

NHS Calderdale CCG
Continuing Healthcare Commissioning
Principles Policy

Policy Reference No: 016

Version/Status: 1.0 / Final

Responsible Committee: Governing Body

Date Approved: 10 August 2017

Author: Head of Commissioning – Continuing Health Care /
Mental Health and Learning Disability Services

Responsible Lead: Head of Commissioning – Continuing Health Care /
Mental Health and Learning Disability Services

Review Date: August 2020

Version Control

Version	Date	Author	Document Status	Commentary: (document development / approval)	Circulation
0.1	20/07/17	Head of Commissioning – Continuing Health Care / Mental Health and Learning Disability Services	Draft		Quality Committee Finance and Performance Committee
0.2	03/08/17	Head of Commissioning – Continuing Health Care / Mental Health and Learning Disability Services	Draft		Governing Body
1.0	10/08/17	Head of Commissioning – Continuing Health Care / Mental Health and Learning Disability Services	Final	Approved by GB	CHC Team Staff

Contents

1. Introduction	5
2. Purpose.....	5
3. Definitions / Explanation of Terms.....	7
4. Scope of the Policy.....	7
5. Duties / Accountabilities and Responsibilities	7
5.1 NHS Calderdale CCG Employees	7
5.2 Responsibilities for Approval	8
6.0 Policy Document Requirements Details	8
6.2 Mental Capacity and Representation	10
6.3 Identification of care provision.....	11
6.4 Registered care settings	13
6.5 Home care.....	14
6.6 Personal Health Budgets	16
6.7 Choice of provider	17
6.8 Additional services	18
6.9 Availability	20
6.10 Right to refuse	22
6.11 Withdrawal	23
6.12 Disputes	23
6.14 Continuing Healthcare Review.....	24
6.15 Exceptional circumstances.....	25
6.16 Fast track	26
7. Public Sector Equality Duty	26
8. Consultation	26
8.1 Stakeholders:.....	26
8.1 Service Users:	27
9. Training	27

10. Monitoring Compliance with the Document.....	28
11. Arrangements for Review.....	29
12. Dissemination.....	29
13. Associated Documentation.....	29
14. References.....	29
Appendix A.....	31
Glossary.....	31
Key Stakeholders Consulted/Involved in the Development of the Policy Document..	33
Appendix C.....	34
Equality Impact Assessment (EQIA).....	34
Appendix D.....	41
Quality Impact Assessment Tool:.....	41

1. Introduction

- 1.1** 'NHS continuing healthcare' (NHS CHC) means a package of continuing care that is arranged and funded solely by the NHS. 'Continuing care' means care provided over an extended period of time, to a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.
- 1.2** This Policy has been developed to guide the care commissioning stage of the Continuing Healthcare pathway, to ensure that the principles of equity and fairness are upheld, and to maintain Calderdale Clinical Commissioning Group's (CCG) responsibilities for financial governance.
- 1.3** The policy is reflective of the CCG's visions and values and supports that individuals are at the heart of the commissioning process in regard to decision-making in the area of NHS Continuing healthcare. The policy demonstrates the requirement for the individual, and/or their representative to be at the centre of the care planning and outcomes process, and be fully involved in and informed of decisions made in relation to their care.
- 1.4** The policy is designed to demonstrate the requirement of the CCG to commission quality services that will improve the individual's experiences of care and their health outcomes, balanced with the requirement to manage the substantial financial challenges against the backdrop of increasing need.

2. Purpose

- 2.1** The CCG is responsible for commissioning and procuring services for all individuals who qualify for NHS continuing healthcare and for the healthcare element of any joint care package funded by the Local Authority (LA) and the CCG (including situations where the individual may make a personal contribution via means testing by the LA). The purpose of this policy is to assist Calderdale CCG to ensure that the reasonable requirements of eligible individuals are met.

- 2.2** This policy applies once an individual has received a comprehensive, multidisciplinary assessment of their health and social care needs and the outcome identifies that they either have a primary health need and are determined to be eligible for NHS Continuing Healthcare (CHC) funding, or, are eligible for a joint package of care.
- 2.3** This policy has been developed to help provide a common and shared understanding of CCG commitments in relation to individual choice and resource allocation.
- 2.4** The benefits of this policy are to:
- Inform robust and consistent commissioning decisions for the CCG in the provision of CHC;
 - Ensure that there is consistency in the local area about the quality of services that individuals are offered;
 - Ensure there is an objective assessment of the individual's clinical needs, safety and best interests;
 - Ensure the CCG achieves value for money in its purchasing of services for individuals eligible for NHS Continuing Healthcare and joint packages of care;
 - Facilitate effective partnership working between health care providers, NHS bodies and the Local Authority in the area;
 - Promote individual choice as far as reasonably possible;
 - Ensure equity in the provision of care.
- 2.5** This policy details the legal requirements and CCG responsibilities in commissioning CHC which meets the individual's assessed needs. This policy has been developed to assist the CCG to meet its responsibilities under the sources of guidance listed towards the end of this policy.
- 2.6** Whilst improving quality and consistency of care, this policy is intended to assist the CCG to make decisions about clinically appropriate care provision for individuals in a robust way which promotes efficient and effective use of NHS resources.

3. Definitions / Explanation of Terms

Refer to the glossary in Appendix A

4. Scope of the Policy

4.1 This policy applies to NHS Calderdale CCG and applies to all employees, members of the CCG, Associates and members of the Governing Body and its committees who must comply with the arrangements outlined in this policy.

4.2 This policy relates to patients eligible for NHS continuing healthcare, NHS funded nursing care, or a joint package of health and social care who are registered with a GP in Calderdale or where the CCG is responsible under the responsible commissioner guidance, Who Pays, NHS England 2013.

4.3 The [NHS Continuing Healthcare and Funded Nursing Care Framework](#) (revised 2012) is a legal framework that is used to identify whether patients are eligible for NHS continuing healthcare or funded nursing care.

5. Duties / Accountabilities and Responsibilities

The Head of Commissioning Continuing Care/mental health and learning disability services is the accountable officer with responsibility for this policy.

Day to day responsibility for the development and implementation of this policy sits with the Operations manager for Continuing Care, as well as responsibility for ensuring that this policy is reviewed, and necessary training is facilitated.

5.1 NHS Calderdale CCG Employees

All staff involved in the assessment of eligibility for NHS CHC, decision making, or referral for consideration of a Personal Health Budget ("PHB") has a responsibility to work within this policy and should:

- Be aware of how to access it;
- Act in accordance with it;

- Attend any relevant training which is offered in relation to it;
- Report any issues affecting compliance with it to their line manager.

This also includes those contracted to deliver the CHC function on the CCG's behalf.

5.2 Responsibilities for Approval

- NHS Calderdale CCG is responsible for the development of this policy.
- This policy is issued to support Calderdale CCG to meet its commitments under The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (“the Standing Rules”) for continuing healthcare, in accordance with the National Framework. See link above.
- This policy will ensure that the CCG adheres to national and local requirements to safeguard adults and adhere to the principles identified within the Mental Capacity Act and its associated Code of Practice, including the Deprivation of Liberty Safeguards (2009).
- This policy will take effect once authorised by NHS Calderdale CCG Governing Body.

