Best Practice Guide: Personal Health Budgets

Effectively Meeting the Needs of Children Through Personal Health Budgets

Derby and Derbyshire
Safeguarding Children Partnership

October 2024

Background to the Best Practice Guide

In 2023, Derby and Derbyshire Safeguarding Children Partnership (DDSCP) undertook two Rapid Reviews (Working Together to Safeguarding Children Statutory Guidance (2023), chapter 5, page 136) about two unconnected children who were suspected to have died as a result of abuse or neglect.

The Rapid Reviews found that Child in Need arrangements was an overarching learning area across both cases. Special Guardianship Orders and Personal Health Budgets were identified as individual learning areas.

The Rapid Review Panel decided that developing three best practice guides based on the findings of the Rapid Reviews and by drawing on the expertise of practitioners and the experiences of children & their carers would:

- Provide practitioners across agencies with a set of best practice principles to support and enhance their work with children and families in addition to following relevant legislation and local procedures.

- Help to achieve the shared multi-agency aims of meeting the needs of children and increasing their safety and wellbeing.

The DDSCP facilitated practitioner groups to discuss the practice associated with the three learning areas. The groups were attended by a variety of practitioners from a range of agencies and included front line staff and senior managers. Their input alongside that of children & their carers has helped to create this best practice guide which has been endorsed by senior leaders across the DDSCP.

The best practice guide provides a framework for practitioners working collaboratively across all agencies to help improve outcomes for children and their families in the areas of assessment, planning, review and evaluation and exit planning.

Online versions of the Child in Need, Special Guardianship Orders & Personal Health Budgets Best Practice Guides can be found here:

2.2 Local Best Practice Guidance

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What is a Personal Health Budget?

A Personal Health Budget (PHB) is an amount of NHS money which supports the health and well-being needs of a child. A PHB is planned and agreed between the family and their local Integrated Care Board. Children who receive NHS continuing care have a right to a PHB. PHBs can improve the quality of life for children and their experience of care by helping families to have more choices about how children's healthcare needs are met.

Working Together to Safeguarding Children Statutory Guidance (2023) outlines that supporting children (including those that have a PHB) is a shared responsibility where successful outcomes depend on strong partnership working between parents or carers and all practitioners working with them.

Key Terms and Definitions

Continuing Care:

- Some children with long term complex needs qualify for free health and social care arranged and funded solely by the NHS. This is known as NHS Continuing Care.

Decision Support Tool (DST):

- A tool which supports practitioners to apply the principles of the National Framework to help make evidence based decisions and recommendations about a child's eligibility for NHS Continuing Care based on an assessment of their needs.

Multi Disciplinary Team (MDT):

- The purpose of the MDT is to make a recommendation about whether a child is eligible for NHS Continuing Care by looking at their health needs which are outlined in the DST.

Integrated Care Board (ICB):

- ICBs made decisions about eligibility for NHS Continuing Care based on the recommendation made by the MDT in accordance with processes outlined in the National Framework. Only in exceptional circumstances and for clear reasons, should the MDT's recommendation not be followed.

Children's Continuing Care Team:

- A team of experienced children's nurses, respiratory physiotherapists and family support workers who provide care for children with complex health needs in the community, at home, in school or nursery or in respite centres. The team are based in the KITE department at the Royal Derby Hospital.

Direct Payment:

- One way of managing a PHB. The money is provided directly to a family for them to buy the agreed care and support needed for a child rather than the local authority arranging it. The child's parent or carer becomes an employer.

Personal Assistants:

- A PHB can be used by a parent or carer to employ a personal assistant to help meet the child's health needs. Local NHS Personal Health Budget Teams support parents and carers to identify the outcomes they want for their child and help them to plan for managing the employment of a personal assistant.

Delegated Healthcare Tasks

- Healthcare tasks that a regulated healthcare practitioner, such as a nurse, nursing associate, occupational therapist or speech and language therapist delegates to a personal assistant so that they can provide care to the child.

Child in Need:

- Under Section 17 of The Children Act 1989, a child is considered in need if they are unlikely to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority; if their health or development is likely to be significantly impaired or further impaired without the provision of services from the Local Authority or if they have a disability.

To ensure that families are fully supported, a direct payment PHB should only be granted in exceptional circumstances

Assessment

- Keep in mind the criteria for a PHB and whether the child's health needs may qualify for one
- Adopt a "think family" approach to identify any wider family needs
- Consider what support is already being provided to the child and their family
- Aim to identify whether the child has any unmet health needs and consider a referral to the Children's Continuing Care Team for assessment if additional support is needed from a PHB
- Explain to parents or carers the reason for the referral to the Children's Continuing Care Team and what the assessment process will involve
- Ensure that the assessment for a PHB (underpinned by the DST) is thorough and includes background information from a range of sources
- Capture the child's voice and their lived experience in the assessment
- Assess how other children in the family are affected by the health needs of the child
- Consider who the child would like to meet their health needs. Explore with parents or carers the implications and challenges of a family member or friend potentially providing care to the child. Discuss the necessity for background checks, additional duties, the possible impact on relationships and whether the care and support can be sustained
- If a direct payment PHB is being requested by parents or carers, the assessment should consider whether they can appropriately manage becoming "employers" of the person(s) providing care
- Explore with practitioners the reasons why a family may be requesting a direct payment PHB. May they be concerned about the involvement of agencies?
- Ensure that the key individuals who support the child including practitioners, family members and a school representative (if applicable) attend the MDT so that they can give their views
- Ensure that the length of time allocated for the MDT is sufficient to discuss the child's needs and any wider family factors
- Use the assessment (underpinned by the DST) to help discuss at the MDT whether the child can be appropriately supported via a PHB
- Inform parents or carers and the initial referrer in a timely way whether a PHB has been approved by the ICB and who they can contact if they need to discuss the decision or if they need to request a review of the PHB in future

