Personal health budgets guide
Ways in which the money can be held and managed

June 2012
## DH INFORMATION READER BOX

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Personal health budgets guide: Ways in which the money can be held and managed

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### Target Audience
PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Medical Directors, Directors of Finance, Allied Health Professionals, Personal health budgets pilot sites. The toolkit is for people working in the NHS, and people who are eligible for a personal health budget, their families and carers.

### Description
This good practice guide is for people working in the NHS who are implementing personal health budgets. This guide explains the different options for how a personal health budget can be managed and provides examples of how these can work in practice.

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1. Introduction

This guide describes the different ways a person can receive a personal health budget and manage their money. Choosing how a personal health budget is managed should always serve the purpose of a personal health budget.

This means:

- Giving people the level of choice and control that they want over how their health needs are met
- Having a clear understanding of what is to be achieved, as determined during the care planning process

Having a range of options available to receive and manage a personal health budget will ensure that people are able to select the most suitable option, or combination of options, to meet their requirements.

What is a personal health budget and what is its purpose?

A personal health budget is an amount of money to support a person’s identified health and well-being needs, planned and agreed between the person and their local NHS team. Our vision for personal health budgets is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive.

A personal health budget has five essential parts. If any of these are missing, then the person is less likely to be able to make decisions about their health that matter most to them, and the personal health budget is less likely to be effective. The person with the personal health budget (or their representative) will:

- be able to choose the health and well-being outcomes they want to achieve, in agreement with a healthcare professional
- know how much money they have for their health care and support
- be enabled to create their own care plan, with support if they want it
- be able to choose how their budget is held and managed, including the right to ask for a direct payment
- be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

If a range of effective options is to be made available to people, organisations need to take a whole system approach to implementation. Learning from social care and from interviews with pilot sites for this paper shows that there are a number of key issues that need to be considered and resolved at policy and procedural level in order to make personal health budgets a real option for people. By creating a positive and supportive organisational environment in which personal health budgets are understood by staff at all levels, people with long term conditions and impairments will have the chance to shape their lives and make decisions about their health and well being.
“… we have gone through a journey, from responding to requests in a traditional ‘the NHS doesn't fund that' manner, to looking at the reasons why something might be a valid use of resources to achieve an agreed outcome. We might contest the amount, but not the solution, as long as we can draw a clear connecting line between the need and the outcome” (personal health budgets pilot site).

Pilot sites interviewed for this paper identified the importance of the following factors:

- **Leadership** – including a clear strategy signed up to by senior manager
- **Straightforward systems** - with ‘light touch' monitoring that is proportionate and focuses on outcomes
- **Good communication** - with accessible and easy to understand information
- **Informed and well-trained staff** - introducing more choice, flexibility and control over the health services and care people receive, requires a multitude of shifts in practices, attitudes and processes
- **An effective local support organisation** – many people found joining up with the local council support service to be helpful
- **Peer support** - supporting the development of local peer support
- **Commissioning** that supports the development of flexible personalised support and facilitates the use of non traditional providers
2. Making decisions about which way to receive and manage the money

It is important that the type of arrangement put in place supports the purpose of each personal health budget and is adapted to suit the circumstances of each person.

Some people may be clear from the start how they wish to receive and manage their personal health budget. It is still important, however, that professionals are able to present alternatives for consideration by the individual so they are able to make an informed choice. Different aspects of a person's care plan may require different approaches to managing the money.

Some of the things that will need to be considered in deciding which approach will work best include:

- the outcomes identified in the care plan
- the level of support which a person requires
- the nature of the services that the person wishes to buy to achieve these outcomes and the options for purchasing them
- the degree of flexibility in the services and support that the person wants
- the degree of direct control of the money and budgetary management that the person wants
- the different aspects of the care plan that the person wants to take full responsibility for and which they want help with e.g. employment, payroll, and accounting and training etc.
- the impact on any carer or family member of any arrangement

These points should also be considered at each review in order to take account of how well things are working, and changes in circumstances and aspirations.

Having considered what is important to the person (and where appropriate to their carer) to the successful delivery of their care plan the options for managing the money can be explored.
3. The different ways of receiving and managing a personal health budget

People can have their personal health budget through one of three main ways or any combination of these three ways:

- A direct payment\(^1\) for health care
- Third party budget
- A notional budget\(^2\)

Each of these is shown in summary in the diagram on the next page, and then explained in more detail, along with the different delivery and management options that can make them work well for any one person’s situation and preferences.

