
STATUTORY INSTRUMENTS

2013 No. 2891

**The National Health Service Commissioning Board
and Clinical Commissioning Groups (Responsibilities
and Standing Rules) (Amendment) Regulations 2013**

Amendments in relation to personal health budgets and NHS Continuing Healthcare

3. After Part 6 of the 2012 Regulations, insert—

“PART 6A

Standing rules: personal health budgets

Interpretation

- 32A.**—(1) In this Part—

“Continuing Care for Children” means that part of a package of care which is arranged and funded by a relevant body for a person aged 17 or under to meet needs which have arisen as a result of disability, accident or illness;

“eligible person” means a person for whom a relevant body considers it necessary to arrange the provision of a relevant health service;

“NHS Continuing Healthcare” means a package of care arranged and funded solely by the health service in England for a person aged 18 or over to meet physical or mental health needs which have arisen as a result of disability, accident or illness;

“personal health budget” means an amount of money—

- (a) which is identified by a relevant body as appropriate for the purpose of securing the provision to a person of a relevant health service; and
- (b) the application of which is planned and agreed between the relevant body and the eligible person or their representative; and

“relevant health service” means—

- (a) Continuing Care for Children; or
- (b) NHS Continuing Healthcare.

(2) References in this Part to an eligible person’s representative are to such persons whom, in the opinion of the relevant body, it is appropriate to consult about, and involve in, decisions about the provision of a relevant health service to the eligible person by means of a personal health budget.

Duties of relevant bodies in relation to personal health budgets

32B.—(1) A relevant body must ensure that it is able to arrange for the provision of a relevant health service to an eligible person by means of a personal health budget which is managed in accordance with paragraph (2).

- (2) A personal health budget must be managed in at least one of the following ways—

- (a) the making of a direct payment⁽¹⁾;
 - (b) the application of the personal health budget by the relevant body in accordance with the outcome of discussions with the eligible person or that person's representative as to how best to secure the provision of the relevant health service to the person; or
 - (c) the transfer of the personal health budget by a relevant body to a person who applies the money in accordance with the outcome of discussions with the eligible person or that person's representative as to how best, with the agreement of the relevant body, to secure the provision of the relevant health service to the eligible person.
- (3) A relevant body must—
- (a) publicise and promote the availability of personal health budgets to eligible persons and their representatives; and
 - (b) provide information, advice and other support to eligible persons and their representatives to assist them in deciding whether to request a personal health budget in respect of a relevant health service.
- (4) A relevant body must—
- (a) give due consideration to a request made by or on behalf of an eligible person for a personal health budget;
 - (b) decide whether it is appropriate in the circumstances of the eligible person's case to arrange for the provision of the relevant health service to that person by means of a personal health budget; and
 - (c) if it decides that it would be appropriate, decide which of the ways mentioned in paragraph (2) would be the most appropriate way in which to manage the personal health budget.
- (5) A relevant body must make arrangements for eligible persons for whom a personal health budget has been arranged, and their representatives, to obtain information, advice and other support in connection with the management of the personal health budget.
- (6) The duty in paragraph (5) does not apply in relation to any part of a personal health budget to which regulation 9 of the National Health Service (Direct Payments) Regulations 2013⁽²⁾ (information, advice and other support) applies.
- (7) If a relevant body decides to refuse a request for a personal health budget made by or on behalf of an eligible person, it must provide that person and their representatives with the reasons for that decision in writing.
- (8) On receipt of written reasons in accordance with paragraph (7), an eligible person or a person acting on the eligible person's behalf may require a relevant body to undertake a review of the decision and may provide evidence or information for the relevant body to consider as part of that review.
- (9) A relevant body must inform the eligible person or their representatives in writing of the decision following a review, and state the reasons for the decision.
- (10) A relevant body may not be required to undertake more than one review following a decision under paragraph (7) in any six month period.”

(1) See section 12A(5) of the 2006 Act for the meaning of “direct payment”.

(2) S.I. 2013/1617, to which there are amendments not relevant to these Regulations.