

NHS Personal Health Budget Holder Contract Guidance - Easy Read version

Personalised Care and Support Planning and Brokerage Services



Explainer / reference guide (read only) for
Personalised Care and Support Planning
and Brokerage Services Contract.

This document does not need to be signed
and is not a legally binding agreement.



Contents



Introduction

1



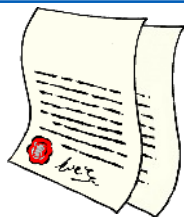
Contract details

4



What is in the contract

4



What the provider must show

5



The services

7



Ways the provider can help you

10



Equality and diversity

15



Safeguarding

17



Complaints

19



You can get help if something goes wrong

20



Mediation

21



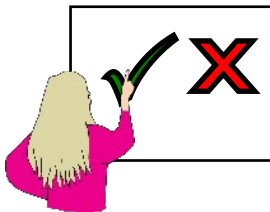
Dispute resolution

24



If a service suspended

25



Capacity

27



Quality assurance

27



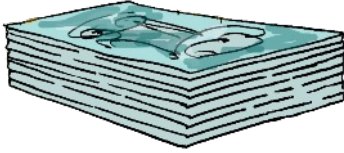
Data protection

30



Payment

32



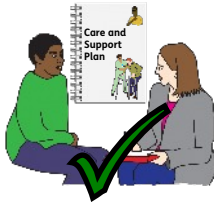
Pricing

32



Invoicing and transfer of budget

38



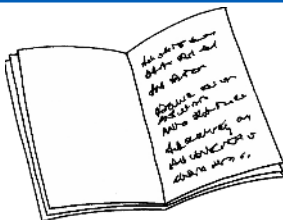
When the service has finished

40



Contract

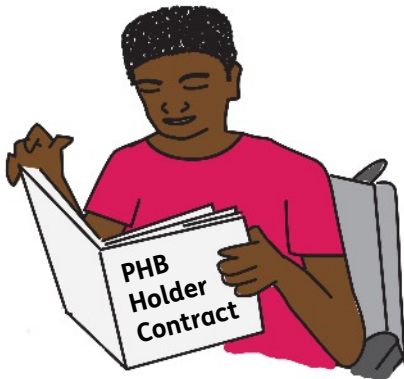
41



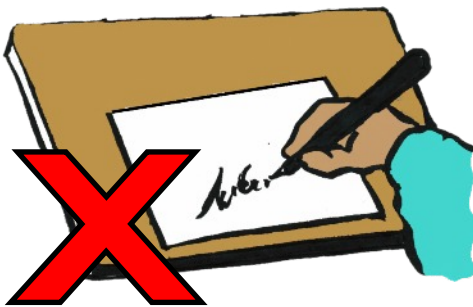
What the words mean

42

Introduction



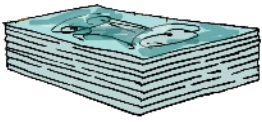
This document will help you to understand what is included in the non-easy read PHB Holder Contract, at the front of this document, which needs to be signed by the PHB Holder.



This document does not need to be signed by the PHB Holder, and is not a legally binding contract.



A **Personal Health Budget** is often called a PHB.



A **PHB** is NHS money you can use to support your health and wellbeing needs such as:

- treatments
- equipment
- personal care.



A PHB lets you to create an individually agreed **Personalised Care and Support Plan** or **PCSP**.

A **Personalised Care and Support Plan** is about what is important to you



It offers people of all ages greater choice and flexibility over how their assessed health and wellbeing needs are met.



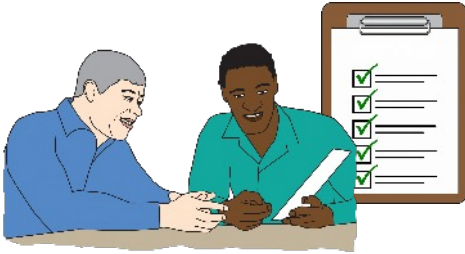
You can choose your service provider from the **PHB Support Services Directory**.

The **PHB Support Services Directory** is a list of trusted support service providers for people who have a PHB.



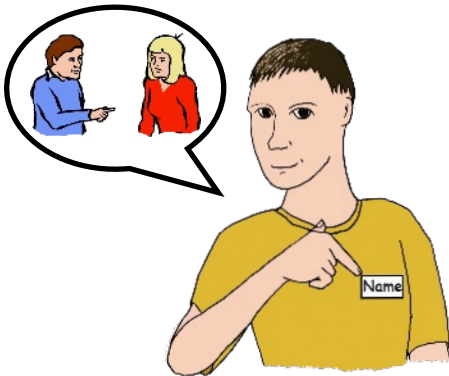
You and your provider will make a Personalised Care and Support Plan and set up this contract, or agreement.

Contract details



What is in the contract

A contract tells you how your provider is expected to support you and if there is anything you need to do.



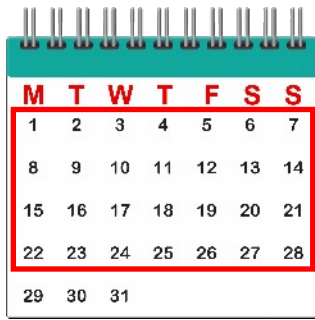
It shows your name and the name of the person you say can help you.



It has the name and address of the provider.