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\(^1\) During the course of the personal health budget pilot programme only participating NHS organisations approved by the Secretary of state for health have been able to make direct payments. This will be reviewed following the results of the personal health budget evaluation in Oct 2012, when consideration will be given to extending direct payments.

\(^2\) Notional budgets are also known in some areas as virtual budgets.
Having a personal health budget means:

- Knowing how much money I have in my personal health budget
- Using that information to create my own care plan, with the support I need to do this
- Freely choosing the way in which my personal health budget is held and managed
- Having the ongoing support I need to manage my personal health budget
- Being able to spend the money at times and in ways that make sense to me, in line with Department of Health principles and as agreed in my care plan
- Having the maximum possible choice in determining how my needs are met and the personal health outcomes that I will achieve with the money, in discussion with health professionals

- paid into an account I hold (or held in an account on my behalf by someone else) as a **direct payment for health care**
- paid to an organisation outside of the NHS as a **third party budget**
- held by the NHS as a **notional budget** with services directly commissioned

- with help from **direct payment support services**
- by a **support provider**, or other **organisation independent** of the NHS
- by **NHS staff**

- with help from a **family member, friend, or other voluntary or paid help**
- by a **Trust** or similar arrangement

- by using a **prepaid card**
Direct payments for health care

With a direct payment for health care, money identified for the personal health budget is transferred to the person who then purchases the services and support they want in line with the agreed care plan. The care plan should set out the health needs that the direct payment is to address and what outcomes are to be achieved.

Direct payments for health care must be paid into a separate bank account used solely for that purpose. A personal health budget can be paid into the same account as another personal budget a person may have, for example, their direct payment for social care.

Direct payments for health care can only be given to someone who consents, or who consents to someone receiving direct payments on their behalf (a nominee). If they do not have the capacity to consent, direct payments can be given to their representative (for example, a person with a Lasting Power of Attorney - Health and Welfare), if they consent on the person’s behalf.
As well as giving people more control and independence, direct payments carry with them greater responsibilities for individuals than traditionally commissioned healthcare. The person receiving the direct payment for health care (the individual themselves if the direct payment is made to them, or if they have one, a nominee or a representative) will be responsible for the way the money is spent. If they use the money to employ people they will also be taking on additional responsibilities as employers. There are also increased responsibilities if they enter into contracts with people to provide services. However there are a number of ways that people can be supported in managing a direct payment for health care.

These include:
- Help from direct payment support services
- Help from a carer, family member, friend, or other voluntary or paid help
- Using a prepaid card

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**Example: using a direct payment for a personal health budget**

Haris is 53, lives in Kent, and is determined to maintain his independence. He has Parkinson’s disease, heart disease and has had several strokes. He requires support for his everyday needs. With a direct payment for health care, Haris can take more control of his health, care and finances.

“I live on my own and have no family members who can help look after me. So I depend on paid carers to meet my everyday medical and care needs.

I used to have a social care package provided by Kent County Council. The funds to cover this care came to me as a direct payment into a separate bank account under my control. This gave me a choice to decide how to pay for my required care. But when my health deteriorated last year responsibility for my care came under NHS Continuing Healthcare. So, health broker Rebecca and I sat down to consider how my health care needs could be met, and she suggested a personal health budget.

We drew up a care plan, detailing how care would be provided and associated costs. Above all else, there was no way I wanted to end up in a nursing home. I am only in my fifties. But I am completely reliant on outside assistance – I need help getting up in the morning, showering, preparing breakfast, lunch and dinner, assisting me with my medication, taking my blood pressure every day, and help getting to bed at night.

I decided to receive my personal health budget as a direct payment. This enables me to cover care visits to my home every day – two hours in the morning, 45 minutes at lunch and one hour 45 minutes in late afternoon. Plus, it covers someone to do three hours of shopping for me per week, and a six-hour social call per week.

I wanted to retain the sense of control of my care and finances that a direct payment enables. It’s my life. That’s why a direct payment for health care works for me.”

