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One-off personal health budgets within hospital discharge pathway

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Contents

1. Service.....	2
Qualification criteria	2
2. Staffing and oversight.....	3
Long term sustainability	4
Risk assessment.....	4
3. Deployment options	5
4. Patient journey	5
Discharge planning (stage 1)	5
Discharge (stage 2).....	6
Review (stage 3)	6
5. Coding, record keeping and data requirements	6
6. Further support	6
Annex 1: Personalised care and support plan template	8

1. Service

One-off personal health budget (PHB) model within the discharge pathway, aligned to [Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441122/hospital-discharge-and-community-support-guidance.pdf).

Supporting strengths-based approaches and enabling people, families and carers to access personalised care and support when identified need cannot be met via commissioned services.

Qualification criteria

One-off PHBs can be considered where:

1. Payment for a good or service would enable early and safe discharge.
2. The good or service cannot be provided via existing commissioned services or cannot be provided in a timely manner.
3. The good or service cannot be provided through unpaid care or the voluntary sector or cannot be provided by them without this additional support.

If the proposed PHB meets one of the above criteria, work through the following criteria:

4. The cost of PHB should not exceed £200 (exceptions up to £400 can be considered). Integrated Care Boards (ICBs) must assure the proposed spend clearly represents value for money: i.e. **the proposed spend does not exceed cost of saved bed days or alternative commissioned services.**
5. The good or service must meet an identified need via a personalised care and support planning conversation.
6. Payment for the service will enable earlier discharge by at least two days.
7. Spend must be captured and signed off within a personalised care and support plan.
8. The payment is not for:
 - an item or service prohibited by the [National Health Service \(Direct Payments\) Regulations 2013](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441122/nhs-direct-payments-regulations-2013.pdf) (alcohol, tobacco, gambling or debt repayment, or anything that is illegal)

- emergency acute care
 - primary care services such as seeing a GP or buying medication.
9. PHBs to support the discharge model are **one-off rapidly deployed budgets**. Timescales, policy and governance requirements mean that **employment of PAs through a one-off PHB would not be appropriate**. The aim of PHBs to support discharge is to **enable** care and support by family or unpaid carers to facilitate discharge for up to two weeks.

2. Staffing and oversight

Providers (voluntary, community and social enterprises [VCSEs] and trusts) and the ICB should work together to develop proportionate delegated decision-making and governance for this funding approach.

However, responsibility, and appropriate clinical and financial governance, remains with the relevant NHS organisation within the Integrated Care System (ICS) deploying the funding.

Systems will need to enable rapid (same day) payment of the direct payment - this could be through an NHS or local authority direct payment system or through a commissioned direct payment support service where appropriate.

The minimum requirements for a one-off personal health budget are:

- A personalised care and support plan is agreed with the patient and/or carers. The personalised care and support plan template at Annex 1 must be used to authorise spend and be signed by the person responsible for the discharge. The plan must include how proposed purchases are appropriate to achieve the desired outcomes/goals (ie discharge).
- The case manager keeps arrangements under review, ensures adjustments are made as appropriate and spend is audited in line with agreed governance arrangements.

Long term sustainability

- A PHB to support discharge is a one-off payment, not a long-term source of funding (consider wider local PHB eligibility and existing [Right to have personal health budget areas](#) for longer term support).
- Consideration must be given and noted as to how a person will manage health and wellbeing beyond timeline of discharge.
- Hospital discharge guidance re carer assessment etc. should be followed.

Risk assessment

- Personal health budgets are about enablement and positive risk-taking, however it is still important that any risks are considered, and a plan clearly agreed with the individual for how these will be managed.

One-off personal health budget payments should not be used for:

- Long-term care needs following completion of a Care Act and/or NHS Continuing Healthcare assessment.
- Social care or NHS Continuing Healthcare packages that are restarted following discharge from hospital at the same level as that already delivered prior to admission to hospital.
- Pre-existing (planned) local authority or ICS expenditure on discharge services.

Payments are subject to the Direct Payment regulations, so may not be used to pay for:

- alcohol, tobacco, gambling or debt repayment, or anything that is illegal
- emergency care
- primary care services such as seeing a GP or buying medication.

