NHS
Nottingham and Nottinghamshire
Integrated Care Board

Children and Young People's Continuing Care Commissioning Policy

December 2024 - December 2027

CONTROL RECORD	
Title	Children and Young People's Continuing Care Commissioning Policy
Reference Number	COM-006
Version	3.0
Status	Final
Author	Assistant Director of Nursing and Quality
Sponsor	Chief Nurse
Team	Nursing and Quality
Amendments	This is a development of v2.0 of the policy to facilitate inclusion where health care is commissioned via the local authority e.g. for meeting continuing care needs of looked after children.
Purpose	To ensure the quality of care delivered within the limitations of the Integrated Care Board's available financial resources and to support consistency and equity of access to services for all individuals assessed as eligible for Children and Young People's Continuing Care, whether fully funded by the ICB or part funded in partnership with the Local Authority.
Superseded Documents	Children and Young People's Continuing Care Commissioning Policy v2.0
Audience	All ICB staff, CHC service delivery staff, eligible children and young people and their families/representatives
Consulted with	None
Equality Impact Assessment	Completed (see Appendix C)
Approving Body	Strategic Planning and Integration Committee
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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 alongside its 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 meet the clinical needs of individual patients.

1.3. This policy covers those Children and Young people (“CYP”) aged 17 or under for whom the ICB is the responsible commissioner and are eligible for funding in accordance with the National Framework for Children and Young People’s Continuing Care. This policy covers both full ICB funding and ICB contributions to joint funded packages of care.

1.4. The 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 children and young people within the ICB footprint.

1.5. A Continuing Care (“CC”) 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 universal services commissioned in the usual way either in hospital or in the community. A package of additional health support may be needed which is known as CC.

1.6. CC is not needed by CYP whose needs can be met appropriately through existing universal or specialist services through a case management approach.

1.7. Agencies working together and in partnership with the child and parent should bring together a single set of outcomes. The arrangements for children with special educational needs or disability (“SEND”) provides a framework for outcomes-focused joint assessments (Education, Health and Care Plan, (“EHCP”)) involving different partners across Education, Health and Local Authority Support. There may be common elements to both the CC assessment and the EHCP and where appropriate the single set of outcomes identified within the EHCP may be duplicated or further detailed within the child or young persons’ Care and Support Plan (“CASP”).

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 CC.

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 ("PSED") of the Equality Act 2010.

2.3. This policy should be read in conjunction with the Children and Young Person's Continuing Care National Framework (2016 and any subsequent updates).

2.4. The principles of this policy also apply to the provision of Personal Health Budgets ("PHB"). All CYP who are eligible for CC and have home based care will have a right to have a PHB if they wish to do so. They or the person with parental responsibility can choose not to have the option of a PHB and still have their assessed care needs delivered. All guidance in relation to PHBs and integrated budgets (for joint funded support) can be found in the ICB's PHB guidance.

2.5 The aims of the policy include to develop and refine systems and processes which will:

- reduce the need for panels.
- reduce challenges around health care contributions, by SMARTER commissioning.
- To commission only the health aspects of the care package
- Support CC Case management for all children with continuing care needs.

2.6 The ICB is obliged to meet the health needs of its population. The package of care will be commissioned collaboratively in the child or young person's best interests. However, guidance does not prescribe the type of healthcare required to meet the need. The ICB has discretion as to the manner of the provision of services that meet health needs and must exercise reasonable judgment to provide the most appropriate, cost-effective care.

3. Scope

3.1. This policy applies to all ICB staff, CC delivery team staff and CYP in receipt of CC funding plus their representatives.

4. 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 Children and Young People's Continuing Care (CC) 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 CC and Case Managers	Responsible for ensuring that the CC team work to the National Framework and the ICB's policies related to 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.
CC Delivery Unit staff	All members of CC staff have a responsibility to familiarise themselves with the contents of the Policy

5. Principles

5.1. The ICB's policies are guided by their overall principles set out in their latest Integrated Care Strategy.

5.2. When commissioning services for people, we will prioritise the achievement of outcomes, and value for money, over purely the level of choice available. The ICB also has a responsibility to promote a comprehensive health service on behalf of the Secretary of State and to offer individual choice within the constraints of the resources available to it.

5.3. All care delivered will be child and young person-centred and strengths based to achieve outcomes for them.

5.4. The funding made available to support an individual will be determined by the most cost-effective care package that meets the individual's assessed needs, based on the local care market, the availability of local care providers and residential placements.

5.5. All CYP living at home will have their care delivered through person-centred care and a CASP will be developed reflecting clear outcomes aiming to maximise independence and control over their health and care outcomes. The CASP should reflect the CYP's EHCP and vice versa. The care can be funded by a PHB, either notional, third party or via a direct payment, this will be discussed with the CYP and their family to ensure the most suitable option.

5.6. The balance between cost and individual choice should be applied consistently and equitably across all individuals eligible for CC and this policy sets out the principles which will be applied to all decisions.

5.7. It is the responsibility of the NHS to make reasonable offers of services to individuals eligible for CC to meet their assessed needs. If offers of reasonable services are made to individuals to meet their assessed needs and are refused, the ICB has discharged its legal duty to those individuals Where the individual is a child, the ICB will also consider safeguarding implications and act accordingly.