6.0 Policy Document Requirements Details

6.1.1 The policy is to be implemented at the point of new eligibility decisions in relation to NHS Continuing Healthcare and Funded Nursing Care, as well as at the point of any review of care needs and packages.

6.1.2 Where an individual qualifies for NHS continuing healthcare, the package to be provided is that which the CCG assesses is appropriate to meet all of the individual's assessed health and associated social care needs.

6.1.3 The CCG will seek to accommodate the individual's wishes and preferences as to how and where their care is delivered as far as possible, although this must be balanced against the need for the efficient and effective use of NHS resources.

- 6.1.4 The CCG will seek to promote the individual's independence subject to the factors set out in paragraph 6.1.6. The CCG aims to support individuals to take reasonable risks whilst ensuring that care provided is clinically safe, including through the use of a personal health budget, where requested and appropriate.
- 6.1.5 The CCG's responsibility to commission, procure or provide continuing healthcare is not indefinite, as an individual's overall care needs may change. Regular reviews, after three months and then at least annually, are built into the process to ensure that the care provision continues to meet the individual's overall care needs and is funded appropriately
- 6.1.6 When commissioning services for individuals, the CCG will balance a range of factors including: (These lists are not exhaustive.)

Safety, Governance and Assurance

- Clinical need;
- Individual safety;
- Public safety;
- Individual choice and preference;
- Individual's rights to family life;
- Value for money; and
- The best use of resources for the population of Calderdale

Personalisation, Choice and Diversity

- Ensuring services meet the required quality standards;
- Ensuring services are culturally sensitive; and
- Ensuring services are personalised to meet individual need.

- 6.1.7 Decisions made by the CCG under this policy will comply with the Human Rights Act 1998.

6.2 Mental Capacity and Representation

- 6.2.1 Where there is reason to believe that an individual may lack capacity to make a decision regarding the provision of (or change to) their care or accommodation, a mental capacity assessment shall be undertaken. If the assessment confirms that the individual lacks capacity to make a decision or decisions about the provision of CHC then a best interests decision shall be undertaken by the CCG in accordance with the Mental Capacity Act 2005 and the Code of Practice. This includes a requirement to take into account the individual's past and present wishes and feelings and the views of those who are involved in caring for the individual and/or who are interested in their welfare (e.g. close family members or friends). The CCG will appoint an Independent Mental Capacity Advocate to support the individual and to report to the CCG before making a best interests decision where there is no-one to consult as above in accordance with the Act.
- 6.2.2 Where there is reason to believe that an individual may lack capacity to participate in a CHC assessment, an initial mental capacity assessment shall be undertaken. If an individual is unable to consent to the assessment, then a best interests decision shall be undertaken to decide whether the CHC assessment is in the individual's best interests. This best interests decision shall be carried in in accordance with the principles set out in section 6.2.1 (above).
- 6.2.3 In some circumstances, another person or the Court of Protection may have legal authority to make a decision on the incapacitated individual's behalf in their best interests. Where the CCG is made aware of this, and a best interest decision is required in respect of an offer of care, it will ask to see one of the following documents:
- A Lasting Power of Attorney (LPA) which has been registered with the Office of the Public Guardian. (This would need to be a Health and Personal Welfare LPA because a Property and Financial Affairs LPA would not extend to personal welfare decisions such as whether to accept an offer of care provision);
 - An order of the Court of Protection appointing them as Personal Welfare Deputy and the order enables them to decide on the care or accommodation of the individual, or;

- An order from the Court of Protection, in respect of the care or accommodation of the individual.

6.2.4 Any disputes about what is in the incapacitated person's best interests must be dealt with in accordance with the Mental Capacity Act and its Code of Practice which, in appropriate cases, could involve seeking involvement of the Court of Protection in resolving any dispute.

6.3 Identification of care provision

6.3.1 Where an individual is eligible for CHC funding, the CCG will commission care which meets the individual's assessed care needs which will be set out in a care plan. The CCG will only fund services to meet the needs that are identified in the care plan, for which it has a statutory responsibility and that are needed to meet the individual's reasonable requirements based on all relevant factors, including those in 6.1.6.

6.3.2 The individual's care coordinator will discuss the proposed care provision with the individual and their representative(s) (where the individual gives consent for such a discussion or where the individual lacks capacity) including where the service may be provided. The care plan will identify the outcomes that the individual wishes to achieve. The care coordinator should identify different options for providing the care, indicating which of these is preferred by the individual.

6.3.3 The care coordinator will use the CCG's care package documentation as appropriate to set out the requested care package and associated information. The pro-forma must be completed in full for every proposed care package before verification.

6.3.4 The CCG will seek to take into account any reasonable request from the individual and their representative(s) in making the decision about the care provision, subject to the factors set out in paragraph 6.1.6 above.

6.3.5 As stated in the CHC National Framework ('FAQs' section), CCGs can take into account comparative costs and value for money when determining the care provision offered. The cost comparison has to be on the basis of the genuine costs of

alternative models of care provision, based on the actual costs that would be incurred in supporting a person with the same specific needs and not on an assumed standard care home cost. In some situations, a model of support preferred by the individual will be more expensive than other options.

6.3.6 The CCG will endeavour to offer a reasonable choice of available contracted providers to the individual. Where the individual wishes to receive their care from an alternative provider the CCG will consider this subject to the CCG adhering to the following criteria:

- The individual's preferred care setting is considered by the CCG to be suitable in relation to the individual's care needs as assessed by the CCG;
- The cost of making arrangements for the individual at their preferred care setting would not require the CCG to pay more than they would usually expect to pay having regard to the individual's assessed care needs.
- The individual's preferred care setting is available;
- The provider in charge of the preferred care setting is willing and able to provide the required care to the individual subject to the CCG's usual terms and conditions, having regard to the nature of the care setting.

6.3.7 Where the CCG deems that a provider is not providing care of an acceptable quality and standard, the CCG reserves the right to move the individual to an alternative provider.

6.4 Registered care settings

6.4.1 Where care is to be provided in a registered care setting (such as a care home or independent hospital), the CCG will only place individuals with providers which are:

- registered with the Care Quality Commission (or any successor) as providing care to meet the individual's assessed care needs; and
- Not subject to an embargo by the CCG or Local Authority, including the host CCG or Local Authority if the provider is not located in Calderdale
- contracted to the CCG to provide nursing care at the standard rate; or
- Contracted to the CCG to provide care at an enhanced rate, where the CCG determines enhanced care is required.

6.4.2 Location requests will be accommodated as much as reasonably possible, and in accordance with this policy, for example, proximity to relatives will be taken into account. Location requests will be subject to fulfilment of the criteria described in section 6.4.1 of this policy.

6.4.3 If a care home that was not originally offered is requested by the individual, the CCG will accept the individual's selection providing it complies with the criteria set out in section 6.4.1 of this policy.

