NHS
North Yorkshire
Clinical Commissioning Group

Title of Meeting:	**NY CCG Governing Body**	**Agenda Item: 7.2**
Date of Meeting:	**24 June 2021**	
Paper Title:	**Continuing Healthcare Choice & Equity Policy**	

Session (Tick)	
Public	X
Private	
Development Session	

Responsible Governing Body Member Lead Julie Warren, Director of Corporate Services Governance and Performance	**Report Author and Job Title** Julie Warren, Director of Corporate Services Governance and Performance Jane Hawkard, Chief Finance Officer

Purpose – this paper is for:

Decision	Discussion	Assurance	Information
X	X		

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: Yes. Previous iterations of the policy have been reviewed by the Quality and Clinical Governance Committee, by the Executive Directors and also by the Governing Body at a private session.

Executive Summary

The purpose of this paper is to present the Continuing Healthcare Choice & Equity Policy to the Governing Body for approval.

Previous iterations of the policy have been reviewed by the Quality and Clinical Governance Committee, by the Executive Directors and also by the Governing Body at a private session.

The CCG has consulted with NHS England and Improvement and has considered policies approved by other CCGs that have undergone legal scrutiny. From this, the CHC Choice & Equity Policy has been developed that is in line with good practice and that supports the requirements of the CCG and the local population.

The CCG will support the Choice & Equity Policy by working with the local authority to develop a pricing and care home provision strategy. This will build on the cost of care review conducted in 2020/21 which provided a guide to costs of care provision across North Yorkshire and the prices paid by the LA and the CCG. The cost of care report (conducted by Niche) demonstrated that the CCG paid much higher rates than the cost of CHC care. This intelligence supports the contents of the Choice & Equality Policy.

The work we will conduct with the local authority will assist the CCG in setting a future pricing strategy to improve quality of care, ensuring adequate care provision, choice, and value for money in future years.

A short piece of work is being commissioned over the Summer to further understand the pricing for healthcare needs across NY and this will also feed into the joint work with NYCC on market development.

Previously, NHS Harrogate and Rural District CCG worked with Carnall Farrar to understand the reasons for the CCGs underlying financial deficit. One of the major reasons was the high cost of care incurred. Again, this intelligence supports the introduction of the Choice & Equity Policy.

It is proposed to use the first month of implementation to train staff and work with our commissioned brokerage service from NYCC to ensure we are obtaining the right options in quality, quantity, and price. This will allow time to review communication materials. The policy

will then operate for three months and feedback will be obtained from staff, NYCC, individuals and their carers to review the EQiA and ensure there are no negative impacts from introducing it.

The policy can be found in full at **Appendix A.**

Recommendations

The Governing Body is asked to:

- Review and discuss the proposed new CHC Choice & Equity Policy.
- Note that work will be undertaken with the local authority will assist the CCG in setting a future pricing strategy to improve quality of care, ensuring adequate care provision, choice, and value for money in future years.
- Note that the Equality Impact Assessment will be reviewed as developments progress.
- Approve the CHC Choice & Equity Policy.

Monitoring

Monitoring of CHC is through the Quality and Clinical Governance Committee.

CCG Strategic Objectives Supported by this Paper

	CCG Strategic Objectives	X
1	**Strategic Commissioning:** • To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. • To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care. • To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.	
2	**Acute Commissioning:** We will ensure access to high quality hospital-based care when needed.	
3	**Engagement with Patients and Stakeholders:** We will build strong and effective relationships with all our communities and partners.	
4	**Financial Sustainability:** We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	
5	**Integrated / Community Care:** With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	
6	**Vulnerable People:** • We will support everyone to thrive [in the community]. • We will promote the safety and welfare of vulnerable individuals.	**X**
7	**Well-Governed and Adaptable Organisation:** In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	**X**

CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	**X**
2	Compassion	**X**
3	Empowerment	**X**
4	Inclusivity	**X**
5	Quality	**X**
6	Respect	**X**

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X

Any statutory / regulatory / legal / NHS Constitution implications	The Governing Body has delegated responsibility to approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes. The Governing Body has delegated authority to approve arrangements for discharging the groups statutory duties associated with its commissioning functions to support safeguarding and promoting the welfare of adults and children.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	An engagement exercise will be undertaken with regard to the implementation of this policy. The policy will be published on the CCG website.
Financial / resource implications	Any financial or resource implications are detailed within the report.
Outcome of Impact Assessments completed	An equality impact assessment and a sustainability impact assessment have been completed and are attached to the policy.

Julie Warren
Director of Corporate Services, Governance and Performance
NHS North Yorkshire CCG

North Yorkshire
Clinical Commissioning Group

NHS North Yorkshire CCG
Choice & Equity Policy

24 June 2021 (tbc)

Authorship:	Director of Corporate Services, Governance and Performance (Lead Director of CHC), NHS North Yorkshire CCG
Committee Approved:	Governing Body
Approved date:	June 2021 (tbc)
Review Date:	June 2025
Equality Impact Assessment:	Completed
Sustainability Impact Assessment:	Completed
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees, CCG Staff, agency and temporary staff & third parties under contract
Policy Number:	NY-132
Version Number:	1.0 (TBC – Subject to Governing Body Approval)

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1	Director of Corporate Services, Governance & Performance (Lead Director for CHC)	New policy	N/A	N/A
1.0	Director of Corporate Services, Governance & Performance (Lead Director for CHC)	New policy approval required	NY CCG Governing Body – 24 June 2021	TBC

Contents

This policy has been assessed using an Equality Impact Assessment and Sustainability Impact Assessment. These assessments are recorded in the relevant registers and available to view on the CCG website.

1.0 Introduction

1.1 This policy describes the way in which NHS North Yorkshire CCG will commission care for people who have been assessed as eligible for fully funded NHS Continuing Healthcare. The policy describes the way in which NHS North Yorkshire CCG will commission care in a manner which reflects the choice and preferences of eligible individuals but balances the need for NHS North Yorkshire CCG to commission care that is safe and effective and makes the best use of available resources.

1.2 In developing this policy, NHS North Yorkshire CCG has had regard to the guidance set out in the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (DH 2018) and is mindful of its obligations under the relevant legislation set out below.

1.3 The National Framework states that CCGs should take a strategic as well as an individual approach to fulfilling their NHS Continuing Healthcare commissioning responsibilities. The National Framework advises CCGs to consider commissioning NHS funded care from a wide range of providers, to secure high quality services that offer value for money.

1.4 CCGs commission in accordance with the NHS Constitution and the duties at s.14U (duty to promote patient involvement) and 14V (duty to enable patient choice) of the National Health Service Act 2006 ("the NHS Act"). The CCG fully recognises these obligations but must balance them against its other duties.

1.5 In commissioning CHC care, each CCG must have constant regard to its financial duties. In brief, section 223G of the NHS Act provides for payment to the CCG from the NHS Commissioning Board ("NHS England") in respect of each financial year, to allow the CCG to perform its functions. Section 223I provides that, in summary, each CCG must break even financially each financial year. In the case of *Condliff v North Staffordshire Primary Care Trust* [2011] EWHC 872 (Admin), the Court stressed the fundamental challenge for commissioners in allocating scarce resources to best serve the local population, whilst also having due regard to eligible individual rights and choices.

1.6 In the light of these constraints, NHS NYCCG has developed this policy due to the need to balance personal choice and safety with the need to effectively use finite resources. It is also necessary to have a policy which supports consistent and equitable decision making about the commissioning of care regardless of the person's age, condition or disability. These decisions need to provide transparency and fairness in the allocation of resources.

1.7 The CCG aims to support individuals to take reasonable risks to ensure care needs are met in a way that meets with their preferences, including through the use of a personal health budget, where appropriate.

1.8 The CCG's responsibility to commission, procure or provide continuing healthcare is not indefinite, as needs could change. Regular reviews are built into the process to ensure that the care provision continues to meet the individual's needs.

1.9 When commissioning services with individuals, the CCG will balance a range of factors including:

- individual safety
- individual choice and preference
- individual's rights to family life
- value for money
- take into account the need for NHS NY CCG to allocate its financial resources in the most cost-effective way
- ensuring services are of sufficient quality
- ensuring services are culturally sensitive
- ensuring services are personalised to meet individual need
- support and offer choice to the greatest extent possible in view of the above factors.

