Dorset
Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group

NHS Continuing Healthcare Choice Policy

Supporting people in Dorset to lead healthier lives

PREFACE

The purpose of this policy is to balance patient preference with safety and value for money and to provide transparency for those wishing to scrutinise the application of the CCG's Policy for NHS Continuing Healthcare and NHS-funded Nursing Care

All managers and staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this policy. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live policy on the CCG intranet.

All CCG policies are published on the staff intranet and communication is circulated to all staff when new policies or changes to existing policies are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated policies.

All staff are responsible for implementing policies as part of their normal responsibilities, and are responsible for ensuring they maintain an up to date awareness of policies.

A	SUMMARY POINTS
• To balance patient preference with safety and value for money	
• To provide transparency for those wishing to scrutinise the application of the CCG's Policy for NHS Continuing Healthcare and NHS-funded Nursing Care	

B	ASSOCIATED DOCUMENTS
• Policy for NHS Continuing Healthcare and NHS-funded Nursing Care	

C	DOCUMENT DETAILS
Policy Number	ID 76
Target audience	All staff employed by the CCG who undertake activity in relation to Continuing Healthcare
Author	Angie Smith
Job Title	Senior Continuing Healthcare Support Services Manager
Directorate	Quality
Approving committee or group	Trust Board
Ratifying committee or group	Trust Board
Date of approval (version 1)	June 2010
Date of ratification (version 1)	June 2010
Version	2
Sponsor	Sally Shead
Approval date	18 January 2016
Ratification date	18 January 2016
Review frequency	Bi-Annually
Review date	January 2018

D	CONSULTATION PROCESS		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**
2 2	January 2016 May 2018	Angie Smith Senior Continuing Healthcare Support Services Manager Paul Rennie Head of Continuing Healthcare	No change to the policy N/A

E	VERSION CONTROL				
Date of issue	**Version No**	**Date of next review**	**Nature of change**	**Approval date**	**Approval committee /group**
January 2016	3	January 2017	Policy put in corporate format	18 January 2016	Directors Meeting
May 2018	3	April 2019	No current change due to issue of revised Framework. I propose that these two documents are extended for a further 12 months in order for us to fully reflect these changes in a revision for 2019-20.	May 2018	

F	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES	
Evidence	**Hyperlink (if available)**	**Date**
The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care		2012
Equality Act		2010
Human Rights Act		1998
The NHS Constitution		2013
NHS England Operating Model for NHS Continuing Healthcare		2015

Mental Capacity Act		2005

G	DISTIBUTION LIST		
Internal CCG Intranet	**CCG Internet Website**	**Communications Bulletin**	**External stakeholders**
√	√	√	

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NHS CONTINUING HEALTHCARE CHOICE POLICY

1.0 RELEVANT TO

1.1 All staff employed by the CCG who undertake activity in relation to Continuing Healthcare

2.0 INTRODUCTION

2.1 In line with the NHS Constitution 2013 NHS Dorset Clinical Commissioning Group (CCG) has developed this Choice Policy to balance individual preference alongside safety and value for money and to provide transparency for those wishing to scrutinise the application of our NHS continuing healthcare policy.

2.2 The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (The National Framework) PG 83 gives guidance on what limits, if any, can be put on individual choice where, if followed, this would result in the CCG paying for a very expensive care arrangement. The National Framework says (Paragraph 167) that 'the package to be provided is that which the CCG assesses is appropriate for the individual's needs'.

2.3 The NHS is responsible for identifying, commissioning and contracting appropriate services to meet the needs of individuals who qualify for NHS continuing healthcare. The policy describes the ways in which the CCG commissions and provides care taking into consideration the individual's preferences, while balancing the need for the CCG to commission care that is safe, effective and makes best use of available resources.

2.4 The NHS is responsible for identifying, commissioning and contracting appropriate services to meet the needs of individuals who qualify for NHS continuing healthcare. The policy describes the ways in which the CCG commissions and provides care taking into consideration the individual's preferences, while balancing the need for the CCG to commission care that is safe, effective and makes best use of available resources.

2.5 It should be used to inform practice and decision making where an individual wishes to exercise choice in relation to where or how their care is arranged and delivered.

