NHS
Nottingham and Nottinghamshire
Integrated Care Board

Continuing Healthcare (Adults and Children) Commissioning Policy

July 2022 - July 2025

CONTROL RECORD				
Reference COM-005	**Version** 1.1	**Status** Final	**Author** Head of Continuing Healthcare	
			Sponsor Director of Nursing	
			Team Nursing and Quality	
Title	Continuing Healthcare (Adults and Children) Policy: NHS Continuing Healthcare, Children and Young People's Continuing Care and Joint Packages of Health and Social Care Commissioning Policy:			
Amendments	Update to paragraph 21.6 to reflect the difference in notice periods within Bassetlaw and Nottinghamshire.			
Purpose	To ensure the quality of care delivered within the limitations of the Integrated Care Board's (ICB's) available financial resources and to support consistency and equity of access to services for all individuals assessed as eligible for NHS Continuing Healthcare, a health contribution to a joint package and Children and Young People's Continuing Care.			
Superseded Documents	Continuing Healthcare (Adults and Children) Policy v1.0			
Audience	All ICB staff, CHC service delivery staff, eligible individuals and their representatives			
Consulted with	CHC Turnaround Group and CHC Oversight Group			
Equality Impact Assessment	Completed - see Section 30			
Approving Body	ICB Board		**Date approved**	1 July 2022
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Contents

1. Introduction

1.1. This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.

1.2. The NHS exists to serve the needs of all but also has a statutory duty to financially break even (National Health Service Act 2006). ICBs have a responsibility to provide health benefits for the whole of their population, whilst commissioning appropriate care to mee the clinical needs of individual patients.

1.3. This policy covers those individuals for whom the ICB is the responsible commissioner and eligible for funding in accordance with the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, and the National Framework for Children and Young People's Continuing Care.

1.4. This policy covers all ages and relates to people who have been assessed as eligible for:

- NHS Continuing Healthcare
- Children and Young Person's Continuing Care
- Joint funded packages of health and social care

1.5. The Integrated Care Board (ICB) has established this commissioning policy to ensure the best use of NHS resources, providing a level of service that is sustainable and equitable (fair) to the health and well-being of the people within the ICB footprint.

2. Purpose

2.1. The purpose of this policy is to ensure that high quality, cost effective care is delivered, and to support consistency and equity of access to services for individuals assessed as eligible for NHS Continuing Healthcare, a health contribution to a joint package of health and social care and Children and Young People's Continuing Care.

2.2. All NHS organisations have a duty to operate within its financial framework which must be considered in addition to the Human Rights Act. The ICB also has an obligation of equality under the Public Sector Equality Duty.

2.3. This policy should be read in conjunction with the National Framework for Continuing Healthcare and NHS Funded Nursing Care (2018) and the Children and Young Person's Continuing Care National Framework (2016).

2.4. The principles of this policy apply to the provision of Personal Health Budgets (PHB). All individuals who are eligible for NHS Continuing Healthcare and have home based care will have their support as a PHB. All guidance in relation to personal health budgets and integrated personal budgets (for joint funded support) can be found in the ICB's PHB guidance.

3. Scope

3.1. This policy applies to all ICB staff, NHS Continuing Healthcare delivery team staff and individuals in receipt of NHS funding plus their representatives.

4. Definitions

4.1 A full list of definitions can be found at **Appendix A**.

5. Roles and Responsibilities

Roles	Responsibilities
Directors	Directors have overall accountability for all aspects of an individual's safety within the ICB and to ensure appropriate care is delivered. The ICB's Directors are responsible for the implementation of all relevant policies and arrangements within their areas of control and to lead their managers and staff in proactive and effective risk management.
Chief Nurse	The Chief Nurse leads on Continuing Healthcare and has a consultative and advisory role in clinical and operational aspects within the team. The Chief Nurse ensures that the ICB has met its responsibilities as set out in the National Health Service Regulations 2012.
Assistant Director, Heads of CHC and Case Managers	Responsible for ensuring that the CHC team work to the National Framework and the ICB's policies related to CHC and Children and Young People's Continuing Care and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.
CHC Delivery Unit staff	All members of CHC staff have a responsibility to familiarise themselves with the contents of the Policy.

6. Commissioning

6.1. The ICB will undertake collaborative commissioning with Nottinghamshire County Council and Nottingham City Council, and have adopted the approach and principles outlined in Nottinghamshire County Council's Adult Social Care Charter, in the commissioning of Continuing Healthcare and Children's Continuing Care, to reflect our joint approach to personalised commissioning:

- We will promote individual health, well-being and independence.
- We will share responsibility for maintaining the health and well-being of people in our communities with family, carers, friends and other organisations.
- We will achieve better outcomes by promoting independence and building on the strengths of individuals.
- We will promote choice and control so people can receive support in ways that are meaningful to them but will balance this against the effective and efficient use of our resources.
- We will, wherever possible, support people to live at home or in the community through aligning and developing our community resources.
- We will work to ensure people are protected from significant harm whilst allowing people to take risks.
- We will always seek the most cost-effective way to provide support, in order to ensure we can continue to meet the needs of all people eligible for health and social care support.

7. Principles

7.1. When commissioning services for people, we will place greater emphasis on the achievement of outcomes and value for money over the level of choice available.

7.2. The funding made available to support an individual will be determined by the most cost-effective care package, based on the local care market, the availability of local care providers and the cost of community based and residential or nursing care.

7.3. All individuals living at home will have their care delivered through a person-centred care and support plan (CASP) reflecting clear outcomes which is funded by a PHB aiming to maximise independence and control over their health and care outcomes.

7.4. The ICB has obligations of equality under the Public Sector Equality Duty and a duty to operate within its financial framework which must be considered in addition the Human Rights Act.

7.5. The ICB also has a responsibility to promote a comprehensive health service on behalf of the Secretary of State and to offer individual choice but within the constraints of the resources available to it.

