NHS
Nottingham and Nottinghamshire
Integrated Care Board

Health Care Contributions to Adult Care Packages Commissioning Policy

February 2025 - February 2028

CONTROL RECORD	
Title	Health Care Contributions to Adult Care Packages Commissioning Policy
Reference Number	COM-011
Version	2.0
Status	Final
Author	Assistant Director of Nursing and Quality
Sponsor	Deputy Chief Nurse
Team	Nursing and Quality
Amendments	Appendix for Start and End of NHS Funding Matrix been removed. Discreet changes have been made to simplify the operation of the policy, including those in response to feedback from local authority partners.
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. This is for all individuals assessed as NOT eligible for NHS Continuing Healthcare but with an identified health need where commissioning and/or a health contribution is required.
Superseded Documents	Health Care Contributions to Adult Care Packages Commissioning Policy v1.0
Audience	All ICB staff, CHC service delivery staff, individuals awarded a health care contribution, and their representatives.
Consulted with	None
Equality Impact Assessment	Completed April 2024 (Section 20)
Approving Body	Strategic Integration and Planning Committee
Date approved	6 February 2025
Date of Issue	March 2025
Review Date	February 2026
This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.	

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Contents

1. Introduction

1.1 This policy should be read in conjunction with the current National Framework for Continuing Healthcare and NHS Funded Nursing Care referred to as the National Framework.

1.2 This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board ("the ICB").

1.3 NHS Continuing Healthcare ("CHC") means a package of ongoing care that is arranged and funded solely by the National Health Service ("NHS"). Such care is provided to an individual aged 18 or over, to meet health needs that have arisen as a result of disability, accident or illness.

1.4 Where the individual has been assessed and found NOT to have a 'primary health need' as set out in the National Framework, where health needs are identified, and where there are evidenced gaps in current ICB commissioned services, for example, Community Nursing Services, Speech and Language Therapy (SaLT) and other mainstream services, the ICB may consider an application for a healthcare contribution to the package of care, if this not available as part of core services.

1.5 The NHS exists to serve the needs of all but also has a statutory exercise its functions effectively, efficiently and economically (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 people.

1.6 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) and also promotes the health and well-being of the people within the ICB footprint.

1.7 This policy is the first provided by the ICB to set out the process for approving a healthcare contribution to a package of care which is not fully and solely funded under the CHC structure.

1.8 This policy intends to deliver parity and integration across the ICB, ensuring consistency and equity of care provision which is underpinned by standardised policies and operational processes.

2. Purpose

2.1 The purpose of this policy is to ensure that high-quality, cost-effective care is delivered to achieve person centred outcomes. It will support consistency and equity of access to services for individuals assessed as NOT eligible for CHC, requiring a healthcare contribution to a package of care to meet identified health needs, and where there are gaps in currently commissioned health services.

2.2 The Framework states that Funded Nursing Care contribution **within a care home with nursing** is one example of a jointly funded arrangement.

2.3 The principles of this policy apply to the provision of Personal Health Budgets ("PHBs") where a health contribution to a care package has been applied for, this can also be arranged using the PHB policy and guidance.

2.4 The aim of the policy is 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

2.5 The ICB is obliged to meet the health needs of its population. The package of care will be commissioned in the individual'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, CHC delivery team staff and individuals in receipt of a non-CHC healthcare funding contribution.

4. Roles and Responsibilities

4.1 This section should state the key responsibilities for specific roles and staff groups in relation to delivering the documents objectives. If table is to be used, use the below format:

Role	Responsibilities
Directors	Directors have overall accountabilities 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 CHC and non-CHC funding for individuals 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 Commissioning Board and

Role	Responsibilities
	Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012.
Deputy Chief Nurse Assistant Director, Heads of CHC, Lead CHC Nurse and Case Managers	Responsible for ensuring that the CHC team work to the National Framework and the ICB's policies related to CHC and non-CHC funding 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 delivery teams 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 efficiency and effectiveness, with measurable health outcomes.

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

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

5.5. 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. Where this need is no longer identified as unmet, ICB funding will be ceased within the usual contracted terms of notice. 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.

5.6. The balance between cost and individual choice should be applied consistently and equitably across all individuals entitled to any element of health funding, thus 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 to meet their assessed health needs, as part of a package of care, where mainstream NHS services have identified gaps. If offers of reasonable

services are made to individuals to meet their assessed health needs and refused, the ICB has discharged its legal duty to those individuals.

6. Safer Patients, Safer Cultures and Safer Systems

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

6.2. There may be circumstances where concerns are raised about the quality of care from a provider. If quality concerns are raised, the ICB CHC team will raise these with the quality team for investigation. This applies to home care as well as care homes. The ICB takes the lead with quality concerns where the ICB directly commissions the package. This is communicated to the ICB quality team who will work in partnership with the Local Authority who maintain the statutory lead for safeguarding.

