

NHS Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board

NHS Continuing Healthcare Choice and Equity Policy

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Version Control

Version	Details of Change(s)	Reason for Change	Author & Job title	Date
1	New single policy for BOB ICB. <i>(Adapted from Hampshire and Isle of Wight ICB)</i>	Alignment of policies for creation of new single document	Liz Hodgkinson, Associate Director All Age Continuing Care	February 2024

Links or Overlaps with Other Key Documents and Policies

Document Title	Version and Issue Date	Link

Acknowledgement of External Sources

Title / Author	Institution	Link
Adapted from Hampshire and Isle of Wight ICB		

Freedom of Information

If requested, this document may be made available to the public and persons outside the healthcare community as part of ICB's commitment to transparency and compliance with the Freedom of Information Act.

Equality Analysis

ICB aims to design and implement services, policies and measures that are fair and equitable. As part of the development of this policy its impact on staff, patients and the public have been reviewed in line with ICB's legal equity duties.

Equality Statement

Equality, diversity and human rights are central to the work of the Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB). This means ensuring local people have access to timely and high-quality care that is provided in an environment which is free from unlawful discrimination. It also means that the ICB will tackle health inequalities and ensure there are no barriers to health and wellbeing.

To deliver this work ICB staff are encouraged to understand equality, diversity and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. ICB staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

The ICB's equality, diversity and human rights work is underpinned by the following:

- NHS Constitution 2015
- Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010
- Human Rights Act 1998
- Health and Care Act 2022.

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1. Introduction

- 1.1 This policy describes the way in which NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (the “**ICB**”) will make decisions when commissioning care for individuals who have been assessed as eligible for NHS Continuing Healthcare (“**CHC**”), or those who have been assessed as eligible for NHS Children and Young People’s Continuing Care (“**CYPCC**”), or those who are joint funded with a Local Authority. In the following document where reference to All Age Continuing Care (“**AACC**”) is made, this is inclusive of the above.
- 1.2 CHC means a package of ongoing care that is arranged and funded solely by the NHS where an individual has been assessed and found to have a ‘primary health need’ as set out in the National Framework for NHS CHC and NHS-funded Nursing Care. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness. The CHC eligibility decision making process is not within the scope of this policy.
- 1.3 CYPCC means a package of continuing care needed over an extended period of time for children or young people with continuing care needs that arise because of disability, accident or illness, which cannot be met by universal or specialist services alone. Children and young people’s continuing care is likely to require services from health and local authority children and young people’s services.
- 1.4 Joint funded care means that the person has been assessed as not eligible for CHC but they require a package of care that is supported by both the ICB and the LA.
- 1.5 The ICB will take a person-centred approach and commission care in a holistic manner which balances individual choice with the need to commission safe and effective care and to ensure equitable distribution of NHS resources. All decisions will be made on an individual basis and take account of all the specific relevant circumstances.
- 1.6 The ICB will arrange a package of care, in conjunction with the individual / their representative which meets the individual’s assessed needs. There is no obligation on the ICB to arrange a package of care greater than the individual’s assessed needs.
- 1.7 It is not always possible for the ICB to commission the individual’s choice of care package due to various considerations including safety, cost and sustainability. The package of care commissioned under AACC is ultimately a matter for the ICB. The ICB will however ensure it takes individual’s wishes and preferences into account along with other considerations. The ICB will also provide a clear rationale to the individual on occasions where it is not possible to commission the individual’s choice of care package.
- 1.8 In this policy ‘representative’ means any friend, carer or family member who is supporting the individual in the process as well as anyone acting in a more

formal capacity e.g. welfare deputy or power of attorney, or an organisation representing the individual).

- 1.9 This policy sets out the legal framework, key principles and key considerations and how these will be applied by the ICB in AACC decision making.

2. Legal Framework

- 2.1 This policy should be read in conjunction with the legal framework as set out in [Appendix 1](#).