2.0 The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (DH 2007, revised 2009, 2012, 2018)

2.1 The National Framework states:

"Where an individual is eligible for NHS Continuing Healthcare, the CCG is responsible for care planning, commissioning services and for case management. It is the responsibility of the CCG to plan strategically, specify outcomes and procure services, to manage demand and provider performance for all services that are required to meet the needs of all eligible individuals who qualify for NHS Continuing Healthcare, and for the healthcare part of a joint care package. The services commissioned must include on-going case management for all those entitled to NHS Continuing Healthcare, as well as for the NHS elements of joint packages, including review and/or reassessment of the individual's needs" (paragraph 165).

2.2 Where a person qualifies for NHS Continuing Healthcare, the package to be provided is that which the CCG assesses is appropriate to meet all of the individual's assessed health and associated care and support needs. The CCG has responsibility for ensuring this is the case and determining what the appropriate package should be. In doing so, the CCG should have due regard to the individual's wishes and preferred outcomes.

3.0 Context

3.1 "NHS Continuing Healthcare" (CHC) means a package of continuing care arranged and funded solely by the NHS where the eligible individual has been found to have a 'primary health need' as set out in the National Framework. Such care is provided to an eligible individual aged 18 or over, to meet their reasonable health and associated social care needs that have arisen as a result of disability, accident or illness. The actual services

provided as part of that package should be seen in the wider context of best practice and service development for each client group. Eligibility places no limits on the settings in which the package of support can be offered or on the type of service delivery." (Definitions section 19.0.)

3.2 This policy does not apply to packages of care for those under the age of 18, nor does it apply to the provision of aftercare services under s117 of the Mental Health Act. It only applies where individuals have been found to be eligible for NHS CHC and applies only to the commissioning of that CHC provision.

4.0 Purpose

4.1 The purpose of this policy is to assist North Yorkshire CCG to ensure that the reasonable requirements of eligible individuals are met.

4.2 This policy applies once an individual has received a comprehensive, multidisciplinary assessment of their health and social care needs and the outcome shows that they have a primary health need and are therefore eligible for an episode of NHS Continuing Healthcare (CHC) funding or for a joint package of care.

4.3 This policy has been developed to help provide a common and shared understanding of CCG commitments in relation to individual choice and resource allocation.

4.4 The benefits of this policy are to:

- inform robust and consistent commissioning decisions for the CCG
- ensure that there is consistency in the local area over the services that individuals are offered
- ensure the CCG achieves value for money in its purchasing of services for individuals eligible for NHS Continuing Healthcare and joint packages of care
- facilitate effective partnership working between health care providers, NHS bodies and the Local Authority in the area
- Promote individual choice as far as reasonably possible.

4.5 This policy details the legal requirements, CCG responsibilities and agreed course of action in commissioning care which meets the individual's assessed needs. This policy has been developed to assist the CCG to meet its responsibilities under the sources of guidance listed towards the end of this policy.

4.6 Whilst improving quality and consistency of care, this policy is intended to assist the CCG to make decisions about clinically appropriate care provision for individuals in a robust way and thus deliver good financial management and value for money.

5.0 The Provision of Services for People who are Eligible for NHS Continuing Healthcare

5.1 Many patients who require Continuing Healthcare will receive it in a specialised environment. The treatments, care and equipment required to meet complex, intense and unpredictable health needs often depend on such environments for safe delivery, management and clinical supervision. Specialised care, particularly for people with complex disabilities may only be provided in Specialist Care Homes (with or without nursing), which may sometimes be distant from the patient's ordinary place of residence.

5.2 These factors mean that there is often a limited choice of clinically appropriate, safe, sustainable and affordable packages of care.

5.3 CCGs commission in accordance with the NHS Constitution and the duties at s.14U (duty to promote patient involvement) and 14V (duty to promote patient choice) of the National Health Service Act 2006 ("the NHS Act"). The CCG fully recognise these obligations but must balance them against its other duties.

5.4 In commissioning CHC care, each CCG must have constant regard to its financial duties. In brief, section 223G of the NHS Act provides for payment to the CCG from the NHS Commissioning Board ("NHS England") in respect of each financial year, to allow the CCG to perform its functions. Section 223I provides that, in summary, each CCG must break even financially each financial year. In the case of *Condliff v North Staffordshire Primary Care Trust* [2011] EWHC 872 (Admin), the Court stressed the fundamental challenge for commissioners in allocating scarce resources to best serve the local population, whilst also having due regard to eligible individual rights and choices.

5.5 The CCG must also have due regard to the rights of eligible individuals under Article 8 of the European Convention on Human Rights to respect for private and family life, and any interference with this right must be clearly justified as proportionate, in accordance with *Gunter v South Western Staffordshire Primary Care Trust* [2005].

5.6 The CCG must also have due regard to its equality duties, both under s.14T of the NHS Act (duty to reduce inequalities) and the Public Sector Equality Duty under s.149 of the Equality Act 2010 (duty to eliminate discrimination and advance equality of opportunity between persons with and without protected characteristics). The CCG is guided in balancing obligations as in the case of *Condliff* in which the Court held that a policy of allocating scarce resources on the strict basis of a comparative assessment of clinical need was intentionally non-discriminatory and did no more than apply the resources for the purpose for which they are provided without giving preferential treatment to one patient over another on non-medical grounds (para. 36).

5.7 In the light of these constraints, NHS North Yorkshire CCG has developed this policy due to the need to balance personal choice and safety with the need to effectively use finite resources. It is also necessary to have a policy which supports consistent and equitable decision making about the commissioning of care regardless of the person's age,

condition or disability. These decisions need to provide transparency and fairness in the allocation of resources.

5.8 Application of this policy will ensure that decisions about care will:

- be person centred by involving the eligible individual and their family/representative to the fullest extent possible
- be robust, fair, consistent and transparent
- be based on the objective assessment of the eligible individual's clinical need, safety and best interests
- have regard to the safety and appropriateness of care to the eligible individual and staff involved in the delivery
- consider the commissioning principles, e.g., appropriateness, effectiveness, cost-effectiveness, affordability and ethics
- implement the principles and processes of Personal Health Budgets (PHBs) and ensure availability of information and support to allow take up of all options related to PHBs
- take into account the need for NHS North Yorkshire CCG to allocate its financial resources in the most cost-effective way
- support and offer choice to the greatest extent possible in view of the above factors.

5.9 NHS North Yorkshire CCG has a duty to commission care for an eligible individual with continuing healthcare needs to meet those assessed needs. An eligible individual or their family/representative cannot make a financial contribution to the cost of NHS Continuing Healthcare identified by NHS North Yorkshire CCG as required to meet the eligible individual's needs. However, an eligible individual has the right to decline NHS services and make their own private arrangements.

5.10 Access to NHS services depends upon clinical need, not ability to pay. NHS North Yorkshire CCG is only obliged to commission care if it is identified as the responsible commissioner, in line with the guidance, Who Pays? Establishing the Responsible Commissioner (DHSC revised 2020). NHS North Yorkshire CCG will not charge a fee or require a co-payment from any NHS patient in relation to their **assessed needs**. The principle that NHS services remain free at the point of delivery has not changed and remains the statutory position under the NHS Act 2006. NHS North Yorkshire CCG is not currently able to allow eligible individuals to top up payments into the package of care assessed as meeting the needs of the eligible individual under NHS Continuing Healthcare and covered by the fee negotiated with the service provider (e.g., the care home) as part of the contract.

5.11 However, where service providers offer additional or other services which go beyond the eligible individual's needs as assessed under the NHS Continuing Healthcare Framework, the eligible individual may choose to use their own personal funds to take advantage of these additional or other services.