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3 Information on acting as an employer can be found at: [http://www.businesslink.gov.uk/bdotg/action/layer?r.s=tl&topicId=1073858787](http://www.businesslink.gov.uk/bdotg/action/layer?r.s=tl&topicId=1073858787)
These are now explained in more detail.

**Help from direct payment support services**

**Direct payments for health care support services**

A good local support service for direct payments can make all the difference in making direct payments successful for people. Direct payment support services can be ‘in house’ or can be provided by the local council, user led organisations, voluntary or independent organisations.

“If a person doesn’t want to manage a direct payment by themselves, they are put in touch with our support service who offer either a pay roll service or a managed account service. Our support service registers the budget holder as the employer but pays invoices on their behalf. People using the pay roll service, send time sheets at the end of the month and pay is calculated” (personal health budgets pilot site).

A support service can provide people with help and support in managing many different tasks. For example:

- Recruitment
- Staff management
- Budgeting and account management
- Training
- Payroll
- Employment law and advice

**Peer support**

In some places, people are enabled to share their experiences and support each other. This is generally known as peer support.

“Our peer support group help each other with decision-making. People discuss employment issues, how to recruit PA’s, what’s working and what’s not working. It's developing into a vibrant community.” (personal health budgets pilot site).
Help from a carer, family member, friend or other voluntary or paid help

Some people choose to receive support with some or all of the different aspects of managing a direct payment from a carer, family member or friend or from other voluntary or paid sources.

Where carers and family members are involved in supporting someone 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. Carers and family members can provide a range of support if they are willing and able. For example, some people who are concerned about managing the direct payment themselves may choose to have it paid into a separate account, which is managed by a family member and this person may also provide support in accounting for expenditure. Another form of support with managing a budget, which often involves family members or carers, is a Circle of Support.

A few people manage their direct payments and source any additional support entirely independently of any local direct payment support service. Brokers or advocates are some of the people who might be paid to be involved in some aspects of managing arrangements.

Where people pay others to help manage their budget, funding for this will need to be included in the care plan.

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Example: Dorset third party support for direct payments

Dorset have contracted with a voluntary sector agency, Enham, to provide support to people using direct payments. Enham already provide this support for the local council.

The personal health budget process in Dorset works as follows: The personal health budget care co-ordinator provides the initial information, and personal health budget application support. Once the personal health budget care co-ordinator has worked with an individual to develop a care plan, the person has the option to work with Enham to develop a more detailed plan of their support needs (Enham refer to this as a support plan). The personal health budget co-ordinator remains in contact with Enham as necessary, and conducts the personal health budget reviews.

Through their two dedicated workers, Enham provides and co-ordinates the level of support the individual asks for, such as recruitment, ongoing employment support, queries, difficulties, etc, and day to day monitoring. The two dedicated workers liaise with the personal health budget care co-ordinator as questions arise. Enham can also engage the services of Pro-Disability, who provide payroll services, keeping the user-support and the payroll functions separate.

About 80% of people with a direct payment use the services of Enham and Pro-Disability.

“You need a support organisation who understand the issues being faced by the people using personal health budgets. From the start we looked at how to operate personal health budgets so that they could be managed alongside personal budgets from the Council.” Personal health budgets programme manager.

4 For more information go to: http://www.circlesnetwork.org.uk/index.asp?slevel=0z114z115&parent_id=115
Managing a direct payment through use of a pre-paid card

Prepaid cards act in a similar way to debit cards. A prepaid card may be less flexible than money in the bank. What is important is that the arrangement is made in a way that gives the person the necessary freedom to use the card to meet the agreed needs and outcomes specified in their care plan.

A prepaid card can include accessing cash amounts as well as direct purchasing of goods and services. They can also be useful in situations where a person has difficulty in opening a bank account.

Example: using a prepaid card for direct payments

The Kent Card is a prepaid card that is operated by Kent County Council. Health direct payments in Kent are made through the council's existing direct payments team, which therefore makes it possible to receive both health and social care direct payments on the Kent Card. The advantages to both the local authority (acting for the NHS) and individuals using the card are that the bank provides both with itemised statements of the cards use, which makes it easier to account for the use of the budget. Kent County Council, on behalf of the NHS do not apply restrictions to the card. They also cover the costs of cash withdrawals.