7.6. The balance between cost and individual choice should be applied consistently and equitably across all individuals eligible for Continuing Healthcare and Children's Continuing Care thus this policy sets out the principles which will be applied to all decisions.

7.7. It is the responsibility of the NHS to make reasonable offers of services to individuals eligible for Continuing Healthcare and Children's Continuing Care to meet their assessed needs. If offers of reasonable services are made to individuals to meet their assessed needs and refused, the ICB has discharged its legal duty to those individuals.

7.8. We will always aim to integrate commissioning with partners across the Integrated Care System (ICS).

8. Safer Patients, Safer Cultures and Safer Systems

8.1. The ICB is continuously working to improve patient safety. Patient safety will always remain paramount in planning a care package and will not be compromised.

8.2. The ICB will only commission packages of care provided where the care can be delivered safely without undue risk to the individual, the staff or other members of the household (if a domiciliary package) and the level of risk is acceptable to the individual with capacity. If the individual lacks capacity to make a decision regarding risk, the ICB's policy on decision-making under the Mental Capacity Act 2005 must be followed.

8.3. It is vital that the person-centred care and support plan (CASP) and any undertaken assessments capture the complexity of the individual's needs, providing the necessary evidence that the needs are of such a level which warrants the requested care package. This will enable the ICB to better understand, better commission and effectively manage the needs of individuals within the population they serve.

8.4. For assessed needs to be approved by the ICB, they must be identified and detailed in the person centred CASP and must be:

- **Lawful**: The proposed package of care should be legitimately within the scope of the funds and resources that will be used. The package of care must be

lawful and regulatory requirements relating to specific measures proposed must be addressed.

- **Effective**: The proposals must meet the person's assessed eligible needs and support the person's independence, health and well-being. A risk assessment must be carried out and any risks identified that might jeopardise the effectiveness of the plan or threaten the safety or well-being of the person or others must be addressed. The proposals must make effective use of the funds and resources available in accordance with the principle of best value.

- **Affordable:** All costs have been identified and can realistically be met within the budget. In deciding whether the support plan is affordable it must show that it is within the indicative budget or, if the indicative budget is exceeded, a clear and reasoned explanation is provided to justify the additional spend.

- **Appropriate:** The CASP should not include the purchase of items or services that are inappropriate for the state to fund or that would bring the NHS into disrepute. The CASP must have clear and strong links to a health or social care outcome.

8.5. There may be circumstances where concerns are raised about the quality of care from a provider. The ICB will work with individuals and their families to commission an alternative package of care whilst quality concerns are investigated.

8.6. In all cases, the ICB will work with individuals to ensure that the CASP and care provision is managed on an individual basis and responsive to their changing needs and circumstances.

8.7. The ICB is committed to ensuring that a high quality, person-centred approach is at the heart of everything it does, whilst remaining focused on safe and effective care.

9. Assessment and Decision-Making

9.1. The process of assessment and decision making should be person-centred. This means ensuring the individual, their perception of their support needs, and their preferred models of support at the heart of the assessment and care planning process.

9.2. When deciding on how their needs are met, the individual's wishes and expectations of how and where the care is delivered should be documented and taken into account, along with the risks of different types of provision and access to resources (National Framework 2018).

9.3. The need to balance individual choice alongside safety and value for money means the ICB has to ensure consistent decision-making providing transparency so that decisions are:

- Person-centred;
- Robust, fair, consistent and transparent;
- Based on objective assessment of the individual's clinical need, safety and best interests;
- Have regard for the safety and appropriateness of care to the individual and those involved in care delivery;
- Involve the individual and their appointed representative wherever this is possible and appropriate;
- Take into account the need for the ICB to allocate resources in the most cost effective way;
- Support choice to the greatest extent possible in the light of the above factors.

9.4. The PHB Guidance details the particulars and specifics of individualised personalised care supported by an individual's CASP.

10. Commissioning Packages of Care

10.1. The package of care to be provided will be assessed by the ICB to meet all of the individual's assessed health needs and associated care and support needs. It is the ICB's responsibility to determine what this appropriate package should be involving the wishes of the individual and their family in every step where possible.

10.2. The ICB has a legal duty to commission services for assessed needs as determined in the care plans and CHC/CC assessment. The CHC/CC assessment and the Decision Support Tool (DST) are enhanced by the Person Centred CASP.

10.3. The ICB is obliged to meet the health and care needs of individuals who are eligible for NHS Continuing Healthcare. However, guidance does not prescribe the type of healthcare required to meet the need. The ICB has discretion as to the manner of provision of NHS Continuing Healthcare and Children's Continuing Care services and must exercise reasonable judgment to provide the most appropriate, cost effective care.

10.4. The ICB will therefore always consider value for money when commissioning packages of care for individuals.

10.5. Where there is evidence that a person's outcomes can be met in a more cost effective way, this will be the level of resource that is offered.

10.6. The ICB does not routinely fund:

- Care at home when a risk assessment identifies risks that cannot be managed in the community.
- Care at home when the person requires 24 hour oversight by a registered nurse or registered Mental Health Nurse due to their health needs (unless in exceptional circumstances)
- Care at home when a safeguarding assessment and plan identifies risk factors that can only be managed with 24 hour care.
- Care at home when a person has night time needs which cannot be managed by support in the community.
- Care at home when there are repeated admissions into hospital as a result of the person's risks and that they are unable to manage at home.
- Ongoing payment for care packages (at home or in the community) where the person is in hospital for longer than six weeks.
- 24 hour one-to-one care in a nursing home setting unless in exceptional circumstances.
- Cases where the provision of care at home is significantly more expensive than the cost for care for that individual in a residential setting.