5.12 Examples of such services falling outside NHS provision include hairdressing, a bigger room or a nicer view within a care home. Any additional services which are unrelated to the person's primary health needs will not be funded by the CCG as these are services over and above those which the service user has been assessed as reasonably requiring, and the NHS could not therefore reasonably be expected to fund those elements. In these circumstances the provider must be able to clearly separate the associated cost of these additional services. Any payments made by the individual (and/or his/her representative/s) under a contract with a care provider for services cannot relate to any services to be provided under the NHS CCG contract with the care provider.

5.13 If the individual (and/or his/her representative/s) decides for any reason that the funding of the additional services is to be terminated, NHS North Yorkshire CCG will not assume responsibility for funding any additional services.

5.14 Where an eligible individual advises that they wish to purchase additional private care or services the CCG will discuss the matter with the eligible individual to seek to identify the reasons for this. If the eligible individual advises that they have concerns that the existing care package is not sufficient or not appropriate to meet their needs the CCG will offer to review the care package in to identify whether a different package would more appropriately meet the eligible individuals assessed needs.

5.15 The decision to purchase additional private care services will always be a voluntary one for the eligible individual concerned. The CCG will not require the eligible individual to purchase additional private care services as a condition of the provision or continued provision of NHS funded services to them.

5.16 Unless it is possible to separately identify and deliver the NHS funded elements of a service it will not usually be permissible for eligible individuals to pay for higher cost services and/or accommodation.

5.17 NHS North Yorkshire CCG will not be held responsible for the payment of additional private care services in the event that the individual is no longer able to afford them.

5.18 In instances where more than one clinically effective care option is available (e.g., a nursing home placement and a domiciliary care package at home) the total cost of each care package will be identified and assessed for their overall cost effectiveness as part of the decision-making process. While there is no set upper limit on the cost of care, the expectation is that the most cost-effective option will be commissioned that meets the eligible individual's assessed health needs and circumstances.

5.19 The cost comparison must be based on the genuine costs of alternative models. A comparison with the cost of supporting a person in a care home should be based on the actual costs that would be incurred in supporting a person with specific needs in the case and not on an assumed standard care home cost.

5.20 Any assessment of a care option should include the psychological and social care needs of the eligible individual and the impact on their home and family life, as well as the

eligible individual's care needs. The outcome of this assessment will be considered in arriving at a decision.

5.21 The setting in which CHC is provided will be decided by the CCG. The CCG **must** take into consideration its wider resources and an equitable allocation of the same. However, this consideration will always be balanced against the factors set out above.

5.22 The CCG recognises that an individual's needs may change over time and there may be other changes that the CCG has to take account of, including other demands on its budgets, technology changes or other factors that may change commissioning decisions related to the services that are reasonably required to meet the needs of an individual. Consequently, any offer made by the CCG and/or any services that are commissioned by the CCG does not constitute any promise that the services will continue to be offered or commissioned in that manner in the future. Regular case reviews should be undertaken to reassess an individual's care needs and eligibility for NHS funded services and/or to determine what services should be offered or commissioned for an individual. The CCG reserves the right to reassess any package of health and/or social care services and/or an individual's CHC eligibility at any time and to amend care plans or any commissioned services in the light of any relevant circumstances.

6.0 Continuing Healthcare Funded Care Home Placements

6.1 Where an eligible individual has been assessed as requiring placement within a care home, NHS North Yorkshire CCG operates an Approved provider list via a Brokerage service commissioned externally and the expectation is that eligible individuals requiring placement will have their needs met in one of these homes. NHS North Yorkshire CCG will endeavour to provide a reasonable choice of placements (maximum of three placements) and discuss the placements with the eligible individual and their family.

6.2 The individual may wish to move into a home outside of the Approved provider list, or their family/representative may wish to place the eligible individual in a home outside of the Approved provider list. As long as the fee for the bed is comparable to the fee agreed with the preferred provider and NHS North Yorkshire CCG is satisfied with the Care Quality Commission (CQC) inspection reports, their own CCG internal Quality contract monitoring of the care home and that the home can meet the eligible individual's assessed care needs NHS North Yorkshire CCG will consider this option.

6.3 If the provider refuses to provide appropriate clarification as to the basis upon which their fees are charged, or to contract on this basis, NHS North Yorkshire CCG is unlikely to purchase the care at this home and the eligible individual will be advised that they will need to consider choosing a home from those commissioned within the CCG locality.

6.4 Where there is a conflict between a high-cost placement outside of the fee agreed with the local commissioned providers and personal choice the case will be referred and discussed through the CCGs Funding panel.

6.5 In all cases NHS CHC assessments will not be undertaken in the acute hospital setting and NHS North Yorkshire CCG will access the Discharge to Assess (D2A) pathways in place.

6.6 If the eligible individual is unwilling to accept any of the offers made by the CCG, the CCG will have fulfilled its duties to the eligible individual and is not required to take further steps to provide services to him or her.

6.7 If the eligible individual's representatives are delaying placement in a care setting due to non-availability of their first choice and the individual does not have the mental capacity to make decisions themselves, the CCG reserves the right to work with the multi-disciplinary team involved in the eligible individual's care and to make a best interest decision on behalf of the individual to secure a prompt discharge.

7.0 Continuing Healthcare Funded Packages of Care at Home

7.1 NHS North Yorkshire CCG does not have the resources or facilities to provide either a 24-hour registered nursing service or the equivalent of nursing/residential care provision in a person's own home. This level of care is unlikely to meet the necessity for cost effectiveness in comparison with other care settings which is a consideration that the CCG is legally bound to undertake. However, the CCG will consider all requests for home care, on an individual/case by case basis, having regard to assessed needs in accordance with the principles set out in the National Framework in every case.

7.2 NHS North Yorkshire CCG will take account of the following issues before agreeing to commission a care package at home:

- the matters set out in section 5.0 above and, in addition
- whether care can be delivered safely and without undue risk to the eligible individual. Safety will be determined by a written assessment of risk undertaken by an appropriately qualified professional in consultation with the eligible individual and/or their family. The risk assessment will include the availability of equipment, the appropriateness of the physical environment, potential adaptations and the availability of appropriately trained care staff and/or other staff to deliver the care at the intensity and frequency required. Risks posed to carers or other members of the household (including children) will also be considered
- where equipment and/or assistive technology can be used to support the safe delivery of care to Home, it is expected that the eligible individual will accept this and use it appropriately
- the acceptance by NHS North Yorkshire CCG and each person involved in the eligible individual's care of any identified risks in providing care and the eligible individual's acceptance of the risks and potential consequences of receiving care at home. Where an identified risk can be minimised through actions by the eligible individual or their family and carers, those eligible individuals agree (and confirm their

agreement in writing) to comply with the steps required to minimise such identified risk

- the eligible individual's GP agrees to provide primary care medical support and the local provider of community services agrees to deliver the necessary community support
- the suitability and availability of alternative care options
- the cost of providing the care at home in the context of cost effectiveness
- the relative costs of providing the package of care in line with the eligible individual's preference considered in line with the relative benefit to that eligible individual of doing so
- the willingness and ability of family, friends or informal carers to support elements of care where this is part of the care plan and the agreement of those persons to the care plan and a contingency plan in the event that the family, friends or informal carers are no longer able to care for the individual and meet those needs
- the outcome of the Carers Assessment referral.

7.3 Many eligible individuals wish to be cared for in their own homes rather than in a care home, especially in the terminal stages of an illness. Where an eligible individual or their family expresses such a desire, NHS North Yorkshire CCG will support this choice wherever possible taking into account the factors set out in sections 5.0 and 7.2 of this policy. Any consideration of a package of care at an eligible individual's home will be considered, even if subsequently discounted with documented rationale.

7.4 It may be necessary to pay more to meet an eligible individual's assessed needs in a way that does not discriminate against them but there is no right for an eligible individual's care to be provided at home and as such the CCG does not have to commission a home care package if it is more expensive than providing care in a residential setting (subject to a proper consideration of the factors as outlined above).

7.5 Home care packages that exceed the cost of a preferred care home placement plus 10% would indicate a high level of need and would be carefully considered, with a full risk assessment undertaken.

7.6 Persons who need waking night care might generally be more appropriately cared for in a residential placement. The need for waking night care indicates a high level of supervision day and night.