A number of people already had direct payments from the local council before starting to receive health direct payments, so already had their personal assistants in place and the Kent Card set up, and were able therefore to carry these arrangements on. Others have chosen to start using the Kent Card as a way to manage their health direct payments.
Third party budget

- A third party budget is when an organisation legally independent of both the person and the NHS (for example, an Independent User Trust or a voluntary organisation) holds some or all of the money on the person's behalf, and supports the person to achieve the outcomes agreed in the plan using the available budget.

- It is important when selecting and agreeing to use a third party, that values and assumptions are checked out. For example it is important to agree on who makes decisions and the degree of flexibility that will be allowed for the person themselves to control what happens. This could include matters such as: who is recruited and how, their role, tasks, times, training etc. It is also important that there is complete transparency over the money and how it is being used, on an ongoing basis. If this is not established then there is a risk that the money may simply be held outside of the NHS, but the power and decision-making will not have shifted to the person. It is only with this shift in decision-making and control that a third party budget will be a successful model of delivering a personal health budget.

- Using a third party budget will incur costs, which will either be met separately by the NHS, or added to the individual's personal health budget so they can pay the third party.

The structure and processes within a third party budget can act as a financial safeguard; they should be transparent and provide a clear record of decision-making processes and outcomes. This can help NHS bodies meet their legal responsibility to ensure that public money is used properly and for the purpose of meeting someone’s health outcomes.

Example of using a third party budget – Gerry’s story

Gerry is a 61-year-old man who lives at home with his wife and sons. He was a very outgoing man who lived life to the full until he was diagnosed with dementia two years ago. At first, his family were told that he would need residential care but when they heard about personal health budgets they jumped at the opportunity. Gerry was eligible for fully funded NHS continuing health care. His local NHS weren’t able to offer him a direct payment so his family approached a local family care organisation to act as a third party. It was a new venture for the organisation that was more used to providing a traditional domiciliary care service so they drafted a letter of agreement that set out roles and responsibilities. The organisation employs Gerry's PA’s and handles the money whilst his family manages Gerry's support on a day-to-day basis.

The arrangement is working well. The family appreciates the fact that as a family focused organisation, their third party takes a 'whole family' approach. They've been supported to provide high quality care for Gerry but they have also had emotional and practical support from the organisation who understand the needs of family carers. Gerry is thriving, settled and happy to be living in the family home.
There are a variety of ways in which a third party budget can be established. These include:

- A third party arrangement for a personal health budget through an independent organisation
- A third party arrangement for a personal health budget through a trust
- A third party arrangement for a personal health budget through a personal care company

Each of these is now explained in more detail.

**A third party arrangement for a personal health budget through an independent organisation**

A personal health budget can be paid directly by the NHS to an organisation, through a third party arrangement. The budget is held solely for the purposes agreed in the care plan and controlled by the individual or a person/people they have chosen to manage it on their behalf. The organisation pays out the money as requested. The appointed organisation holds and accounts for the money, and, in addition to a ‘management charge’ may provide other services that are charged to that budget.

In some instances, the independent organisation may also be a support provider. Along with holding the money, the organisation employs the staff and provides services and support in partnership with the person, in line with their wishes as identified and agreed in the care plan.

Another form of emerging arrangement is an individual service fund (ISF). An individual service fund is part of a third party budget when the NHS directly places all or part of one particular person's personal health budget with a provider chosen by that person, solely for their benefit. This is then used in accordance with an ISF agreement made between the person and the provider. The key principles of an ISF are described on page 20 (along with a description of an Individual Service Fund used within a notional budget).

Third party organisations can also be used to manage one off payments\(^5\) to people. In the example below some payments are given as cash sums, vouchers or card payments and others directly purchased.

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\(^5\) The term ‘one-off payment’ is used when money is paid for non-recurring service or a single item. One-off payments are commonly used to purchase a single item or a single session of support.
Example of using a third party to manage one-off payments

In Merseyside the voluntary organisation (Imagine) holds the NHS budget for non-recurring personal health budgets, for which they have set up systems to provide the personal health budgets which people have been given in the most appropriate way.