10.7. The ICB will only fund packages detailed above in exceptional circumstances, taking into account the following considerations:

- Likely impact on the individual of any potential move, including psychological and emotional impact.
- Suitability and/or availability of alternative arrangements.
- Risks involved to the individual and others.
- The individual's rights and those of their family and other carers.
- Whether there are any creative alternatives available to enable the best use of resources available and to enable the individual's choice to be realised.
- The ICB's obligation in relation to equality and the Public Sector Equality Duty.
- If the weekly cost of care increases, the care package will be reviewed to ensure high quality and cost effective care is given. Other options (for example, a placement in a Care Home) may be explored. This excludes single periods of cost increase to cover an acute episode and end of life care where the individual is in the terminal stage and hospital admission can be prevented.

10.8. The ICB will require additional assurance, for example complex care packages where:

- The cost of care exceeds £5,000.00 per week.
- Contentious cases irrespective of cost – such cases are defined as those that fall outside the scope of this policy or where there is significant concern or complexity around the package of care and funding requested.
- Cases where the provision of a Personal Health Budget (PHB) to support care at home is significantly more than the cost of care in a residential setting.

10.9. These packages will be managed through the Complex Care & Quality Assurance Panel, see terms of reference at **Appendix B**.

10.10. The Complex Care and Quality Assurance Panel process aims to ensure that these requests are considered in a fair and transparent way, with decisions based on the best available evidence and in accordance with the ICB's commissioning principles.

When considering a request, in addition to the principles outlined in section 7 of this policy the Panel will also ensure that decisions:

- Comply with relevant national policies or local policies and priorities that have been adopted by the ICB concerning specific conditions or treatments.
- Are based on the available evidence concerning the clinical and cost effectiveness of the proposed care package or placement.
- Address any contractual, CQC or safeguarding issues.
- Are taken without undue delay; a pragmatic approach may need to be taken when dealing with urgent requests i.e. where a delay in reaching a decision to fund adversely affects the clinical outcome.

10.11 The ICB has developed guidance for occasions where packages cannot be 100% delivered due to provider inability to cover the shift. See **Appendix D** for this document.

11. One-to-One Observations (1:1)

11.1. The ICB has established a One to One (1-1) Observations Guide for NHS Continuing Healthcare residents in Care Homes. The purpose is to:

- Implement the 1:1 pathway across all Care Homes commissioned to provide services for CHC eligible residents.
- Implement standardised forms to use when requesting 1:1.
- Ensure that providers have accessed NHS universal services prior to requesting 1:1.
- Ensure all requests for 1:1 by Care Homes adhere to the NHS Continuing Healthcare (2018) Framework which stipulates the elements of a good multidisciplinary assessment of needs.

12. Respite

12.1. Respite is an interim short-term arrangement for carers which provides relief from their caring duties.

12.2. The ICB will commission a maximum of 42 nights for respite in any continuous 12-month period.

12.3. Requests for respite which surpasses the allocated 42 nights per annum will not be classified as respite and trigger a package review to determine the appropriateness in meeting clinically assessed needs.

13. Transport

13.1. The ICB will only pay for the individual's assessed needs or services as outlined and agreed in their person-centred CASP and not available for funding via alternative routes such as local authority school transport between home and school.

13.2. Unless there are evidenced exceptional circumstances, funding for transport will not be authorised for those individuals with a Motability Scheme[1] or on a Higher Mobility Allowance. In exceptional circumstances there will be a full understanding of each individual's circumstances and which costs are being met by the Motability Scheme, Department of Work and Pensions and any other government funding.

13.3. Provision of transport to and from school is the responsibility of the Local Authority Education Department. However the ICB may support with funding training for escorts to support a child or young person with their assessed health needs.

14. Equipment

14.1. In line with the National Frameworks, equipment should be available to recipients of NHS Continuing Healthcare and Children and Young People's Continuing Care. The ICB has an Integrated Community Equipment Loans Service (ICELs) which will provide the majority of equipment required to people living in their own homes. ICELs has a policy to stipulate when equipment can be loaned to a residential care home and this policy is included within the ICB's contract with care homes. Reference should be made to this policy where equipment is required for an NHS funded care home resident.

14.2. Some individuals in receipt of NHS Continuing Healthcare or Children and Young People's Continuing Care will require bespoke equipment to meet specific assessed

[1] (https://www.motability.co.uk/about/how-the-scheme-works/how-your-vehicle-can-be-used/)

needs. The ICB is responsible for arranging assessment for and provision of such equipment. This includes responsibility for any essential servicing and repair that might be required.

14.3. Where specialist medical equipment is required and this is not available from ICELs the ICB has developed guidance at **Appendix C** of this document.

15. Day Care Centres

15.1. It is expected that Care Home weekly fees will cover resident entertainment and activities provided within the home setting as part of their contractual obligations and duty of care to residents. The ICB will not commission extra-curricular activities for Care Home residents to attend day centres or for children in residential settings.

16. Joint Packages of Care

16.1. In some cases where a person does not demonstrate a primary health need, the ICB may still commission a package with the local authority in which the ICB accepts responsibility for meeting the identified health needs in that package. In those cases, the general principles outlined in this policy continue to apply to the health element of that funding.

16.2. If a joint package of care has been agreed for a Care Home placement in a nursing home, clear evidence is needed about what health input is being provided beyond the funded nursing care (FNC) element of the package (especially if it is a standard placement rate) and any agreement will include the cost of FNC. FNC will not be provided in residential packages as there is no nursing oversight provided by the home.

16.3. A joint package of care will be agreed based on the care input commissioned and the ICB will fund the tasks/interventions which are beyond the powers of the local authority to provide. The ICB will not fund therapies available in a Care Home (e.g. physiotherapy/ occupational therapies at additional charges) that would otherwise be accessed via core NHS services.

17. Self-Funders who become eligible for NHS Continuing Healthcare

17.1. If an individual who is currently self-funding a home care package or care home placement becomes eligible for NHS Continuing Healthcare and the current cost is in excess of the ICB's contracted prices, the provider must be informed that the ICB would only continue to fund at the higher rate based on evidence of exceptional clinical reasons why the individual's needs could only be met in that specific placement/by that agency.

17.2. In all cases, the principles around what care is commissioned will be in line with the principles detailed in Section 7 of this policy.