3.0 SCOPE

3.1 This Policy sets out how the CCG will balance patient preference with safety and value for money and provide transparency for those wishing to scrutinise the application of the CCG's Policy for NHS Continuing Healthcare and NHS-funded Nursing Care.

3.2 This policy does not include children and young people who are eligible for continuing care.

4.0 PURPOSE

4.1 This Policy sets out the NHS obligations on choice and provides guidance and procedures to staff on balancing patient preference with safety and value for money.

4.2 This Policy is needed to provide transparency for those wishing to scrutinise the application of the CCG's Policy for NHS Continuing Healthcare and NHS-funded Nursing Care

5.0 DEFINITIONS

5.1 This document is a policy.

6.0 ROLES AND RESPONSIBILITIES

6.1 The Director of Quality is the designated lead for NHS continuing healthcare within the CCG and is responsible for:

- reporting compliance with The National Framework

6.2 NHS continuing healthcare managers will be responsible for monitoring compliance with The National Framework.

6.3 All NHS continuing healthcare members of staff in the CCG are responsible for compliance with The National Framework with regards to standards, decision making and actions.

7.0 THE NATIONAL FRAMEWORK FOR NHS CONTINUING HEALTHCARE AND NHS-FUNDED NURSING CARE

7.1 The National Framework states:
"It is the responsibility of the CCG to plan strategically, specify outcomes and procure services, and manage demand and provider performance for all services that are required to meet the needs of all individuals who qualify for NHS continuing healthcare, and for the healthcare part of a joint care package." (Paragraph 108).
"As with all service contracts, commissioners are responsible for monitoring quality, access and individual's experience within the context of provider performance . . . ultimate responsibility for arranging and monitoring the services required to meet the needs of those who qualify for NHS continuing healthcare rests with the CCG commissioners." (Paragraph 109).

''Where an individual qualifies for NHS continuing healthcare, the package to be provided is that which the CCG thinks is appropriate for the individual's needs. Although the CCG is not bound by the views of the Local Authority on what services the individual needs, the Local Authority's assessment under Section 47 of the National Health Service and Community Care Act 1990, or its contribution to a joint assessment, will be important in identifying the individual's needs and, in some cases, the options available for meeting them.'' (Paragraph 167).

8.0 NHS OBLIGATIONS ON CHOICE

8.1 Whilst the CCG's starting point in the decision making process will be individual preference, the CCG does not have an absolute obligation to meet individual choice preference and is not subject to specific directions on Choice of Accommodation in the same way as the Local Authority.

8.2 This policy incorporates legislation and the mandate from NHS England for the 'right to have' a Personal Health Budget (PHB) for individuals who are eligible for CHC funding from 1 October 2014

9.0 MENTAL CAPACITY TO MAKE DECISIONS REGARDING PLACEMENT

People who lack mental capacity to make decisions regarding placement:

9.1 The five key principles of the Mental Capacity Act 2005 will be applied by the CCG when working with NHS continuing healthcare funded individuals and their representatives. These will seek to balance individual preference, safety and value for money when developing a care package or identifying suitable placements:

- every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise;
- an individual must be given all practicable help before anyone treats them as not being able to make their own decisions;
- just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision;
- anything done or any decision made on behalf of an individual who lacks capacity must be done in their best interests;
- anything done for or on behalf of an individual who lacks capacity should be the least restrictive of their basic rights and freedoms.

9.2 Where it is identified that an individual does not have the mental capacity (in accordance with the test for capacity set out in the Mental Capacity Act 2005 (MCA) to make an informed choice, the CCG will make decisions as to appropriate and suitable placements on behalf of those individuals in their best interests and in accordance with the procedures under the MCA. Such procedures include consultation with the individual’s family or unpaid carers or with the individual's Independent Mental Capacity Advocate (IMCA) if they are "un-befriended" although the CCG is not obliged to follow those views and can rely upon the provisions of the MCA to move the individual in the event it is assessed to be in their best interests to do so. In some circumstances, the Court of Protection may need to be involved in certain decisions.