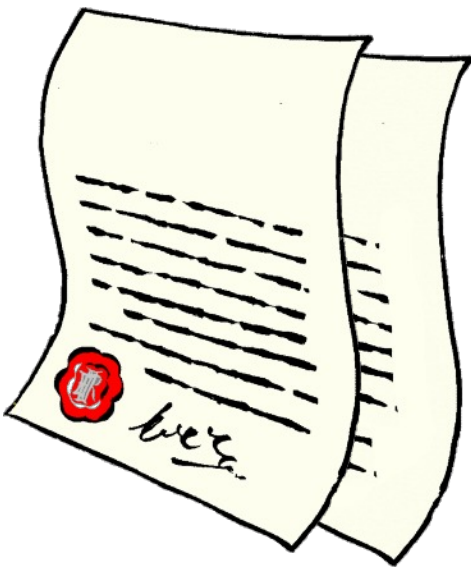


It gives you the name, email and phone number of person signing for the provider.

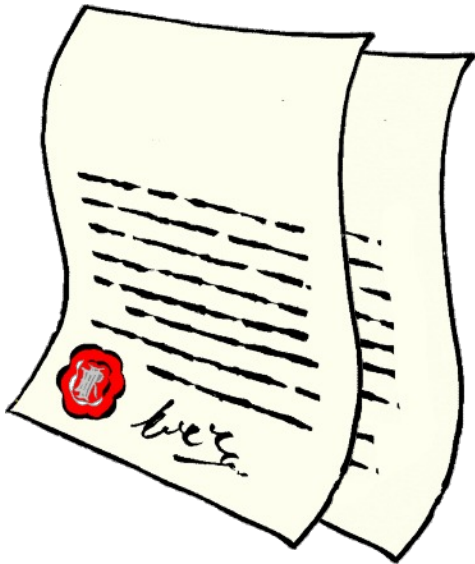


Notice period to end paying for service:
28 days.

What the provider must show



1. Evidence of company registration.
2. Evidence of VAT registration, if required.
3. Evidence of appropriate company insurance documents.
4. Evidence of provider CQC registration. CQC regulate and inspect health and social care providers in England.
5. Evidence of ICO registration.
6. Evidence of ODS registration.



7. Evidence of NHS Data Security and Protection Toolkit (DSPT) registration.
8. Details of sub-contracting arrangements, if needed.



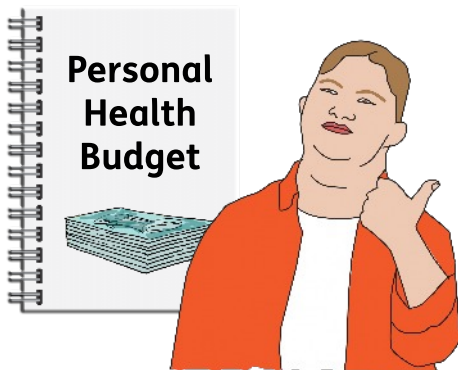
The Glossary of Words for PHB Holder Contract document (Appendix B) explains some of these terms.

The services

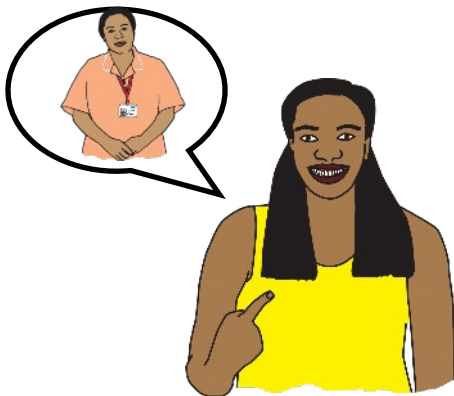


We are the North Central London Integrated Care Board, called NCL ICB for short.

See glossary (Appendix B) to find out more about NCL ICB.

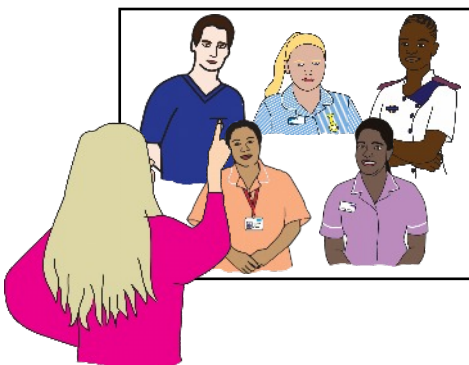


NCL ICB wants providers to deliver a **quality service** to people who have a Personal Health Budget, or PHB.



A quality service means these things:

1. You will choose your provider.



2. You will have more providers to choose from.



3. There will be several providers who can help all ages and all service groups.



4. It will be easy for you to organise your own care and support.



5. You will feel confident about organising your care.



We expect providers to help you make a Personalised Care and Support Plan that has all the information about your needs.



Your Personalised Care and Support Plan will be about what is important to you.



The plan will be easy to use.



The plan will build on your own strengths and resources in your community.



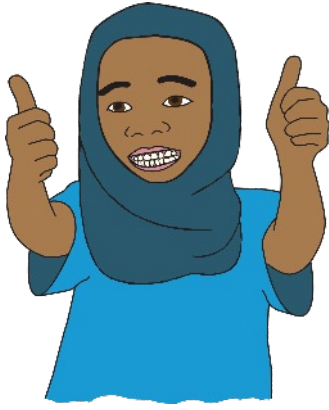
The plan will put you in charge of your daily support and you will have care in place if there is an emergency or something changes.



We want you to be in charge of your budget called a Direct Payment

You can ask a third party to help you manage your Direct Payment.