The Care Co-ordinator does the Care Programme Approach (CPA) assessment with the individual, then makes a referral to the Imagine broker, who is embedded within the local mental health teams. The broker works with individuals on planning how they will use their personal health budget:

“We use vouchers, cash payments and store cards: a plan is drawn up, the person says, for example, £150 'to buy sports equipment throughout the year'. If the person is happy to sort it out for themselves they set up a separate account, into which the money is paid. We have based our practice on the personal health budget direct payment guidance. People keep receipts and the expenditure needs to meet the outcomes of their support plan. Some expenditure is very clearly specified in the plan, whilst in other cases, a general area of expenditure will be given, but tied to a specific purpose (e.g. 'sports equipment to maintain fitness', without specifying exactly what equipment this might be). If the person asks us to do it on their behalf, we can do research and purchase items, or the person can have it on store card or other form of voucher for items in their support plan - e.g. from B&Q. Being a smaller organisation allows flexibility.”

Third party budget arrangements can be made with voluntary and private organisations, such as domiciliary care agencies, charities and other newer forms of non-profit making enterprise such as community interest companies. The local NHS will have its own rules as to which organisations it is able to pay money to.

A third party arrangement for a personal health budget through a trust

There are a number of names used to describe a trust arrangement:

- independent user trust
- user controlled trust
- independent living trust
- user independent trust

A Trust may be particularly helpful when for example:

- The NHS body does not have the power to offer direct payments
- the individual does not want to manage a direct payment
- the individual is not in a position to manage their own budget
- a family wish to make arrangements that are not dependent on them being involved

A trust is independent both of the NHS and the person receiving care, making it an independent agency equivalent to any other agency set up to provide care.
A trust commits to managing the person’s budget by establishing a board of trustees who are responsible for providing the care/services agreed in the care plan. A Primary Care Trust can then transfer funds to the trust to meet a person’s health needs in line with their agreed care plan. An independent user 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 also responsible for ensuring that an individual’s health outcomes are being met and that contingency arrangements are adequate.

For more detail on how trusts can work in healthcare go to:

A third party arrangement for a personal health budget through a personal care company

Personal care companies are a variation on the trust arrangements described above. They are usually set up to provide support to a person with a large health care package and high support needs. The company is a separate legal entity, which manages an agreed sum of NHS money on behalf of the person. There is a contract between the company and the local NHS commissioning body to provide services for the person in a way that puts them at the heart of decision-making and gives them choice and control in their life. The company is managed by a board of directors. The number of directors can vary but if a family member wishes to be a director there need to be at least two other directors. The family member does not control the board since they are in a minority, which means they cannot exercise a veto.
Here are some of the things that the DH personal health budget peer network said are important in making a third party budget work well.

These points could form a useful basis for drawing up a contract between the person receiving a personal health budget and a third party organisation.

- The budget needs to be held in a separate/dedicated bank account in the person’s name. The arrangement needs to be transparent – the third party must share bank statements and financial information in an on-going way.

- People want the freedom to choose personal assistants for their personal qualities rather than their qualifications. The ‘right’ person can be trained to fulfil the role. The budget holder (or their representative) should write the person specification (with help, if required). People want to be able to take a competency-based approach rather than qualifications based approach.

- Individuals and families want to input into the employment contract and set pay rates and conditions. Disciplinary procedures need to be clear and must involve the person or their family, and be consistent with the Law. People with a personal health budget recognise the need to value their employees. The third party needs to value and respect this.

- There need to be clear lines of reporting through the individual/family and people want the family’s role to be respected in the package. Everyone needs to be clear about where responsibilities lie.

- The third party organisation must have the right values and remember who the customer is. The third party has to be sufficiently knowledgeable and supportive. They also need to understand personal health budgets and the national context.

- There needs to be good communication and rapport between the third party and the person/family.

- Safety – monitoring has to be the person/family’s responsibility and must not be remote.

For more information about the work of the personal health budgets national peer network (the co-production group working with the Department of Health) and peoplehub (a wider group of people with direct experience of personal health budgets) visit: www.peoplehub.org.uk
Notional budgets

The money continues to be held by the NHS but the person has a clear upfront understanding of the amount of money allocated for their care and support. The person has been fully consulted and involved in developing a care plan that is responsive to their personal needs and preferences and money is spent in line with that care plan and reviewed accordingly. The NHS arranges and pays for the agreed services and supports, including the employment of care and support staff, through its usual contracting processes with providers.