6.3. 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.

7. Health Care Contribution Process (see Appendix B for Health Care **Contribution Process Flowchart)**

7.1. Prior to consideration for a healthcare contribution to a package of care an individual must have either a negative Continuing healthcare checklist or have undergone a full CHC assessment with the MDT recommendation ratified by the ICB that the individual is not eligible for CHC funding.

7.2. Once the outcome has been communicated to the Local Authority, they can submit a Healthcare Contribution funding request to the CHC service for health funding for a specific healthcare need that the Local Authority has assessed as being not of the nature that a Local Authority can lawfully provide. The Nurse Assessors can work with Social Workers to help identify the healthcare needs of the individual if they believe there are healthcare needs above and beyond statuary services and what Local Authority can provide.

7.3. It is essential that at the time of the MDT & DST that the evidence applied to all care domains are clearly cited. This will ensure that the MDT come to a robust recommendation relating to eligibility. This is particularly important when the **LA use application for health care contribution form, to ensure that the correct evidence is considered by the ICB to aid decision-making relating to the request.**

7.4. The request will be submitted by the Local Authority utilising the healthcare contribution funding request form. The request should be submitted within 10 working days of the outcome notification being received by the Local Authority. Where this is not possible an extension of another 10 days can be granted at the ICB's discretion.

7.5. The request will be considered and discussed by a CHC senior clinician and a Local Authority senior representative. If the CHC Senior Clinician agrees that there is a specific health need that requires health funding and is outside of current the ICB commissioned core services, this will be communicated to the Local Authority at the panel meeting and commissioned by the ICB.

7.6. Where there are identified, “exceptional circumstances” the ICB may elect to have an agreement to contribute to a package commissioned by the LA, to meet assessed health needs. In order to be approved by the ICB there must be clearly identified and measurable goals, to ensure outcomes are auditable. The LA would approach the ICB and the case would be discussed at panel

7.7. For people with an existing healthcare contribution, should the request be to continue the health element of funding and there is no change to identified health needs, the package continues.

7.8. If the CHC clinician is not in agreement with the request, the Local Authority will be informed in writing. In these instances, the case will be referred to a weekly Dispute Panel comprising of senior representatives from the CHC service and Local Authority.

7.9. The ICB Interagency Dispute Panel will make the final decision.

7.10. Healthcare contribution percentage splits will not be agreed on a routine basis as this isn’t measurable or auditable.

7.11. If a person has a learning disability and the request for health funding is in relation to behaviour the ICB will consider funding an element of the additional support required to support behaviour by reviewing evidence provided, the ICB will not fund a percentage of the whole package.

7.12. The ICB aims to ensure 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.
- The Local Authority and ICB to jointly involve the individual and their appointed representative wherever this are possible and appropriate.
- Reflect 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.

7.13. The PHB Guidance details the particulars and specifics of individualised personalised care supported by an individual’s CASP (Care And Support Plan).

8. Commissioning Packages of Care

8.1 The ICB will commission a package to meet the health part of the package which has been agreed as a health responsibility. Where it is jointly agreed by the ICB and the Local Authority, the ICB may on exceptional circumstance, jointly commission the healthcare contribution with the LA. An example would be if the LA commissioned one agency to cover both health and social care tasks and that agency was unable to invoice separately. The ICB will only commission the number of hours required to deliver the health care task. For example, if a person required care relating to health only for 1 hour a day the ICB would only fund 7 hours per week. The nurse assessor would define what a heath care task is.

8.2 **NHS Funded Nursing Care can only be paid to a care home with nursing**. For individuals who are in receipt of FNC, the ICB will commission and fund this element of the care package unless it is determined that they no longer have any need for registered nursing care, and/or they are no longer a resident within a care home that provides registered nursing care, or they become eligible for CHC after a positive checklist and DST/MDT.

8.3 For individuals who are in a **care home (non-nursing), if on review, they become eligible for NHS CHC,** the ICB will ensure that there is consideration given to the newly required care package to meet identified health needs. This may involve a move to a suitable care placement, or, if it is deemed not in the persons best interest to move to a new care setting, a risk assessment to determine the best approach to providing care.

9. Transport and Fuel

9.1 The ICB will only consider funding specific health care tasks that are required during transportation of the person, as agreed in the person's CASP.