Ways the provider can help you



1. The provider will talk with you to make a Personalised Care and Support Plan that:

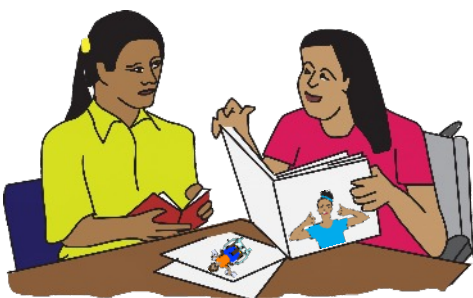
- describes your strengths



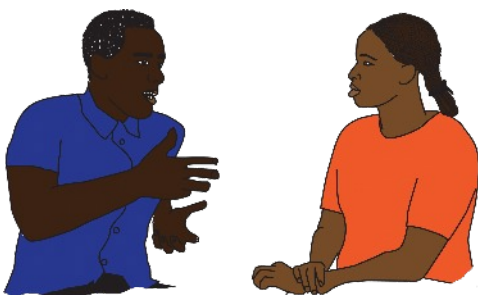
- is based on your values and culture



- clearly shows the benefits outside of health



- you can read and understand and perhaps has video and pictures



- you can pay an advocate to help you explain the plan and what choices will mean for you.



2. The provider will help you find creative and different ways to meet your health care and support needs within your budget such as:

- using technology to keep you independent



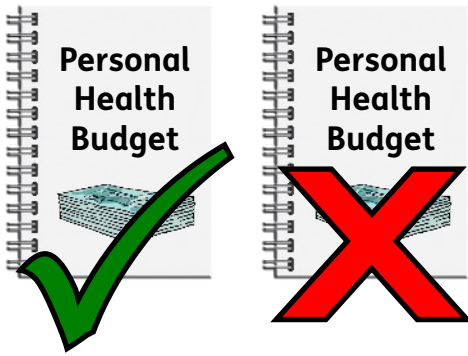
- joining community activities that build your confidence and networks.



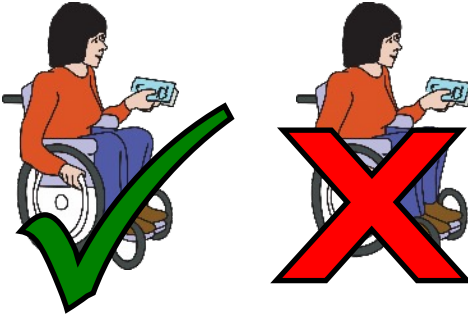
3. The provider will help you find a range of care and support agencies in the wider community such as social and leisure activities.



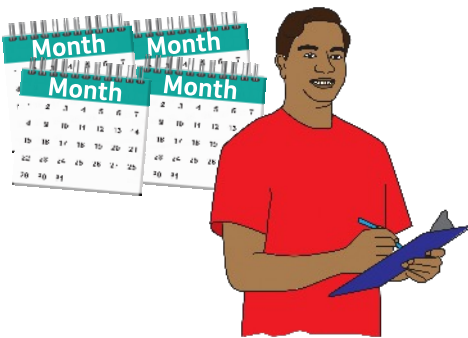
4. The provider will set up your Personal Health Budget (or PHB) by asking you and your professionals for ideas of what you want to keep you healthy and stay safe at home and in the community.



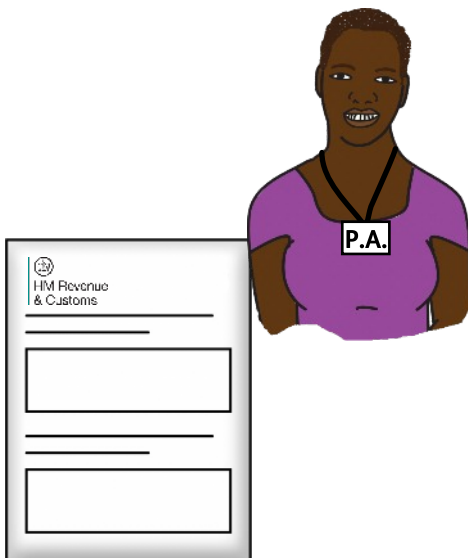
5. The provider will explain what a PHB is and is not, and ways to manage it.



6. The provider will explain what you can and cannot spend your PHB on.



7. The provider will explain quarterly checking and what happens if your budget is not used correctly.



8. If you employ staff with your Personal Health Budget, you become an employer which comes with many responsibilities such as:

- reporting to the HMRC
- paying Personal Assistants fairly





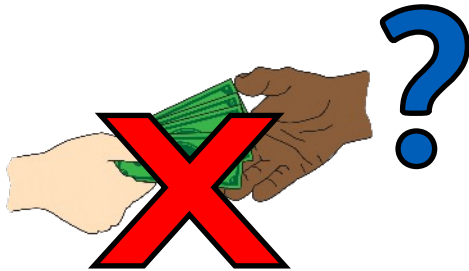
- training your personal assistants



- making sure your home is a safe place for others to work in



- writing down how you will manage any risks to staff working in your home



- knowing what to do if you don't have enough funds to pay your staff or you need help from the local Integrated Care Board (ICB).



9. The provider will help you understand you are in charge of organising and managing your care and support after setting up the budget.



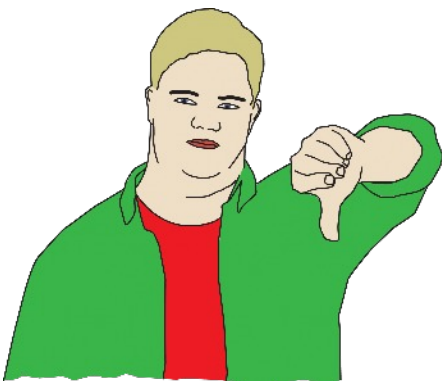
10. The provider will explain their **safeguarding** duty.