5.8. The ICB will always aim to integrate commissioning with partners across the Integrated Care System ("ICS").

5.9. The ICB will be accountable and responsible for the health funded element of the package of care. The healthcare contribution is subject to an identified healthcare need that cannot be provided by usual commissioned services. The commissioned care will have measurable outcomes, and unless there are exceptional circumstances, will not be via a cross charge arrangement with the local authorities.

6. Parental Responsibility

6.1. The ICB appreciates that at times people with parental responsibility will want to leave the home and will require childcare for the child. As a health care commissioner we only commission health care services. This means that the ICB is unable to ask a care provider to provide "childcare" duties.

6.2 Under the Children Act 1989, the local authority has a duty to provide short break services, holiday play schemes, care at home, some aids and adaptations and financial help, for example money towards travel costs for hospital visits.[1] Assessing and meeting medical and healthcare needs are the responsibility of local NHS services (e.g. the ICB.) This includes medical equipment, such as special beds, bed equipment, hoists, and aids to help with incontinence, mobility or hearing.[2] As a health care commissioner the ICB is unable to commission "short breaks" or "respite" for carer support where the child is cared for in the absence of those with parental responsibility. However,

[1] Help if you have a disabled child: Overview - GOV.UK (www.gov.uk)
[2] How to care for children with complex needs - Social care and support guide - NHS (www.nhs.uk)

in this scenario, if there are identified health care needs, the ICB can, where necessary, commission health care support to continue to meet health care needs during LA provision of short breaks or respite care.

7. Safer Patients, Safer Cultures and Safer Systems

7.1. 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.

7.2 A child or young person must be agreed to evidence Continuing Care eligibility needs before a joint package of care is commissioned.

7.3. The ICB will only commission packages of care 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. This decision will be made in discussion with:

- The care provider and the person/people with parental responsibility for CYP aged under 16 years, including the views of the CYP as appropriate;
- The young person, if aged 16 or over, with mental capacity, including the views of the people/person with parental responsibility; or
- The CYP and person/people with parental responsibility if the individual is 16 years or over and lacks capacity to make a decision regarding risk, following the ICB's policy on decision-making under the Mental Capacity Act 2005.

7.4. It is vital that the CASP and EHCP capture the complexity of the CYP'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.

7.5. In order for the ICB to agree funding for provision to meet assessed unmet health needs, they must be identified and detailed in the person centred CASP. By contributing to the CASP the Local Authority can request a Healthcare Contribution funding from CCC for health funding for a specific care need that the Local Authority has assessed as being not of the nature that a Local Authority can lawfully provide. The Case Managers can work with Social Workers to help identify the healthcare needs of the CYP if they believe there are healthcare needs above and beyond mainstream and specialist services and what Local Authority can lawfully provide.

- 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 CYP's assessed eligible needs and support their development, 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 CYP or others must be addressed. This includes contingency planning. The proposals must make effective use of the funds and resources available in accordance with the principle of best value. All treatment and therapy should be evidence based and in accordance with NICE guidance.
- 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 agreed budget.
- Appropriate: The CASP should not include health funding for carers support, respite or short breaks or the purchase of items or services that are inappropriate for the NHS to fund or that would bring the NHS into disrepute. The CASP must have clear and strong links to health outcomes.

7.6. There may be circumstances where concerns are raised about the quality of care from a provider. Where necessary, the ICB will work with CYP and parents to commission an alternative package of care whilst quality concerns are investigated.

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

7.8. 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.

8. Assessment and Decision-Making

8.1. The process of assessment and decision making should be person-centred. This means ensuring the CYP's, and parental perception of the CYP's, support needs, and preferred models of support are at the heart of the assessment and care planning process. The assessment process will follow the National Framework for Children and Young People's Continuing Care.

8.2. When deciding on how their needs are met, the CYP's wishes and expectations of how and where the care is delivered, along with the risks of different types of provision and access to resources should be documented and taken into account. This should ensure that the CYP's voice is heard as much as possible, even when they are unable to communicate verbally.

8.3. The need to balance the CYP and parental 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;
- Made collaboratively and involve the individual and their parent/carer/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.

8.4. The Continuing Care (CC) should be part of a wider package of care agreed and delivered by collaboration between Health, Education and Local Authority Support and therefore decisions are made by the ICB in consultation with Education and Local Authority representatives.

8.5. The final decision regarding whether a child is eligible for CC will be made at the multi-agency Children's Continuing Care Panel ("CCCP"). The multi-agency panel consists of representatives from the ICB, including a Children's Clinician, the Local Authority (both social care and education) and a senior Nurse from the ICB.

8.6. Decisions must be demonstrably fair, equitable and impartial: other professionals, legal representatives or parents are therefore not able to attend panel with the exception of observation for training purposes.

8.7. CC eligibility is determined by the presenting health needs, and whether existing services can meet the identified outcomes. The nature of the health need can be varied or multiple e.g., physical health, mental health, disability. The DST, including child and parent comment, will be used to support decision making.