6.4.4 The CCG understands that individuals may want to be located near specific places to stay in the local community and enable family and friends to visit easily. To accommodate this, where the CCG's contracted available care homes are not within a reasonable travelling distance, the CCG may choose to make a specific purchase, entering into a contract where the provider can demonstrate compliance with section 6.4.1 for that individual to enable them to be accommodated in their preferred area where the anticipated cost to the CCG may be more than the available CCG contracted accommodation (based on CCG agreed standard rates for equivalent levels of need).

- 6.4.5 The CCG will consider requests on a case-by-case basis, guided by the factors set out in section 6.1.6 and using the two stage process for determining exceptional circumstances set out in 6.1.5 below ('Exceptional Circumstances') where necessary.
- 6.4.6 Reasonable travelling distance will be based on a case-by-case assessment of an individual's circumstances, and will take into account factors such as ability of family and friends to visit, which may include public transport links and mobility of the family and friends.
- 6.4.7 If an individual or their representative(s) exercise individual choice and select a care home in another area, the CCG will consider placing the individual there and, if they do place the individual, the responsibility for commissioning between different CCGs will be decided in accordance with NHS England's 'Who Pays?' guidance.
- 6.4.8 The CCG will consider providing a placement in a registered care setting not contracted to the CCG in exceptional circumstances. This will only be approved when the provider complies with paragraphs 6.4.1 point one and two above, and a contract will be implemented once this has been established, as long as the factors highlighted in 6.1.6 are addressed.

6.5 Home care

- 6.5.1 The CCG will take account of the wishes expressed by individuals and their families when making decisions as to the location or locations of care to be offered to individuals to satisfy the obligations of the CCG to provide CHC. The CCG acknowledges that an individual who is eligible for CHC may wish to remain in their own home with support provided wherever possible. Where an individual or their representative(s) express such a desire, the CCG will investigate whether a sustainable package of NHS CHC for an individual can be provided in their own home, having regard to the principles set out in this policy.
- 6.5.2 The willingness of family to supplement care and support should be taken into account, although no pressure should be put on them to offer such support. Whilst

family members are under no legal obligation to offer care, the CCG will ask family members if they are prepared to do so and, if they agree, the CCG is entitled to assume that family members will provide any agreed level of support in designing any home care package.

6.5.3 The actual cost of care at home should not generally exceed the equivalent cost of a registered care setting capable of meeting the assessed needs of that individual at that time.

6.5.4 The CCG may be prepared to support a package of care which keeps an individual in their own home where the anticipated cost of the care to the CCG may be more than the most cost-effective care identified (based on CCG agreed standard rates for equivalent levels of need).

6.5.5 The CCG will consider requests under paragraph 6.5.4 above on a case-by-case basis guided by the factors set out in section 6.1.6 and using the two stage process for determining exceptional circumstances set out in Section 6.15 below ('Exceptional Circumstances').

6.5.6 Where the CCG decides to offer care at home to an individual, the individual's home becomes a place of work for those employed to care for the individual at home. Employee safety is an important consideration in home care packages. The individual's home must be a reasonably safe environment to work and deliver care to the individual. This includes cleanliness of the environment, and interactions between the individual, family/carer and the employee.

6.5.7 Where home care is to be provided, the CCG will use domiciliary care agencies it has commissioned to provide such care, including agencies commissioned by the Local Authority on its behalf. Home care will be provided by agencies suitably qualified to deliver the care that meets an individual's assessed care needs. The requirements for registration as identified above as also relevant. . Individuals who have been in receipt of private funded care and requests for carers to remain once CHC has been determined can be considered if they are 1) CQC registered, 2) VAT registered 3)

provide evidence of DBS and mandatory training. If this cannot be provided alternate appropriate registered providers will be offered.

6.5.8 The cost of home care provision should not exceed the equivalent cost of care in a registered care setting capable of meeting the assessed needs of the individual. This is subject to the provisions of paragraphs 6.1.6 above.

6.5.9 If an individual with a package for domiciliary care is admitted to an acute care setting, the CCG will only pay for a carer to accompany the individual and ensure they are settled in the acute setting. The CCG will pay to the end of the particular shift.

6.6 Personal Health Budgets

6.6.1 Patients eligible for CHC have had the right to have a for a personal health budget since October 2014. The cost of a personal health budget should not exceed the equivalent cost of care in an alternative care setting capable of meeting the assessed needs of the individual. This is subject to the provisions of paragraph 6.6.4 and 6.6.5 below.

6.6.2 A personal health budget may be provided to an individual in a registered or a non-registered setting. It may cover all or part of the assessed care needed by the individual. It may only be used to pay for care agreed as part of a care package by the CCG.

6.6.3 Where the CCG offers an individual a personal health budget, it will benchmark the cost of such a package against alternative packages of care. The cost of a personal health budget will generally not exceed the equivalent cost of meeting the individual's assessed care needs without a personal health budget (subject to the provisions of paragraphs 6.6.4 and 6.6.5 below). The cost of a personal health budget may include any directly incurred additional expenditure, as described within the Personal Health Budgets Policy.

- 6.6.4 The CCG may be prepared to support a package of care which keeps an individual in their own home where the anticipated cost of the care to the CCG may be more than the most cost-effective care identified (based on CCG agreed standard rates for equivalent levels of need).
- 6.6.5 CCG will consider requests under paragraph 6.6.4 on a case-by-case basis guided by the factors set out in section 6.1.6 and using the two stage process for determining exceptional circumstances set out in Section 6.1.5 ('Exceptional Circumstances').
- 6.6.6 Where the individual receives a personal health budget and they directly employ staff they assume responsibility for all of the obligations that apply to any employer. The CCG will not accept any vicarious liability arising out of an individual's decisions to employ staff, funded by a personal health budget.
- 6.6.7 Due to the time it takes to arrange a personal health budget, this provision is generally not suitable for individuals for whom the CCG are providing care through the Fast Track pathway, however the CCG will take account of each request and circumstances, and where necessary, consider any 'Exceptional Circumstances'.

6.7 Choice of provider

- 6.7.1. To assist the CCG in achieving consistent, equitable care, the CCG will endeavour to offer and place individuals with providers with whom the CCG contracts ('contracted provider').
- 6.7.2 Where a contracted provider is not available to meet the individual's assessed care needs, the CCG may make a specific purchase and place the individual with another care provider who does meet the individual's needs pending a contract agreement between the two parties. For example, if an individual has a specific care need which cannot be catered for in available contracted accommodation or service, the CCG will need to specifically commission accommodation or care for the individual, potentially through an individually negotiated agreement followed by implementation of a formal contract.