The practitioner group should ensure that everyone is aware of the PHB for the child to be appropriately supported

Planning

- The practitioner group should be aware of who the lead worker is within the Children's Continuing Care Team as they are the first point of contact regarding the Continuing Care Plan
- The Continuing Care plan should be formed with all involved practitioners and the family and should centre on the needs of the child and detail how those needs should be responded to
- The practitioner group (preferably at the MDT stage) should seek to identify a lead practitioner to co-ordinate support and intervention for the child.
- The practitioner group should identify and delegate healthcare tasks from registered practitioners to personal assistants under clear protocols which are safe and appropriate and which clarify responsibilities and lines of accountability.
- Where care is to be provided by relative(s) or friend(s), parents or carers should be encouraged to keep a record of the care that is delivered to the child
- The practitioner group should consider how assurance can be gained about the effectiveness and quality of any specialist care that relative(s) or friend(s) have received training on and how their competency is reviewed and by whom
- The Children's Continuing Care Team should be involved in meetings about Child in Need, Child Protection and Education and Health Care Plans to ensure that the details of the PHB and the care being delivered is incorporated into any accompanying plans for the child
- The child's GP and GP Practice Care Co-Ordinator should be informed of the PHB to help support their response to any future health needs that the child may have

Practitioners should review changes in a family's circumstances to help assess whether a PHB remains appropriate

Review & Evaluation

- A review meeting should be held three months after the initial DST with the family and care provider to identify any concerns and to assess the effectiveness of the PHB (the review meeting may take place after three months if the PHB has taken longer to establish)
- Following the initial DST assessment, the MDT should meet annually to update the DST and to check that the PHB is being delivered effectively and is continuing to meet the needs of the child.
- The effectiveness of a PHB should be explored amongst the practitioner group at Child in Need or Child Protection meetings with the aim of identifying any issues that may require action
- The practitioner group should seek to establish contact with personal assistants to assess the effectiveness of the care being provided to the child
- The practitioner group should be alert to any pattern of parents or carers requesting an increase to the PHB and consider whether this indicates any safeguarding concerns or whether it suggests that they are struggling to cope
- If a parent or carer requests an increase to the PHB or additional support this should be explored at an MDT, supported by an updated DST within three months of the request
- If available, care logs should be reviewed by the practitioner group to help make a decision whether a PHB should be increased or whether additional or alternate support is required by a family
- Consideration should be given to whether a PHB could be allocated differently (if appropriate) rather than increasing it
- If a parent or carer requests that the PHB should be paid directly to them in future, a Social Worker from the Local Authority should engage them in discussion about the reasons for this before a decision is made
- The practitioner group should establish a mechanism by which to annually review children who have a PHB including a process for monitoring how they are being spent

The child's needs outlined in accompanying plans which support the PHB should be fully addressed before closure

Exit Planning

- If a child is subject to a Child in Need or Child Protection plan and this ends, then the practitioner group should establish a mechanism for continuing to review and oversee any changes for the family which may impact on the PHB
- Parents or carers should be provided with information so they know who to contact for support or advice about PHBs. The practitioner group should ensure that they understand this information
- The Children's Continuing Care Team should remain involved with the child whilst ever they are in receipt of a PHB

What Do Families Say?

"PHBs are an alternative to using care providers which feels less restrictive"

"The support plans used in PHBs have enabled us as the parents to be very involved in the outcomes we want for our child and also how and when the care is delivered"

"PHBs allow us to employ personal assistants that we have found and interviewed ourselves which means we are more comfortable with them quickly and feel happier with them delivering care"

"PHBs enable us to have flexible care to support last minute when plans change and to fit in with our busy lifestyle"

Useful Links

NHS England: What is a Personal Health Budget

Children and Young People's Continuing Care National Framework

NHS England: Personal Health Budgets for Children, Young People and Families

NHS England: Children and Young People. Quick Guide About Personal Health Budgets and Integrated Personal Commissioning

NHS: Frequently Asked Questions About Personal Health Budgets

NHS England: Guidance on Direct Payments for Healthcare, Understanding The Regulations

Joined Up Care Derbyshire: Continuing Care For Children and Young People

NHS University Hospitals of Derby and Burton: Children's Continuing Care Team

Derby City Council: Personal Assistants

Delegation of Healthcare Tasks to Personal Assistants

Public Information Leaflet: NHS Continuing Healthcare and NHS-funded Nursing Care

Please scan the QR code to answer 3 questions to help the Derby and Derbyshire Safeguarding Children Partnership evaluate the use of this guide in practice.

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