8.8. In accordance with the CC National Framework Decision Support Tool, a child is likely to have continuing care needs if assessed as having a severe or priority need in at least one domain of care, or a high need in at least three domains of care within the DST.

8.9. The CCCP members will not make decisions on how care is to be provided until CC need and eligibility is confirmed. The Panel decision will be one of the following options:

- CC need determined (eligible) which requires a package of care/support. This policy is not prescriptive regarding the type of care that can be provided but can typically include support in the CYP's home (or, by prior arrangement, temporary home), support in a residential home and support in an educational setting;
- CC need not determined (not eligible), and no additional package of care/support is required from NHS Continuing Care;
- Continuing Care need not determined but a well-managed need is evidenced. CCCP agree that the evidence (specialist assessment/review, behavioural plans, and planned outcomes) demonstrate a well-managed need. Joint arrangements will continue until further review shows the provision and support required has reduced enough to consider transfer to a setting 'less intensive/complex' or health and behavioural support has reduced to a level to warrant less support within placement.

8.10. A CC decision will include agreement as to which commissioner (i.e., ICB or Local Authority) has responsibility for commissioning the different elements of the care package to meet the identified outcomes. This will be recorded in the CASP and may include provision identified in the EHCP.

8.11. A decision about eligibility should be made and communicated to the child and parent within 6 weeks of referral. The proposed date of decision-making and any revision of this date must be advised to referrer, child and parent by the CCCS and a rationale and new timescale provided. CCCS will also advise the referrer, child and parent of the decision and rationale verbally and in writing within 5 days of it being made. This advice should also include information about how to complain or appeal and, where eligible, how to contact their allocated CCCS case manager.

8.12. CC funding will commence from the date of the Panel decision or on day 43 following the date of acceptance of the referral, whichever is the earliest.

8.13. Decisions will be reported via panel members to their respective agencies and through their appropriate governance route. Local Authority representatives will follow the local authority internal process to seek approval for any Local Authority and educational care elements of the proposed package.

8.14. In cases where waiting for decision-making through the usual process could cause significant harm, the CCCS Case Manager can consider if a child or young person meets eligibility for Continuing Care services and ask the ICB for an 'Out of Panel' decision. These decisions should then be presented at the next CCCP for ratification.

9. Commissioning Packages of Care

9.1. The ICB is obliged to meet the health needs of individuals who are eligible for CC. However, guidance does not prescribe the type of healthcare required to meet the need. The ICB has discretion as to the manner of the provision of CC services and must exercise reasonable judgment to provide the most appropriate, cost-effective care. The ICB uses a Resource Allocation Tool (see Appendix A) for this purpose.

9.2. CYP should be jointly assessed to determine what package of care is required to meet their health and social care needs. The ICB will provide care to meet assessed health needs in line with the Resource Allocation Tool. It is the ICB's responsibility to determine what this appropriate health funded package should be, involving the wishes of the individual and their family in every step where possible.

9.3. In line with the ICB's responsibilities around use of public funds, the ICB's care package offer will be the most cost-effective way of meeting the CYP's health needs and outcomes and any care package will be reviewed at least annually or where there are significant changes to the individual's need.

9.4. Whilst there is provision for consideration of exceptional circumstances in relation to all of the matters listed below the ICB does not routinely fund:

- Care at home when a risk assessment identifies risks that cannot be safely managed in the community;
- Care at home when the child or young person requires 24 hour delivery by a registered nurse or registered Mental Health Nurse due to their health needs;
- Ongoing payment for care packages where the child or young person is in hospital, unless it is essential that the existing carers must be retained to support the child or young person on discharge. In such cases a suitable retainer fee may be agreed with the provider;
- The cost of accommodation, transport, activities, food and utility bills;
- Transport to and from education settings as this is the responsibility of the education authority;
- Short breaks/respite as this is the responsibility of the local authority; or
- Voids in children's care homes.

9.5. 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 views 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 PSED; and
- 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 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.

9.6. It is expected that care agencies will provide trained carers who have the necessary knowledge and skills to care for the CYP. There may be occasions when shadow shifts are required for a new carer to receive their training and achieve the necessary competencies. On such occasions the ICB will commission an agreed number of hours per carer to allow them to shadow and watch and observe and sign off any competencies necessary, the hours could be utilised in any way the agency deems appropriate. The Children's Case Manager will recommend the number of shadow hours depending on the child or young person's needs. Shadow shifts are at 75% of the standard AQP Framework carer rate.

9.7. It is expected that care agencies deliver 100% of the commissioned care package. All PHB 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. If there are unexpected reasons when the agency is unable to deliver 100% then contact must be made with the 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.

9.8. Where family/parental choice is cited as a reason for an unfilled shift, it must be clear that it is a genuine choice provided by the family/ parent 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.

9.9. There may be times when a carer is the right person but none is available, and the family are unable to support. In these circumstances:

i. Where between 80-99% of a commissioned care package is delivered as commissioned, it is considered reasonable for the parents to provide the remaining care as part of parental responsibilities; or

ii. 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 care provider, under the terms of the AQP contract will be asked to cover the shift(s) with a registered nurse. The care provider is expected to meet the difference in cost between the ICB's funding for a carer and the cost of a registered nurse.