9.2 The ICB will not contribute to fuel costs as part of a health contribution to a care package.

10. Equipment

10.1. The ICB has an Integrated Community Equipment Loans Service (ICELs) which will provide most of the equipment required to people living in their own homes. The ICB will consider a contribution to the cost of a specific bespoke health related piece of equipment within a care package only if this cannot be supplied by the ICELs service.

11. Day Care Centres

11.1 Individuals who attend a day centre with identified health needs, may have a health contribution from the ICB, this will be in line with care already agreed in their usual

care setting, with specific minutes, for the specified health care need. For Example, the patient has three bolus PEG feeds AM, Mid-day and PM. Therefore 15 minutes for the mid-day bolus feed will be accommodated at the day care centre only. (AM and PM PEG feed is given within the usual care setting).

12. Mental Capacity

12.1 If an individual is assessed by a Clinician or Local Authority as lacking the mental capacity to decide about the type and location of their commissioned care package and/or suitable placement, 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.

12.2 All decisions will be evidenced and carried out in consultation with any appointed advocate, a Lasting Power of Attorney or an Enduring Power of Attorney which has been registered with the Office of the Public Guardian or a Court Appointed Deputy or, if appropriate in any given case, the Court of Protection directly. Family members will also be consulted to ascertain the individuals previous thoughts and feelings in relation to care to be provided as stipulated in Mental Capacity Act 2005 practice guidance. Where an individual does not have family or friends to represent them, an Independent Mental Capacity Advocate will be appointed.

13. Reviews

13.1. All individuals in receipt of NHS funding will be reviewed annually 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 healthcare needs.

13.2. Healthcare contribution reviews are carried out in line with the National Framework. As a principle, the review will take place jointly between, where appropriate, partner organisations (statuary services, Care Providers), the Local Authority and the ICB, wherever possible.

13.3. 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.

13.4. 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.

13.5. If a review of an individual establishes that their condition has improved or stabilised to such an extent that they no longer have identified health care needs the ICB will no longer be required to fund this element of heath care. The ICB will give notice as per contract.

13.6. The ICB will provide written notification of the review outcome to the local authority for previously joint funded packages of care, with 14 days' notice given.

13.7. Where the ICB directly commission the care, they will notify the person of the outcome.

14. Health Care Contribution Interagency Disputes

14.1. 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.

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

14.3. NNICB Application for consideration of a Health Care Contribution Form, section 4 should be used for rationalising an interagency inform disputes.

14.4. See Appendix C – Interagency Informal Dispute process flow.

14.5. 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.

15. Article 8 of the Human Rights Act (Equality and Diversity Statement)

15.1 The Human Rights Act means an individual can bring an action in the UK courts if their human rights have been breached. Article 8 of the Human Rights Act is a qualified right; this means rights can be restricted in specific situations. To prove objective justification, the aim must be a real objective consideration and not in itself discriminatory. For example, a justifiable breach of a person's Article 8 right may be in the interests of ensuring that the care of one individual does not interfere with the Article 8 or other rights of others, with a package of care with excessive costs and/or which interferes with the care provided to other service users.

15.2 The 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.

15.3 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 based on their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

15.4 The ICB is committed to ensuring that its 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.

15.5 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.

15.6 To help ensure that these commitments are embedded in the ICBs day-to-day working practices, an Equality Impact Assessment has been completed.

16. Communication, Monitoring and Review

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

16.2 This policy will be audited throughout this period as to effectiveness of ensuring choice and equity in the delivery of CHC across the ICB.

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

16.4 Any individual who has queries regarding the content of this 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.

17. Staff Training

17.1 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 PHBs. The assessment teams will undertake CHC specific training including the NHSE CHC e-learning NHSE elfh Hub (e-lfh.org.uk). This e-learning resource is designed to enhance and develop the knowledge and application of NHS Continuing Healthcare to all practitioners involved in the breadth of the process and to provide a uniform approach to a national standard.

18. Interaction with other Policies

18.1 The policy should be read in conjunction with the following:

- National Framework for Continuing Healthcare and Funded Nursing Care July 2022 (revised) - https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care - referred to as "The Framework" throughout the document National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - July 2022 (Revised) - corrected May 2023 (publishing.service.gov.uk)

- Care Act 2014 - https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted -

19. 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 Our Policies and Procedures - NHS Nottingham and Nottinghamshire ICB
- 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/
- NHS Funded Nursing Care Practice Guidance NHS-funded nursing care practice guidance - GOV.UK (www.gov.uk)
- 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: https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-careNational 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 One to One (1-1) Observations Guide for NHS CHC Residents in Care Homes
- Personal Health Budget Policy
- Who Pays, June 2022