3. Key Principles

- 3.1 The following **Key Principles** will be applied by the ICB when making decisions regarding AACC packages of care:
- 3.1.1 **Robust, fair and consistent:** this policy will be applied by the ICB in such a manner that allows for robust, fair and consistent decision making for individuals for who it is responsible and who are eligible for AACC or have ICB funding.
 - 3.1.2 **Proportionality:** the ICB will be holistic in its decision making; balancing individual choice with the need to commission safe and effective care and to ensure equitable distribution of NHS resources.
 - 3.1.3 **Exceptionality:** the ICB will make decisions on an individual, case by case basis taking into account exceptional circumstances where applicable. This includes but is not limited to circumstances:
 - a) where the individual's needs are significantly different from other individuals with the same or similar condition; and/or
 - b) where the individual would benefit significantly more from additional or alternative services than other individuals who have the same or similar condition; and
 - 3.1.4 **Transparency:** the rationale behind the ICB's decision-making will be clearly documented and communicated to individuals and their representatives.
 - 3.1.5 **Involvement of the individual:** decision making will be person-centred and the individual's choice and preferences will be ascertained by the ICB at all stages and the individual (and / or their representative) will be involved in and kept informed of the decision-making process. Where the individual has been assessed as lacking capacity the ICB will act in the best interests of the individual in line with the Mental Capacity Act 2005.

4. Key considerations when arranging AACC packages of care

- 4.1 The ICB will be proportionate in its decision making; balancing the following **Key Considerations** (this is not exhaustive):
- 4.1.1 the **suitability** of care provision to the individual's objectively assessed health and social care needs;

- 4.1.2 any **risks** to the **safety** of the individual and persons involved in the individual's care;
- 4.1.3 the **choice** and **preferences** of the individual and/or their representative (and where the individual lacks capacity, their best interests);
- 4.1.4 the ICB's obligations in terms of delivering **value for money** (considering the relative cost and benefits);
- 4.1.5 the **equitable** distribution of finite NHS resources within the wider population within the ICB's area;
- 4.1.6 the need for **sustainability** of care provision in the longer term;
- 4.1.7 the **wellbeing** and **social** needs of the individual;
- 4.1.8 the geographical location of the placement;
- 4.1.9 any significant delay in availability of the care package;
- 4.1.10 any other exceptional specific circumstances of the individual;
- 4.1.11 any relevant risk assessment in relation to the setting of the care package (see paragraph 5.5 below); and
- 4.1.12 any wider considerations as set out in paragraphs 5.7 and 5.9.

5. **Additional considerations: care package setting**

- 5.1 Decisions in relation to the setting of a care package will be made applying the decision-making process set out in this Policy.
- 5.2 The ICB will always consider the individual's preference of care setting.
- 5.3 Whilst there is no automatic right to a package of care in the individual's home, the ICB recognises that for most people, it would be preferable to stay in their home environment (this excludes Supported Living arrangements). The ICB will therefore take steps to balance the individual's preference with the wider considerations as set out in [paragraph 4](#) above. Where possible, the ICB will support a care at home package although it should be recognised that will not always be possible to accommodate this for various reasons, including safety, sustainability and financial viability.
- 5.4 The NHS long term plan for learning disabilities, mental health and other patient cohorts requires NHS commissioners to provide alternative services to hospitals for individuals. Evidence shows that moving away from traditional residential care improves wellbeing, as it is more person centred. Supported Living is therefore one of several key transformational objectives in Learning Disabilities and autism/ mental health (LDA). The ICB will consider choice of appropriate housing for these individuals where appropriate.