18. Funding Arrangements for Individuals receiving Services outside the ICB area

18.1. For individuals who are to receive services outside the local ICB area, but where the ICB is the responsible commissioner, the principles outlined in this policy will continue to apply. The ICB will provide funding in line with the local ICB's contracted pricing arrangements.

19. Private Funding of Care

19.1. The decision to purchase private care services should always be a voluntary one and not imposed upon individuals. The ICB does not permit individuals or their representatives to 'top-up' the cost of placements, accommodation and packages of care. This is in line with the NHS Constitution which affirms that individuals should never be charged for their NHS care, or be allowed to pay towards an NHS service (except where specific legislation is in place to allow this) as this would contravene the founding principles and legislation of the NHS.

19.2. Individuals cannot pay for top-up for higher cost services and/or accommodation if it is considered part of their assessed needs and package of care. The only alternative would be for the individual to fund the entirety of their own package.

19.3. Where top-up funding is to meet an individual's preference and not an assessed need, there should be a clear separation between NHS and private care. E.g.. a bigger room with a better view etc. The care provider is expected to issue a contract to the individual which clearly sets out the privately funded element.

19.4. A 'separation' is described as usually requiring the privately-funded care to take place in a different location and at a different time to the NHS-funded care (Guidance on NHS Individuals Who Wish to Pay for Additional Private Care, 2009). Private services which can be purchased separately include hairdressing, aromatherapy, beauty treatments and entertainment services.

20. Mental Capacity

20.1. If an individual is assessed as lacking the mental capacity to decide about the type and location of their commissioned care package and/or suitable placement, the ICB will comply with the requirements of the Mental Capacity Act, 2005. The ICB will commission care that is based on the key principles of the Mental Capacity Act (2005, amended 2019) and that is the most cost effective and safe care available based on an assessment of the individual's needs in conjunction with an assessment of their best interest.

20.2. All decisions will be evidenced and carried out in consultation with any appointed advocate, Attorney under a Lasting Power of Attorney or a Court Appointed Deputy or the Court of Protection directly and family members will be consulted under the terms of the Mental Capacity Act 2005 (amended 2019). Where an individual does not have family or friends to represent them, an Independent Mental Capacity Advocate will be appointed.

20.3. Liberty Protection Safeguards (LPS): There will be a slight change in the assessment of mental capacity, from:

- Capacity for their accommodation (or to be an inpatient in hospital), to capacity for the arrangements for care and treatment.
- 16 and 17-year olds will come within the LPS framework. DoLS currently applies only to people aged 18 and over, and any authorisation to deprive younger people of their liberty must currently be made by a court.
- While DoLS applies only to people in care homes and hospital, LPS will also apply to people in supported accommodation, Shared Lives accommodation and their own homes.
- DoLS applies to a specific institution (such as a care home or hospital) and cannot be transferred. LPS will apply to the 'arrangements' for the person's care, so can consider a wider range of settings a person accesses providing a more comprehensive consideration of their lives. This may include multiple settings included in the person's plan of care.
- The responsible body will replace the supervisory body. Local authorities are currently responsible for arranging all DoLS assessments.
- ICBs are the responsible body for managing the process for people primarily looked after by them (i.e., under continuing healthcare arrangements out of hospital).
- The managing authority will cease to exist. Under DoLS, the care home or hospital to which the DoLS authorisation is granted is called the managing authority. Although this term will no longer be used, these organisations will need to be aware of the requirements of the LPS.
- The evidence of mental disorder does not need to be renewed afresh at every authorisation. Although if the person's circumstances have changed, there may need to be a further assessment. For example, if someone has advanced dementia, or a severe learning disability that is likely to be lifelong and the original assessment is likely to be valid, providing there have not been any significant changes in the person's presentation then the pre-existing evidence may be relied upon to renew an authorisation.
- For most cases, the decision to grant an authorisation under LPS will be made following a pre-authorisation review, which will be a review of the required documentation, without a best interest assessor (BIA) going out to see the person or their carers.

- BIAs will cease to exist. They will be replaced by Approved Mental Capacity Professionals (AMCPs), who will only be involved in specified cases:
- If the person does not want to live at the specified place
- If the person does not want the care or treatment to be provided at the place
- Any person being deprived of their liberty in an independent hospital who is not subject to the Mental Health Act
- If the Responsible Body refers a case to an AMCP, and they accept it (we consider that these will be complex and borderline cases which don't fall into any of the above categories).

20.4. Authorisations will last for a maximum of one year for the first authorisation and the first renewal. Subsequent authorisations can be for up to three years (providing the renewals are continuous).

21. Reviews

21.1. All individuals in receipt of NHS funding will be reviewed to ensure that the care plan continues to meet the individual's needs, the package of care that they are receiving remains appropriate, the PHB is being managed appropriately and whether or not the individual still has continuing healthcare needs.

21.2. For continuing healthcare for adults, this review is carried out in line with the NHS Continuing Healthcare National Service Framework. For children this will be in line with the Children and Young Person's Continuing Care Framework.

21.3. Reviews may need to take place sooner or more frequently if the ICB becomes aware that the health needs of the individual have changed significantly or if it becomes apparent that the care plan is not being followed or expected health outcomes are not being met.

21.4. The individual and care providers should update the ICB if care needs reduce or increase so further assessment can be made to ensure the individual continues to receive the most clinically effective services and to ensure effective use of NHS resources.

21.5. In the event that a review of an individual establishes that their condition has improved or stabilised to such an extent that they no longer meet the eligibility criteria for NHS Continuing Healthcare or Children's Continuing Care, the ICB will no longer be required to fund their care. Such decisions will take account of well managed needs in accordance with the National Frameworks for NHS CHC and Children and Young People's Continuing Care.