3. Deployment options

People can have a PHB in one or any combination of the following three ways:

- **A notional budget:** where the commissioner (for example, the ICS) holds the budget and uses it to secure services based on the outcome of discussions with the person, their representative, or, in the case of children, their families or carers.
- **A third-party budget:** where an organisation independent of the person and the NHS commissioner manages the budget on the person's behalf and arranges support by purchasing services in line with the agreed care plan.
- **A direct payment:** where money is transferred to the person, their representative or nominee, or, in the case of children, their families or carers, who contracts for the necessary services

4. Patient journey

Discharge planning (stage 1)

- Shared decision-making with people that considers their strengths, needs and assets can help them return home quickly and enhance their care and support as set out in the [Hospital discharge and community support guidance](#).
- The PHB model is most likely to apply to patients in discharge pathways 0 and 1, although may include patients in the other pathways.

One-off PHBs could fund, for example:

- Payment of childcare to enable an informal carer to provide the necessary care.
- Payment of travel costs to enable informal care.
- Payment for culturally appropriate support, where none such is routinely commissioned.

For reporting and commissioning purposes, the quantum and type of spend should be recorded and used to inform future commissioning.

Discharge (stage 2)

- The direct payment, if applicable, should be made before or on the day of discharge, to allow the appropriate support to be in place.
- Clear information should be provided on how payments (if in instalments) will be agreed and reviewed.
- Clear information should be provided on the audit information required at follow up (receipt/invoice/bank statement).

Review (stage 3)

- Review of the payment(s) should be undertaken as part of the case manager follow-up.

5. Coding, record keeping and data requirements

National	Dataset/report	Data Source	Frequency
Acute Discharge Situation Report	Q12 Of the total number of people discharged between 00:00 and 23:59, the number of patients who used a personal health budget to facilitate their discharge from hospital	Trust	Collected daily submitted weekly
<u>PHB dataset</u>	Record in Adult 'other' 18. How many other adults not included in the sub categories above had a personal health budget in the YTD?	ICS	QRTLY

6. Further support

- Support is available for individual case queries and any other delivery / set-up queries. Please email england.personalhealthbudgets@nhs.net.

- Details of further advice and guidance is available on the [Personalised Care Collaborative Network \(login required\)](#).

Annex 1: Personalised care and support plan template

To be completed by/with the individual		
My Name:		I like to be known as:
NHS Number:	Phone number:	Email Address:
Address:		Post Code:
Are you an unpaid carer for/regularly support anyone else?		YES / NO / Not applicable
Some of my own care and support is given by an unpaid carer/family member/friend	YES / NO / Not applicable	They have given permission to be contacted by NHS representatives. YES / NO / Not applicable
Their contact details are:		
Things you need to know about me and my health		
What matters to me most:		
My health condition(s) and what I already do to keep myself well:		
These are the changes to my health I need to look out for, and this is what I will do if they happen: (tell us what the change is including your symptoms and who will help you)		
My medicine: (include where it is kept and how you take it)		
What I am worried about at the moment:		
What support I will need to stay as well as possible		
What I will do to help myself:		
What my family, friends and neighbours will do:		
Other help I will need:		
Outcome to be achieved:		
How this will be achieved:		

If you need to contact my GP or designated contact, here are the details you will need:			
My GP is	My emergency contact is	Relationship to me	Other eg social worker, housing association, care worker
Telephone number:	Telephone number/Contact details:		Telephone number:

To be completed by the discharging officer	
Please sign to confirm:	
1. There is no informal care available to provide the necessary support, or that informal care is only possible due to the PHB.	
2. The PHB is for no more than 2 weeks care. Extension for up to six weeks (total) will require further sign off by the case manager.	
3. The PHB enables discharge at least two days earlier than is otherwise possible.	
Name:	
Signature:	

My Personal Health Budget		
How my budget will be used:	PHB type	Cost
	<i>Direct Payment</i>	£
	<i>Direct Payment</i>	£
Total one-off cost:		£

Personalised care and support plan review
My PHB has been agreed for up to two weeks to meet my needs to facilitate my discharge, a review will take place at the end of this period aligned to the local discharge pathway.
My review date is:
<i>This could be sooner if there is a change in needs or an emergency that affects the care or budget.</i>

My Personalised care and support plan has been agreed by the following people:	
Myself / my representative:	Name: _____ Date: _____
ICS nominated health lead:	Name: _____ Date: _____

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