Pat has a personal health budget managed by the NHS (a notional budget) and this is her story:

Pat worked with her nurse to decide what were the most important healthcare objectives to her. These included being able to walk to the local bus stop within the next 12 months, treating her depression, losing one stone within six months and increasing her confidence.

“Breathlessness is the most severe COPD (chronic obstructive pulmonary disease) symptom I have. I cannot walk far. I just seize up and am unable to breathe properly. This can make me very anxious. I have also had a heart attack, and have problems with my weight. Before receiving my personal health budget I was also struggling with depression, which was related to the disabling effects COPD has on my life.

The only help I used to receive was when I went to my GP to discuss my medication, including inhalers. I also occasionally went to a professional-led pulmonary rehabilitation class for people with COPD. It was at this group that it was suggested I apply for a personal health budget.

I was granted a personal health budget, which was used to buy an exercise bike and complementary therapies to help with my anxiety. Doing regular exercise is vital to enable me to improve my health and confidence so I can walk to places. Exercise also prevents the symptoms of COPD from worsening. As well as using the bike myself I lend it to a patient-run pulmonary exercise/support group which I attend.” Pat – personal health budget holder.

The personal health budget is managed by Birmingham Community Healthcare NHS Trust. This arrangement works well for Pat. Sandra is Pat’s COPD nurse, and works for Birmingham Community Healthcare NHS Trust. She says:

“Before the personal health budget process began, Pat said she was becoming more and more withdrawn and low in mood. The process allowed us to look beyond the normal services that are available and to decide together what could improve Pat’s quality of life and wellbeing. For example, the provision of reflexology to help her manage her depression and anxiety in conjunction with the support and medication she received from her GP was most beneficial. Indeed, the whole personal health budget process has helped Pat. She is so much more confident about managing her disease and is less fearful about her breathlessness. This has resulted in her being less anxious, exercising more and having a far better quality of life with increased social interactions. All in all, Pat is a different lady.”
Notional budgets within block or framework contracts
In social care, individual service fund (ISF) agreements have been introduced within notional budgets. ISF has been the name used to apply to an agreement where all or part of the person’s personal budget is held by a provider of their choice under the terms of a contract between the council and the provider. ISFs can be used to individualise arrangements within existing block contracts or alongside spot purchasing from framework contracts. They do not require new or different contractual models to be put in place and can be used regardless of the prevailing contractual situation so long as there is a willingness to collaborate and be flexible.7 Where a block contract exists, the provider agrees to determine the funding amount for each individual as an ‘Individual Service Fund’. This is then used in accordance with an ISF agreement (which relates to the person's care plan) solely for that individual.

“Block contracts are a barrier, so we have to get new standard clauses into new contracts which will ensure that providers have to work in support of people choosing a personal health budget” (personal health budgets pilot site).

Where providers agree to this, it is understood as a starting point for a transition from block contracting to individualised contracting. The NHS and the provider would agree a timescale for this transition. Initially the arrangement is a notional personal health budget, since the individual's personal health budget amount (or at least that part of it paid to this provider) is part of a larger contracting arrangement but this arrangement is used to begin the process of ‘converting’ block contracts into a series of individual contracts, which ultimately should work as a third party arrangement.

As indicated under the earlier section on third party arrangements, the term individual service fund can also be used where the NHS pays one person's personal health budget directly to a provider.

In either situation, the agreement should have the following features:

1. All or part of a personal health budget is held by a provider on an individual’s behalf, and the money is restricted for use on that person’s support and accounted for accordingly.

2. The personal health budget holder is empowered to plan with the provider the who, how, where, when and what of any support provided in line with the agreed care plan.

3. There is flexibility to roll money/support over into future weeks or months and to ‘bank’ support for particular purposes as agreed in the care plan and in line with local procedures.

4. The ISF is accompanied by written information that clearly explains the arrangement and confirms any management costs to come from the personal health budget.

5. There is portability, so the personal health budget holder can choose to use the money in a different way or with a different provider.8

7 Contracting for personalised outcomes DH 2009.
8 Adapted from Sanderson et al., 2012 http://www.groundswellpartnership.co.uk/choice-and-control-for-all