- 5.5 Individuals who are eligible for AACC funding have complexity, intensity, frequency and/or unpredictability in their overall care needs which could in some circumstances make it more difficult for care to be safely delivered at home on a sustainable basis. In particular, the following could potentially indicate that careful consideration of safety and sustainability may be required (these factors are not exhaustive nor are they conclusive):
- 5.5.1 a care package which has previously broken down on a number of occasions;
 - 5.5.2 a care package in excess of eight hours a day;
 - 5.5.3 a care package with waking night care;
 - 5.5.4 a care package with direct oversight by registered clinical professionals and 24-hour monitoring;
 - 5.5.5 a care package where 2:1 care is required in excess of eight hours a day; and
 - 5.5.6 specific conditions or interventions including (but not limited to) the requirement for sub-cutaneous fluids, intravenous fluids, total parenteral nutrition, continual invasive or non-invasive ventilation or the management of complex wounds requiring specialist dressing regimes.
- 5.6 For the avoidance of doubt, the factors in paragraphs 5.5.1-5.5.6 are indicative examples only and their occurrence does not automatically preclude the ICB from commissioning care in a home environment (including Supported Living); the ICB will take all circumstances into account, in line with this policy.
- 5.7 In light of the above, where the individual's preference is for a package of care in their home environment, the ICB, where appropriate, will ensure a written risk assessment or provider assurance assessment is undertaken by a suitably qualified professional in consultation with the individual and/or their family/representative taking account of:
- 5.7.1 the availability of equipment;
 - 5.7.2 the physical environment;
 - 5.7.3 the availability of care staff to deliver care at the level of intensity, frequency and/or unpredictability required;
 - 5.7.4 the acceptance of the individual and persons involved in the individual's care of the identified risks and consequences also taking into account individual preferences in relation to protected characteristics;

- 5.7.5 the agreement of the individual and persons involved in the individuals care to mitigate identified risks through agreed actions; and
- 5.7.6 the agreement of the individual's GP to provide primary care medical support.
- 5.8 This risk assessment will be considered as part of the decision making process set out below.
- 5.9 The ICB will also consider:
 - 5.9.1 the impact of the setting/provision of the care package on the individual's rights under Article 8 of the Human Rights Act 1998 - to respect privacy and family life;
 - 5.9.2 the impact of the setting/provision of the care package on any Protected Characteristics of the individual under the Equality Act 2010.

6. Decision making process

- 6.1 Once an individual has been assessed as eligible for NHS services, the decision-making process for care provision to meet the individual's assessed needs will commence as per the process set out in Appendix 2.

7. Individual's right to make private arrangements for care

- 7.1 The individual has a right to make private arrangements to meet their assessed needs, using private funds instead of AACC funding.
- 7.2 Once the ICB has notified the individual of its final decision on the AACC package, the individual and / or representative may decline that care package and exercise their right to make private arrangements and funding of their care. The individual and / or representative will need to make the ICB aware in writing and the ICB will issue a Notice of Care being Declined.
- 7.3 A Notice of Care being Declined will:
 - 7.3.1 confirm to the individual that AACC funding will cease 28 days after the date of the notice (if care arrangements are already in place);
 - 7.3.2 explain any risks of the individual declining the care;

- 7.3.3 advise that the individual can still choose to accept the offer of the AACC package within the 28 day notice period; and
- 7.3.4 advise the individual of their right to re-enter the AACC process at a later date and the relevant person(s) to contact to initiate this.
- 7.4 The risks of the individual declining the AACC package will also be documented in the individual's care record.
- 7.5 The ICB will consider whether it would be appropriate to follow adult safeguarding procedures including consideration of a referral to the local authority (in line with its existing safeguarding process) if an individual refuses a AACC package of care.

8. Fast Track pathway tool

- 8.1 Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' for immediate provision of CHC. This is determined by an appropriate clinician (see further paragraphs 216-245 of the National Framework for CHC and NHS-funded nursing care).
- 8.2 The setting where an individual wishes to be supported as they approach the end of their life may be different to their current arrangements (e.g. even though they are currently in a care home setting they may wish to be supported in their family environment). The important issue is that (wherever possible) the individual concerned receives the support they need in their preferred place as soon as reasonably practicable.
- 8.3 Due to the rapid decision making required following Fast Track Eligibility, some elements of choice may be removed or limited.

9. Personal Health Budgets

- 9.1 Decisions in relation to the ICB commissioning of Personal Health Budgets (PHBs) will be made by reference to the ICB Personal Health Budget Policy.

10. Financial contributions / Top up

- 10.1 NHS care is free at the point of delivery. The funding provided by the ICB for AACC packages of care should always be sufficient to meet the needs identified in the care plan and the ICB's approach to care planning will be centred on this principle. Therefore, it is not permissible for an individual (or their representative) to be asked or to request to make any payments towards meeting their assessed care needs.
- 10.2 The individual has the right to decline NHS services and make private arrangements (see [paragraph 7](#) above).