20. Equality Impact Assessment

Name of Policy	Health Care Contributions to Adult Care Packages Commissioning
Date of Completion	May 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	A person-centred approach will achieve better outcomes by promoting health, well-being and independence through choice and control. This policy will include people 18 years and over.	The policy is for adults aged 18 years and old. Anyone aged under 18 years is covered by the Children and Young People's CHC Policy.	None.	3 - Neutral
Disability[1] (Including: mental, physical, learning, intellectual and neurodivergent)	A person-centred approach will achieve better outcomes by promoting health, well-being and independence through choice and control. Adults with a disability who meet the criteria for a health contribution to their care needs will receive the care and support they have been clinically assessed for to meet their level of disability.	There is a potential impact on adults 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	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. The ICB will support an individual's communication needs by providing an interpreter and or easy read, large print or recordings to ensure the person is provided with the	3 - Neutral

	Adult assessors are fully trained in the use of the Mental Capacity Act and will work with fellow professionals and families to make best interest decisions where required. The ICB will work with individuals and their families and support networks to find the most appropriate way to meet identified health needs. The ICB will be responsive to changing needs and circumstances.	with high costs associated because of individual's complexity and intensity of needs	information they require to be fully involved in the care and support planning process. There is an expectation that Case Managers will ensure that those people who have specific communication needs will make necessary and required adjustments in time for any health needs assessment/ meetings with the individual, family and carers. This should not cause delays. A personalised approach to health care planning is offered through individual choice and control within the ICB's available resources.	
Gender[2] (Including: trans, non-binary and gender reassignment)	Decisions regarding how care is delivered will be based on their needs, and the individual's gender identity is not a determinant of whether they receive care.	The gender identity of the individual is not considered in the macro or individualised planning of health services. Sometimes individuals may want to choose the sex of their carers, and this will be accommodated whenever possible.	A personalised approach to health care planning is offered through individual choice and control within the ICB's available resources.	3 - Neutral
Marriage and Civil Partnership	Whilst the Policy does not specifically mention marriage and civil partnership, it does discuss "family" in relation to decision-making.	There are no perceived negative impacts for this protected characteristic.	None.	3 - Neutral

	The ICB should always consult the people closest to a person who lacks capacity to understand that person's wishes and feelings to help them make a decision in that person's best interests. However, the person identified as next of kin should not be asked to sign and/ or consent to certain interventions unless they have a legal basis for doing so. All individuals will be included wherever possible, and consent is given or it's in their best interests, in the planning and decisions regarding care.			
Pregnancy and Maternity Status	Whilst the Policy does not specifically mention pregnancy and maternity, it does discuss "family" concerning decision-making. In the application of the policy, the ICB and providers should work together to ensure the best care package for the individual.	There are no actual or expected negative impacts on the characteristic of Pregnancy and Maternity Status.	None.	3 - Neutral
Race[3]	The ICB will ensure it meets all cultural needs of individuals, recognising personal choice and this is part of the care and support planning process to recognise cultural sensitivities. Interpreters and information in other languages will be provided upon request.	The Policy will be applied across all areas of Nottingham and Nottinghamshire; therefore, individual and community needs may not be given due consideration.	Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages. A personalised approach to health care planning is offered through individual choice and control within the ICB's available resources.	3 - Neutral

Religion and Belief[4]	Part of the care planning process considers religious needs and preference, taking into account the personalised approach.	There are no perceived negative impacts for this protected characteristic.	The Policy will be applied equally across all areas of Nottingham and Nottinghamshire; therefore, individual and community needs may not be given due consideration. A personalised approach to health care planning is offered through individual choice and control within the ICB's available resources. The ICB will work with patients and families to find the most appropriate way to meet identified needs.	3 - Neutral
Sex[5]	Decisions regarding how care is delivered will be based on their needs, and the individual's sex is not a determinant of whether they receive care. Sometimes individuals may want to choose the sex of their carers, and this will be accommodated whenever possible.	There are no actual or expected negative impacts on the characteristic of Sex.	None.	3 - Neutral
Sexual Orientation[6]	Decisions regarding how care is delivered will be based on their needs, and the individual's sexual orientation is not a determinant of whether they receive care.	There is a potential negative impact on people whose sexual orientation is lesbian, gay, bi, or any other sexual orientation other than heterosexual/ straight.	A personalised approach to health care planning is offered through individual choice and control within the ICB's available resources.	3 - Neutral
Human Rights[7]	The care and support planning process will have due regard to the	There are no actual or expected negative	None.	3 - Neutral