21.6. The ICB will provide written notice of cessation of funding to the individual and the local authority from the date of the ICB's decision. The notice period is 14 days for patients registered in Bassetlaw and 28 days for patients registered in Nottingham

and Nottinghamshire[2]. Any on-going package of care that is needed may qualify for funding by social services, subject to assessment, or the cost of any package of care may need to be met by the individual themselves. The transition of commissioning responsibility should be seamless, and the individual will be notified of any proposed changes to funding involved when appropriate.

21.7. In the event that an individual becomes eligible for NHS Continuing Healthcare, who was previously funded by social services, the ICB will apply the same principles as for other individuals. Namely, that the ICB has a duty to consider the best use of resources for their population, whilst meeting the healthcare needs of an individual. The ICB will seek to provide care with the least disruption to the individual.

22. Individual Dissatisfaction with Package Offer

22.1. Where an individual is not satisfied with the choices offered to them or believes that because of exceptional circumstances the principles in this policy are not applicable in their case, they may submit a complaint in writing to the ICB. The ICB is only required to provide services that meet the assessed needs of the individual. Exceptionality is determined on a case-by-case basis and will require a clear clinical rationale and agreement by the Complex Care and Quality Assurance Panel.

22.2. Where the ICB, having applied the criteria set out in this policy, decides to fund care which is not agreed by the recipient (either because of type, volume or location of care) and the individual makes a complaint against this decision, the ICB will offer an appropriate interim offer taking account of the individual's safety as the over-riding factor. For these purposes, "interim" refers to the time between the complaint being received and then considered by the ICB.

22.3. The ICB's decision will be effective until the outcome of the complaint. If the complaint is successful, arrangements will then be made to revise the care package provided in consultation with the individual.

22.4. If, during the interim, the individual refuses the ICB's offer of an interim placement, they may arrange and fund their own package of care. If the ICB's original decision is upheld, the ICB will again offer the individual an appropriate care package that meets the criteria set out in this policy. If the care package is still not acceptable to the individual, they may continue to arrange and fund their own package of care or placement.

22.5. If the care package offer proposed by the ICB is upheld, the individual will be advised of their right to complain to the Parliamentary and Health Service Ombudsman.

[2] Work to align the notice periods is underway and expected to be agreed during 2022-23.

23. Article 8 of the Human Rights Act

23.1. The ICB has obligations of equality under the Public Sector Equality Duty and a duty to operate within its financial framework which must be considered in addition the Human Rights Act.

23.2. The ICB also has a responsibility to promote a comprehensive health service on behalf of the Secretary of State and to offer individual choice, but within the constraints of the resources available to it.

23.3. The Human Rights Act means an individual can take action in the UK courts if their human rights have been breached.

23.4. However, Article 8 of the Human Rights Act is limited; this means rights can be restricted in specific situations set out in the Act. Interference is therefore permissible but must be justified with a legitimate aim making Article 8 a qualified right.

23.5. To prove objective justification, the aim must be a real objective consideration and not in itself discriminatory. For example, ensuring the health and safety of others would be a legitimate aim. Other examples of legitimate aim include the protection of other people's rights, the health, safety and welfare of individuals, running an efficient service, etc.

24. Equality and Diversity Statement

24.1 Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services as well as an employer.

24.2 The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

24.3 We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

24.4 As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

24.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

25. Communication, Monitoring and Review

25.1. The ICB will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities.

25.2. This policy will be audited as to effectiveness of ensuring choice and equity in the delivery of NHS Continuing Healthcare or Children and Young Person's Continuing Care to individuals across the ICB.

25.3. This policy will be reviewed every three years, or if there are changes in national guidance on individual choice or NHS Continuing Healthcare or Children and Young Person's Continuing Care and will be approved by the ICB's Strategic Commissioning Committee.

25.4. An audit of cases will be undertaken every 6 months by the Head of Continuing Healthcare – this will check that the CHC process has been followed in terms of verification of decision, issue of decision letter to the patient and the commissioned care package is line with this policy and has been approved as per the ICB delegated limits. The audit findings will be presented to the Assistant Director of Quality and Personalisation who will communicate the findings to the Deputy Chief Nurse and ensure any corrective action is taken. The Deputy Chief Nurse may elect to report the audit to the Complex Care and Quality Assurance Panel which reports to the CHC Strategic Oversight Group.

25.5. Any individual who has queries regarding the content of the Policy, or has difficulty understanding how this relates to their role, should contact the ICB's Continuing Healthcare Team via email: nnicb-nn.chcteam@nhs.net

26. Staff Training

26.1 Awareness of this policy will be proactively undertaken throughout the ICB and ongoing support will be provided to individuals to enable them to discharge their responsibilities. The core training that all CHC staff will undertake in addition to mandatory training will be personalised care training including personal health budgets. The assessment teams will undertake CHC specific training including the NHSE CHC e-learning.

27. Interaction with other Policies

27.1. The policy should be read in conjunction with the National Framework for Continuing Healthcare and NHS Funded Nursing Care (2022) and the Children and Young Person's Continuing Care National Framework (2016).

28. References

- ICB Commissioning Strategy: Commissioning Strategy 2020-2022
- ICB Financial Strategy: Financial Strategy 2019-20 to 2023-34
- ICB Safeguarding Policy: QUAL-001 Safeguarding Policy (inc LAC, PREVENT and Safeguarding Training Strategy) v2 (kinstacdn.com)
- Equality, Diversity and Inclusion (EDI) Policy 2020-2023 Equality Diversity and Inclusion Policy (nottsccg.nhs.uk)
- Delayed Discharges Directions: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784710/Delayed_Discharges__Continuing_Care__Directions_2013.pdf and https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784711/Delayed_Discharges__Continuing_Care___Amendment__Directions_2018.pdf
- Direct Payment: https://www.england.nhs.uk/wp-content/uploads/2017/06/guid-dirct-paymnt.pdf
- Carers' Breaks and Respite Care: https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/carer-breaks-and-respite-care/
- Human Rights Act 1998, Citizens Advice Bureau & Equality and Human Rights Commission: https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty
- Mental Capacity Act 2005: www.legislation.gov.uk/ukpga/2005/9/contents
- Motability Scheme: https://www.motability.co.uk/about/how-the-scheme-works/how-your-vehicle-can-be-used/
- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care: National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK (www.gov.uk)
- NHS Choices Framework (2019): https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs
- NHS Constitution: https://www.gov.uk/government/publications/the-nhs-constitution-for-england
- Patient Safety Strategy: https://improvement.nhs.uk/resources/patient-safety-strategy/
- ICB Children and Young People's Continuing Care Policy 2022-2025
- ICB One to One (1-1) Observations Guide for NHS CHC Residents in Care Homes