Safeguarding means they must keep you safe from harm and abuse.



11. The provider will help you understand about the **Care Certificate** and how it will help your staff.

The **Care Certificate** is a training course developed by Skills for Health so your support workers have the knowledge, skills and behaviours to give you caring and safe support.



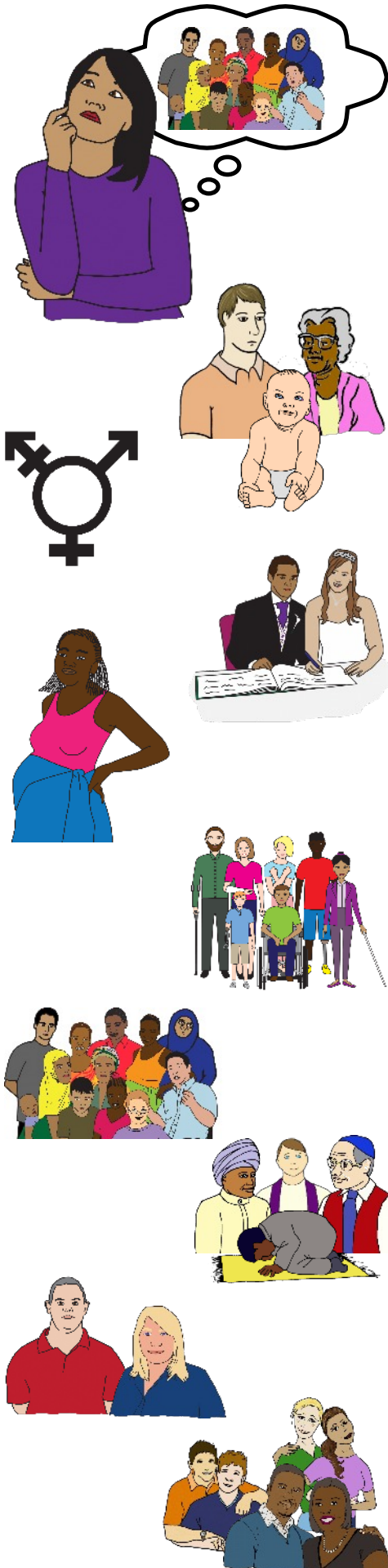
12. The provider will make plans for when things go wrong with your support.

Equality and diversity

Providers will need to think about the needs of service users with **protected characteristics**. It is against the law to discriminate against anyone because of:

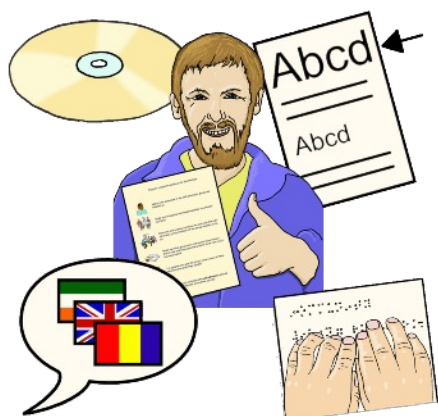
- age
- gender reassignment
- being married or in a civil partnership
- being pregnant
- disability
- race
- religion or belief
- sex
- sexual orientation

These are called protected characteristics.





Providers must make sure their staff do training by Oliver McGowan about learning disability and autism.



We expect everyone to make **reasonable adjustments** for people with learning disabilities.

A **reasonable adjustment** is changing the way we usually do things to make sure that everyone can use our services.



The law says organisations must consider changing the way they do things for disabled people so they have the same opportunities.



Providers must make sure their staff know about and respect the equality and the human rights of other staff, PHB holders, carers and members of the public.



Safeguarding

Safeguarding means protecting groups of **vulnerable** people.



We say that people are **vulnerable** when they have a difficulty and need extra support. This could be a disability, mental health condition or an experience which has made someone feel unsafe.



To safeguard vulnerable people, providers will choose staff using the rules of:

- the Safer Recruitment standards and
- the **DBS** for all staff who have contact with children and vulnerable adults.

Providers will train their staff using the rules of:



- children's and adults safeguarding intercollegiate guidance and/or
- the Bournemouth National Competency Framework for Safeguarding Adults.



Providers will have clear rules about safeguarding and **whistle blowing**.

Whistle blowing means speaking up if someone you work with is not following the rules. Whistle blowers have a right to protection.



Providers must report safeguarding incidents to the Social Care service where the person lives, and then to ICB.

Complaints

Ways a PHB holder can complain

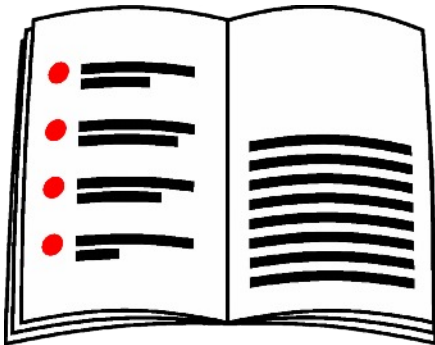
If you are unhappy with services from your provider please speak to your provider about it first. You have 1 year to talk to your provider about it.



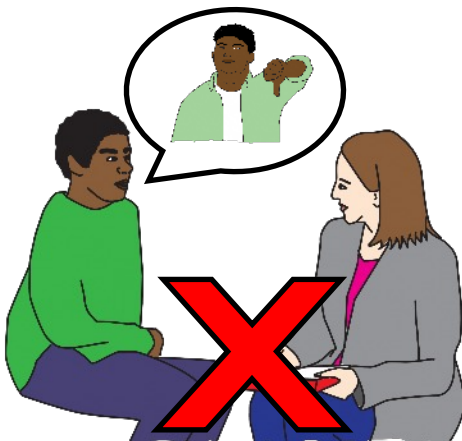
You can ask an advocate to help you with your complaint.