- 6.7.3 Though all reasonable requests from individuals and their families will be considered, and the CCG will, where possible, seek to place an individual in their preferred placement, the CCG is not obliged to accept requests from individuals for specific care providers.
- 6.7.4 Where the CCG deems that a provider is not providing care of an acceptable quality and standard, the CCG reserves the right to move the individual to an alternative suitable care provider. Where practicable, save in an emergency, the individual and their family will be consulted about any move in advance of such move and their preferences taken into account.
- 6.7.5 The CCG contracts with different providers to meet the needs of different service users. Where an individual's needs change, the CCG may offer the individual a package of care with a new care provider to meet the changed need.

6.8 Additional services

- 6.8.1 The individual or their representative(s) has the right to enter into discussions with any provider to supplement the care provision, over and above that required to meet the individual's assessed needs. Any such costs arising out of any such agreement must be funded by the individual or through third party funding. These costs may relate to:
- Additional non-healthcare services to the individual. For example hairdressing, provision of a larger room, en-suite, or enhanced TV packages.
 - Additional healthcare services to the individual, outside of the services the CCG has agreed to provide within the CHC package. These types of services may include things such as chiropractor appointments or additional physiotherapy sessions. The CCG will satisfy itself that these services do not constitute any part of the CHC identified need.
- 6.8.2 The decision to purchase additional services to supplement a CHC package must be entirely voluntary for the individual. The provision of the CHC package must not be contingent on or dependent on the individual or their representative(s) agreeing to

fund any additional services. This means that the care home must be willing and able to deliver the assessed CHC needs to the individual, without the package being supplemented by other services as described in 6.8.1 of this policy.

- 6.8.3 Any funding provided by the individual for private services should not contribute towards costs of the assessed need that the CCG has agreed to fund. Similarly, CHC funding should not in any way subsidise any private service that an individual chooses outside of the identified care plan.
- 6.8.4 Where an individual is funding additional services, the associated costs to the individual must be explicitly stated and set out in a separate agreement with the provider. If the individual chooses to hold a contract for the provision of these services, it should be clear that the additional payments are not to cover any assessed care needs funded by the CCG.
- 6.8.5 In order to ensure that there is no confusion between the NHS and privately funded services, the CCG will enter into a legally binding contract with the selected provider which details the provision by the provider of a defined level of health and social care to the individual. This will expressly be independent of any arrangement between the care provider and the individual or their representative(s) and will be expressed to continue notwithstanding the termination of any arrangements made between the individual and the care provider. Any payments made by the individual under a contract with the care provider for additional services cannot be made under the CCG contract.
- 6.8.6 If the individual or their representative(s), for any reason, decides that they no longer wish to fund the additional services supplementing the care package, the CCG will not assume responsibility for funding those additional services.
- 6.8.7 Where the CCG is aware of additional services being provided to the individual privately, the CCG will satisfy itself that they do not constitute any part of the provision to meet assessed needs.

6.9 Availability

- 6.9.1 To enable individuals to receive the correct care promptly, individuals will be offered available care as soon as possible. If an individual's first choice from the CCG's contracted provider range is not available, they will be offered another CCG contracted provider to ensure provision as soon as possible. The CCG will offer care from contracted providers before any other unless exceptional circumstances apply.
- 6.9.2 If the individual requests care which is currently unavailable, and is unwilling to accept the CCG's offer of care, there are several options available.
- 6.9.3 Temporary placement of the individual with alternative care provision until the care from the CCG's contracted care is available. For example, alternative home care provider, alternative care home, respite care or a community bed.
- 6.9.4 The individual may choose to go to their own or a relative's home without the assessed care provision until the preferred care is available. The terms set out in Section 6.10 of this policy will apply. The individual will, however, retain the right subsequently to change their mind and elect to accept the care provision offered by the CCG. If the individual does not have mental capacity to make this decision, the CCG will exercise its duties under the Mental Capacity Act;
- 6.9.5 If it has been agreed with the individual that the assessed care needs can best be met through a care home placement, the CCG may choose to provide home care until the preferred care home is available, but cost implications to the CCG must be considered. This will be in accordance with section 6.5 of this policy.
- 6.9.6 If the individual's representative(s) are delaying placement in a care home due to non-availability of a preferred home, and the individual does not have the mental capacity to make this decision themselves, the CCG will have recourse to the Safeguarding Adults Multi Agency Policy and Procedure for West Yorkshire and

North Yorkshire (Published April 2015) and the Mental Capacity Act, as appropriate.

6.9.7 If the individual is in hospital, the individual should move to the most appropriate care setting as soon as they are medically fit for discharge from hospital, even if their first choice of care provision is not available. The individual's preference will be considered in line with Section 6.3 of this policy, when the CCG is deciding which package of care to offer to them. Where the individual's preferred choice is not available, but alternative provision which will meet their assessed needs is available, they are required to move and cannot remain in an acute healthcare setting once they are fit for discharge.

6.9.8 If the CCG provides an individual with care that is more expensive than the standard cost due to, either availability in the market, or the ability of the CCG to commission at the standard cost, the additional cost will be funded by the CCG. Where such an arrangement has been agreed the CCG reserves the right to move the individual to a suitable contracted provider when available. The CCG will notify the individual and/or their representative(s) that they may be moved should a contracted provider subsequently have capacity. In such circumstances, the CCG will give a minimum of 7 days' notice to the individual or their representative.

6.10 Right to refuse

- 6.10.1 An individual is not obliged to accept a CHC package. Once an individual is eligible and offered CHC, and they choose not to accept the CHC package, the CCG may, in appropriate cases, take reasonable steps to make the individual aware that the Local Authority may not assume responsibility to provide care to the individual because they have refused NHS care.
- 6.10.2 The CCG will work with the individual to help them understand their available options and facilitate access to appropriate advocacy support. As appropriate, the CCG will have recourse to and the Mental Capacity Act 2005. Appropriate Section of the Safeguarding Adults Multi Agency Policy and Procedure for West Yorkshire and North Yorkshire.
- 6.10.3 The CCG discharges its duty to individuals by making an offer of a suitable CHC care package whether or not they choose to accept the offer. For example, the CCG may discharge its duty by offering to provide a package of services for an individual in one or more appropriate care settings, irrespective of whether this is the individual's preferred location, and that offer is rejected by the individual. Despite a refusal, the CCG will continue to offer the CHC care package for as long as the individual is eligible for CHC.
- 6.10.4 The CCG offers to discharge its duty to an individual who, to date, has had a package of services in their own home funded either by themselves or the Local Authority by moving the individual to one or more appropriate care homes (since the costs of providing such care may be significantly less than providing care for an isolated individual) but that offer of a care home is rejected by the individual.
- 6.10.5 If the CCG's offers of appropriate care packages are refused by someone with legal authority to act on behalf of an incapacitated individual, the CCG will have recourse to the Calderdale Multi-Agency Safeguarding Policies and Procedures and the Mental Capacity Act, as appropriate.

6.10.6 Where an individual exercises their right to refuse, the CCG will ask the individual or their representative(s) to sign a written statement confirming that they are choosing not to accept the offer of care provision.