7.7 Residential placements may be deemed more appropriate for persons who have complex and high levels of need. Residential placements benefit from direct oversight by registered professionals and the 24-hour monitoring of persons.

7.8 If the clinical need is for registered nurse direct supervision or intervention throughout the 24 hours the care would normally be expected to be provided within a nursing home placement. This would include the requirement for 1-2 hourly intervention/monitoring for

turning, continence management, medication, feeding, manual handling, and other clinical interventions or for the management of significant cognitive impairment.

7.9 There are specific conditions or interventions that it may not be appropriate to manage in a home care setting. These would include but are not restricted to the requirement for sub-cutaneous fluids, continual invasive or non-invasive ventilation or the management of grade 4 pressure areas. In each case a comprehensive risk assessment should be completed to determine the most appropriate place for care to be provided.

7.10 Each assessment will consider the appropriateness of a home-based package of care, considering the range of factors in section 7.2 and any others deemed appropriate by the CCG in an eligible individual case and underpinned by the principles in section 5.0.

8.0 Circumstances to be taken into consideration.

8.1 The CHC Service will seek to take account of the wishes expressed by eligible individuals and their families when making decisions as to the location(s) of care packages and residential placements to be offered to satisfy the obligations of the CCG to commission NHS Continuing Healthcare. The CCG accept that many persons with complex medical conditions wish to remain in their own homes and to continue to live with their families, with a package of support provided to the person in their own homes. Where a person or their family expresses such a desire the NHS CHC Service will investigate to determine whether it is clinically feasible and cost effective to commission a sustainable package of Continuing Healthcare for a person in their own home.

8.2 Packages of care in a person's own home are bespoke in nature and thus can often be considerably more expensive for the CCG than delivery of an equivalent package of services for a person in a care home. Such packages have the benefit of keeping a person in familiar surroundings and/or enabling a family to stay together. However, the CCG needs to act fairly to balance the resources spent on an eligible individual with those available to fund services to other persons.

8.3 The CCG has resolved that, in an exceptional case and in an attempt to balance these different interests it will be prepared to support a clinically sustainable package of care which keeps a person in their own home provided the anticipated cost to the CCG is ordinarily no more than 10% higher than the anticipated cost of a care package delivered in an alternative appropriate location such as a care home. The CCG will consider the cost comparison on the basis of the genuine costs of alternative models. A comparison with the cost of supporting a person in a care home should be based on actual costs that would be incurred in supporting a person with the specific needs in the case and not on an assumed standard care cost.

8.4 In situations where there is a home care package (with family support) and the family are unable to provide the agreed support, in those circumstances NHS North Yorkshire CCG would need to reassess the appropriateness of a home package.

9.0 Exceptional Circumstances

9.1 NHS North Yorkshire CCG recognise that exceptional circumstances may require exceptional consideration but will retain its obligation to make best use of NHS resources to meet the needs of the whole population served. Where the package of care is defined as exceeding the normal level of expenditure or includes exceptional features then the case may be referred to a Clinical Commissioning Group Exceptional Circumstances Consideration Panel to consider the suggested package and any exceptional circumstances that are pertinent to the individual.

9.2 Exceptionality will be determined on a case-by-case basis and will require agreement by personnel at Director level or as determined by the Commissioner's Standing Rules and Financial Instruction.

9.3 Each assessment will consider the appropriateness of a home-based package of care, taking into account the range of factors in sections 5.0 and 7.2 above.

9.4 The authorisation for the commissioning and funding of packages of care at home lies with NHS North Yorkshire CCG. There will be a process for the authorisation of eligibility and the authorisation of care packages and placements.

9.5 Once a package of care at home has been agreed by NHS North Yorkshire CCG the eligible individual may be given a notional weekly personal health budget (PHB), which is the cost of the care package. Eligible individuals and their families will be able to have some flexibility in the delivery of the care (for example, times) as long as the eligible individual's assessed care needs are being met. If the weekly cost of the care increases, apart from a single period of up to two weeks to cover either an acute episode or for end of life care to prevent a hospital admission, the care package will be reviewed, and other options (for example a nursing home placement) will be explored following consideration of the issues outlined in section 6.0.

9.6 NHS rules allow NHS Commissioners to offer eligible individuals the opportunity to have their own PHB in certain situations. Eligible individuals and those supporting them, will know exactly how much funding is available for their care and they will be able to agree with the CCG the best way to spend it to meet their assessed needs and to achieve agreed outcomes.

10.0 Review

10.1 The CCG will periodically review an eligible individual's needs within the context of CHC in line with the National Framework. This should be an initial three-month review, followed by annual reviews (or following a change in circumstances) to ensure that the package of care still meets that eligible individual's needs at that time. The three-month and annual review will be undertaken by the CCG whether an eligible individual is receiving care at home or in a care home.

10.2 Eligible individuals and their families need to be aware that there may be times where it will no longer be appropriate to commission or provide care at home. For example, deterioration in the person's condition may result in the need for clinical oversight and 24-hour monitoring.

10.3 In line with the CCG's duties to commission appropriate health services to meet an eligible individual's assessed needs, the CCG will commission packages of care at home when the factors outlined in section 7.2 and underpinned by those principles outlined in section 5.0 render it appropriate.

10.4 By reason of such reviews it will sometimes be apparent that an eligible individual's needs have changed and consequently it will be necessary to undergo a review of the appropriateness of any package of care at an eligible individual's home in line with the decision making process as outlined at sections 5.8 and 7.2.

10.5 Any package of care provided in an eligible individual's home must therefore remain appropriate in line with that decision-making process for it to be continued following the CHC review. Should it be considered inappropriate, the CCG will not continue to fund any such package and will revise its offer accordingly, with reference to section 7.0 above.

10.6 If a home care package is not considered appropriate, on review, the offer of residential care as an alternative, in accordance with this policy will be a discharge of the CCG's duty to make a reasonable offer, and, if not accepted, the package can be withdrawn.

If an eligible individual is found to be not eligible for NHS Continuing Healthcare following a review and a residential placement is being funded by NHS North Yorkshire CCG, then the CCG will only fund the Funded Nursing Care Contribution to the care placement (if the individual is assessed as eligible for FNC), rather than fully fund the placement. The individual will be responsible for costs after 5 days following DST.

11.0 Right to Refuse

11.1 An eligible individual is not obliged to accept the NHS North Yorkshire CCG offer of care. Where an eligible individual chooses not to accept a package, the CCG will take reasonable steps inform the individual that:

- the CCG is not required to make further offers to the individual or offer to fund care in a location of the individual's choice
- the Local Authority may not assume responsibility to provide care to the individual.

11.2 The CCG will have discharged its duty to eligible individuals by making an offer of a suitable CHC care package whether or not individuals choose to accept the offer.

11.3 For example, the CCG may discharge its duty by offering to commission a package of services for an eligible individual in one or more appropriate care settings, irrespective of whether this is the individual's preferred location.

11.4 If the CCG's offers of appropriate care packages are refused by the eligible individual or someone with legal authority to act on behalf of the individual, the CCG may have recourse to local Safeguarding Policies and Procedures and the Mental Capacity Act 2005, as appropriate.

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

11.6 Where an eligible individual refuses such care, they are entitled to re-engage with the CCG at any time, and, if they do so, the CCG will reconsider what offer should be made to that individual.

12.0 How Personal Health Budgets work

12.1 A personal health budget (PHB) is an amount of money to support a person's identified health and wellbeing needs planned and agreed between the person and the NHS North Yorkshire CCG team. In accordance with the National Health Service (Direct Payments) Regulations 2013, the vision for PHBs is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive. The Direct Payment Regulations and the CCG's PHB Policy should be referred to for more information and for a more detailed explanation of the various types of PHB available and the terms applicable to the use, management and oversight of PHB's.

12.2 The budget set for an eligible individual will depend on their clinical need and may be available for both care within an eligible individual's home and where care is provided within a residential setting. A PHB may only be spent on the services agreed between the eligible individual and their Care Co-ordinator in the care and support plan that will enable the eligible individual to meet their agreed health and wellbeing outcomes. For further information please see the CCG's PHB Policy.