You can find an advocate through the PHB Support Services Directory.



If you cannot sort out your complaint with your provider, put in a formal complaint to ICB.



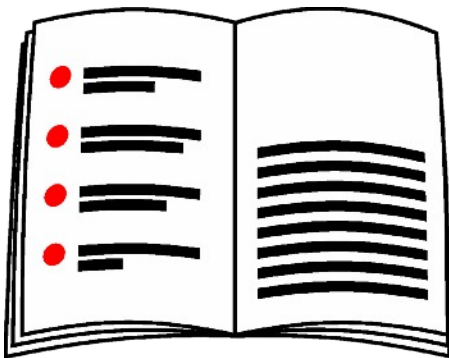


You can get help if something goes wrong

If you think your provider is not following your contract please speak to your provider about it first.



You can pay an advocate to help you with your complaint.



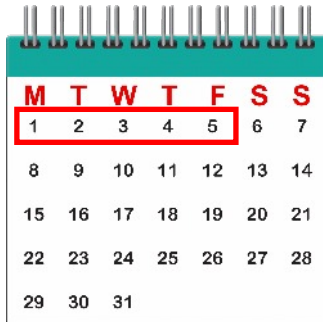
You can find an advocate through the PHB Support Services Directory.



When you meet with your provider they will write a plan called a **Back on Track Action Plan**.



The plan will say what changes will happen with a timeframe and who is responsible.



It will take up to 5 days for the plan to start.



The plan will give you a review date.



After the review, if you are still unhappy, you can ask the ICB for help.

Mediation



The ICB will set up a meeting called a **mediation meeting**.

At a **mediation meeting** you can talk about your issues and what has happened so far.



People at the meeting will be:

- you
- your advocate or someone speaking for you
- an ICB case manager and the ICB contracts manager
- your provider.



The PHB Holder and the provider will be able to discuss the issues and what progress, has been made.



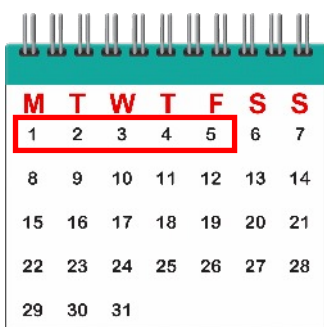
You will all work out a **Mediation Action Plan**.



The Mediation Action Plan will replace the previous Back on Track Action Plan.



The plan will say what changes will happen with a timeframe and who is responsible.



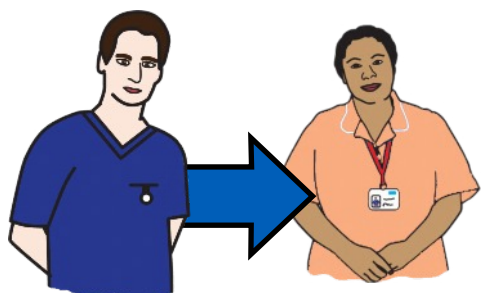
It will take up to 5 days for the plan to start.



The plan will give you a review date.



If you cannot agree on a mediation action plan you will set a date to end services from the provider.



Services will transfer to a new provider.



If you and the provider cannot work things out about the payment the provider can ask for a meeting called a dispute resolution meeting.

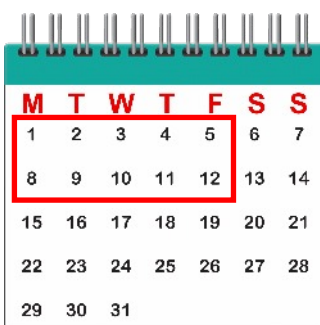


If the ICB is worried about the way a provider is giving services they can take action against the provider. This might stop other PHB Holders working with them.

Dispute resolution



If a provider is not paid or the ICB takes them off the PHB Support Services Directory the provider can ask for a meeting called a dispute resolution meeting.



The meeting must happen within 10 working days.



A senior person from the ICB and a senior contracts manager will look at the facts and decide what to do.

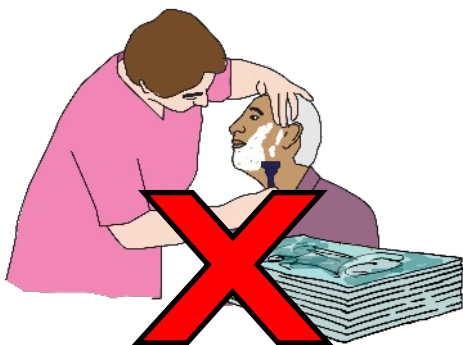


If a service suspended

Suspended means a service is stopped from operating for some time.



The provider will be paid for work they have finished.



They will not be paid while they are not giving a service.



The provider and the ICB will try to keep your services going.



We will tell you that we have suspended your provider.



If you are in stage 2 you can keep on working with them or choose another provider.



If you stop working with the provider, they will be paid for up to £440 of the money they are owed. Your Working Together Action Plan and Engagement Log will show how much time the provider has spent with you.

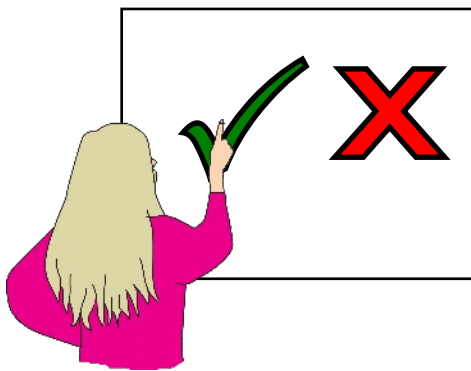


If you are in stage 3 or 4 and you have a Personalised Care and Support Plan you must keep on working with your provider. You can only change if there are serious reasons.