10. Commissioning Care away from Usual Residence

10.1. Where a CYP, in receipt of CC funding, needs to be away from their normal residence to receive NHS approved and funded treatment, through either ICB commissioned services or as approved by the Individual Funding Requests (IFR) Panel, the ICB will continue to fund the usual commissioned care package so that carers may accompany the individual for the treatment. In addition, the ICB will fund reasonable quoted costs for the carer accommodation and carer mileage costs within the United Kingdom. This is for a maximum period of 3 weeks in a financial year. A request for more than 3 weeks would be reviewed by the ICB at the Complex Care Quality Assurance Panel ("CCQA") and a response returned to the family once a decision has been made.

10.2. Reasonable accommodation costs are considered to be equivalent to budget hotel prices for the area. Mileage costs are capped at 45p per mile. Train fare will be funded if the total cost is equivalent or less than mileage costs. Ferry crossings or flights to Northern Ireland or other UK islands, funding will be at the lowest price sourced.

10.3. When funding for carer accommodation and carer travel costs are approved, the ICB will set a ceiling price on the cost in line with the original quote received with the request. Any subsequent changes to arrangements which incur a higher cost will only be funded up to the original price approved.

10.4. The ICB will not fund carer accommodation, mileage or other travel costs for any treatment, whether NHS approved or otherwise, being delivered outside of the United Kingdom. The ICB will not fund carer accommodation, mileage or other travel costs for any treatment that has not been approved by the NHS, either through ICB commissioned services or through the Individual Funding Requests Panel.

10.5. NHS funding cannot be used to fund a person's and/or their family's holiday. Where a person wishes to go on holiday and take their employed personal assistant ("PA") or staff from a commissioned provider, they must formally request this through the CYP Continuing Care Case Manager who will liaise

with the ICB. The ICB will only normally agree to pay for the staff for the current hours of support that are already agreed in the care and support plan. The ICB will not cover the following costs:

- Flights for the person, their family or staff;
- Hire vehicles;
- Food and beverages for the person, their family or staff; or
- Any other request which is not directly related to a person's health and well-being.

  The ICB can:

- Cover the reasonable additional cost of carer accommodation; and
- Fuel costs where a carer is expected to use their own vehicle to provide care and support to a person on their holiday. This excludes fuel costs outside of the UK. Funding for holiday support may be requested for up to a maximum of 3 weeks per financial year.

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

- The cost of care exceeds £2,000 per week;
- The case is contentious irrespective of its 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; or
- The provision of a PHB to support care at home is significantly more than the cost of care in a residential setting

10.7. The CCQA 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 policies. 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, regulatory, (CQC/Ofsted) 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.

11. One-to-One (1-1) and Support of Health Needs in Residential Placements

11.1. The ICB will contribute to One to One ("1:1") provision for CYP eligible for CC in a CYP residential placement where the following is evidenced:

- The provider has exhausted NHS universal services prior to requesting 1:1.
- The Resource Allocation Tool at Appendix A has been used to ensure equity and transparency.
- 1:1 requests in a residential placement adhere to the National Framework for Children & Young People's Continuing Care which stipulates the elements of a good multidisciplinary assessment of needs; and

11.2 1:1 funding will not be paid when the CYP is in hospital unless the member of staff is present at hospital and prior approval has been gained from the ICB.

11.3 ICB contribution to residential placements will be based on health needs and outcomes which will be identified and evaluated in a joint Care And Support Plan, similar to that used for a PHB.

11.4 The ICB will not fund the cost of accommodation, transport, activities, food, education, utility bills and therapy (unless recommended by an NHS clinician or with their oversight).

Therapy note: Any NHS funded therapy must be in accordance with NICE guidance, will be time limited with a review date and have clear, written goals and outcomes.

11.5 Where specialist training is required to meet the continuing care health needs of a child e.g. with delegated healthcare tasks, the ICB will commission this. This may be via mainstream or specialist services or commissioned on an individual basis. Mandated training and agreed funding must be identified in the CASP.

12. Fast Track Packages for Children and Young People

12.1. End of life care refers to a child or young person whose condition is deteriorating rapidly, characterised by an increasing level of dependency and where a lifespan is thought to be days or weeks rather than months or years. The aim of the fast-track pathway is to ensure individuals with a rapidly deteriorating condition who may be entering a terminal phase of life are supported in the preferred place of care as quickly as possible. (Department

of Health 2012). A referral for a fast-track end-of-life request must be consultant led.

12.2. Cases who are being ‘fast tracked’ for end-of-life care are not required to have a full assessment. In these cases, a Children’s Fast Track request must be completed and signed and sent to the Children’s Continuing Care service.

12.3. Where an urgent decision on fast-track funding is required, the ICB will make an out of panel decision, and then bring that decision to the next Panel for information.

13. Transport And Fuel

13.1. The ICB will only pay for the individual’s assessed needs or services as outlined and agreed in their CASP, which may include identified provision in an EHCP, and not available for funding via alternative routes such as local authority school transport between home and school.