6.11 Withdrawal

6.11.1 It may be appropriate for the CCG to withdraw CHC services where the situation presents a risk of danger, violence to or harassment of care staff who are delivering the care package. However, services will not be withdrawn without first exploring all reasonable alternative options to ensure the individual's assessed care needs are met without care staff being put at risk as described – e.g. by arranging an alternative care setting which is more appropriate to managing the identified risks.

6.11.2 The CCG may withdraw CHC-funded support where the clinical risks become too high. This can be identified through, or independently of, the review process. Where the clinical risk has become too high in a home care setting, for example, the CCG may choose to offer CHC in a care home setting or the individual may need to be assessed for possible inpatient hospital admission.

6.11.3 The CCG may consider the requirement to withdraw part of, or the entire care package where there is evidence of potential fraudulent activity. This may manifest itself with concerns that care which is paid for by the CCG is not provided, or individuals, carers or providers making a financial gain via the CHC system. Where this is identified, the CCG must take the appropriate actions.

6.12 Disputes

Where there are disputes between the CCG and the Local Authority over care provision in respect of a joint package of care, the CCG will follow the Dispute Resolution Policy agreed with the Local Authority.

6.13 Complaints

6.13.1 An individual may complain about any decision by the CCG as to the nature of a care package. Complaints will be dealt with through the CCG's NHS complaints procedure.

6.13.2 If the complaint cannot be resolved locally the individual or their representative can be referred directly to the Health Service Ombudsman.

6.14 Continuing Healthcare Review

6.14.1 A case review of eligibility for CHC should be undertaken no later than three months after the initial eligibility decision, in order to reassess the individual's care needs and ongoing eligibility for CHC, and to ensure that the individual's assessed care needs are being met as well as assessing the effectiveness and appropriateness of the care/support arrangements. Reviews should thereafter take place annually, as a minimum, or when there is a substantial change in need. This policy is applicable at any point in the review process, even if the initial care package was implemented prior to this policy, or previous versions, were in place.

6.14.2 If the review demonstrates that the individual's condition has improved to an extent that they no longer meet the eligibility criteria for CHC funded care provision, the CCG is obliged to cease funding (subject to the provisions of paragraph 6.14.3 and 6.14.4 below). This includes home care and care home provision. In these cases the CCG will carry out a joint review with the Local Authority.

6.14.3 At this point the Local Authority has 28 days to review the individual's requirements and the individual will be notified they may no longer be eligible for CHC. CCG funding for an individual's care may be continued for 28 days where a Local Authority is undertaking such a review or such longer period as seems reasonable in the circumstances.

6.14.4 Neither the NHS nor the Local Authority should unilaterally withdraw from an existing care arrangement without a joint reassessment of the individual and without first consulting one another and the individual about the proposed change of arrangement. It is essential that alternative funding arrangements are agreed and put into effect before any withdrawal of existing funding in order to ensure continuity of care.

6.14.5 The CHC review may identify an adjusted, decreased or increased care need:

- Where an individual is receiving home care, the CCG will consider the ability of the package to be delivered in the home environment, and also the cost effectiveness of this package in accordance with Section 6.3 of this Policy.
- Where the individual is accommodated in a care home, the CCG will ensure that the care home is able and suitable to deliver the change in needs.
- Where the care home is unable to meet this adjusted care need, the CCG will accommodate the individual in accordance with Sections 6.4 of this policy.
- Where there is a decreased need, the CCG will consider the cost effectiveness of the package to be delivered in the current care home, and may move the individual to a suitable alternative provider in accordance with Section 6.3 of this policy.

6.14.6 On review of the CHC the CCG may adjust the package even if the underlying needs of the individual have not changed, if it is possible to provide the care necessary to meet those needs in a more effective and efficient way

6.15 Exceptional circumstances

6.15.1 In exceptional circumstances, the CCG may be prepared to consider funding provision of an individual CHC care package where the anticipated cost to the CCG is more than the cost of an equivalent care package under this policy.

6.15.2 In order to determine whether exceptional circumstances exist, a two-stage process will apply:

- Are the individual's needs significantly different to other individuals with the same or similar conditions?
- Will the individual benefit significantly more from the additional or alternative services than other individuals with the same or similar conditions?

6.15.3 Exceptionality will be determined on a case-by-case basis and will require the agreement of the Head of Commissioning Continuing Care or nominated deputy.

6.16 Fast track

Care provision for individuals assessed on the fast track will be subject to the same principles as set out in the relevant sections in this policy dependant on needs. The eligibility criteria for a Fast Track application are defined within the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care

7. Public Sector Equality Duty

NHS Calderdale CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage.

8. Consultation

8.1 Stakeholders:

8.1.1 This policy was adapted from that developed and introduced by North Kirklees (NK) CCG for use in the NK CCG and Local Authority area. The NK policy was developed in consultation with a strategic steering group which consisted of Local Authority and CCG members including a CCG Lay Member (Appendix B).

8.1.2 During the process of adapting the policy for use in the Calderdale CCG and Local Authority area, the policy was reviewed and amended by Calderdale CCG's Continuing Health Care Team. It then progressed through the CCG's internal governance arrangements being reviewed and supported by members of Calderdale

CCG's Quality Committee before being approved for introduction by the CCG's Governing Body.

8.1 Service Users:

8.2.1 Services commissioned to deliver continuing healthcare will be contracted to work with service users, which will be fed back to the CCG. This will include comments, compliments and complaints as well as regular service user feedback questionnaires being issued. The CCG will also monitor any direct comments, compliments and complaints.

8.2.2 Information will be reviewed, and the policy will be amended accordingly.

9. Training

9.1 Training will be delivered according to stakeholder requirements and will therefore be by two separate approaches.

Level 1

Stakeholders who have day-to-day involvement with the context of this policy will require in depth training, namely:

- CCG Continuing Healthcare Staff
- Calderdale Local Authority Commissioners
- Social Work Teams
- Calderdale hospital discharge matron

Level 2

Stakeholders who need to have an understanding and be able to promote this policy will be:

- Primary and Secondary care providers

In addition to training on this policy, it is essential that those involved provide personalised care. To support this, all staff will require training in equality and diversity.

10. Monitoring Compliance with the Document

10.1 Calderdale CCG will develop an internal process to ensure compliance with this policy. The policy will be reviewed on an annual basis to ensure compliance with emerging case law.

10.2 The responsibilities of Calderdale CCG under this guidance may also be discharged on its behalf by any organisation commissioned to undertake commitments on its behalf.

10.3 Monitoring arrangements for compliance and effectiveness

10.3.1 Data will be collated for all new service users when the continuing healthcare nurse completes the initial assessment. All existing service users' data will be collated at their next review.

10.3.2 The data will be recorded in a standard template on Broadcare and will include the following:

- Age
- Disability
- Gender/Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race, religion or belief
- Sex, sexual orientation

10.3.3 Responsibilities for conducting monitoring – Operations Manager for Continuing Care

Process for reviewing results of monitoring; identifying any learning and ensuring improvements in performance occur:

- Quarterly Continuing Care Report presented to Quality, Performance and Finance Committee
- Feedback at strategic steering group.

