

Agreement to Participate in Direct Payment scheme Financial Terms and Conditions

This Agreement is made between NHS Highland and/or the Highland Council and is in relation to a Supported Person's agreement to participate in a Direct Payment Scheme. The Agreement requires to be signed by or on behalf of the Supported Person by the Responsible Person. The Responsible Person shall, where the Supported Person is under the age of 16 years, be the Supported Person's parent or some other person holding parental rights and responsibilities for the Supported Person. Where the Supported Person is over 16 years the Responsible Person shall be the Supported Person except in cases where the Supported Person has been assessed as lacking capacity. In those circumstances the Responsible Person shall be the Supported Person's properly appointed guardian or attorney, or that guardian's nominee.

1. I hereby confirm that I wish to participate in the Self-Directed Support (Direct Payment) scheme administered by NHS Highland / The Highland Council. I acknowledge that failure to comply with this Agreement and to comply with the Financial Terms and Conditions may result in my name being immediately withdrawn from the scheme.
2. I will use my Self-Directed Support monies to purchase services to meet the outcomes as assessed and agreed within my Personal Outcome Plan or the Child's Plan as appropriate. During the financial monitoring process should any monies be found to have been inappropriately spent I understand that NHS Highland/Highland Council may reclaim these monies. I further agree that if excess monies accumulate in my account and are identified during the financial monitoring process that such excess monies may be reclaimed by NHS Highland/Highland Council once I have been notified of this reclaim.
3. I agree to give NHS Highland/Highland Council four weeks prior notice in writing should I wish to withdraw voluntarily from the Self-Directed Support scheme.
4. In the event of my voluntarily withdrawing from, or being withdrawn from, the scheme I understand that it will be the responsibility of NHS Highland/Highland Council to arrange the services required to meet the assessed needs as agreed in the Personal Outcome Plan/Child's Plan within a reasonable time of the withdrawal from the scheme.
5. In the event of an emergency caused by the breakdown of my arrangements, I understand that NHS Highland/Highland Council will provide services to ensure my immediate safety until the arrangements can be restored. I further understand that this does not necessarily involve NHS Highland/Highland Council duplicating all the services I have arranged under the scheme.
6. I accept that the value of the package is confidential and that I will not share information about the package via any method.
7. I accept that I am responsible for meeting all Inland Revenue requirements, applicable employment legislation, and for maintaining adequate employer's liability insurance in the event that I employ any staff to assist me in meeting my needs. I agree that no monies can be paid by me to a family member for the provision of care services to me under any circumstances without the consent of NHS Highland/Highland Council. I accept that no consent will be provided in circumstances where the family member providing care is also guardian for the supported person as this would be in breach of the Self Directed Support (Direct Payments)(Scotland) Regulations 2014.
8. I accept that I am responsible for ensuring my personal assistant arrangements are part of a proper agreement and that a PVG check is in place where appropriate. I accept that I am responsible for applicable and appropriate training of any employee.

9. I accept that I should make clear to any interested party that NHS Highland/Highland Council is in no circumstances responsible for any claim that party may have against me as the Responsible Person for a Direct Payment.
10. I agree to indemnify NHS Highland / Highland Council against all loss or damage arising directly or indirectly from any breach of this agreement or from the choices I make under the scheme.
11. I accept that all financial transactions must be made through the account solely set up for this purpose. I agree that I am responsible for the safekeeping of the Payment Card. In the event that a replacement card is required then I accept that I am liable for any charges associated with the issue of the replacement card. In the event that I have a secondary Payment Card, I agree that I am responsible for all spending on such a secondary card in all circumstances.
12. I understand that to participate in the Self-Directed Support (Direct Payment) Scheme, NHS Highland / Highland Council and its Financial Partner (Prepaid Financial Services) will require my name, address and date of birth in order to issue my Payment Card.
13. I accept that I will supply all financial records reasonably requested by NHS Highland/Highland Council to enable the accounts to be audited to ensure compliance with these Terms and Conditions. I agree that all receipts must be obtained and retained for all payments made which make use of the Direct Payment.
14. Appropriate assistance will be provided by NHS Highland/Highland Council in maintaining and administering the Payment Card.
15. NHS Highland/Highland Council will inform me in writing before the payment commences of the NET payment from the NHS Highland / Highland Council that I will receive.
16. The payments from NHS Highland/Highland Council will be paid in advance on a four-weekly cycle, and will be NET of any personal contribution assessed in accordance with the Highland charging policy. The personal contribution I have been assessed as making should be paid in full into the dedicated/Direct Payment bank account at the same frequency (four weekly cycle) as the NHS Highland net payments are made. The NHS Highland Area Manager has the discretion to waive this regulation in the event of emergency payments being required.
17. NHS Highland / Highland Council will not make recommendations about a particular service provider.
18. There will be a full review of all financial transactions via the online records under the Payment Card Scheme.
19. Monies cannot be used to purchase services from NHS Highland/Highland Council, nor to pay any charges or contributions raised in connection with any other services provided by NHS Highland / Highland Council

Signature of the Responsible Person for Direct Payment: _____

Date: _____ **PRINT NAME:** _____

Checklist for office use

Identification check (Responsible Person)

Supported Person:

Responsible Person:

Name: (Responsible Person):

Address: (Responsible Person):

Date of Birth ____/____/____

Responsible Person's relationship to Supported Person:

Are Guardianship or Welfare Powers Applicable?

Are they in place/what action is required?

Photo ID:

Utility Bill:

N.I Number:

Signature of NHS Highland / Highland Council Representative: _____