The ICB will make sure people cannot choose a suspended provider.

Capacity



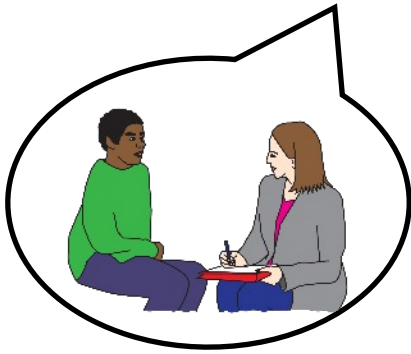
This contract will work unless you lose **capacity**.

Capacity means you can make decisions by yourself or with help from someone you know. If you lose capacity the ICB will follow these rules: [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care.](#)



Quality assurance

Quality assurance means checking providers are meeting the standards we ask them to.



We want you to tell us about your experience with setting up your ICB PHB.



We want you to think about the service you received.



We will ask you to fill out a **survey**.

A **survey** is a list of questions.



There will be questions about:

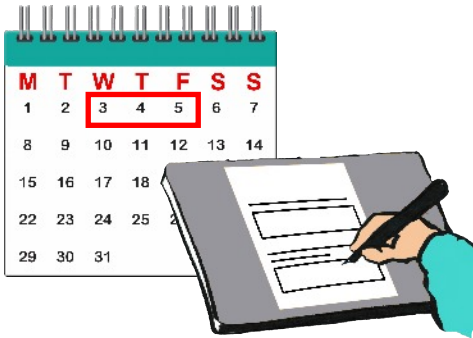
- planning your care and support
- setting up your care and support
- checking how things are going.



We will ask you and your provider to fill out the Service Delivery Form when the service is set up and when it is delivered.



Your provider will ask you to fill out a satisfaction survey to tell them how you found working with them.



You have 3 to 5 working days to complete the paperwork which the provider will email to the ICB.



We want your provider to publish the survey on their website.

The ICB may also publish the results on their website.



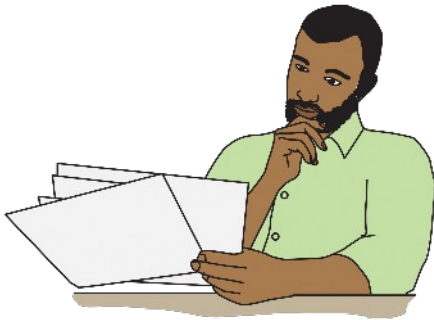
The provider will email to the case manager:

- the Personalised Care and Support Plan
- supporting evidence related to the brokerage of care and support service





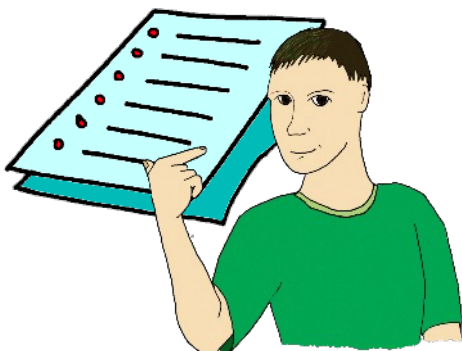
- checklist for service set-up
- Service Delivery Form.



The case manager will check the papers.



The ICB will send you a quality survey after setting up your PHB. Then another survey every year.



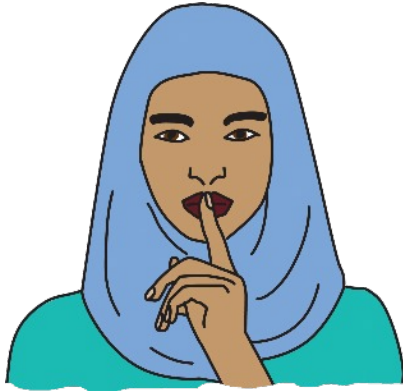
Data protection

We will look after your **data**.

Data is information about you and your services.



The ICB will share information with your provider and you in order to provide direct care for the PHB Holder.



We will keep your data private.

Providers will also keep your data private.

Payment

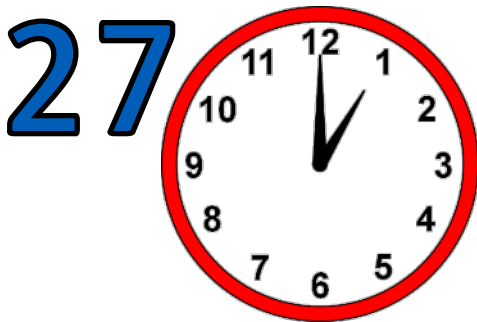


Pricing

There is a fixed single cost of £1200 for each Personalised Care and Support Plan and Brokerage of community care and support service.



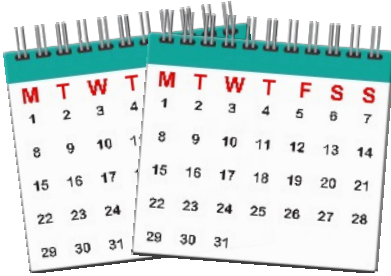
This is for all eligible ages and service groups.



The price is based on an average of around 27 hours of support.



The support includes specialist strength-based community care and support services to meet your agreed health outcomes.