11. Arrangements for Review

11.1 This policy will be reviewed annually. It will be reviewed accordingly in line with any local or national framework changes. Any changes will be consulted on with Calderdale Local Authority. These changes will take effect once authorised by Calderdale CCG Governing Body.

12. Dissemination

This policy will be published on the Calderdale CCG Website.

The policy will be stored in the necessary policy folder on Calderdale CCG drive.

All stakeholders will be sent an electronic copy with a read receipt action and this will be recorded on a log held by Calderdale CCG.

Any revisions or amendments to previous documents will be recorded in the version control paragraph and the document will go through the above process.

13. Associated Documentation

- Calderdale CCG Equality and Diversity Policy
- Calderdale CCG Safeguarding Children and Adults at Risk Policy
- The West Yorkshire Multi-Agency Safeguarding Adults Policy
- CHC Personal Health Budgets Policy
- CHC Operational Protocol

14. References

- NHS Act 2006

- Health and Social Care Act 2012
- Care Act 2014
- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 as amended
- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - November 2012 (revised)
- [NHSE: Personal health Budgets](#)
- Mental Capacity Act 2005 and Code of Practice
- Human Rights Act 1998
- National Assistance Act 1948 (Choice of Accommodation) Directions 1992 (as amended) (the CCG is not bound by the Choice Directions but will endeavour to

comply with their spirit so far as possible in accordance with the provisions of this policy)

- Guidance on: National Assistance Act 1948 (Choice of Accommodation) Directions 1992. National Assistance (Residential Accommodation) (Additional Payments and Assessment of Resources) (Amendment) (England) Regulations 2001
- Updated guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992: Consultation outcome (14 October 2004)
- National Health Service Income Generation - Best practice: Revised guidance on income generation in the NHS (1 February 2006)
- 'Who Pays? Determining Responsibility for Payments to Providers' (August 2013)
- Guidance on NHS patients who wish to pay for additional private care (May 2009)

Legal guidance relevant case law, notably:

- Gunter v South Western Staffordshire Primary Care Trust (2005)
- St Helens Borough Council v Manchester Primary Care Trust (2008)
- McDonald v Royal Borough of Kensington and Chelsea (2010)

Appendix A

Glossary

Accommodation:	In the context of CHC, accommodation relates to an appropriately registered care setting or the individual's own home.
Care coordinator	Care coordinator refers to the person who coordinates the assessment and care planning process. Care coordinators are usually the central point of contact with the individual.
Care provision	Care provision takes two main forms: <ul style="list-style-type: none">• Care provided in an individual's own home and referred to in this document as 'home care' or 'domiciliary care'.• Care provided in an appropriately registered care setting (such as a nursing home, a residential home or an independent hospital) and referred to in this document as 'registered care setting' or 'care home'.
Care Quality Commission (CQC)	Independent regulator of all health and social care services in England.
CCG	CCG refers to NHS Calderdale Clinical Commissioning Group
Joint Package of Care	A joint package funded by the NHS and the local authority, where an individual is not eligible for continuing healthcare, but specific needs from the decision support tool are of a nature that the LA cannot solely meet or beyond their powers to meet.
Individual	In the context of this policy the individual is the service user that has been assessed for and offered continuing healthcare, often referred to as the individual. A person who has formally been appointed as an Attorney or Deputy has defined responsibilities

	for the individual. The extent of these responsibilities will vary according to the nature of their appointment.
Local Authority	Local Authority refers to Calderdale Council.
Multidisciplinary Assessment (MDA)	A holistic assessment with health and social care members to identify the needs of the individual.
Preferred providers	These providers have been assessed and accepted by the CCG as being able to fulfil the continuing healthcare requirements of defined categories of individuals at an agreed cost. These providers will be maintained within and “Approved List”.
Provider	Provider refers to organisation that provides NHS continuing healthcare on behalf of the CCG.
Representative(s)	Representative(s) refers to the people or person that liaises between individuals and the CCG. The individual receiving healthcare may elect to have representative(s) act with them or on their behalf, or there may be representative(s) where the individual does not have the mental capacity to make independent decisions. Representatives may be legal representatives, individual advocates, family, or other people who are interested in the individual’s wellbeing. Where the individual has capacity, they must give consent for any representative to act on their behalf.

Key Stakeholders Consulted/Involved in the Development of the Policy Document

Stakeholders name and designation	Date Feedback requested	Detail of feedback received	Date Feedback received	Action taken
Helen Severns – Head of Transformation (NK)	08/07/2015	Happy with contents	24/07/2015	Amendments made
Helen Shallow – Head of Finance and Contracting (NK)	08/07/2015	N/A	N/A	N/A
Dianne Green – Local Authority Representative	08/07/2015	Happy with contents	24/07/2015	N/A
Julie Elliott – Lay Member (NK)	08/07/2015	N/A	N/A	N/A
Clare Robinson – Designated Professional Safeguarding Adults	08/07/2015	N/A	N/A	N/A
Kiran Bali – Lay Member (NK)	08/07/2015	N/A	N/A	N/A

Appendix C

Equality Impact Assessment (EQIA)

Policy Name: Continuing Healthcare Commissioning Policy (CHC)

Project Team: Nadeem Murtuja, Kelly Glover, Karen Poole

Report Author: Nadeem Murtuja

Date: April 8, 2014

The Equality Impact Assessment was reviewed Sarah Mackenzie-Cooper, Equality and Diversity Manager, covering Calderdale, Wakefield, Greater Huddersfield and North Kirklees CCGs in the process adapting the policy to use within Calderdale CCGs and Local Authorities

(date of review: 13/3/2018).

Introduction

This Equality Impact Assessment had been conducted to fulfil four objectives:

- 1 Ensure that Calderdale CCG fully considers the needs of protected characteristic groups in the future commissioning of Continuing Health Care.
- 2 To ensure the strategic framework contained within the policy is compliant with the Public Sector Equality Duty (PSED); and particularly mitigates against, and enables a better understanding of the impact on protected characteristic groups;
- 3 Ensure that the development and detail therein the policy framework is both equalities tested, and designed to deliver better health outcomes to all diverse communities of Calderdale.
- 4 That the Equality Impact Assessment Action Plan covers:

- a) Implementing robust processes
- b) Collection, analysis and reporting of intelligent data
- c) To ensure sufficient training
- d) To consult and involve service users, their representatives, or their advocates on an annual basis, including professionals who undertake the assessments.

This EQIA aims to embed within the Commissioning intentions and the potential impact and implications of Continuing Health Care for groups of people who are protected under the Equality Act (2010) in relation to:

- Age
- Disability – vision, hearing, LD, autism, carers by association and Physical impairment and Mental Health
- Gender reassignment
- Marriage and Civil partnership
- Pregnancy and Maternity
- Race, Nationality, Ethnicity
- Religious Belief
- Gender/Sex - Men and Women
- Sexual Orientation

Aim of CHC Policy Framework:

This policy aims to assist Calderdale CCG to ensure that reasonable requirements of eligible individuals are met following a comprehensive, multidisciplinary assessment of their health and social care needs. To qualify for support it must be clearly evident that 'Continuing care' is required over an extended period of time, to a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.