29. Equality Impact Assessment

Date of assessment:	**May 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age[3]	Yes, there is a potential adverse impact on people of all ages but in particular the elderly as the ICB may not fund a home care package due to risk and cost when significantly above a Care Home that can meet the assessed needs.	A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably across all individuals who are eligible for NHS funded care.	It may not always be possible to fund a home care package to the extent that a person/family desires. The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.	A person-centred approach will achieve better outcomes by promoting health, well-being and independence through choice and control.

[3] A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

Date of assessment:	**May 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Disability[4]	Yes, there is a potential impact on people who do not have capacity to make decisions and choices about their care. The policy may impact on people with physical or learning disabilities when the person's preference is for a package of care at home which is high cost due to complexity and intensity of needs. There is a potential impact on people who have communication difficulties due to a sensory impairment.	CHC assessors are fully trained in use of the Mental Capacity Act and will work with fellow professionals and families to make best interest decisions where required. The ICB will always give careful consideration to funding large complex homecare packages and take into full account where there is a lack of suitable Care Homes in the area.	No	N/A

[4] A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Date of assessment:	**May 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Gender identity (trans, non-binary)[5]	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning along with the exceptional circumstances set out in Section 10.7 of the policy.	N/A	N/A	N/A
Marriage or civil partnership status[6]	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning along with the exceptional circumstances set out in Section 10.7 of the policy.	N/A	N/A	N/A

[5] The process of transitioning from one gender to another.

[6] Marriage is a union between a man and a woman or between a same-sex couple.
Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

Date of assessment:	**May 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Pregnancy or maternity[7]	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning.	N/A	N/A	N/A
Race[8]	No, the ICB's approach is to provide person-centred care to meet assessed needs. Therefore any cultural needs are taken into account as part of the care and support planning along with the exceptional circumstances set out in Section 10.7 of the policy.	Mechanisms are in place via the Communications and Engagement Team to receive information in a range of languages.	N/A	N/A

[7] Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

[8] Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Date of assessment:	**May 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
	There is a potential impact on people who do not have English as a first language.			
Religion or belief[9]	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning along with the exceptional circumstances set out in Section 10.7 of the policy.	N/A	N/A	N/A
Gender[10]	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the	N/A	N/A	N/A

[9] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

[10] A man or a woman.

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
	care and support planning.			
Sexual orientation[11]	No, the ICB's approach is to provide person-centred care to meet assessed needs. Therefore all assessed needs are taken into account as part of the care and support planning along with the exceptional circumstances set out in Section 10.7 of the policy.	N/A	N/A	N/A
Carers[12]	Yes, where a home care package cannot be provided then attention should be paid to the location of the care setting to minimise the impact on family/carers for travel/ visiting etc.	ICB endeavours to place individuals in a care setting of their choice that can both meet assessed needs and is within the ICB's contract with that care provider.	No	N/A

[11] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

[12] Individuals within the ICB which may have carer responsibilities.

Date of assessment:	**May 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
	Where a homecare package is provided which relies on continued carer input then it is important to ensure there is some respite built into the package to give the carer a break.	Respite is always considered as part of a homecare package where informal/family carers are delivering some of the care.		

Appendix A

Definitions

What is NHS Continuing Healthcare?
A package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the individual has been assessed and found to have a primary health need. Such care is provided to an individual aged 18 or over to meet health and associated social care needs that have risen as a result of disability, accident or illness.

CHC therefore describes a package of on-going care arranged and funded solely by the NHS. This includes all assessed health and associated social care needs including accommodation if that is part of the overall need.

The ICB will commission CHC packages for individuals registered with a General Practitioner whose practice is a member of the ICB, and for individuals without GP registration who are usually resident in the areas of the ICB.

The ICB will only commission a package of CHC for individuals where a Decision Support Tool (DST) or Fast Track Tool (FTT) has been completed and it has been agreed that the individual has primary health need and therefore eligible for NHS Continuing Healthcare. This is supported by the National Framework, 2018, (see pages 19-68).

The assessment will be completed in accordance with the National Framework by a multi-disciplinary team of professionals trained in the assessment of Continuing Healthcare.

What is Children and Young People's Continuing Care?
A Children and Young Person's Continuing Care (CYPCC) package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.

These needs may be so complex that they cannot be met by the services which are routinely available from GP practices, hospitals or in the community commissioned by either a ICB or NHS England. A package of additional health support may be needed which is known as continuing care.

Continuing care is not needed by children or young people whose needs can be met appropriately through existing universal or specialist services through a case management approach.

What are Joint Packages of Health and Social Care Services?
If a person is not eligible for NHS Continuing Healthcare, they may potentially receive a joint package of health and social care. This is where an individual's care or support package is funded by both the NHS and the local authority. This may apply where specific needs have been identified through the DST that are beyond the powers of the local authority to meet on its own.

This could be because the specific needs are not of a nature that a local authority could be expected to meet, or because they are not incidental or ancillary to something which the Local Authority would be doing to meet needs under sections 18-20 of the Care Act 2014. It should be noted that joint packages can be provided in any setting.

What is Fast Track?
Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' for immediate provision of NHS Continuing Healthcare. The intention of Fast Track is that it should identify individuals who need to access NHS Continuing Healthcare quickly, with minimum delay, and with no requirement to complete a DST. However not everyone at the end of their life will be eligible for, or require, NHS Continuing Healthcare as there are a number of end-of-life pathways which may be appropriate within local health and care systems.