- 10.3 Where care providers offer additional services which go beyond the individual's assessed AACC needs, the individual may choose to purchase such additional services. Examples of this would include a room in a care home with a superior view or hair dressing services.
- 10.4 If an individual wishes to make arrangements directly with a provider for additional services that are not within the ICB's core package, they should first notify their appropriate ICB contact.

11. Complaints

- 11. The individual may make a complaint in respect of the ICB's decision making under this Policy. The ICB's Management of Complaints and Concerns Policy will apply to such complaints.

12. Review of the care package

- 12.1 The suitability of the care package will be reviewed by reference to this Policy initially at 3 months, then annually as a minimum requirement (**a CHC Review**). These reviews will primarily focus on whether the care plan or arrangements remain appropriate to meet the individual's needs. This approach is in line with the NHS Framework for CHC. Where there is a change in need identified any decisions by the ICB in respect of the care package will be made applying the decision making process set out in this Policy.

13. Equality Act 2010 – Equality Analysis

- 13.1 To ensure compliance with the ICB's public sector equality duty, an Equality Impact Assessment has been undertaken to support this policy development and to identify any potential negative implications of the implementation on particular groups, and any mitigation required (see [Appendix 4](#)).

14. Training considerations

- 14.1 There is no training requirement identified within this policy. In order for this policy to operate an understanding of its contents will be required for ICB, provider and Local Authority partners.

15. Dissemination/Publication

- 15.1 This policy will be published on the ICB website.

16. Monitoring

- 16.1 The effectiveness of this policy will be monitored via the statutory requirement to review packages of care on an annual basis or more frequently if required.

Escalation processes to be followed in line with internal Standard Operating Procedures.

- 16.2 Monitoring and review of the Choice and Equity Policy during and after implementation will seek to address any gaps or differential outcomes for those groups that face health inequalities. Actions will be identified and implemented to mitigate or remove wherever possible identified negative impacts.
- 16.3 This policy will be audited to demonstrate that the ICB is being effective at ensuring choice and equity in the delivery of AACC to individuals across the ICB.

17. Review and revision

- 17.1 This policy may be reviewed at any time at the request of either staff or management, or in responses to changes in legislation, but will automatically be reviewed on an annual basis.

18. Stakeholder /Consultation information

- 18.1 This policy is adapted from the recently approved Hampshire and Isle of Wight ICB version which ensured that stakeholders were contacted in the form of CHC Co-production members during the drafting stages of the policy. All feedback was reviewed, and changes made where required.
- 18.2 The policy was drafted by Bevan Brittan so complies legally with all necessary legislation.

19. References and links relating to this policy

- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2022 (revised)
- The National Health Service Act 2006
- The Health and Social Care Act 2012
- The Health and Care Act 2022
- Mental Capacity Act 2005
- The Human Rights Act 1998
- The Equality Act 2010
- European Convention on Human Rights September 1953
- The ICB policies for Safeguarding, Mental Capacity Act, Personal Health Budgets, and Commissioning.

Appendix 1:

Legal Framework

- 1.1 The ICB is subject to the laws of England and when making decisions under this Policy, with have due regard to inter alia:
 - 1.1.1 the duties in Section 14Z35 (as to reducing inequalities); Section 14Z36 (to promote involvement of each patient); Section 14Z37 (as to patient choice) of the NHS Act 2006;
 - 1.1.2 the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care 2022 (revised);
 - 1.1.3 the National Health Services Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012;
 - 1.1.4 the duty under Section 149 of the Equality Act 2010; and
 - 1.1.5 articles 8 and 14 of the European Convention on Human Rights.
 - 1.1.6 section 117 of the Mental Health Act 1983 (Amended 2007)

Appendix 2:

The Decision Making Process

1. Identifying suitable options for care
 - 1.1 The ICB will work with the individual to identify the options for care packages to meet the individual's assessed needs. This will include consideration of packages of care at home as well as in care home settings. The ICB reserves the right to offer a maximum of three options where these are available.
 - 1.2 The ICB operates via preferred provider frameworks or approved provider lists and will, as a general approach, look to identify the options for care packages to meet the individual's assessed needs using the above. If there is no capacity within the above, or they are unable to meet the assessed needs of the client then the ICB has the ability to consider spot-purchasing arrangements.
 - 1.3 If the individual identifies alternative option(s) for the provision of their care (or requests that the ICB looks to identify options outside of the preferred providers), this will be considered alongside the original options identified by the ICB as follows:
 - 1.3.1 If an alternative option of provider is outside of the ICB's preferred providers, the ICB will consider the option of spot-purchasing from that provider on the condition they can obtain equivalent quality assurances from that provider.
 - 1.3.2 If an alternative option of accommodation is located outside of the ICB's geographical area, the ICB will consider the option of relying on the commissioning arrangements of the host ICB to commission a package of care at that accommodation.
 - 1.4 It should be noted there is not always more than one viable option available.
2. Assessment of the options
 - 2.1 Once the options have been identified, the ICB will assess each option regarding the points set out in section 4.1 of the policy.
 - 2.2 The ICB will explain the relative benefits and risks of each option to the individual and/or their representative.
 - 2.3 The ICB will consider the individual's preference of care option and the individual's reasons for those preferences
3. Decision-making
 - 3.1 The ICB will make the final decision as to the individual's care package. In doing this the ICB will take account of inter alia:

- 3.1.1 The Legal Framework (set out in [Appendix 1](#));
 - 3.1.2 The Key Principles (set out above);
 - 3.1.3 The Key Considerations (set out above); and
 - 3.1.4 The Additional Considerations in relation to Care Package Setting (set out [Paragraph 5](#) above).
4. Referral to the Complex Case Panel
- 4.1 Decisions will be referred to the Complex Case Panel where:
- 4.1.1 the ICB has substantive concerns in relation to the suitability, safety, value for money or otherwise of the individual's choice of care package, this could include (but is not mandated) where:
 - (a) the individual's preference is not safe, sustainable or equitable;
 - (b) the individual's preference is for a provider outside of the ICB's preferred providers; or
 - (c) the individual's preference is for a care home outside of the geographical area of the ICB.
 - 4.2 The Panel will then refer its recommendation to an appropriate person with the requisite level of authorisation who will review and take the final decision as to the individual's care package on behalf of the ICB.
 - 4.3 See Appendix 3 for detail on decision making under the Complex Case Panel.
5. Informing the individual
- 5.1 The ICB will notify the individual of its final decision on the AACC package in writing, including:
- 5.1.1 acknowledging the individual's choice and preferences in relation to the identified option(s) and any reasoning to support the individual's preference;
 - 5.1.2 the ICB's decision-making process, with reference to this Policy and in particular, the Key Principles; the Key Considerations (and how these balance and relate); and (where relevant) the Legal Framework;
 - 5.1.3 the final choice of care package;
 - 5.1.4 the individual's right to make private arrangements for their care (see [paragraph 7](#));
 - 5.1.5 the individual's right to make a complaint in relation to the ICB's decision making or final decision (see [paragraph 11](#)); and

5.1.6 the CHC review process (see [paragraph 12](#)).

6. Record keeping

6.1 A clear record will be kept of the decision making process.

7. Timescales

7.1 Once an individual has been assessed as eligible for AACC or ICB funding, the ICB will aim to either make a decision in relation to the individual's care package or to make a referral to the complex care panel as soon as possible.

7.2 Where there is a delay, the ICB will continue to keep the individual informed with the reasons for the delay in decision making and will look to ensure that the individual's care needs are being met during the care planning process.

Appendix 3:

Complex Case Panel

1. The purpose of the Panel is to be the forum when the ICB has substantive concerns regarding packages of care. The panel is a forum to discuss and make recommendations in respect of circumstances where individual choice; suitability; safety and value for money must be carefully balanced.
2. Where an individual is not satisfied with the ICB's decision making process or decision, the individual should be directed to the ICB's Management of Complaints and Concerns Policy.
3. Decisions will be referred to the Complex Case Panel in the circumstances set out in Appendix 2 of the Policy.
4. The Panel will be made up of:
 - 4.1 The Chair or Deputy Chair
 - 4.2 The individual's case manager with an in-depth knowledge of the case (who will present the case);
 - 4.3 Two Senior clinical members of the AACC service at least one of whom will have expertise of the respective Framework (CHC or CYPCC) applicable to the presenting case;
 - 4.4 AACC Commissioning Manager;
 - 4.5 AACC Finance Lead
 - 4.6 NB A Business Team member will take notes and actions (Senior Clinical AACC member presenting cases to supply) the senior decision maker from an area different to that of the client (panel chair);
5. The following information will be collated and presented to the Panel:
 - 5.1 the options identified by the ICB and the individual to meet the individual's assessed needs;
 - 5.2 the ICB's assessment of the risks, costs and sustainability of each option;
 - 5.3 the individual's choice and preferences and any reasons for these including any impact on the individual's right to family life or any protected characteristics in terms of the location or setting of the care package;
 - 5.4 any relevant clinical assessments;
 - 5.5 where necessary expert and or legal advice to further inform