12.3 Where a PHB is being agreed with an eligible individual, a support plan will be put into place which will include:

- issues of importance to the eligible individual
- changes to be achieved
- support to be provided to the eligible individual and how this will be managed
- how the budget will be used
- how the eligible individual will remain in control
- how the eligible individual will make it all happen
- agreement by Individual to share information such as bank accounts and invoices for spend against the PHB
- agreement by individual to be subject to an audit of accounts pertaining to the PHB by the CCG.

13.0 Fast Track

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

13.2 In urgent situations however, where services may need to be commissioned very quickly there may not be time to apply choice as described above, however the NHS CCG team will take reasonable steps to work in partnership with the eligible individual and their family / representative in all cases.

13.3 Since Fast Tracked individuals are deemed to be near End of Life, the CCG will support the principle of individuals having the right to choose the setting for their end of life care, so long as the care meets the needs of the individual and is equitable.

13.4 Following a review, if the individual is deemed no longer eligible for NHS CHC the offer of care may be amended and / or referred to the Local Authority in line with this Policy.

13.5 If following a review, the CHC Fast track is no longer applicable, the CCG will undertake a multidisciplinary team meeting and complete a Decision Support Tool to determine whether the eligible individual remains eligible for NHS Continuing Healthcare.

14.0 Capacity

14.1 NHS North Yorkshire CCG will always consult directly with an eligible individual with regard to choice of care. In accordance with the Mental Capacity Act 2005, it will assume that the eligible individual retains the necessary capacity to make these decisions unless demonstrated otherwise via a formal capacity assessment.

14.2 If a formal capacity assessment is identified as being required it is the responsibility of the CCG to ensure that this is undertaken.

14.3 If an eligible individual lacks the capacity to make a decision about choice of care setting, NHS North Yorkshire CCG will follow the processes set out in the Mental Capacity Act 2005 to commission the most clinically and cost effective, safe care available based on an assessment of the person's best interests, having regard to the factors set out in sections 5.0 and 7.0 above, having regard to the Act and associated Code of Practice.

14.4 In considering the appropriate care setting and in order to make a reasonable offer of care for an eligible individual, NHS North Yorkshire CCG will consider issues that may arise in relation to:

- Any valid and applicable **Lasting Power of Attorney** that may have been made by the eligible individual
- Any valid and applicable **Advance Decision** (also known as a “living will” or “Advance Directive”) that may have been made by the eligible individual..

- Any **Advance statement of wishes previously prepared by the eligible individual.**

14.5 In the absence of any court appointed deputy or LPA, NHS North Yorkshire CCG will make all decisions in the eligible individual's best interests in accordance with the Mental Capacity Act 2005 and the associated Code of Practice.

15.0 Review of NHS Funded Continuing Healthcare eligibility and care provision

15.1 The National Framework states that all eligible individuals should be reviewed no later than three months following the initial assessment and then annually as a minimum requirement to ensure that the package of care is still meeting the eligible individual's needs.

15.2 On review, the eligible 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 patient may become the responsibility of the Local Authority (LA) who will assess their needs against the Care Act eligibility criteria. This means the individual may be charged for their care.

15.3 Where the individual remains eligible for NHS Continuing Healthcare, the review may result in either an increase or decrease in care based on the assessed need of the eligible individual at that time. Where care is provided at home the factors in section 7.2 will again be considered and an alternative care option may be agreed if this is appropriate.

15.4 To meet its duty to commission health services to appropriately and safely meet an eligible individual's needs, the CCG **must** be afforded access to complete its review of an eligible individual's CHC when that package is provided in an eligible individual's home. In circumstances where access is not facilitated and the CCG cannot satisfy itself as to the safety, appropriateness or cost efficiency of the current package of care, this will leave no option other than to revise the offer of care to be provided in a location that would facilitate the proper review of an eligible individual's needs which can then, in turn, potentially prompt an assessment process of where those needs ought to be met (in line with sections 5.0 and 7.2 above.

16.0 Right of Appeal

16.1 If the individual wishes to challenge the package of care provided / offered by NHS North Yorkshire CCG, an appeal request against the CCGs decision needs to be made within 14 days where the eligible individual / representative will have the opportunity to submit additional information, that will be considered by the CCG risk panel.

17.0 Policy Review

17.1 This policy will be reviewed no later than 4 years after it has been approved or at any point within this time to reflect changes of NHS North Yorkshire CCG circumstances / arrangements or changes in legislation / guidance.

18.0 Mutual Respect

18.1 The harassment and / or discrimination (indirect or direct) of NHS or care staff will not be accepted in line with the NHS Zero Tolerance campaign.

https://www.gov.uk/government/news/stronger-protection-from-violence-for-nhs-staff#:~:text=The%20new%2C%20zero%2Dtolerance%20approach,The%20strategy%20includes%3A&text=prompt%20mental%20health%20support%20for%20staff%20who%20have%20been%20victims%20of%20violence

19.0 Definitions

'Continuing Care' - refers to care provided over an extended period of time to a person aged 18 or over, to meet physical and/or mental health needs which have arisen as a result of disability, accident or illness.

'NHS Continuing Healthcare (or "CHC")' - refers to a package of continuing care that is commissioned (arranged and funded) by or on behalf of the NHS in accordance with Regulation 20 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended).

'The National Framework' – refers to The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (published by the Department of Health 2009) which provides the context for the commissioning of NHS Continuing Healthcare, providing clarity and consistency of decision making in regard to eligibility and setting out the systems and processes to be used by the NHS.

'Eligible Individual' - shall within this Policy refer to an eligible individual who has been assessed by the commissioner under The National Framework to qualify to have their assessed health and social care needs met and fully funded by the NHS.

'Funded Nursing Care' (or "FNC") - NHS-funded nursing care (FNC) is when the NHS pays for the nursing care component of nursing home fees. The NHS pays a flat rate directly to the care home towards the cost of this nursing care.

'Clinical Commissioning Groups' (CCGs) - Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012 and replaced Primary Care Trusts on 1 April 2013. They are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

20.0 Guidance

- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care – October 2018 (revised)
- The NHS Continuing Healthcare (Responsibilities) Directions 2012
- Human Rights Act 1998
- Who Pays? Establishing the Responsible Commissioner (revised 2020)
- Care Act 2014
- Statutory guidance to support Local Authorities to implement the Care Act 2014
- The Care and Support and After Care (Choice of Accommodation) Regulations 2014

21.0 Glossary

Term	Description
CHC	Continuing Healthcare
CQC	Care Quality Commission
D2A	Discharge to Assess
Domiciliary care	care at home
DST	Decision Support Tool
Fast Track pathway	for patients near end of life
Joint package/s of care	provided jointly by North Yorkshire CCG and the Local Authority
LA	Local Authority
LPA	Lasting Power of Attorney
NY CCG	North Yorkshire Clinical Commissioning Group
NYCC	North Yorkshire County Council
PHB	Personal Health Budget
Preferred provider list	Care homes listed by the CCG as providing good quality, value for money services
Risk panel	Panel of experts to assess appropriate care setting

Title:	Implementation of the NHS Choice Policy				

Name	Organisation	Version number	Action	Date	Notes
Rachel Morgan	NHS North Yorkshire CCG	0.1	Implementation of Continuing Health Care (CHC) Choice Policy	16.6.21	

This summary sheet provides an overview of the staff involved, proposed change and a summary of the findings. This assessment consists of five domains: Patient Experience, Patient Safety, Effectiveness, Equality and Workforce.

Title of Scheme:	Implementation of the NHS Choice Policy		
Project Lead:	Rachel Morgan		
Clinical Lead:	Sue Peckitt	Programme Lead:	Julie Warren
Senior Responsible Officer:	Julie Warren	Date:	16.6.21

Proposed change:

To implement a North Yorkshire CCG CHC choice policy as no such policy exists at present. The policy describes the way in which NHS North Yorkshire CCG will commission care for people who have been assessed as eligible for fully funded NHS Continuing Healthcare. The policy describes the way in which NHS North Yorkshire CCG will commission care in a manner which reflects the choice and preferences of eligible individuals but balances the need for NHS North Yorkshire CCG to commission care that is safe and effective and makes the best use of available resources.