What is a Personal Health Budget?
Personal health budgets are an amount of money to support a person's identified health and well-being needs, planned and agreed between the person or their representative and their local NHS team. Any adult eligible for NHS Continuing Healthcare whether receiving a package of care at home or in a Care Home has the right to have a Personal Health Budget (PHB) but if they are offered one and they refuse one they are entitled to do so and care will need to be directly commissioned in those circumstances. The funds made available via the PHB are for use to meet the individual's agreed health and well-being outcomes as identified in their support plan. PHBs are also available to people in receipt of fast track and jointly funded packages.

As an early adopter and supporter of personalisation, the ICB will support individuals to develop a personalised support plan and then commission care to meet the agreed outcomes. However this approach also needs to balance value for money and PHBs must be affordable within the ICB's overall budgetary allocation for NHS Continuing Healthcare.

Appendix B

Complex Care and Quality Assurance Panel (CCQAP)
Terms of Reference
FINAL November 2021

1. Purpose	The purpose of the CCQA Panel is to consider complex high cost or contentious packages of care that have been identified through continuing care or transforming care. High cost is defined as a cost of £5k or more per week or £3k or more per week for Looked After Children's cases. The Local Authorities are members of the Panel for decisions relating to joint funded cases where the ICB contribution is £5k or more per week, or £3k or more per week for Looked After Children's cases or if the case is contentious. A case may be considered as contentious regardless of cost.
2. Status	The panel is established in accordance with the ICB and Local Authorities constitutions. It is a panel of, and accountable to the CHC oversight group, which is accountable to the Personalisation Board.
3. Duties	a) Consider complex high cost packages and contentious cases in line with the CHC Commissioning Policy and relevant Local Authority policies b) When making decisions in line with the policies, the panel will ensure that the high cost package Decision Framework paperwork is completed. c) For joint funded cases negotiate and agree each agency's funding contribution to a care package, based on evidenced health and social care needs d) When making decisions the panel will ensure that: i) evidence is available to demonstrate personalised care, clinical and cost effectiveness, care is based on the least restrictive approach resulting in an appropriate care package/placement for the individual ii) The identification and management of risks relating to the individual cases iii) There is consistency of decision making in line with each organisation's commissioning policy.

4. Membership	The Panel membership is: e) Assistant Director of Quality and Personalised Care (Chair) f) Operational Director of Finance (Deputy Chair) g) Deputy Chief Nurse h) Head of Continuing Healthcare (Senior CHC Commissioning Manager as deputy) i) Financial CHC expert j) Individual Care Packages Manager and/or Personalisation Team Manager and/or Case manager (to present the case) k) Nottingham City Council (appropriate representation from adults or children's services depending on the case(s) on the agenda l) Nottinghamshire County Council (CHC Operational Lead plus appropriate representation from adults or children's services depending on the case(s) on the agenda Other individuals with specific expertise and skills may also be invited to attend the panel for health funded cases on a case-by-case basis e.g. safeguarding, pharmacist, relevant commissioning manager, DCO SEND in order to ensure effective and robust decision making. However these individuals will not have any voting rights. Cases will be presented to the Panel by the referring clinician or a representative from the CHC Team/Transforming Care Team, with support from the ICB's Personalisation Team as required. <u>Voting Rights</u> Panel members will seek to reach decisions by consensus where possible, but if a consensus cannot be achieved: <u>For 100% health funded cases;</u> Decisions will be taken by a majority vote with each member of the panel present having an equal vote. If the panel is equally split then the chair of the panel will have the casting vote. <u>For Joint Funded Children's cases</u> If no consensus can be reached regarding each agency's contribution to a children's joint funded package then the Inter-Agency Dispute Protocol will apply.

5. Chair and Deputy	• Assistant Director of Quality and Personalised Care (Chair) • Operational Director of Finance (Deputy Chair) The panel members will determine the chair and deputy chair for the panel, they will each serve for a period of 3 years.
6. Quorum and Decision-making Arrangements	The Panel will be quorate with a minimum of 3 members present. This must include either the Operational Director of Finance or the Deputy Chief Nurse. In addition this must include at least 1 Local Authority representative relevant to the case if a joint funded case is on the Agenda. If any Panel member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum. Urgent Decisions – where a decision cannot wait until the next scheduled meeting, an extraordinary meeting may be arranged. This may be via a MS Teams meeting or email with approval obtained from an authorised person in accordance with the ICB's Standing Financial Instructions.
7. Frequency of Meetings	The panel will meet on a monthly basis On occasion it may be necessary to hold an extraordinary meeting to approve an urgent funding request.
8. Secretariat and Conduct of Business	Secretariat support will be provided to the panel by the Deputy Director of nursing's Executive Assistant. All cases will be presented to Panel on the Complex Care & Quality Assurance Decision form. Joint funded cases must be co-produced by the ICB and Local Authority. The Agendas and supporting papers will be circulated no later than 3 working days in advance of meetings and will be distributed by the PA to the panel. Any cases to be placed on the agenda are to be sent to the PA no later than 5 working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair. The panel agenda will be agreed with the Chair prior to the meeting.
9. Minutes of Meetings	Panel discussions and decisions will be recorded on the Complex Care & Quality Assurance Decision form by the Panel secretariat, and forwarded to the Chair of the panel for approval. These will be ratified by agreement of the panel at the following meeting.

10. Conflicts of Interest Management	In advance of any meeting of the panel, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals At the beginning of each panel meeting, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declarations will be formally recorded in the minutes for the meeting The Chair of the panel will determine how declared interests should be managed, which is likely to involve one the following actions: a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Panel's decision-making arrangements. b) Allowing the individual to participate in the discussion, but not the decision-making process. c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Panel's decision-making arrangements. As the numbers of patients discussed will be small there is a chance that patients will be identifiable. If conflicts of interest arise during the meeting they should also be declared.
11. Reporting Responsibilities and Review of Panel Effectiveness	The panel will report to the CHC oversight group which is a joint health and social care group reporting to the Personalisation Board.
12. Review of Terms of Reference	These terms of reference will be formally reviewed on an annual basis unless agreed by the group for an earlier review, but may be amended at any time in order to adapt to any national guidance as and when issued. Any proposed amendments to the terms of reference will be submitted to the CHC oversight group for approval.