People who have mental capacity to make decisions regarding placement:

9.3 Individuals can elect to refuse NHS continuing healthcare. However, any individual making this decision must have the potential risks assessed and the implications fully explained to them. So long as an individual has mental capacity they are entitled to choose to take risks, even if professionals or other parties consider the decision to be unwise. It is important to work with the individual to explain any risks involved and not to make generalised assumptions about these. This decision and its outcome must be documented in the individual’s notes.

9.4 Where an individual is assessed as eligible for NHS continuing healthcare in a care home they cannot choose to return to Local Authority funded care in a care home, with or without NHS-funded nursing care as to do so would place the Local Authority beyond its legal powers. As an individual's eligibility for continuing healthcare will be kept under review, an individual may be reassessed and found no longer to be eligible for continuing healthcare and may at this time return to Local Authority provided they meet their criteria for accommodation and/or social care.

10.0 APPLYING THE CHOICE POLICY AND PROCEDURE

10.1 Individuals found eligible for NHS continuing healthcare will be involved fully in deciding about their care. Their needs will be assessed by appropriate professionals and care packages will be personalised to meet the identified needs.

10.2 In applying the choice policy the CCG will take account of:

- the individual's preference;
- the totality of the individual's assessed needs including psychological and social needs;
- safety for individuals, their families and service provider(s);
- Human Rights Act 1998;
- Equality Act 2010 (cultural and spiritual beliefs);
- Mental Capacity Act 2005;
- whether the cost of the care demonstrates good value for money in meeting the individual's assessed needs;
- sustainability of the package of care;
- whether the package of care and provider meet the CCG's Quality and Value Framework.

11.0 CONSIDERATIONS FOR ARRANGING CARE IN A CARE HOME

11.1 Once eligibility for NHS continuing healthcare has been established, the following principles apply to placement:

- all placements offered will meet the CCG's Quality and Value Framework (i.e. the Choice Policy, and Quality and Value Framework Appendix B);
- the individual and their family will be offered the choice of up to three placements dependent on availability. Fewer placements maybe offered where there is limited availability of appropriate placements;
- all placements offered will meet the Care Quality Commission standards of registration;
- only single rooms will be commissioned unless there is an identified health need for a shared room and this health need has to be agreed by a clinician;
- geographical proximity of identified care homes to family and friends will be given full consideration;
- the person in charge of the care home or care home with nursing is willing to provide accommodation subject to the CCG's usual terms and conditions.

11.2 Where the placement of preference is not available, remaining in an acute setting is undesirable and not in the best interests of the individual as this may expose the individual to risk of increasing dependency and acquired infections.

11.3 Should a placement not be currently available in the individual's first choice as outlined in 11.2 a provisional placement will be offered. This provisional placement is defined in this context as one that is suitable to meet the individuals assessed needs and can be provided whilst waiting for the individual's first choice.

11.4 The CCG will, in discussion with the individual and their representative, make reasonable effort to take into account the individual's desires and preferences and circumstances when offering a provisional placement.

Non acceptance of available placement choices by competent individuals

11.5 If the individual or their representative refuses to consider or accept any of the placements offered, the CCG will consider that it has fulfilled its statutory duty to provide NHS continuing healthcare and inform the individual in writing that they will need to make their own arrangements for ongoing care within 28 days. This letter will explain the risks of refusing a placement and the right to challenge that decision. These risks will also be documented on the individual's notes. If the individual is considered vulnerable, the CCG will follow vulnerable adult protocols and make an appropriate referral to the Local Authority.

Individuals who lack mental capacity to make decisions about care home placement

11.6 If an individual lacks the mental capacity to make a decision about their care home placement and their representative refuses to accept any of the placements offered, the CCG will place the individual in a placement in their best interests in accordance with the procedures under the MCA, the Code of Practice to the MCA and the CCG's Policy on MCA. The MCA gives the CCG the authority to make decisions on behalf of incapacitated individuals in their best interests including transferring an individual to a care home placement. Where disputes with the representative arise, it may, in some circumstances be necessary to seek a decision from the Court of Protection.