13.2. 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 in line with their assessed health needs.

13.3 Provision of transport to and from respite care is not funded by the ICB. However, the ICB may support with funding training for escorts to support a child or young person in line with their assessed health needs.

14. Equipment

14.1. In line with the National Framework, equipment should be available to recipients of Children’s Continuing Care. The ICB has an Integrated Community Equipment Loans (“ICEL”) Service which will provide the majority of equipment required for children and young people.

14.2. Some individuals in receipt of CC will require bespoke equipment to meet specific assessed needs. The ICB and Local Authority will joint fund the provision of such equipment in accordance with agreed funding responsibilities. The Local Authority 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 ICEL the ICB has developed guidance available on request.

15. Private Funding of Care

15.1. The decision to purchase private care services should always be a voluntary one and not imposed upon individuals.

15.2. Where those with parental responsibility wish to buy childcare or access free childcare provision, the ICB will support the provider with training to meet Continuing Care healthcare needs. This will be identified in the CASP.

16. Mental Capacity

16.1. The Mental Capacity Act (MCA) 2005 is applicable to individuals aged 16 years and over.

16.2. Individuals aged 16 and over are legally entitled to make decisions on their own behalf, provided they have the mental capacity to make the specific decision in question. This entitlement can only be overridden in exceptional circumstances where there is clear evidence that the person lacks the mental capacity required for that specific decision.

16.3. For children under 16 years of age, decision-making ability depends on their level of intelligence and understanding. If they are assessed as having sufficient maturity to make their own decision (known as Gillick competence), they may give consent independently. If they are not deemed Gillick competent, someone with parental responsibility may make decisions on their behalf, so long as the decision falls within the boundaries of parental responsibility.

16.4. These principles also apply to participation in the Continuing Care (CC) process. In all cases, efforts should be made to include the child's perspective regarding their needs and preferences for care, even if they are not competent to give full consent.

17. Reviews

17.1. All CYP in receipt of CC will be reviewed to ensure that the CASP 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 CC needs.

17.2. For CC funding, reviews are carried out in line with the Children and Young Person's Continuing Care Framework. This means that there is an initial review at 3 months and then at least annually.

17.3. 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, for example the EHCP has changed or a residential placement

plan is changed, or if it becomes apparent that the care plan is not being followed or expected health outcomes are not being met.

17.4. The person with parental responsibility 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.

17.5. 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 CC, 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 Framework for CC.

17.6. 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 minimum notice period is 14 days.

17.7 Where there has been an avoidable delay in informing the CCCS of a change in health needs requiring a change in residential placement plan, funding decisions will be backdated to 28 days from the day the ICB has been informed.

18. Family or Individual Dissatisfaction with Package Offer

18.1. Where a family or individual is not satisfied with the choices offered to them or believes that because of exceptional circumstances some or all of the principles in this policy are not applicable in their case, they may submit a complaint in writing to the ICB. Exceptionality is determined on a case-by-case basis and will require a clear clinical rationale and agreement by CCQA Panel.

18.2. 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 and communicated by the ICB.

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

18.4. If, during the interim, the individual refuses the ICB's offer of a care package, 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 and their assessed needs,

in line with the previous package of care. If the care package is still not acceptable to the individual, they may continue to arrange and fund their own package of care.

18.5. If the original 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.

19. Health Care Contribution Interagency Disputes

19.1. The Local Authority can raise an informal dispute (appeal) if they are not satisfied with the ICB's decision not to make a healthcare contribution, or the health element of a care package is reduced or ceased, due to non-identified health care need.

19.2. The Local Authority should raise the dispute within 10 working days of the ICB's final decision at panel.

19.3. NNICB CCQA Form, should be used for rationalising any interagency informal disputes. This is available on request.

19.4. Once the informal process is complete, where not resolved, the case will progress to the formal dispute process. Which is a weekly meeting held with senior staff from Health and Social Care.

20. Transition

20.1 When a child turns 17, the Children's Case managers will communicate with the Adult Case Managers and a DST will be completed if applicable.

21. Article 8 of the Human Rights Act

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

21.2. However, Article 8 of the Human Rights Act is qualified; this means rights can be restricted in specific situations. To prove objective justification for qualification of the right, 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.

22. Equality and Diversity Statement

22.1. 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.

22.2. 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.

22.3. The ICB is 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 asylum seekers, carers, ex-offenders, Gypsy, Roma and Traveller communities, homeless people, those experiencing deprivation and poverty, sex workers, veterans, and vulnerable groups (such as those with low literacy skills).

22.4. As an employer, the ICB is committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

22.5. To help ensure that these commitments are embedded in the ICB's day-to-day working practices, an Equality Impact Assessment has been completed and is included within this policy.

23. Communication, Monitoring and Review

23.1. 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.

23.2. This policy will be audited as to effectiveness of ensuring choice and equity in the delivery of CC across the ICB.

23.3. This policy will be reviewed every three years, or if there are changes in national guidance on individual choice or CC and will be approved by the ICB's Strategic Planning and Integration Committee.