	Human Rights Act 1998, with specific due regard to Articles 2, 3, 5, 8, and 14.	impacts on the characteristic of Human Rights.		
Community Cohesion and **Social Inclusion**[8]	During the care and support planning process, individuals are given the opportunity to explore methods to assist them with accessing the local community and activities. If the individual chooses to receive their health care package via a personal health budget it allows more creative solutions to remove any barriers that may have prevented community access previously.	There are no actual or expected negative impacts on the characteristic of Community Cohesion and Social Inclusion.	A personalised approach to health care planning is offered through individual choice and control within the ICB's available resources.	3 - Neutral
Safeguarding[9] (Including: adults, children, Looked After Children and adults at risk or who lack capacity)	Care givers/ professionals will undertake Safeguarding and Capacity Training in accordance with best practices.	There are no perceived negative impacts for this protected characteristic.	The ICB will work with fellow professionals and families to make best interest decisions where required.	3 - Neutral
Other Groups at Risk[10] of Stigmatisation, Discrimination or Disadvantage	It is recognised that Nottingham and Nottinghamshire communities are diverse in their makeup, and therefore, children and young people from a diverse range of backgrounds, family structures, and identities will likely access health services. People entitled to a health contribution to their care will have a positive impact on unpaid and family carers by ensuring the cared for	The policy may not always support the recognition of structural barriers to how the most vulnerable access inclusive care services.	A personalised approach to health care planning is offered through individual choice and control within the ICB's available resources.	3 - Neutral

	individual has the right care and support at home or in the community. By using a person centred approach and involving unpaid and family carers in the care and support planning process, it will help address and support the mental health and well-being of those informal carers by planning for the right level of support for the cared for person. The provision of a health package will likely positively impact not only the individual but also their wider family and support network.			

Impact Score Outcome

Negative Impact	**13 to 19**
Undetermined Impact	**20 to 32**
Neutral Impact	**33 to 45**
Positive Impact	**46 to 52**
Equality Impact Score Total	**39 - Neutral**

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, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not 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 and 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 ten 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 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).

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Appendix A: Health Care Tasks

Health Care Contribution – ICB Part-Funding

If, following an assessment for NHS CHC, a person is not found to be eligible for NHS CHC, the ICB and Local Authority may still have a shared responsibility to contribute to that person's health and care needs – either by directly commissioning services or by part-funding the package of support. See CHC Framework paras 270 – 293, Practice Guidance 51, and the Care & Support Statutory Guidance para 6.82.

A partly funded package of care could include NHS-funded nursing care and other NHS services that are beyond the powers of a Local Authority to meet. Where there is an agreed health care contribution, this involves the ICB commissioning the health care element, or, in exceptional circumstances, the ICB and the Local Authority both contributing to the cost of the care package, with the LA charging the ICB for the health care element.

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.

- insulin and other injections- above the two insulin injections per day as agreed and commissioned for community nurses to deliver.
- PEG interventions and risk feeding
- manual evacuation, enemas, complex continence management in the community if unable to be carried out by community nursing.
- rectal insertion/ suppositories
- 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
- administration of BIPAP/CPAP/NIPPY
- completion of physiotherapy or other therapeutic programmes, such as Hydrotherapy
- contribution to 1-1/2-1 care for people with behaviours that challenge that are above and beyond what the home provides as routine or for behaviours in the persons home that require 2:1 care.
- Training for staff in epilepsy management

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
- 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