decision making; and

5.6 any other relevant information.

- 6 The Panel will convene weekly. Where there is a delay the ICB will continue to keep the individual informed with the reasons for the delay and will look to ensure that the individual's care needs are being met during this time.

- 7 The Panel will make a recommendation as to the individual's care package. In doing this the Panel will take account of:
 - 7.1 the Legal Framework (set out in [Appendix 1](#));
 - 7.2 the Key principles (set out at [paragraph 3](#));
 - 7.3 the Key considerations (set out at [paragraph 4](#));
 - 7.4 the Additional considerations in relation to Care Package Setting (set out at [paragraph 5](#)); and
 - 7.5 any other relevant information.
- 8 The Panel will then refer its recommendation to an appropriate person with the requisite level of authorisation who will review and take the final decision as to the individual's care package on behalf of the ICB.
- 9 The ICB will notify the individual of its final decision on the CHC package in accordance with [Appendix 2](#) of the Policy.
- 10 In addition to the record keeping requirements under paragraph 6.14 of the Policy, a note taker will attend the meeting of the Panel and a record will be kept of those notes and any actions arising. A copy of these notes can be made available on request.

Appendix 4: Equality Analysis

Equality analysis

Title of policy, project or proposal:
NHS Continuing Healthcare Choice and Equity Policy

Name of lead manager: Assistant Director of All Age Continuing Care
Directorate: Nursing

<p>Q1 What are the intended outcomes of this policy, project or proposal?</p> <p>The Choice and Equity Policy will set out the way in which the ICB will make decisions when commissioning care for individuals who have been assessed as eligible for NHS Continuing Healthcare (CHC), Children and Young People’s Continuing Care (CYPCC) or that are joint funded with a Local Authority. The ICB will take a person-centred approach and commission care in a holistic manner which balances individual choice with the need to commission safe and effective care and make equitable distribution of NHS resources. All decisions will be made on an individual basis and take account of all the specific relevant circumstances. This will lead to a fairer, more consistent and more equitable service across the ICB..</p>
<p>Q2 Who will be affected by this policy, project or proposal? <i>Identify whether patients, carers, communities, ICB employees, and/ or other NHS staff are affected.</i></p> <p>Individuals over the age of 18 who are eligible for CHC, CYPCC or that are joint funded by a Local Authority, partner organisations, and providers will be affected by this policy.</p>

Evidence
<p>Q3 What evidence have you considered? <i>Consider, for example, national drivers, local drivers, Public Health data, ONS data, and any pilots undertaken nationally or locally.</i></p>
<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people.</i></p> <p>All individuals who are eligible for CHC, CYPCC or are joint funded by a Local Authority will be affected by this policy. Care will be individually commissioned to meet the assessed health and social care needs of the individual.</p>

Disability (physical and mental) *Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.*

All individuals who are eligible for CHC, CYPCC or are joint funded by a Local Authority will be affected by this policy. Due to the nature of our service the majority if not all individuals will have disabilities of varying types and complexities. The impact of this policy is equal on all individuals regardless of whether they suffer from a disability or not. Care will be individually commissioned to meet the assessed health and social care needs of the individual. We recognise that some people may have needs in order to be able to access and engage with this policy. Where this occurs the ICB will be active in supporting the client to access and engage with the policy in a way that is possible for them. For those who may struggle to make decisions for themselves and need support to do so the ICB will ensure appropriate assessments are completed, as per the Mental Capacity Act 2005, and make a best interest decision in relation to the person’s care and support needs.