This is Calderdale Clinical Commissioning Group's (CCG) policy on the commissioning of care packages for patients eligible for an episode of continuing healthcare (CHC), funded by the National Health Service.

Governance Responsibility:

Calderdale Clinical Commissioning Group (CCG) has overall governance responsibilities for the fair and effective implementation of this policy. They are responsible for the commissioning of care packages for patients eligible for an episode of continuing healthcare (CHC). The CCG is responsible for commissioning and procuring services for all individuals who qualify for NHS continuing healthcare and for the healthcare element of a joint care package.

Understanding Impact:

This policy is likely to have a positive impact on patients and carers in Calderdale. Any future procurement of provision may result in a service from a non-NHS provider and the potential impact of this will need to be factored in terms of impact on all equality groups, and fully considered; as articulated within the recommendations in this EQIA.

Age:

A key feature of the policy is that both health and social care needs are personalised to the needs of individual, through the principles of co-production. Therefore, it is imperative that when jointly conducting an assessment, 'the right to plan and choice' are clearly communicated to the person or representative contributing to the assessment.

Generally, the approach articulated in this policy should have a positive impact on all age groups.

Disability; Long-Term Condition):

Eligible service users with a disability/injury requiring continuing health care are likely to either have an on-going long term physical or sensory impairment or a long term condition that requires regular monitoring or treatment, or they are likely to have had an incident or event which makes them temporarily physically impaired or requiring on-going support. The policy is specifically designed to support such groups and assessments will take place periodically at three month and annual intervals. However, it is critical to minimise impact, that information is conveyed between the carer providing the service, to their superiors in the

9 month period when there is not an assessment, so that any new emerging needs can be managed robustly and catered for.

This policy is judged to have a Positive Impact on disability groups, due to its personalised nature and commitment to co-produce care plans.

Gender Reassignment [Transgendered People]:

Critical to the assessment tool, in terms of care planning, is to have clarity of the personal characteristics of the individual/s requiring support, not to make assumptions, and being clear about the specific needs of the individual 'in terms of planning and choice'.

Race:

Calderdale is rich in diversity and are fused with multi-culturalism. The assessment process will need to make allowances and provide support for those members of the community who do not have spoken English fluently. Furthermore, it is critical that cultural and religious needs are respected, and are considered as significant factors in the assessed care package provision (if requested). Therefore, provision will need to be in place service users who require a qualified interpreter. This should be offered and available; however, a service user may prefer a family member or representative that may provide this service, as long as the service is able to confirm this. This policy is judged to have a Positive Impact on race groups.

Religion Or Belief:

Generally, communities with strong religious or beliefs, regard those elements as critical to their way of life and choices they make. Therefore, it is critical that religion and belief is regarded as a core part of the assessment process, including how this relates to specific gender needs. See recommendation's specific to Race:

This aspect of the policy is judged likely to have a Positive Impact on religion and belief groups.

Gender [Male Or Female]:

This aspect of the policy is judged likely to have a Positive Impact on Gender, given the commitment to co-produce the care package, and tailor to specific needs.

Sexual Orientation [Lesbian, Gay Or Bisexual]:

This aspect of the policy is judged likely to have a Positive Impact on the LGBT group, given the commitment to co-produce the care package, and tailor to specific needs.

Pregnancy And Maternity:

This aspect of the policy is judged likely to have a Positive Impact on people who are pregnant or undertaking maternity, given the commitment to co-produce the care package, and tailor to specific needs.

Marriage and Civil Partnership:

This aspect of the policy is judged likely to have a Positive Impact on people who are either married, in a civil relationship, given the commitment to co-produce the care package, and tailor to specific needs.

Consultation and Involvement:

The policy makes clear that 'governance' members have been involved and been consulted in its development. Crucial to the future success of this policy is that there needs to be a commitment to involve and consult the people that this policy is intended for, not only will this ensure efficiency, assurance; in fact it will increase satisfaction rates and improve experience. The consultation and involvement of those people who are either affected/impacted:

- Directly (the cared for)
- Indirectly (the representatives)
- By association (frontline, contractors)
- And by seeking the views of those equality groups that may not be eligible or have not been picked up due to lack of awareness of their rights or the initiative in general, or blockage in referral process.

It is a significant plus that the policy makes provision for service users, or their representatives to help co-produce specific personalised care packages; subject to them being clinically safe. This is a crucial feature and must be communicated and promoted as a choice to all perspective (eligible) service users. This in itself should pick up a range of equality and diversity issues, including those associated to religion and belief issues.

Given the recommendation? To develop an intelligence hub, that specifically collates care provision data in one place, this will also lend itself to inviting ‘the involvement’ of those specific people in further re-iteration of this policy framework

Staff Awareness and Training:

This policy aims to provide a holistic ‘personalised’ package of support to those people that are eligible for continuing health care provision. Critical to the effective implementation of the policy and equality considerations will be the skills and awareness of staff at three tiers, those that are:

- 1 Undertaking the assessments;
- 2 Those people who make the decisions;
- 3 And those people who will hear appeals, following a decision of refusal.

Communications:

A further success determinant of this policy is how, and the format used to communicate its provisions to people, so that they are able to access opportunity, and claim their respective entitlement. Equally important is for staff conducting the assessments to be aware of both the information and communication needs of people and have access to supplementary provision that will support them and the service user to meet mutually beneficial objectives, need and satisfaction.

Performance Management and Monitoring:

Critical to the success of this policy, and future business planning, is the ability to monitor trends, identify specific themes and to be able to respond to them; particularly if there are gaps in the provider framework relative to specific equality needs. On-going monitoring will not only identify risks; in fact, it should result in greater satisfaction rates, based on people’s experiences. More importantly, a robust performance framework has the capacity to ensure that resources are spent efficiently and in accordance with needs, and decisions are made based on intelligence. The ability to identify unique trends will also support the CCG to potentially procure specific services and challenge providers to evolve their service provision model as part of on-going contract management negotiations and management.

To ensure the CCG embed equality considerations within the policy framework, so that outcomes reflect equalities, the CCG will actively implement the following recommendations:

Recommendation 1: To develop/or utilise an intelligence system to capture data to enable specific information to be monitored, reported and analysed relative to equality characteristic groups and their respective needs.

Recommendation 2: To ensure that within the assessment tool, specific equality characteristic questions are incorporated within.

Recommendation 3: To ensure the procurement of services with providers encompasses all aspects of equality and diversity.

Recommendation 4: When commissioning future service provision, equality characteristic groups should be involved in the design of the specification.

Recommendation 5: Ensure that individuals are listened to properly and treated with dignity, and this is specifically asked in on-going consultation and involvement exercises.

Recommendation 6: Advice and information needs to be provided in appropriate formats and languages and the service users understanding should be checked. It should be made clear (subject to eligibility) the care package that is being offered, explaining the role of the provider, capacity, location and hours of the services with examples of what to expect, relative to respective needs.