23.4. An audit of cases will be undertaken annually by the Head of Continuing Healthcare and the CHC Lead Nurse – this will check that the CC process has been followed in terms of decision-making, issue of decision letter to the child, young person and family and the commissioned care package is in line with this policy and has been approved as per the ICB delegated limits. Corrective actions will be taken. The audit findings will be presented to the Assistant Director of Nursing and Personalisation and the Deputy Chief Nurse.

23.5. 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

24. Staff Training

24.1 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.

25. Interaction with other Policies

25.1 The policy should be read in conjunction with the Children and Young Person's Continuing Care National Framework.

26. 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) Our Policies and Procedures - NHS Nottingham and Nottinghamshire ICB
- Equality, Diversity and Inclusion (EDI) Policy: Our Policies and Procedures - NHS Nottingham and Nottinghamshire ICB
- Direct Payment: NHS England » Guidance on direct payments for healthcare: Understanding the regulations
- Equality and Human Rights - Public Sector Equality Duty | EHRC
- Mental Capacity Act 2005: www.legislation.gov.uk/ukpga/2005/9/contents
- Motability Scheme: https://www.motability.co.uk/about/how-the-schemeworks/how-your-vehicle-can-be-used/
- 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/

Level	Evidenced needs:	Indicative Hours per week
5	**Ventilation - Invasive** 24 hours Invasive Ventilation can be increased Up to 105 hrs per week during school holidays for children at school.	24 hour ventilation: Pre school : Up to 95hrs School age: Up to 85 hrs Enhanced: Up to 105hrs Night ventilation only: Usually: Up to 70hrs Enhanced: Up to 80hrs
	Clinically assessed to require continuous ≥1:1 "eyes on" or checks every 15 minutes or more frequently, 24 hours a day, by staff or carers with specialist training.	Pre school : Up to 95hrs School age: Up to 85 hrs Enhanced: Up to 105hrs
4	**Ventilation - Non Invasive** Non Invasive life supportive 24 hr ventilation can be allocated at level 5 dependant on risk assessment.	24 hour ventilation: Usually: Up to 30hrs Enhanced: Up to 40hrs. Night ventilation only: Usually: Up to 20hrs Enhanced: Up to 30 hrs
3	End of Life Care (Short term intensive provision which is subject to review)	Usually: Up to 50hrs Enhanced: Up to 60hrs
2	Continuously unstable condition defined by clinical assessment and requiring clinical interventions to respond to e.g. Apnoea, irregular breathing, unstable airway, dropping heart rate, fluctuating Oxygen saturations despite O2. **OR** **Despite** medication and/or planned therapeutic interventions to assist with management of challenging behaviour and/or emotional dysregulation, regularly requires therapeutic interventions more than hourly to maintain safety **AND** does not routinely respond to therapeutic interventions **AND** does not have easily identifiable triggers which can be managed **OR** of an age where it would be expected that they would sleep through the night but wakes at least 4 times a night, 4 or more nights per week and requires ≥30 minutes therapeutic intervention from a trained adult each time to help regulate emotions and behaviour despite medication and/or planned therapeutic interventions.	Usually: Up to 40hrs Enhanced: Up to 50hrs
1	Children whose health needs remain largely unchanging, but who have episodes of acute illness or instability (e.g. chest infections managed by antibiotics, increased need for suction, episodes of increased fitting, short term increase in waking interventions) which temporarily increase the assessed need for healthcare interventions **OR** Child or Young Person requiring additional support to complete implementation of a Positive Behaviour Support or similar plans that have already exhausted provision from CAMHS and other relevant Universal and Specialist Services and require ongoing work to allow for regulation of emotions and behaviour as identified in supporting evidence from NHS professionals. **OR** Child or young person requiring therapeutic intervention to assist with regulating their behaviour and /or emotions frequently (at least every few hours) during waking hours. Therapeutic interventions must have been recommended by NHS consultant or other NHS relevant medical professional and health outcomes must be clearly documented. **OR** Child or Young Person who displays challenging behaviour that has an impact on the caregiver's ability or their ability to attend to their physical health needs despite NHS Universal and Specialist Services intervention and support.	Usually: Up to 20hrs Enhanced: Up to 30hrs

CRITERIA FOR ENHANCED PROVISION: CYP requiring an enhanced level of support may need additional assessment or support from Social Care/Local Authority to identify social care and carer/family needs.

- High Level Health Needs in a foster placement as identified by multidisciplinary meeting.
- Waking 4 or more times a night for necessary healthcare interventions as identified by overnight clinical assessment.
- Child not receiving regular schooling due to high level health needs confirmed by consultant letter.
- Deteriorating health condition with additional health needs as identified by consultant letter and NHS clinical assessment.
- Clinical assessment suggests a supervisory ratio >1:1 is necessary to maintain safety within the family or foster home due to unpredictable episodes of challenging behaviour and / or emotional dysregulation. (For CYP requiring a supervisory ratio ≥1:1 Social Care should be asked to assess care and support needs in addition to health care needs).

APPENDIX B: Health Care Tasks Health Care Contribution – ICB Part-Funding

The following list is intended as examples of specific health interventions that it would be appropriate for the ICB to commission where these cannot be provided by existing universal/core NHS services. It is not intended as an exhaustive or prescriptive list.