Dementia

Given the ICBs commitment to commissioning “Dementia Friendly” services, consider and detail any impact on people with dementia.

The impact of this policy is equal on all individuals regardless of whether they suffer from dementia or not. Care will be individually commissioned to meet the assessed health and social care needs of the individual. We recognise that some people may have needs in order to be able to access and engage with this policy. Where this occurs the ICB will be active in supporting the client to access and engage with the policy in a way that is possible for them. For those who may struggle to make decisions for themselves and need support to do so the ICB will ensure appropriate assessments are completed, as per the Mental Capacity Act 2005, and make a best interest decision in relation to the person’s care and support needs.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender people. Issues to consider may include same sex/ mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.*

The impact of this policy is equal on all individuals regardless of whether they have gone through gender reassignment or not. Care will be individually commissioned to meet the assessed health and social care needs of the individual. The ICB recognises that those who have had gender reassignment surgery or are transgender people may experience difficulties in accessing services due to other people’s beliefs or cultural differences. The ICB will ensure that people are supported to access services they need in a fair and non-discriminatory manner, and will log trends, issues and themes that come through the Complex Case Panel.

Marriage and civil partnership *Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

The impact of this policy is equal on all individuals regardless of marital or civil partnership status. Care will be individually commissioned to meet the assessed health and social care needs of the individual.

Pregnancy and maternity *Consider how the policy project or proposal impacts on staff and detailed (including the source of any evidence) impact on Health and Safety at work and working arrangements such as part-time working, infant caring responsibilities. As well as service provision, where applicable, for service users consider facilities, such as child and parent parking, baby changing, breast feeding.*

The impact of this policy is equal on all individuals regardless of whether they are pregnant or not. Care will be individually commissioned to meet the assessed health and social care needs of the individual.

Race Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. This will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities, as well as other ethnic groups. It will also include language and different cultural practices and individual experience of health systems in other countries.

The impact of this policy is equal on all individuals regardless of race. Care will be individually commissioned to meet the assessed health and social care needs of the individual. The ICB provides care and support services to people of many different races and makes every effort to support people to access the right services that supports their cultural beliefs. The ICB will ensure that people are supported to access the services they need in a fair and non-discriminatory way, and will log trends, issues and themes that arise through the Complex Case Panel.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

The impact of this policy is equal on all individuals regardless of a person's religion or belief. Care will be individually commissioned to meet the assessed health and social care needs of the individual. The ICB provides care and support services to people of many different religions or faiths. The ICB will ensure that people are supported to access the services they need in a fair and non-discriminatory way and will log trends, issues and themes that arise through the Complex Case Panel.

Sex (gender) Consider and detail (including the source of any evidence) the impact on men and women (potential to link to carers below). This may include different patterns of disease for each gender, different access rates.

The impact of this policy is equal on all individuals regardless of a person's gender. Care will be individually commissioned to meet the assessed health and social care needs of the individual. The ICB recognises that there are different disease patterns according to gender however, there is no specific information on this relating to our clients but is something we will consider logging in the future.

Sexual orientation Consider and detail (including the source of any evidence) the impact on heterosexual people as well as lesbian, gay and bisexual people.

The impact of this policy is equal on all individuals regardless of a person's sexual orientation. Care will be individually commissioned to meet the assessed health and social care needs of the individual. The ICB will ensure that people are supported to access the services they need in a fair and non-discriminatory manner and will log trends, issues and themes that arise through the Complex Case Panel.

Carers Consider and detail (including the source of any evidence) impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as specified in law to avoid discrimination by association), but should also consider patient/ guardian(s) of children under the age of 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues. They may have to work part-time, have shift-patterns, or face barriers to accessing services.

The ICB recognises that many family members provide high levels of unpaid care to their sick or disabled loved ones. The ICB does not assume that family members will provide care and support however, recognises value and will agree together if this comprises part of the care and support. Family members who are carers are supported by ICB staff to recognise their own abilities and limits and also sign post them for carers assessments, health assessments etc. including with our partner organisations.