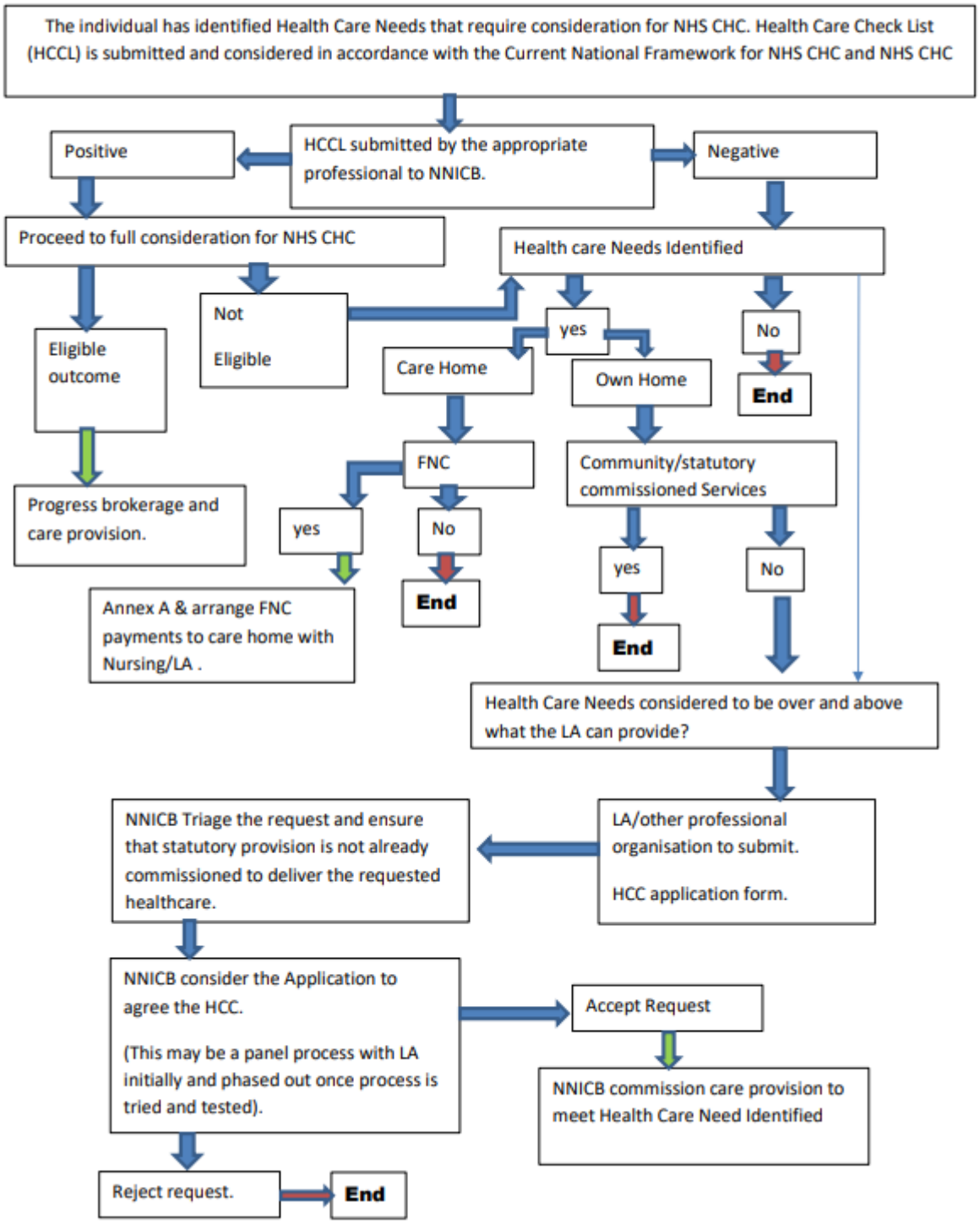
The Care Act 2014 introduced National Eligibility Criteria for care and support to determine when an individual or their carer has eligible needs which the Local Authority must address, subject to means where appropriate. These criteria set out that an individual has eligible needs under the Care Act 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.

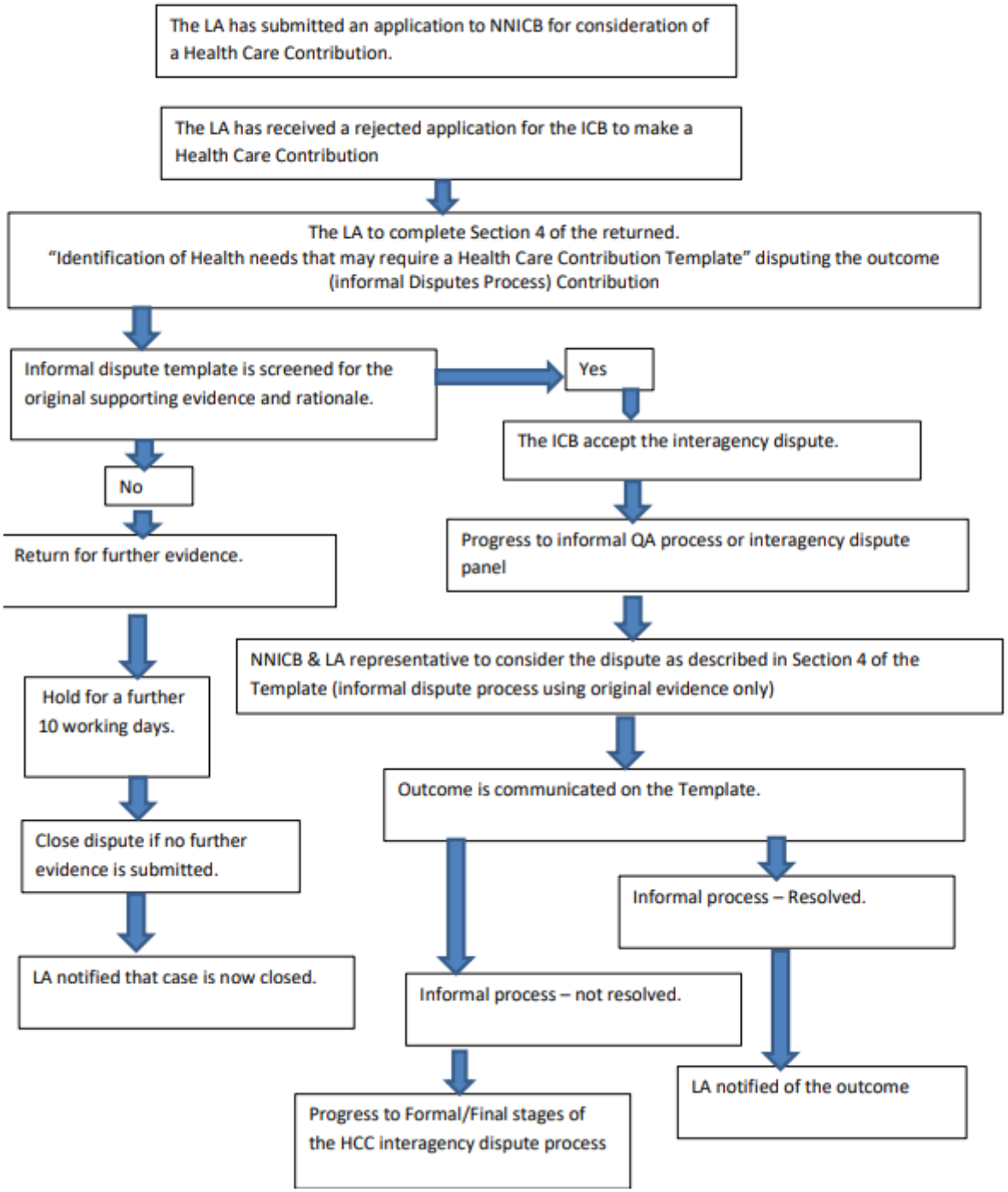
Appendix B: Health Care Contribution Process Flowchart