Which areas are impacted?

Scarborough& Ryedale	☑	Hambleton, Richmondshire and Whitby	☑	Harrogate	☑

Summary of Impacts

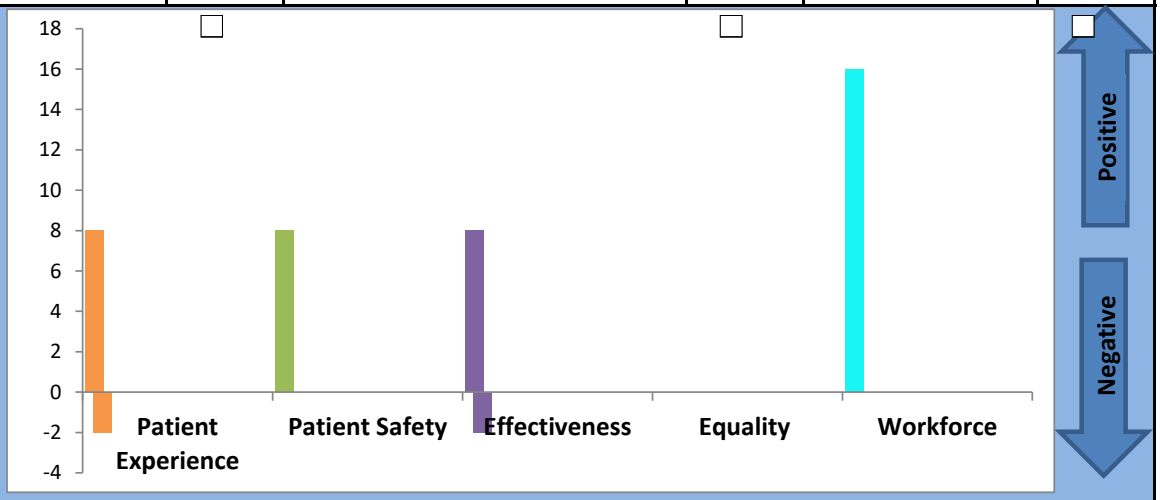
Patient Experience

Patient Safety

Effectiveness

Equality

Workforce



Summary of findings:

Implementation of the policy allows equity of access to Continuing Healthcare provision across North Yorkshire which will prevent untoward variation in health outcomes.

Summary of Next Steps:

To seek NHS North Yorkshire CCG governing body approval. Once approved upload to NYCCG website. Ensure staff are trained and briefed on

Has this been incorporated into the project documentation?		**N/A**

Initial Impact Assessment - Screening Tool *This is an initial assessment which will help determine whether a more detailed assessment is required. Please select yes or no for each option*		
Will the proposal have a disproportionate impact on:	**Yes or No** *Please select from the list below*	If yes please complete the relevant section of the tool by clicking the area below
People with one or more protected characteristics?	No	Equality section
Patient Experience	Yes	Patient Experience
Patient Safety	Yes	Patient Safety
Clinical Effectiveness	Yes	Effectiveness
Staffing within the service area or the wider workforce?	No	Workforce
In addition please consider if the proposal will:		
result in change noticeable to patients or carers?	Yes	Full assessment is required please click here to start
be likely to result in political, consumer champion or media interest or has already had significant public interest?	No	
impact those eligible to access the service e.g. by changing referral criteria/method of access/ where or when it will be delivered?	Yes	
Rationale for decision:		
Having a NHS North Yorkshire CCG Choice Policy will give equity of access to CHC service provision across North Yorkshire. Positive impacts on all doma		

SIGN OFF:		
Project lead	Rachel Morgan	16.6.21
Programme Quality Lead		Date:
Programme Equality Lead	Sam McCann	16.6.21
Programme Lead		Date:

Full Quality and Equality Impact Assessment

The initial assessment has indicated that the proposed change will have an impact within the West Yorkshire and Harrogate Health and Care Partnership. Therefore you will need to consider each of the areas outlined below and provide a summary of the positive and negative impacts.

Patient Experience

Effectiveness

Workforce

Patient Safety

Equality

Additional information to support completion can be found in the QEIA user guide. Helpful hints can also be seen if you click on the individual boxes within each page

MENU

Home

Back to Initial Assessment

Hints and Tips

What evidence has been used to inform this assessment?	
National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (DH 2018). The NHS Continuing Healthcare (Responsibilities) Directions 2012 Human Rights Act 1998. Who Pays? Care Act 2014Establishing the Responsible Commissioner (revised 2020).	
Any gaps in evidence?	
No	
Documents can be attached in the workbook:	Click here for workbook

	Positive	Negative	Neutral	Description of impact	Consequence	Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring	Frequency of review	Lead
Patient Experience: This is to understand whether the proposed change will have an impact on patient/service user experience. Click on individual boxes for guidance.											
Patient reported experience	☐	☐	☑	This is a new policy implementation so whilst patient reported experience is not yet known it is intended that the Policy will provide clarity and equity of choice in relation to a person's care and support for those who are eligible for CHC funding. The policy aims to offer more personalised and flexible commissioning. All patients in receipt of care will be able to view the Policy and provide their views and feedback through patient surveys	2	4	8	Until the Policy is implemented the true negative impacts are not yet known until clients in receipt of care are asked for feedback. This is a national policy change intended to make NHS funded care provision more equitable but cost effective	On policy implementation there will be a review of impact through seeking patient feedback	Ongoing as per patient feedback, monitoring through complaints	RM
Patient choice	☐	☐	☑								
Patient access	☐	☐	☑								
Compassionate and personalised care agenda	☑	☐	☐								
Responsiveness	☑	☐	☐	On implementation of this policy there is a potential of negative impact for those who are already in receipt of a package of care, this is only expected in exceptional circumstances. Overall implementation of this policy will promote patient choice utilising already embeded practices. This will seek to formalise these processes to provide clarity and transparency. Individuals and their families will continue to be supported to personalise their assessed needs through the use of personal health budgets should they choose. Choice will continue to be offered from systems of brokerage and discussions had with the individual and their family on available options. Consideration will continue to be given to meeting the Best Interests of individuals and their families.	-1	2	-2				
Promotion of self-care and support for people to stay well	☑	☐	☐								
Other (please List)	☐	☐	☐								

Completed by:	Name	Organisation	Date
Project lead	Rachel Morgan	NHS North Yorkshire CCG	15.6.21
Approved by:			
Quality Lead	Nikki Henderson	NHS North Yorkshire CCG	16.6.21
Programme lead			

	Positive	Negative	Neutral	Description of impact	Consequence	Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring	Frequency of review	Lead
Patient Safety: This is to understand any positive or negative impacts the proposed change may have on patient safety. Click on individual boxes for guidance.											
Preventable Harm	☐	☐	☑	The implementation of this Policy formalises the provision of choice and equity for our CHC funded clients; it continues to ensure that all care is commissioned in line with approved provider lists and for those who choose to have their care delivered via a Personal Health Budget monitoring of care standards are ongoing.	2	4	8	There are no known negative impacts in relation to patient safety	On implementation of the Policy each CHC funded client will continue to have a case worker assigned who will monitor the care provision and escalate any issues	ongoing	RM
Robustness of systems and processes	☑	☐	☐								
Environment	☐	☐	☑	Negative Impacts	0	0	0				
Safeguarding	☐	☐	☑								
Other (please List)	☐	☐	☐								

Completed by:	**Name**	**Organisation**	**Date**
Project lead	Rachel Morgan	NHS North Yorkshire CCG	16.6.21
Approved by:			
Quality Lead	Nikki Henderson/Sam McCann	NHS North Yorkshire CCG	16.6.21
Programme lead			