Recommendation 7: To fully consider cultural and religious needs as critical factors of on-going health care, particularly for those communities who request it; and that staff are trained with awareness to support this.

Recommendation 8: Identify any gaps in terms of equality characteristic groups, and make provision to seek the view of that group, in the context of: if they ever required continuing care, what are the key considerations that they would wish the assessment process to identify, specifically related to their characteristic?

Appendix D

Quality Impact Assessment Tool:

Title of scheme: Continuing Healthcare Commissioning Policy

North Kirklees CCG Lead Manager: Helen Severns/Toni Smith

GP Clinical Lead Signature: N/A

Date: 08/07/2015

Head of Quality and Patient Safety (Chief Nurse) Signature: Deborah Turner

Date: 08/07/2015

Brief description of scheme:

This assessment is being completed as part of a review and amendment of the Continuing Healthcare Commissioning Policy which was developed to support quality and effective commissioning. This document provides clarity and transparency to the public and stakeholders on the methodology and the decision-making process pertaining to the commissioning of continuing healthcare within North Kirklees.

The Quality Impact Assessment was reviewed by the Joint Quality Team in the process adapting the policy to use within Calderdale and Greater Huddersfield CCGs and Local Authorities (date of review: 16/3/2018)

This document may not be accessible to all users an accessible version is available on request

A: Simple Quality Impact Assessment

What is the impact on ...?	Positive	Negative	Description of impact (Positive or negative)	Consequence	Likelihood	Overall Score	Mitigation strategy and monitoring arrangements
<ul style="list-style-type: none"> Duty to Commission Quality Servicesⁱ Continuous improvement, high quality workplaces, strategic partnerships and shared risk, equality, clinical quality indicators, CCG's strategic objectives and quality premium, duty to protect children, young people and vulnerable adults 			<p>Positive impact on strategic partnership between and the CCG and Local Authority.</p> <p>Positive impact on CCG's strategic objectives</p> <p>Positive impact on equality for Service Users.</p>	3	5	15	Equality impact assessment is in place to monitor this policy.
<ul style="list-style-type: none"> Patient Experienceⁱⁱ Patient choice, access, reported 			Individual choice and preference is described, taking into account	4	4	16	Personal health budget service users will be monitored using

What is the impact on ...?	Positive	Negative	Description of impact (Positive or negative)	Consequence	Likelihood	Overall Score	Mitigation strategy and monitoring arrangements
patient experience, compassionate and personal care			<p>individuals right to family life.</p> <p>Personalisation is central to the policy and this includes the offer of personalised health budgets.</p>				<p>service user and carers questionnaires.</p> <p>Quarterly reporting includes: feedback regarding service quality, monitoring of complaints and compliments and appeals.</p>
			<p>Whilst individual choice is an essential element, the importance of value for money and effective use of resources will need to be considered.</p> <p>Other elements that will be considered are clinical need,</p>	2	3	6	As above

What is the impact on ...?	Positive	Negative	Description of impact (Positive or negative)	Consequence	Likelihood	Overall Score	Mitigation strategy and monitoring arrangements
			individual safety and public safety, this may mean that patient choice is not commissioned.				
<ul style="list-style-type: none"> • Clinical Effectivenessⁱⁱⁱ Implementation of evidence based practice, clinical leadership, variations in care, data quality, pathways and clinical engagement 							
<ul style="list-style-type: none"> • Patient Safety Patient safety, preventable harm, reliability of safety systems, prevention of healthcare acquired infections, clinical workforce capability, compliance with CQC Essential Standards 			The policy states that any commissioned service provider must be registered with The Care Quality Commission (CQC) under Part II of the Health and Social Care Act 2008.	4	5	20	

What is the impact on ...?	Positive	Negative	Description of impact (Positive or negative)	Consequence	Likelihood	Overall Score	Mitigation strategy and monitoring arrangements
			<p>The policy states that individual safety and public safety are key areas for consideration when commissioners are making decisions.</p> <p>Safeguarding - Detailed service requirements have been included in the policy following input from the CCG's Designated Professional for Safeguarding of Adults.</p>				
<ul style="list-style-type: none"> • Prevention Support for people to stay well, 			The policy highlights the importance of commissioned care meeting individuals	3	3	9	

What is the impact on ...?	Positive	Negative	Description of impact (Positive or negative)	Consequence	Likelihood	Overall Score	Mitigation strategy and monitoring arrangements
promotion of self-care for people with long term conditions, health inequalities			needs, this should include all their holistic needs including prevention.				
<ul style="list-style-type: none"> Productivity and Innovation Delivery of care in most clinically effective setting, elimination of inefficiency and waste, the environment, service innovation, accelerating adoption and diffusion of innovation and care pathway improvement 			<p>The policy underpins the principles of commissioning value for money, needs led quality provision.</p> <p>Personalised health budgets will support innovative care provision.</p>	4	5	20	
<ul style="list-style-type: none"> Workforce Staffing levels, morale, workload, sustainability of service due to workforce changes 			This policy will support the clinical and commissioning decisions made by the continuing healthcare team.	4	4	16	
			This policy may increase	4	2	8	

What is the impact on ...?	Positive	Negative	Description of impact (Positive or negative)	Consequence	Likelihood	Overall Score	Mitigation strategy and monitoring arrangements
			workload of the continuing healthcare team due to the additional administration work required to manage and monitor.				The workload of the CHC team will be monitored through team meeting and management supervision to ensure they are able to meet local need and provide sustainability.
<ul style="list-style-type: none"> Resource impact Estates, IT resource, sustainability of service providers, equipment availability 			The policy demonstrates that the CCG will only commission with preferred providers, which will enable providers to do effective business planning, whilst ensuring the CCG is commissioning value for money care.	3	4	12	The market is being developed to give greater choice to service users. This will ensure the CCG can maintain the access to the appropriate provision in a timely manner. This is essential due to the rising number of service users eligible for continuing healthcare. The development

What is the impact on ...?	Positive	Negative	Description of impact (Positive or negative)	Consequence	Likelihood	Overall Score	Mitigation strategy and monitoring arrangements
							of integrated commissioning processes will further support this work.
<ul style="list-style-type: none"> Reputation Family and friend test, public confidence of CCG, media interest/publicity for CCG 			The policy may not be perceived well by some members of the public due to the many factors being considered other than patient choice when decisions are made regarding the care provision.	4	3	12	The equality impact assessment identifies the required work to ensure engagement with all stakeholders and the monitoring of the policy.

ⁱ Health & Social Care Act, 2012; NHS Constitution, 2013; Wakefield CCG Equality Impact Assessment Tool; Equality Act, 2010; Children's Act, 2004; Safeguarding Vulnerable Groups Act, 2006; Working Together to Safeguard Children, 2010.

ⁱⁱ Children's Act, 2004; Safeguarding Vulnerable Groups Act, 2006; Working Together to Safeguard Children, 2010; Better Care, Better Value.

ⁱⁱⁱ Better Care, Better Value.