[For explanation of this flowchart, please contact the policy author at nnicb-nn.chcteam@nhs.net]



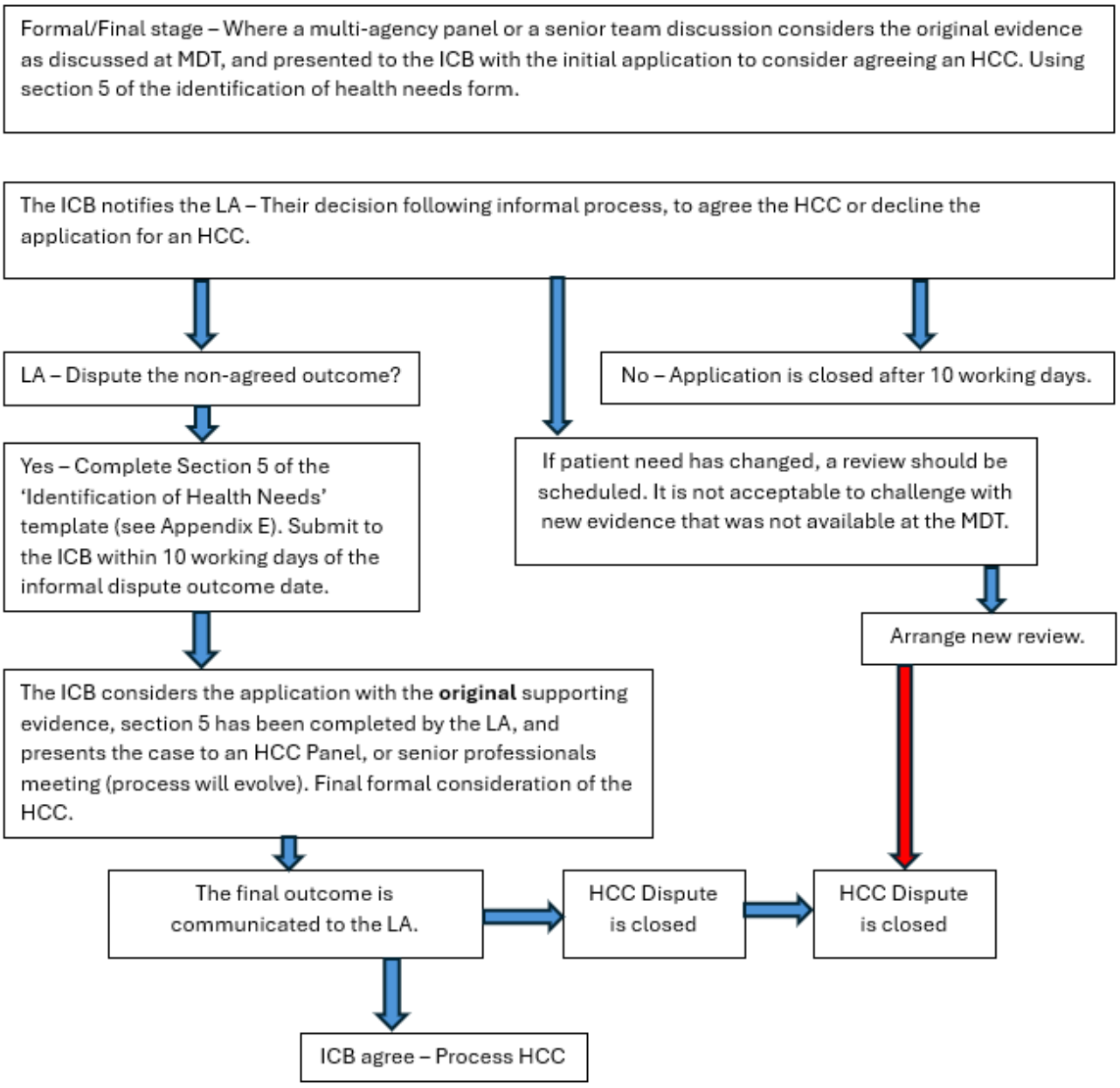
Appendix C: Interagency Disputes (Informal) Process