Self-funders who become CHC eligible and do not wish to move care homes

11.7 Before a continuing healthcare assessment starts for any individual who is already in a home which does not meet the CCG's Quality and Value Framework (see Paragraphs 2.2 and 2.3 above), the individual and/or their family or representative will be given a leaflet. This will explain the process to enable them to make an informed decision to proceed with the assessment. This will usually be when a completed checklist indicates the need for a full Decision Support Tool or before a Fast Track tool is completed.

Procedure

11.8 The CCG will inform the individual and/or representative in writing that they are eligible for continuing healthcare funding.

11.9 The CCG will inform the individual and/or representative and care provider in writing that the weekly fee rates do not fit the Quality and Value Framework and the CCG will be working with the provider. If agreement cannot be reached between the current care provider and the CCG, then the CCG will need to discuss with the individual and/or their representative future appropriate care arrangements. This may mean a move to another home which meets the CCG's Quality and Value Framework.

11.10 If the individual lacks mental capacity under the MCA, the CCG will consult with their representative or instruct and consult an IMCA if the individual has no representatives that are available (or appropriate) for consultation on their behalf.

11.11 Continuing healthcare commissioning will scrutinise a breakdown of the care home costs to identify non care costs and try to negotiate lower weekly fees/an alternative room/ reduced services (i.e. services which are not health or social care related such as hairdressing, meals and snacks for families).

11.12 If continuing healthcare commissioning is unable to negotiate a weekly fee rate under the CCG's Quality and Value Framework, a clinical review of the individual is undertaken by a continuing healthcare co-ordinator, the individual's GP and any other relevant clinician involved in their care or treatment, for example, community psychiatric nurse. This is to ascertain whether there is a clinical risk or likely significant detriment to the individual's health if they are moved to an alternative placement. This review will also take into account the length of time the individual has been living in the home which may be a contributory factor and any psychological impact of a move and the factors referred to in Paragraph 11.1 above.

11.13 The CCG would only continue to fund at the home's rates if there were exceptional clinical reasons why the individual's needs could only be met in that specific placement.

11.14 Using the Brokerage Service, and working with the individual and/or their family or representative, the CCG will identify, wherever possible, up to 3 alternative placements which can meet the individual's needs. In accordance with Paragraph 2.3 above the CCG will endeavour to offer up to three choices of homes, depending on the availability of vacancies at the time. The CCG will take into account the individual's or their representative's wishes around geographical location, GP and cultural and spiritual needs.

11.15 If the individual/representative refuses alternative placements then the CCG will consider that they have refused NHS funding and are continuing with the private contract with the home

11.16 The CCG will inform the individual/representative and care home in writing that the CCG will cease funding 28 days after a reasonable alternative placement has been offered and rejected. Section 4 will apply to the implementation of this action, in relation to mental capacity.

12.0 NHS CONTINUING HEALTHCARE FUNDED PACKAGES OF CARE AT HOME

12.1 The CCG is not obliged to meet the cost of providing accommodation if the individual is living in their own home but will take into account individual preference (see Paragraphs 2.2 and 2.3 above).

12.2 However, the CCG will also take account of the following issues before agreeing to commission a care package at home;

- care can be delivered safely to the individual and without undue risk to the individual, the staff or other members of the household (including children). Safety will be determined by a written assessment of risk undertaken by an appropriately qualified professional. The risk assessment will include the availability of equipment, the appropriateness of the physical environment and the availability of appropriately trained care staff and/or other staff to deliver the care at the intensity and frequency required;

- the acceptance by the CCG and each individual involved in the individual's care of any identified risks in providing care and the individual's acceptance of the risks and potential consequences of receiving care at home. Where an identified risk to the care providers or the individual can be minimised through actions by the individual/representative or their family and carers, those individuals agree to comply with the steps required to minimise such identified risk;

- the individual's GP agrees to provide primary care medical support;

- the suitability and availability of alternative care options;

- the psychological, social and physical impact on the individual;

- the willingness and ability of family, friends or informal carers to provide elements of care where this is part of the care plan and the agreement of those persons to the care plan;

- the relative costs of providing the package of choice considered against the relative benefit to the individual;

Considerations for arranging care in an individual's own home

12.3 The CCG commissions services that are required to meet the individual's overall care needs. If the individual is eligible for continuing healthcare, then the CCG has a responsibility to commission overall care needs including some domiciliary and personal care services.