- Injections- above those agreed and commissioned for community nurses to deliver.
- Tracheostomy care, suctioning, care & support with ventilator.
- Care of central venous lines including site care and flushing of dormant lumens.
- Complex wound management if unable to be carried out by community nursing.
- Completion of physiotherapy or other NHS recommended therapeutic programmes if not available as part of core services.
- Contribution to 1-1/2-1/3-1 care for people with behaviours that challenge that are above and beyond what the residential placement provides as routine or for behaviours in the persons home that require 2:1 care.

The following list is requests of Joint Funding/Health Contribution that it would not be appropriate for the ICB to commission. It is not intended as an exhaustive or prescriptive list.

- Rent or accommodation costs.
- Void Bed.
- Domestic Bills and Food.
- Supported Living or Accommodation.
- Residential Placement accommodation/hotel costs i.e. food, heating etc.

The remit of Adult Social Care and Care Act 2014 Eligibility Criteria:

The Care Act 2014 introduced National Eligibility Criteria for care and support to determine when an individual or their carer has eligible needs which the Local Authority must address, subject to means where appropriate. These criteria set out that an individual has eligible needs under the Care Act 2014 where these needs arise from (or relate to) a physical or mental impairment or illness which results in them being unable to achieve two or more of the following outcomes which is, or is likely to have, a significant impact on their wellbeing:

Social Care Responsibility –

- Managing and maintaining nutrition; maintaining personal hygiene; managing toilet needs.
- Being appropriately clothed.
- Being able to make use of the home safely, maintaining a habitable home environment.

- Developing and maintaining family or other personal relationships; accessing and engaging in work, training, education or volunteering; making use of necessary facilities or services in the local community, including public transport and recreational facilities or services; and carrying out any caring responsibilities the adult has for a child.

APPENDIX C: Equality Impact Assessment

Name of Policy	Children and Young People's Continuing Care Commissioning Policy
Date of Completion	November 2024

	What are the actual, expected or potential positive impacts of the policy, process, strategy or service change?	**What are the actual, expected or potential negative impacts of the policy, process, strategy or service change?**	**What actions have been taken to address the actual or potential positive and negative impacts of the policy, process, strategy or service change?**	**Impact Score**
Age	Children of any age up to their 18th birthday can access the continuing care service by referral from a health or care or education professional. Transition arrangements between childhood and adulthood are clear and planned from the child's 17th birthday. A child-centred approach will achieve better outcomes by promoting health, well-being and development through choice and control.	This policy applies only to children. A care package is offered based on the child's assessed need and agreed outcomes. This will not always meet the wishes of those with parental responsibility.	A similar policy is available for adults. A personalised approach is offered through individual assessment and in accordance with the National Framework for Children and Young Peoples Continuing Care (DoH 2016). Through application of this policy the ICB will further ensure consistency and equity of individualised commissioning for children with continuing care needs.	4 - Positive

	All those eligible for children's continuing care will be given a personal health budget and offered a choice about how it is managed.		Children over the age of 16 will be assumed to have capacity to consent and engage with the continuing care process but offered parental involvement. The voice of Children under 16 will be captured as part of the process unless Gillick or Fraser competence is demonstrated, in which case they will be deemed to have capacity to consent and engage with the continuing care process. The duty of confidentiality owed to the child is considered on an individual basis and before accepting a referral. The ICB will work with children and those with parental responsibility to find the most appropriate way to meet the child's identified needs. The ICB will be responsive to changing needs and circumstances and ensure each child has a review of their needs at least annually. Processes for dispute and complaint are available and transparent	

Disability[1] (Including: mental, physical, learning, intellectual and neurodivergent)	An individualised child-centred approach will achieve better outcomes by promoting health, well-being and development through choice and control. Children with a disability who meet the criteria for children's continuing care will receive the care and support they have been clinically assessed for, to meet their level of needs and to achieve agreed outcomes. This policy proposes changes to resource allocation guidance which is intended to demonstrate equity of approach across all disability, illness and injury according to the child's individual need, irrespective of who has parental responsibility.	There is a potential impact on young people who do not have capacity to make decisions and choices about their care.	Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats. Children's assessors are fully trained in use of the Mental Capacity Act and Fraser/Gillick competency will work with fellow professionals and families to make best interest decisions where required. There is an expectation that CCC Case Managers will attempt to capture the voice of the child as part of the assessment and care planning process using a variety of resources e.g. media or advocates to ensure that those people who have specific communication needs can be heard. This must not cause delays. Information will be made available to children in easy read format.	4 - Positive
Gender[2] (Including: trans, non-binary and gender reassignment)	A child-centred approach will achieve better outcomes by promoting health, well-being and development through choice and control.	Nil Known or expected.	None.	3 - Neutral