[For explanation of this flowchart, please contact the policy author at nnicb-nn.chcteam@nhs.net]



Appendix D: Formal/Final Interagency Dispute HCC

[For explanation of this flowchart, please contact the policy author at nnicb-nn.chcteam@nhs.net]



Appendix E: Identification of Health Needs Template

Please ensure either a negative checklist has been submitted or that the individual has gone through an eligibility assessment- not Eligible for NHS CHC

Template to be submitted to the ICB by the Local Authority (LA) or Partner Health Organisation where the LA are not involved with the Patient.

This is a request for health funding following an assessment that has determined that the service user has health needs that;

- Do not constitute a primary health care need
- are of a nature beyond which Adult Social Care could be expected to provide.
- cannot be met by statutory/community health services
- not being met by informal care

DATE:	**Patients NAME:**	**DOB:**	**NHS NO:** **BC/QA Ref:**
Current placement:	**Review Location:**	**Address:**	**GP:**

Section One – New Application

A- This is a new application for a Health Care Contribution? Yes/No (start date will be the date of the decision made).

B- Insert Evidence Here:

Domain:	Level of Healthcare need from Checklist or DST:	Evidence from checklist/DST/ review:	Who would provide the care for the assessed healthcare task?	How much time needs to be allocated for the healthcare task?

C - Insert Free text Rational Here --LA/Partner organisation rationale for applying for a Health Care Contribution- include the following:

1. The nature and frequency of the task/s needed to address the unmet health need identified above.
2. The skills required to undertake the task/s described at 1 above
3. Who is currently undertaking the tasks described at 1 above
4. Can an existing social care provider deliver the care described?
5. If known, please state what training is required to undertake the tasks

Print Name:	Designation:	Signature:

Section 2 – Reviews

D - Is there a Current Health Care Contribution place: Yes/No

Start Date (if known):	
Current Provider:	
Split: % of hours to Health: % of hours to LA:	
Cost of Package:	
Cost to NHS:	
Completed with Social Care representative: Yes/No:	
Date of previous DST Review:	

Potential changes to the currently agreed package in place following review:

Review Date:

Domain	Level of Healthcare need from Checklist or DST	Evidence from checklist/DST/review	Who would provide the care for the assessed healthcare task	How much time needs to be allocated for the healthcare task

E – Insert Free text Rational Here --LA/Partner organisation rationale for applying for a Health Care Contribution-

Print Name:	Designation:	Signature:

Section 3 decision – ICB Central office staff to complete

F – Outcome of Discussion:

Has there been an agreed health contribution? Yes/No	
Is the package of care remaining the same? Yes/No	
Healthcare contribution required – Hours- xxxxxxxxxx LDA Challenging Behaviour Hours – xxxxxxxxxx or in exceptional circumstances %	
Previous cost of care package:	
New cost of package:	
New cost to NHS:	
Date of commencement:	
Review due: (weeks/months):	

G - Date Template has been returned to the applicant (LA/Partner organisation):

(There is 10 working days for the applicant to raise a dispute if they wish to dispute the ICB decision (informal stage))

Section 4 - Dispute Process Form for Local Authority

Name:			
Rationale & Evidence for Dispute from the Local Authority:			
NNICB & LA Panel Notes:			
Dispute Process Outcome Rationale:			
NNICB Signature:		**Date:**	
LA Signature		**Date:**	