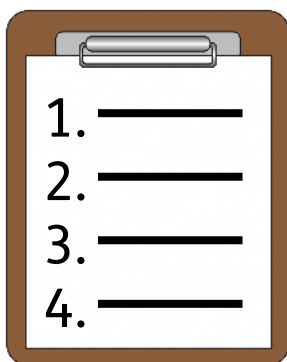
The service should be delivered within 6 to 8 weeks.



It starts with the planning meeting with you.



A provider will accept the referral and begin working with you within 5 working days. You will have a signed contract about the service.



There are 4 stages to Personalised Care and Support Planning Services.



Stage 1 is up to 3 meetings with your provider to share information and talk about your service.



If you and the provider work well together you will move on to stage 2.

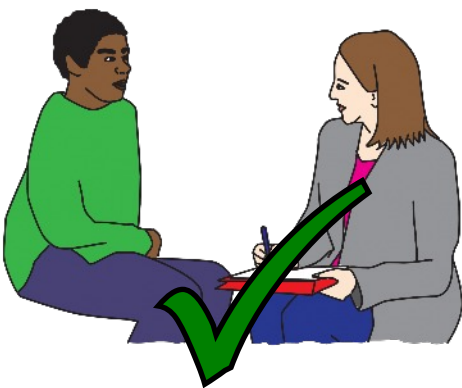


If you are not working well together:

- you can end the contract



- your provider can end the contract. They will not be paid.



In stage 2 you continue to work together.



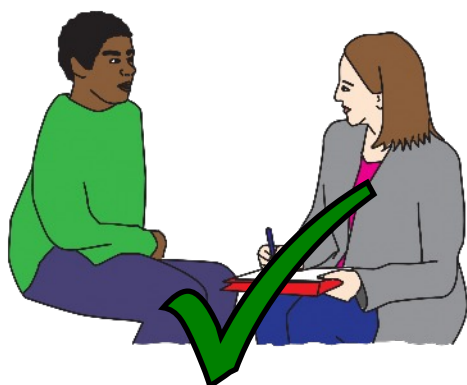
Your provider will record your hours of support in the Working Together Action Plan and Engagement Log. They will give you a copy.



If you decide you do not want to stay with your provider you can end the contract.



The provider will be paid for the hours worked up to £440.



In stage 3 you and the provider keep on working together.



Your provider will write a Personalised Care and Support Plan or PCSP for short.



The ICB PHB Review Panel will check the PCSP meets your assessed needs and covers emergencies.



They need to approve your plan before you pay your provider.



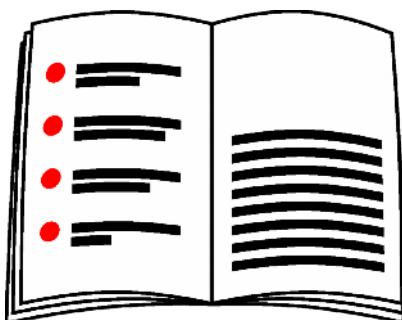
The ICB PHB Review Panel meets every week.



The case manager will come back to you and the provider 1 day after the ICB PHB Review Panel agrees to your plan.

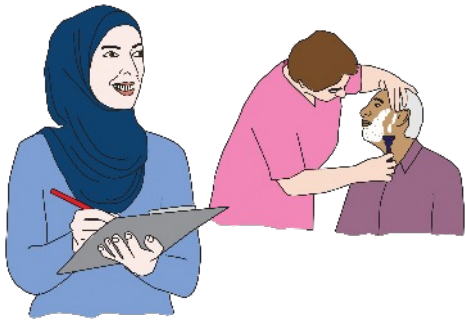


Your case manager will keep checking your PCSP is meeting your needs.



If your needs change and you need a new plan:

- your case manager will ask you to use the PHB Support Services Directory to find a new provider



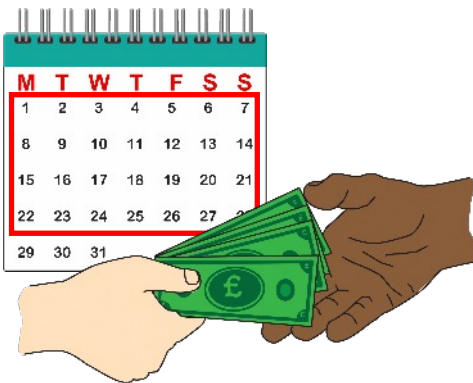
- your case manager will make sure you are still getting services while you are waiting for a new plan



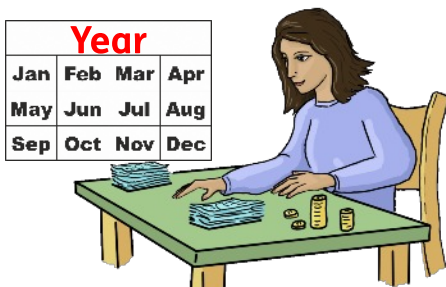
- your provider will be paid for the time they spent creating the PCSP.



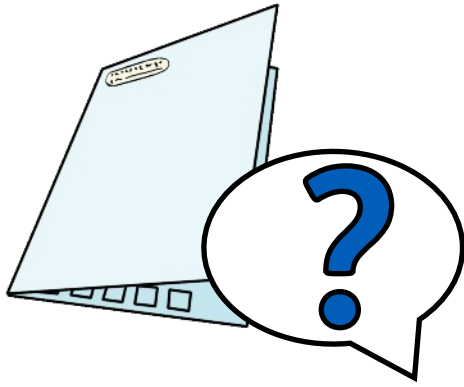
Stage 4 is paying your provider.



