the employer retains overall responsibility.  
Service providers employ own staff. | Person, representative or nominee is the registered employer for any personal assistants.  
DPSS may offer additional support with recruitment and employer responsibilities.  
Service providers employ own staff. |
| **Payroll** | Service providers employ own staff. | Service providers employ own staff. | The person, representative or nominee may complete payroll or use DPSS. | Managed account service (DPSS) includes payroll service. |
Options for managing the money
Personal health budgets and Integrated Personal Commissioning

10 References


2. The IPC Operating Model and wider framework documents can be found on the [personalised health and care section of the NHS England](https://www.england.nhs.uk) website.


7. The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) Regulations 2013, SI No. 2891 (DH, 2013) SEND code of practice 9.101, Guidance on the “right to have” a Personal Health Budget 3.2, Care and support statutory guidance 12.3.


10. Other people should act in your ‘best interests’ if you are unable to make a particular decision for yourself (for example, about your health or your finances). The law does not define what ‘best interests’ might be, but gives a list of things that the people around you must consider when they are deciding what is best for you. These include your wishes, feelings and beliefs, the views of your close family and friends on what you would want, and all your personal circumstances. Think Local Act Personal care and support jargon buster.

11. Guidance on direct payments for healthcare: understanding the regulations. Care and support statutory guidance. SEND code of practice.


13. The direct payment may be held by the person, or someone else acting on the person’s behalf. Different terms are used in health, social care and education – representative, nominee, nominated person or authorised person.


15. SEND code of practice 2.17, Care and support statutory guidance 12.7, Guidance on the “right to have” a Personal Health Budget 6.1, Guidance on Direct Payments for Healthcare 63.

for-individual-employers/Employing-personal-assistants-toolkit.aspx

17. Care and support statutory guidance 12.49 Guidance on Direct Payments for Healthcare 147-152.


19. Information Commissioner’s Office website.


Options for managing the money
Personal health budgets and Integrated Personal Commissioning

www.england.nhs.uk/personalisedcare

Email:
england.integratedpersonalcommissioning@nhs.net
england.personalhealthbudgets@nhs.net

The information provided in this framework can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.
Please contact 0300 311 22 33 or email england.contactus@nhs.net