12.4 The CCG is not however obliged to fund services of a domestic or family nature, simply because due to the individual's health need, the individual is no longer able to fulfil those requirements themselves, for example, cleaning, gardening, cooking, and childcare.

12.5 An individual or their representative has the right to have a PHB which may be through a direct payment to fund their domiciliary care package rather than services commissioned by the CCG.

12.6 In the event that a decision is made by the CCG that a care package at home is not appropriate having considered the factors listed in Paragraphs 12.1 and 12.2 above, Paragraphs [9.3 – 9.4] (competent individuals) and Paragraphs [9.1 – 9.2] (incompetent individuals) will be followed.

13.0 PERSONAL CONTRIBUTIONS FOR OPTIONAL EXTRAS

13.1 All NHS continuing healthcare is free at the point of delivery. Where an individual has been assessed as eligible for NHS continuing healthcare there is no provision for "top-up" fees for individual contributions to fund assessed care needs, including costs of accommodation in the care home.

13.2 However, an individual does have the right to decline NHS continuing healthcare and make their own private arrangements if they wish to do so.

13.3 Individuals can choose to make arrangements with the care home to pay for services optional extras which are not part of the assessed needs. Optional extras include non-essential services, for example, hairdressing and reflexology, social outings etc.

14.0 REVIEW OF NHS CONTINUING HEALTHCARE SUPPORT

14.1 All individuals will have their care reviewed at three months and thereafter on an annual basis or sooner if their care needs indicate that this is necessary.

14.2 The review may result in either an increase or a decrease in support offered and will be based on the assessed care need of the individual at that time. Where the individual is in receipt of a home care package and the assessment determines that this is no longer appropriate, then an alternative package will be discussed and agreed.

14.3 There may occasionally be circumstances where the individual declines to accept alternative suitable provision and a suitable package, which may result in the CCG issuing a 'Withdrawal of Care Notice'. The CCG will advise the individual when the funding of care will be withdrawn and a timescale given for this. The risks will be explained and documented in the individual's notes. This will also be confirmed in writing to the individual and/or their family or representative.

14.4 The individual's condition may have improved or stabilised to such an extent that they no longer meet the criteria for NHS continuing healthcare. Consequently, the individual will have a right to assessment by the Local Authority under the Fair Access to Care criteria. Where there are ongoing social care needs, NHS Dorset CCG will ensure an appropriate transfer of care provision to the Local Authority so there is no gap in funding.

14.5 Where a review identifies, or the CCG becomes aware that there are risks to the safety of the individual or staff, the CCG will take the necessary steps to minimise those risks, which may include working with the Local Authorities within our vulnerable adult procedures.

15.0 TRAINING

15.1 There is a NHS continuing healthcare training plan in place which is reviewed annually. Joint training with the local authorities is delivered throughout the year according to an agreed timetable of dates, no less than bi-monthly.

15.2 This Policy does not require further training.

16.0 CONSULTATION

16.1 This Policy was checked by Beachcroft solicitors to ensure the CCG would not be subject to legal challenge.

17.0 APPROVAL AND RATIFICATION PROCESS

17.1 This Policy will be approved by the Directors Meeting.

18.0 COMMUNICATION/DISSEMINATION

18.1 This Policy will be communicated via the CCG intranet, the CCG internet website and the CCG communications bulletin.

19.0 IMPLEMENTATION

19.1 This Policy does not contain any new aspects to be documented.

20.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THE DOCUMENT

20.1 Compliance with the Policy will be monitored through the NHS continuing healthcare High Cost Approval Process and the NHS continuing healthcare monthly management information and finance reports.