You must pay your provider within 28 days of the ICB PHB Review Panel agreeing to your plan.



Your case manager will check your Personal Health Budget and your Personalised Care and Support Plan in the first 3 months and then once a year.



Your provider has to keep your notes open for 12 weeks after they finish your care so they can answer any questions you have about your plan.



If your provider has questions that you cannot answer they can talk to your case manager who will get back to them in 3 days.

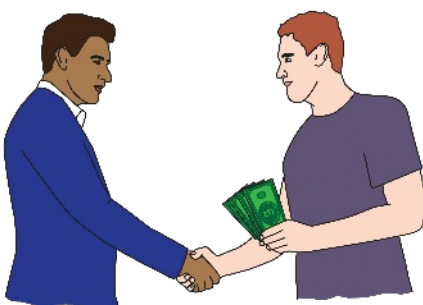


Providers can talk to the ICB about providing a Personalised Care and Support Planning Service only. This price has to be within £1200 per plan.



Invoicing and transfer of budget

You will pay your provider.



Or you may have a money management service that will pay the provider.



The ICB PHB Review Panel must approve your plan before your provider is paid.



If your provider has not given you service you can hold onto the payment until the service is delivered.



If the provider is worried about their payment they can ask the case manager for a dispute resolution meeting.



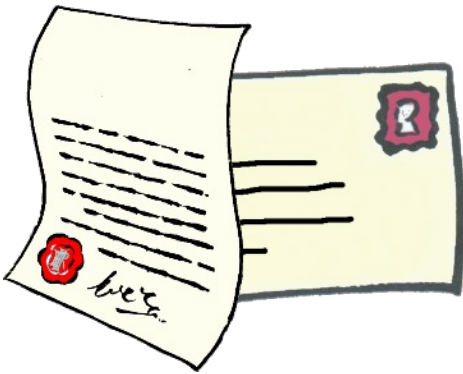
The ICB has a payments system that will help you or your money management service pay for your services.

When the service has finished

When the provider has completed their services to you they must:



- tell you the Personalised Care and Support Planning and Brokerage Service has been completed



- let NCL ICB know the service has been completed by sending in the signed plan and a record of services provided

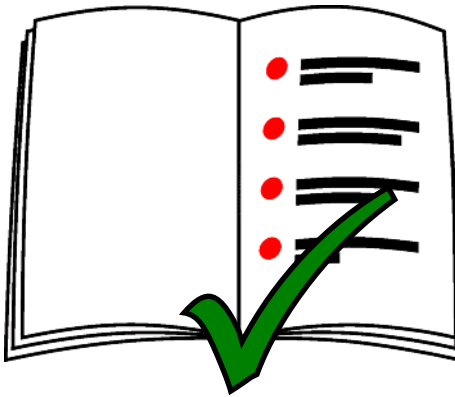


- show a record of how they provided a quality service to you.

Contract



This Contract records the agreement between the PHB Holder and the Provider.



Each Party acknowledges and agrees that it will accept and will be bound by the conditions at the date of this contract and as from time to time updated, amended or replaced.

What the words mean

Back on Track Action Plan is a plan your provider writes after a mediation meeting.

Brokerage means you have someone who can explain your PHB and help you decide which services you can afford in your area.

Capacity means you can make decisions by yourself or with help from someone you know.

Contract is a written agreement between you and your provider.

Data is information about you and your services.

The **Directory** is a list of trusted support service providers for people who have a PHB.

Direct payment means you are in charge of your Personal Health Budget.

Disclosure and Barring Service (DBS) is a service that checks if a person has a criminal record. Personal assistants may work with children and vulnerable people. We want to keep children and vulnerable people safe from people with criminal records. A criminal record will not stop a person working but it may mean they can only do some activities.

Mediation meeting at a mediation meeting you talk about your issues with your provider and what has happened so far.

Mediation Action Plan is a plan that replaces the previous Back on Track Action Plan.

Personal Health Budget or PHB is NHS money you can use to support your health and wellbeing needs such as: treatments, equipment, personal care.

A PHB lets you to create an individually agreed personalised care and support plan.

Personalised Care and Support Plan is about what is important to you.

Protected characteristics. It is against the law to discriminate against anyone because of age, gender reassignment, being married or in a civil partnership, being pregnant, disability, race, religion or belief, sex, sexual orientation. These are protected characteristics.

Quality assurance means checking providers are meeting the standards we ask them to.

A quality service means these things:

1. You will have a say about choosing your health provider.
2. You will have more providers to choose from.
3. There will be several providers who can help all ages and all service groups.
4. It will be easy for you to organise your own care and support.
5. You will feel confident about organising your care.

Reasonable adjustment is changing the way we usually do things to make sure that everyone can use our services.

Safeguarding means keeping vulnerable people safe.

Survey is a list of questions.

Suspended means a service is stopped from operating for some time.

Third-party budget is when you ask someone else to handle the money for you.

Vulnerable. We say that people are vulnerable when they have a difficulty and need extra support. This could be a disability, mental health condition or an experience which has made someone feel unsafe.

Whistle blowing means speaking up if someone you work with is not following the rules.

Credits



This paper has been designed and produced by the EasyRead service at Inspired Services Publishing Ltd.
Ref ISL230 23. December 2023.

www.inspiredservices.org.uk



It meets the European EasyRead Standard. © European Easy-to-Read Logo: Inclusion Europe.

More information at
www.easy-to-read.eu



Speaking Up Together -
making EasyRead information.



Artwork includes material from the Inspired EasyRead Collection and cannot be used anywhere else without written permission from Inspired Services.

www.inspired.pics