	Gender does not feature in the eligibility of children's continuing care. All children will be offered the service according to their needs. Children are able to specify their gender through the process once capacity has been established (see age).			
Marriage and Civil Partnership	Not applicable: It is unlawful for someone under the age of 18 to be married in the UK.	Nil Known or expected .	None.	3 - Neutral
Pregnancy and Maternity Status	There will be very few pregnant children affected by this policy. This policy does not include specific consideration for pregnant children.	There will be very few pregnant children affected by this policy. This policy does not include specific consideration for pregnant children.	Case managers will consider each pregnancy individually as a change in the child's health needs, undertaking a review of health needs on becoming aware of the pregnancy. The duty of confidentiality owed to the child should be considered on an individual basis.	3 - Neutral
Race[3]	By undertaking an individualised assessment and care planning process protected characteristics related to race can be taken into account.	There is a potential impact on people who do not have English as a first language as the policy and information relating to it and	Every child's first language is identified and appropriate interpretation sourced on request. The ICB will work with children and those with parental responsibility to find the most appropriate way to meet identified needs and agreed	1 - Negative

	There is no identified racial bias in assessment and planning methodology which is based on the National Framework for Children and Young People's Continuing Care (DoH 2016).	the assessors all use English.	outcomes. The ICB will be responsive to changing needs and circumstances. Mechanisms are in place via the Communications and Engagement Team to give and receive information in a range of languages.	
Religion and Belief[4]	By undertaking an individualised assessment and care planning process protected characteristics related to religion and belief can be taken into account. There is no identified bias in assessment and planning methodology which is based on the National Framework for Children and Young People's Continuing Care (DoH 2016).	Nil Known or expected.	The ICB will work with children and those with parental responsibility to find the most appropriate way to meet identified needs and agreed outcomes. The ICB will be responsive to changing needs and circumstances.	4 - Positive
Sex[5]	A child's sex is not relevant in this policy as it has no impact on access to or the outcomes of meeting children's continuing care needs.	Nil Known or expected.	The duty of confidentiality owed to the child should be considered on an individual basis and before accepting a referral.	3 - Neutral
Sexual Orientation[6]	A child's sexual orientation is not relevant in this policy as it usually has no impact on access to or the	Nil Known or expected.	The duty of confidentiality owed to the child should be considered on an individual basis and before accepting a referral.	3 - Neutral

	outcomes of meeting children's continuing care needs.			
Human Rights[7]	Those with parental responsibility have the right to complain about services provided through this policy and also to seek legal remedy. The individualised child centred approach within this policy which is aligned with the National Framework for Children's and Young People's Continuing Care (DoH 2016) allows consideration of the child's human rights within the context of the family. It also allows consideration to be given to the rights of the child as attributed by the UN convention on the rights of the child. Those with parental responsibility and children over the age of 16 or with demonstrated competence have the right to meet the child's assessed needs in ways other than those offered by the ICB.	There is the potential for individual household members to perceive that their Human Rights (e.g. Article 8: to private and family life) are being impacted through the child's assessment and care planning/provision process.	The ICB will work with children and those with parental responsibility to find the most appropriate way to meet identified needs and agreed outcomes. The ICB will be responsive to changing needs and circumstances. Processes for dispute and complaint are available and transparent.	4 - Positive
Community Cohesion and **Social Inclusion**[8]	This policy supports partnership working with social care and education teams to better enable	Nil Known or expected.	Case managers will support identification of social and educational needs and will integrate	4 - Positive

	a sense of community and social inclusion.		with multiagency processes e.g. SEND and short breaks.	
Safeguarding[9] (Including: adults, children, Looked After Children and adults at risk or who lack capacity)	Those within the scope of this policy are classed as vulnerable. They include children with complex health needs and looked after children. The policy supports partnership working and good communication across multiagency and professional boundaries, providing process driven opportunity to identify and share safeguarding concerns.	There is a potential impact on children who do not have capacity to make decisions and choices about their care.	The ICB will work with fellow professionals and those with parental responsibility to make best interest decisions for the child where required. All Continuing Care assessors and case managers and decision makers have appropriated safeguarding training and resources.	4 - Positive
Other Groups at Risk[10] of Stigmatisation, Discrimination or Disadvantage	By undertaking an individualised assessment and care planning process protected characteristics related to being part of a group at risk of stigmatisation, discrimination or disadvantage can be taken into account. Refused asylum seekers who are supported by the Home Office are exempt from charges for NHS treatment. Some people may be exempt from charges for other reasons, for example if they have been victims or suspected victims of trafficking or modern slavery.	There are no actual or expected negative impacts on the characteristic of Other Groups at Risk.	If the ICB are unsure of a child's right to 'free' healthcare this will be fairly and transparently investigated and decided.	4 - Positive

Additional Equality Impact Assessment Supporting Information

1. **Disability** refers to anyone who has: "…a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities…" (Equality Act 2010 definition). This includes, but is not limited to mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).

2. **Gender**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."

3. **Race**, in terms of a Protected Characteristic within the Equality Act 2010 refer to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language isn't English, and or those who have a limited understanding of written and spoken English due to English not being their first language.

4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010 refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010 refers to: A reference to a person who has a particular protected characteristic is a reference to a man or to a woman.

6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010 refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.

7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5

Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.

8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.

9. **Safeguarding** means: "…protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility." (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the 10 types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.

10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, Gypsy, Roma and Traveller (GRT) communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).