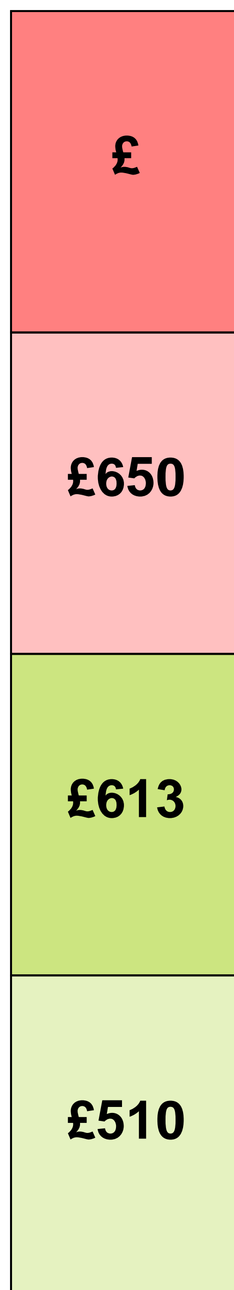
20.2 Any areas of concern or non-compliance will result in the production of an action plan. This will be reviewed by the NHS continuing healthcare senior management team.

21.0 DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

21.1 This Policy is reviewed annually to take account of any changes in national guidance. Necessary changes throughout the year will be issued as amendments to the Policy. Such amendments will be clearly identifiable to the section to which they refer and the date issued. These will be clearly communicated via the CCG communications bulletin.

APPENDIX A

Continuing Healthcare Value Framework April 2012



Exception

Individually assessed,
primary healthcare needs
above standard rate CHC

Standard Rate CHC (£31.30)

Specialist nursing tasks which
cannot be delegated to a health care assistant
Complex dressings
Pain and symptom control
Feeding regimes which may carry a risk
(e.g. choking, aspiration)
Titration of dosage of medication (where a
nurse is doing this under the supervision of a GP)
Positioning which carries a risk (e.g. unstable fractures)

Funded Nursing Care (£108.70)

Access to a Registered Nurse 24/7
Care planning and evaluation of care by a Registered Nurse
Management of the person's health needs in the 11 domains in the
Decision Support Tool

Bed Board and Social Care (£510.00)

APPENDIX B

NHS
Dorset
Clinical Commissioning Group

EQUALITY ASSESSMENT FORM

Title of procedural document:	NHS Continuing Healthcare Choice Policy
What are the intended outcomes of this work? Include outline of objectives and function aims	This Policy sets out the NHS obligations on choice and provides guidance to staff on balancing patient preference with safety and value for money. The Policy provides transparency for those wishing to scrutinise the application of the CCG's Policy for NHS Continuing Healthcare and NHS-funded Nursing Care
Who will be affected? e.g. patients, staff, service users etc.	CCG staff, individuals and their representatives

Evidence
What evidence have you considered? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.
This Policy is in conjunction with The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and the NHS obligations on choice. It also links with the Pan-Dorset Multiagency Policy and Process for Managing Choice on Hospital Discharge which was approved by the DTOC Group in 2011. The Policy was checked by Beachcroft, the CCG's solicitors.
Disability Consider and detail (include the source of any evidence) on attitudinal, physical and social barriers.
Section 1C of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20).* Generally, NHS continuing healthcare eligibility has a positive impact as, once found eligible, the NHS funds all the individual's health and social care and they don't have to make a financial contribution. Reasonable adjustments are considered in terms of language barriers and comprehension, for example documents made available in 'easy read'.

Gender Consider and details (including the source of any evidence) on men and women (potential link to carers below)
This Policy does not impact differently on men or women. Section 1C of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20).*
Race Consider and detail (including the source of any evidence) on different ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers
There will be no negative impact with the proviso that race issues such as communication and cultural issues are kept in consideration. Section 1C of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20).*
Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare
Older people could be positively affected as there are a greater range of providers for older people. Section 1C of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20).*
Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment
There will be no negative impact with the proviso that gender reassignment issues around dignity and respect are kept in consideration. Section 1C of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20).*
Sexual orientation Consider and detail (including the source of any evidence)on heterosexual people, as well as lesbian, gay and bi-sexual people
NHS continuing healthcare delivers an equitable service regardless of sexual orientation. All staff involved with NHS continuing healthcare are subject to the values in the NHS Constitution. Section 1C of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from

the health service. (*The National Framework paragraph 20).*
Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief
There will be no negative impact with the proviso that religious and belief issues are kept in consideration. Section 1C of the National Health Service Act 2006 states that, in exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England in respect to the benefits they can obtain from the health service. (*The National Framework paragraph 20).*
Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities
Not applicable
Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.
There will be no negative impact on carers with the proviso that carers' issues are kept in consideration. The individual and their family will be offered choice of care homes where possible. Geographical proximity of identified care homes to family and friends will be given full consideration. For domiciliary care packages, the CCG will ensure the care can be delivered safely to the individual without undue risk to other members of the household. The CCG will take account of the willingness and ability of family, friends or informal carers to provide elements of care as part of the care plan.
Other identified groups Consider and detail (including the source of any evidence) on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access
Anyone who is eligible for NHS services may be eligible for NHS continuing healthcare.

Engagement and Involvement		
Have you engaged stakeholders in gathering evidence or testing the evidence available? If not, what do you intend to do?		
Stakeholders were engaged in the related Pan-Dorset Multiagency Policy and Process for Managing Choice on Hospital Discharges. These included the three acute trusts, the three local authorities and DHUFT.		
How have you engaged stakeholders in testing the policy or programme proposals? If not, what do you intend to do?		
Please see above.		
If you have engaged groups, please list below and include who was involved, how they were involved and the key outputs:		
Groups engaged	**Date and type of**	**Outputs from activity**

	engagement	
N/A	N/A	N/A

Summary on analysis
Considering the evidence and engagement activity you listed above, please summarise the impact of your proposals. Consider whether the evidence shows potential for differential impact; if so, state whether adverse or positive and for which groups. How will you mitigate any negative impacts? How will you include certain protected groups in services or expand their participation in public life?
The National Framework reflects the new NHS framework and structures created by the Health and Social Care Act 2012 effective from 1 April 2013. Standing Rules Regulations have been issued under the National Health Service Act 2006, and directions are issued under the Local Authority Social Services Act 1970 in relation to The National Framework. The evidence does not show potential for differential impact.

Equality Act 2012
The CCG is bound by the Public Sector Equality Duty and is required to evidence how in its decisions is delivering the following. Please outline how your work and the service will contribute to these:
Eliminate discrimination, harassment and victimisation
The National Framework sets out the core values and principles for determining eligibility. Access to assessment should be fair and consistent. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation or belief, or type of health need (for example, whether the need is physical, mental or psychological). NHS England and the CCG are responsible for ensuring that discrimination does not occur and should use effective auditing to monitor this matter. (*The National Framework, paragraph 43).*
Advance equality of opportunity
This Policy provides transparency on the application of the CCG's Policy for NHS Continuing Healthcare and NHS-funded Nursing Care.
Promote good relations between groups
The NHS continuing healthcare process is person centred and is not dependent on diagnosis or condition. Choice is taken into account based on the individual's care plan and family circumstances.
What is the overall impact of your proposals of decision? Consider whether there are difference levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?
The Policy will have no negative impact against the protected characteristics with some

provisos that issues are kept in consideration.

Addressing the impact on equalities Please give an outline of what broad action you or any other bodies are taking address any inequalities identified through the evidence.
The CCG has commissioned Dorset Advocacy to provide free help and support to individuals or their representatives in the NHS continuing healthcare process. Individuals of their representatives can also make a complaint through the CCG's Complaints Procedure.

Action planning for improvement
Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes needs to be summarised (An action plan is appended for action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.
Not applicable
Please give an outline of your next steps based on the challenges and opportunities you have identified.
Not applicable

Name and job title of person who carried out this assessment	Angie Smith Senior Continuing Healthcare Support Services Manager
Date assessment completed	31/12/2015
CCP Lead	Paul Rennie
Date assessment signed	

Action Plan Template

This part of the template is to help you develop your action(s). You might want to change the categories in the first column to reflect the specific actions needed for your procedural document.

Category	Actions	Target Date	Responsible Person and their Directorate
Involvement and consultation			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)			

Please return a copy to Ebi Sosseh, Stakeholder Development Manager: ebi.sosseh@dorsetccg.nhs.uk once completed who will review it and ensure that it is published on the website. A signed hard copy and electronic copy should be kept within your department for audit purposes.