	Positive	Negative	Neutral	Description of impact	Consequence	Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring	Frequency of review	Lead
Clinical Effectiveness: consider how the proposal may impact on clinical effectiveness. Click on the individual boxes for additional guidance.											
Improved patient outcomes	☐	☐	☑	This is a new policy implementation and it is intended that the Policy will provide equity of choice in relation to a person's care and support for those who are eligible for CHC funding. The policy aims to offer more personalised and flexible commissioning.	2	4	8	Until the Policy is implemented the true negative impacts are not yet known until clients in receipt of care are asked for feedback. This is a national policy change intended to make NHS funded care provision more equitable but cost effective	On policy implementation there will be a review of impact from the completed assessments and from the users of the policy	ongoing	RM
Clinical Engagement	☑	☐	☐								
Development and improvement of pathways	☑	☐	☐								
Implementation of evidence based practice	☑	☐	☐								
Will it impact on variation in care?	☐	☐	☑	On implementation of this policy there is a potential of negative impact for those who are already in receipt of a package of care, this is only expected in exceptional circumstances	-1	2	-2				
Will it deliver care in the most cost effective way?	☑	☐	☐								
Other (please list)	☐	☐	☐								

Completed by:	Name	Organisation	Date
Project lead	Rachel Morgan	NHS North Yorkshire CCG	16.6.21
Approved by:			
Quality Lead	Nikki Henderson/Sam McCann	NHS North Yorkshire CCG	16.6.21
Programme lead			

	Positive	Negative	Neutral	Description of impact	Consequence	Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring and frequency of review	Lead
Equality: Consider the impact on the areas of equality including the impact on health inequalities. Click on individual boxes for guidance.										
Socio-Economic Deprivation	☐	☐	☑	Positive impacts	0	0	0	*We believe age and disability is neutral but there may be instances where age and disability may effect the choice and available options presented. For example there is greater resource in both the residential and community setting to meet none complex needs often associated with ageing. This allows more competative markets and greater choice for the CCG. Those with more complex needs in the younger age groups such as those with Autism and/or Learning Disabilty or younger adults with spinal injuries requiring mechancal ventilation often require more bespoke commisioning. There are often exceptional circumstances in the younger age adult, such as those that live with their children, partner that may compel the CCG to consider a more bespoke package that on face value could be perceived to be inequitable. However, an evaluation and risk assessment would be carried out for all cases to ensure equality.*	There are no current known or intended inequalities associated with the implementation of this policy- any changes to the policy will initiate a timely QEIA review	RM
				Negative impacts	0	0	0			
Age	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Disability	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Pregnancy and Maternity	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Ethnicity	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Religion or Belief	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Sex	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Sexual Orientation	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Gender Reassignment	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Carers	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			

Any other groups	☐	☐	☑	Positive impacts	0	0	0			
				Negative impacts	0	0	0			
Level of engagement required										
				Completed by:	**Name**			**Organisation**		
				Project lead	Rachel Morgan			NHS North Yorkshire CCG		16.6.21
				Approved by:						
				Equality Lead	Sam McCann			NHS North Yorkshire CCG		16.6.21

	Positive	Negative	Neutral	Description of impact	Consequence	Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring	Frequency of review	Lead
Workforce: Consider the impacts on the staffing and wider workforce. Click on individual boxes for guidance.											
Effective prioritisation and management of workload	☑	☐	☐	Provides a more robust and defined process to work to whilst providing a support mechanism in which staff can communicate such processes to CHC funded clients. This policy is aimed to reduce the inequity that currently exists among workforce provision across all sectors. It will provide transparency and allow candid discussions to be held between CHC workforce, informal and formal carers. It will allow individuals and families to plan and consider their current	4	4	16	N/A	N/A	ongoing or at policy review	RM
Staff experience as a result of workforce changes	☑	☐	☐								
Contractual obligations	☑	☐	☐								
Workforce diversity	☐	☐	☑	There are no assessed negative impacts	0	0	0				
Workplace	☐	☐	☑								
Sustainability of service due to workforce issues	☐	☐	☑								
Other (please list)	☐	☐	☐								

Completed by:	**Name**	**Organisation**	**Date**
Project lead	Rachel Morgan	NHS North Yorkshire CCG	16.6.21
Approved by:			
Workforce Lead			
Programme lead			

Likelihood		
0	Not applicable	
1	Rare	Not expected to occur for years. Will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur.
3	Possible	Expected to occur at least monthly. Reasonable chance of occuring.
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost Certain	Expected to occur at least daily. More likely to occur than not.

		Opportunity						Consequence				
		5	4	3	2	1	0	-1	-2	-3	-4	-5
Likelihood	5	25	20	15	10	5	0	-1	-2	-3	-4	-5
	4	20	16	12	8	4	0	-2	-4	-6	-8	-10
	3	15	12	9	6	3	0	-3	-6	-9	-12	-15
	2	10	8	6	4	2	0	-4	-8	-12	-16	-20
	1	5	4	3	2	1	0	-5	-10	-15	-20	-25

Category	
	Opportunity
	Low - Moderate Risk
	High Risk

Opportunity and Consequence			
Imapct	Score		The proposed change is anticipated to lead to the following level of opportunity and/or consequence:
Positive	5	Excellence	Multiple enhanced benefits including excellent improvement in access, experience and/or outcomes for all patients, families and carers. Outstanding reduction in health inequalities by narrowing the gap in access, experience and/or outcomes between people with protected characteristics and the general population. Leading to consistently improved standards of experience and an enhancement of public confidence, significant improvements to performance and an improved and sustainable workforce.
	4	Major	Major benefit leading to long term improvements and access, experience and /or outcomes for people with this protected characteristic. Major reduction in health inequalities by narrowing the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Benefits include improvements in management of patients with long term effects and compliance with national standards.
	3	Moderate	Moderate benefits requiring professional intervention with moderate improvement in access, experience and /or outcomes for people with this protected characteristic. Moderate reduction in health inequalities by narrowing the gap in access, experience and /or outcomes between people with this protected characteristic and the general population.
	2	Minor	Minor improvement in access, experience and /or outcomes for people with this protected characteristic. Minor reduction in health inequalities by narrowing the gap in access, experience and /or outcomes between people with this protected characteristic and the general population.
	1	Negligible	Minimal benefit requiring no/minimal intervention or treatment. Negligible improvement in access, experience and /or outcomes for people with this protected characteristic. Negligible reduction in health inequalities by narrowing the gap in access, experience and /or outcomes between people with this protected characteristic and the general population.
	0	Neutral	No effect either positive or negative
Negative	-1	Negligible	Negligible negative impact on access, experience and /or outcomes for people with this protected characteristic. Negligible increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in minimal injury requiring no/minimal intervention or treatment, peripheral element of treatment suboptimal and/or informal complaint/inquiry
	-2	Minor	Minor negative impact on access, experience and /or outcomes for people with this protected characteristic. Minor increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal
	-3	Moderate	Moderate negative impact on access, experience and /or outcomes for people with this protected characteristic. Moderate increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in moderate injury requiring professional intervention.
	-4	Major	Major negative impact on access, experience and /or outcomes for people with this protected characteristic. Major increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to lead to major injury leading to long-term incapacity/disability
	-5	Catastrophic	Catastrophic negative impact on access, experience and /or outcomes for people with this protected characteristic. Catastrophic increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in incident leading to death, multiple permanent injuries or irreversible health effects, an event which impacts on a large number of patients, totally unacceptable level or effectiveness of treatment, gross failure of experience and does not meet required standards