13. Authority	The CCQA panel is currently a sub-panel of the CHC oversight group. It has delegated authority in accordance with the ICB's Standing Financial Instructions to make financial decisions in respect of funding of individual cases on behalf of Nottingham and Nottinghamshire. For joint funded cases, the Local Authority representative(s) have the authority to make financial decisions on behalf of their respective organisation.
14. Accountability	Members of the CCQA Panel are accountable to their respective organisations for financial decisions.
15. Reporting and Monitoring	The PA will record the decision of the Panel on the Complex Care Decision Framework Document. The completed document, together with the record of attendance, will form the actions of an individual case.

Appendix C

Funding for Equipment

This guidance has been developed to manage requests received by the CHC Team for funding equipment for individuals who are eligible for CHC or joint funding.

The provision of community equipment falls within the remit of ICELS (Integrated Community Equipment Loan Service). All requests for community equipment should be directed to ICELS by contacting the team via icesteam@nottscc.gov.uk in the first instance who will give guidance and support.

However, ICELS will not fund certain medical/nursing type items, usually the higher end medical/nursing' aids to support the management of 'life threatening conditions. These are items which are often complex, address a 24 hour need and are usually looked after via the acute hospital MESU arrangements such as

- Cough Assist Machines
- Vibrating Vests
- Nebulisers
- Suction Machines
- Heated Dehumidifiers
- Drip stands/trolleys

Any requests for respiratory equipment, eg Cough Assists, Nippys, should be directed to the Respiratory Services at NUH by emailing juliet.colt@nuh.nhs.uk – the majority of such requests will be dealt with by this service.

Any other request for such medical items can be made by the CHC Case Manager to the CHC Team by contacting the team on nnicb.chcteam@nhs.net with a completed "Change of Package" form giving details of who the equipment is for (must be eligible for CHC/joint funding), rationale for the requirement of the equipment, details of who will be responsible for purchasing the equipment, owning the equipment, responsibility for servicing and repairs and responsibility for training the carers to use the equipment. The request should also be accompanied by a minimum of two up-to-date quotes.

Once a request has been received the CHC team will escalate through the appropriate approval channels for authorisation.

All equipment will normally be purchased by the Provider (ie the acute or community trust) who will own the equipment. The initial purchase should include a warranty to cover maintenance and servicing. The ICB will reimburse costs to the Provider for the purchase and warranty costs on receipt of an invoice. For an individual living at home with a PHB, provision for servicing and repairs following expiry of the warranty should

be included in the budget and documented in the care and support plan, along with details regarding training for using the equipment.

The CHC Case Manager will be responsible for arranging training for the individual's care team to use the equipment. Any practitioner who provides the training will be accountable for the appropriateness of the training and ensuring that the person who does the work is able to do it to the required standard.

There may be exceptional circumstances when the ICB would purchase the equipment i.e. when a patient is being discharged from an out of area hospital. In this case the equipment would be purchased through Arden and GEM Commissioning and Support Unit and the quotation should include a warranty within the purchase price. The ICB will be responsible for arranging the required servicing (at the necessary intervals) and any repairs. Therefore if possible the ICB should arrange for MESU to carry out the servicing and arrange the relevant service visits/recalls.

Longer term it is anticipated that the ICB will come to an arrangement with ICELs to purchase medical type equipment and loan the items to individuals, thus responsibility for servicing and repairs to sit with ICELs.

Appendix D

Children's Care Packages: Carers absent from planned shifts and expectations of providers and patient families

This guidance has been developed to make clear who is responsible for providing care in the event of non-attendance of carers for planned and commissioned care delivery for children. This applies to the contracted care agency and to parents (or carers such as foster carers) / family / household members.

It is expected that care agencies deliver 100% of the commissioned care package. All Personal Health Budgets should have a contingency plan recorded in the care and support plan which is reflected in the commissioned care package and supports delivery of 100% of the commissioned care package. Where for unexpected reasons the agency is unable to deliver 100% then contact must be made with the Children's Continuing Care Service (CCCS) as soon as possible to advise of the situation, reasons, and to enable a risk assessment to be carried out. The risk assessment will consider whether a safeguarding referral and/or a referral to the CQC should be initiated and will be shared with the registered manager and the ICB and retained in SystmOne.

Where family/parental choice is cited as a reason for an unfilled shift, it must be clear that this is a genuine choice and a written record of the discussion, made by the agency, should be shared with the CCCS who will make a recommendation to the ICB in relation to whether there is a need to fill the gaps in the package and the appropriate level of skill required. There may be times when a carer is the right person but none is available, and the family are unable to support. For children, the ICB will consider a Registered General Nurse in this instance as set out below:

- Where between 80-99% of a commissioned care package is delivered as commissioned, it is considered reasonable for parents to provide the remaining care as part of parental responsibilities.
- Exceptionally, following assessment and identification of high levels of risk to a child or where less than 80% of a commissioned care package is delivered, the CCS will share their risk assessment with and make a recommendation to the ICB to:

    a) Fund a paediatric nurse at AQP framework rates to cover <u>essential</u> gaps or up to the 80% level of the package – this will be for a maximum period of 12 weeks where the unfilled shifts are in relation to a shortage of trained carers on the package and must be sourced and overseen by the agency (sub-contracted) – any on-going need beyond that period must be funded by the care agency as set out in the contract.

OR

b) Initiate direct payments to fund family members, to cover essential gaps or up to the 80% level – this must be in accordance with the PHB guidance (Employing a close family relative to provide care and support) and should be reviewed every three to six months.