Armed Forces community (serving Armed Forces personnel, their families, reservists, and veterans) The needs of these groups should be considered specifically. The ICB has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

The impact of this policy is equal on all individuals regardless of whether they are a part of the Armed Forces Community. Care will be individually commissioned to meet the assessed health and social care needs of the individual.

Meeting psychological needs *The ICB is working to improve how services meet the psychological needs of patients. This recognises that an individual's experience of disease or illness, and/or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.*

Do you have evidence of additional or unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of patients and carers. This might include staff training in Mental Health First Aid, signposting patients to sources of mental wellbeing support, provision of peer support or psychological therapy.

The impact of this policy is equal on all individuals regardless of whether or not they have psychological needs. Care will be individually commissioned to meet the assessed health and social care needs of the individual. The ICB recognises the impact of increased anxiety and stress on individuals who already have to cope with physical and/or mental health condition and also that of the carers and family members. As part of the assessment process psychological needs are taken into account and appropriate sign posting will be offered. Teams involved in the assessments are registered health and social care professionals and may also be trained in mental health first aid. The ICB will ensure individuals with psychological needs are supported to access the relevant services required.

Other identified groups *Consider and detail and include 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. This may therefore relate to: Poverty, living in rural areas, resident status (migrants and asylum seekers).*

Funding through NHS CHC is free at the point of delivery however the Choice and Equity Policy seeks to further ensure all individuals eligible receive a fair and equitable service no matter their income or the area they live in.

However, those who are joint funded with a Local Authority may be means tested by the Local Authority and may need to make a contribution towards their care.

The ICB recognises that its clients come from many different backgrounds and each person's circumstances are unique to them. The ICB will ensure that it supports all of its clients to access the care and support they need in a fair and non discriminatory manner and will log trends, issues and themes that arise through the Complex Case Panel.

Involvement and consultation *For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs.*

Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

This policy is adapted from the recently approved Hampshire and Isle of Wight ICB version which ensured that stakeholders were contacted in the form of CHC Co-production members during the drafting stages of the policy. All feedback was reviewed, and changes made where required.

The policy was drafted by Bevan Brittan so complies legally with all necessary legislation.

Q5 How have you involved stakeholders in testing the policy or programme proposals?

No requirement for testing, all feedback was reviewed and incorporated where appropriate.

Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs:

Bevan Brittan, Co-production, and HloW ICB colleagues were consulted throughout and feedback considered and incorporated where applicable.

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

The Choice and Equity Policy will:

- Take a person-centred approach
- Lead to a fairer, more consistent and more equitable service across CHC
- Care will be individually commissioned to meet the assessed health and social care needs of the individual
- Individuals will be supported to access the right services for them in a fair and non discriminatory manner.

Negative impacts

*Where there is evidence provide a summary of negative impacts for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this **must be** outlined.*

The Choice and Equity Policy will lead to a fairer, more consistent and more equitable service across CHC, CYPCC and joint funding. However, due to the nature of a place based service there will be areas that may need to alter the way this policy is implemented to meet the needs of their specific client base and population.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

Monitoring and review of the Choice and Equity Policy during and after implementation will seek to address any gaps or differential outcomes for those groups that face health inequalities. Actions will be identified and implemented to mitigate or remove wherever possible identified negative impacts.

Action planning for improvement, and to address health equalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
The complex case panel will log any themes and trends in relation to any issues arising that relate to those individuals who meet protected characteristics.	Strategic Commissioning, Contracting and Brokerage Manager and Assistant Director of AACC		
The ICB will log specific concerns raised by our clients or their family members in relation to instances where an individual has been impacted upon negatively because of their protected characteristics. The ICB will use this information to improve practice in the future.	Strategic Commissioning, Contracting and Brokerage Manager and Assistant Director of AACC		
The ICB will reflect on its practices and its continual relationship building with our provider markets and partner organisations to ensure good communication, feedback and continual development to meet the needs of its population.	Strategic Commissioning, Contracting and Brokerage Manager and Assistant Director of AACC		

For your records

Person who carried out this assessment: Assistant Director of AACC for AACC

Date assessment completed: 12 January 2024

Date to review actions: 01 January 2025

Responsible Director: Chief Nursing Officer

Date assessment was approved: XXX 2024