Population Demographic Information			
	Scarborough and Ryedale	**Hambleton Richmondshire and Whitby**	**Harrogate**
Age	Data provided below is from Census 2011 Age Range Number (%) 0-14 17,672 (14.9) 15-44 39,530 (33.2) 45-64 15,427 (13.0) 65-74 9,083 (7.6) 85+ 3,820 (3.2)	Document embeded below is a summary of data	32.9% of the population (Joint Strategic Needs Assessment) are aged 0-29. The CCG has a relatively elderly population with 26.5% of its population aged over 60 (Joint Strategic Needs Assessment).
Disability	2011 Census Data % Long Term Health Problem/Disability 21.3 Limiting Long Term Illness 20.4 Projecting Adult Needs and Service Information (PANSI)-2017 Estimates Scarborough (Ryedale) Limiting Long Term Illness - day to day activities limited a little 7,507 (3,455) Limiting Long Term Illness - day to day activities limited a lot 6,513 (2,462) Mobility - unable to manage at least one activity on their own 5,210 (2,509) Learning Disability – Including Down's syndrome 947 (469) Learning Disability – Autistic Spectrum Disorders and Down's Syndrome 81 (134) Visual Impairment - Moderate or severe 3,323 (1,588) Hearing Impairment – some hearing loss 17,167 (8,370) Hearing Impairment – Moderate or Severe 2,215 (1,070) Dementia 1,973 (959) Depression 2,474 (1,585) Learning Disability – Baseline 1,454 (708) Learning Disability – Moderate - Severe 415 (1,128) Learning Disability – Autistic Spectrum Disorders 592 (289) Learning Disability – Down's syndrome 38 (18) Physical Disability – Moderate 5,176 (2,620) Physical Disability – Serious 1,605 (824) Physical Disability – Personal Care 3,198 (1,639) Visual Impairment – Serious 39 (19) Hearing Impairment – Some hearing loss 69,328 (3,565) Hearing Impairment – Severe 395 (203) Mental Health Problems 4,331 (2,096)		31.1% of people within the HaRD CCG population are living with a limiting long term illness or disability
Pregnancy and Maternity	Live Births Scarborough 1,034 Ryedale 439 (ONS 2016) Still Births (ONS 2016) Scarborough 4 Ryedale 2		None available

Race/Nationality	BME – 2011 Census Data % White 97.5 Mixed 0.8 Asian 1.2 Black 0.2 Other 0.2 Languages – 2011 Census Data % English 97.5 Polish 0.8 Other EU Language 0.6 Other 1.86 Gypsy and Travellers – 2011 Census Data Scarborough 37 Ryedale 81		The Census 2011 indicates the race of the population in Harrogate and Rural District CCG as: White 96.3% Mixed 0.3% Asian 0.4% Black 0.3% Other 0.7%
Religion and Belief	2011 - Census Data % Christian 67 Buddhist 0.3 Hindu H0.1 Jewish 0.1 Muslim 0.5 Sikh 0.1 Other Religion 0.4 No Religion 24.3 Religion not stated 7.4		According to the 2011 Census, 68.6% of the population identified themselves as Christian and 0.14% of the population is made up of other religions. The remainder of the population (30%) did not state anything or stated 'no religion'.
Gender	JSNA 2016 % Male Residents 49.6 Female Residents 50.4		The gender split in the Harrogate and Rural District CCG area is 49.2% male and 50.8% female (Joint Strategic Needs Assessment).
Sexual Orientation	In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.		Local population data is not available for sexual orientation. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, Stonewall estimates that 5 - 7% of the national population are lesbian, gay or bisexual.
Gender Reassignment	There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.		

Staff Demographic Information

North Yorkshire CCG	
Total Staff Number	167
Age	Staff are under 30 7.8% Staff aged 30 – 55 62.9% Staff are over 55 29.3%
Disability	% of staff employed in the CCG declared themselves as: Having no disability 78.4% Having a disability 1.2% Not stated/undefined 20.4%
Pregnancy and Maternity	No information yet as the CCG has not been established long enough to build meaningful data
Ethnicity	% of staff employed in the CCG declared themselves as: White 87.4% Black 0.6% Asian 0.6% Mixed Race 1.2% Not stated/undefined 10.2%
Religion and Belief	% of staff employed in the CCG declared themselves as: Christian 43.7% Other faith or beliefs 27.6% Not stated/undefined 28.7%

Sex	% of staff employed in the CCG declared themselves as: Female 63.5% Male 36.5%
Sexual Orientation	% of staff employed in the CCG declared themselves as: Heterosexual 66.5% LGBTQ+ 0.6% Not stated/undefined 32.9%
Gender Reassignment	No information available

Engagement				
Definitions of reconfiguration proposals and stages of engagement/consultation				
Definition and examples of potential proposals	**Stages of involvement, engagement and consultation**			
	Informal Involvement	Engagement		Formal Consultation
Major Variation or Development Major service reconfiguration - changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT				**Category 4** Formal consultation required (minimum of 12 weeks)
Significant variation or development Change in demand for specific services or modernisation of service. Examples: Changing provider of existing services, pathway redesign when the service could be needed by wide range of people			**Category 3** Formal mechanisms established to ensure that patients/service users/carers and the public are engaged in planning and decision making. In most cases this means 12 weeks engagement period	Information and evidence base
Minor Change Need for modernisation of services. Examples: Review of health visiting and district nursing, patient diaries		**Category 2** More formalised structures in place to ensure that patients/service users/carers and patient groups views on the issue and potential solutions are sought	Information and evidence base	
Ongoing Development Proposals made as a result of routine patient/service user feedback. Examples: Proposal to extend or reduce opening hours	**Category 1** Informal discussions with individual patients/service users/carers and patient groups on potential need for changes to services and solutions	Information and evidence base		

You will need to consult with the engagement lead to confirm the level of engagement or consultation required. Please use the Engagement Initial assessment form in the uploaded documents section to record your assessment. Examples of engagement planning templates will also be added to the uploaded documents section.

Please attach your documents in this workbook

Document Name	Embedded document
Initial assessment for engagement	assessment for engagement

Hints and Tips	
Ctrl C and Ctrl V	Highlight the word or box and press Ctrl C and V to copy and paste
Alt & enter	Hold Alt and press enter to go to the next line within a box in excel
Spell check	Select review on top of the toolbar and click on 
Increasing text box size	Right click in the box and select 'insert' and then select 'entire row'
Decreasing text box size	Right click in the box and select 'delete' and then select 'entire row'

Quick solutions	
Not printing the area that I need?	Highlight the area that you would like to print, press page layout on top of your toolbar. Click print area and select set print area
Fullscreen	It may be easier to complete the form in full screen view. Buttons to enter and exit fullscreen mode are in the view section on the toolbar
Navigation	Use hyperlinks (underlined and in blue) or the grey boxes to move to different sections within the workbook
Navigation	Use the arrows in the bottom left corner to move along the tabs, or select the tab you require

Useful Links and Resources

The NHS Constitution

The Social Value Act

Patient Safety

Equality Act

Equality Act 2010 Guidance

Public Sector Equality Duty

Sexual orientation monitoring standard

Planning, assuring and delivering service change for patients

NHS
North Yorkshire
Clinical Commissioning Group

Sustainability Impact Assessment

Continuing Healthcare Choice and Equity Policy

Domain	Review questions	Assessment of Impact	Brief description of impact	If negative, how can it be mitigated? / If positive, how can it be enhanced?
Models of Care	• Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? • Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? • Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? • Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? • Will it pay for services based on health outcomes rather than activity for example through personal budgets? • Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? • More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx	**0 - Neutral**		
Travel	• Will it reduce 'care miles' (telecare, care closer) to home? • Will it reduce repeat appointments? • Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? • Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)?	**0 - Neutral**		

Domain	Review questions	Assessment of Impact	Brief description of impact	If negative, how can it be mitigated? / If positive, how can it be enhanced?
	• Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? • Have you quantified the health outcomes via the HOTT (Health Outcomes of Travel Tool) • More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx and https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx			
Procurement	• Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? • Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? • Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? • Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? • Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? • Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? • More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx	**0 - Neutral**		

Domain	Review questions	Assessment of Impact	Brief description of impact	If negative, how can it be mitigated? / If positive, how can it be enhanced?
Facilities Management	• Will it reduce the amount of waste produced or increase the amount of waste recycled? • More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx • Will it reduce water consumption? • Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? • Will it improve green space and access to green space? • More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx	**0 - Neutral**		
Workforce	• Will it provide employment opportunities for local people? • Will it promote or support equal employment opportunities? • Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? • Will it offer employment opportunities to disadvantaged groups and pay above living wage? • More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx	**0 - Neutral**		
Community Engagement	• Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? • Will it reduce inequalities in health and access to services? • Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? • Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	**1 - Positive**	**Through implementation of a framework across North Yorkshire.**	

Domain	Review questions	Assessment of Impact	Brief description of impact	If negative, how can it be mitigated? / If positive, how can it be enhanced?
	• Will it increase peer-support mechanisms? • More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx			
Adaptation to Climate Change	• Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? • More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx	**0 - Neutral**		
Estimated carbon benefit	• What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: • More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx			