

Patient Choice and Resource Allocation Policy



Quality & Equality First

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NHS WARWICKSHIRE NORTH CLINICAL COMMISSIONING GROUP

CONTINUING HEALTHCARE

Patient Choice and Resource Allocation Policy

1. Introduction and purpose

This policy aims to detail the legal requirements and agreed course of action in locating care settings which meet an individual's reasonable clinical needs, the CCG's requirement to ensure value for money and to accommodate individual requests as far as reasonably possible. This policy applies to new and existing patients eligible for Continuing Healthcare.

The policy is based upon a policy produced by NHS West Midlands which was developed to help provide a common and shared understanding of the then PCT commitments in relation to patient choice and resource allocation. That piece of work aimed to:

- Inform robust and consistent care package decisions for each PCT in the West Midlands using a regionally developed policy;
- Ensure consistency across the region over the services that individuals are offered;
- Ensure that each PCT achieved value for money in its purchasing of services for NHS Continuing Healthcare (CHC) individuals;
- Help health care providers understand how they can most effectively work with NHS bodies in the West Midlands.;
- Improve quality and consistency of care and assist PCTs to make decisions about the most clinically appropriate care packages for individuals in a robust way and thus improve financial management.
- NHS Warwickshire subsequently adapted some of the content of the regional policy (following advice from its own legal advisors). This policy is the result of that process and is now to be adopted by NHS Warwickshire North Clinical Commissioning Group.

2. Identification of need

- 2.1 Where an individual is eligible for CHC, the CCG agrees to commission a package of care which meets the individual's reasonable healthcare needs.
- 2.2 The individual's care coordinator should discuss the proposed care package with the individual and their representative(s) (where the individual gives consent for such a discussion or where the individual lacks capacity) including where the service may be provided. The CCG will seek to take into account any reasonable request from the individual and their representative(s) in making the decision about which package(s) to offer. Individuals will not necessarily be provided with a care package in accordance with their first choice but will be offered a care package which meets their reasonable assessed healthcare needs.

3. Provision

- 3.1 The CCG will endeavour to offer a reasonable choice of available providers to the service user. Where there are a reasonable number of providers this will be an offer of three different care homes from the CCG's preferred provider list. The CCG will offer patients at least one provider within a 10 mile radius of the given postcode. The remaining two providers will be dependent on the patient's healthcare needs and current capacity. This choice maybe outside of the 10 miles and this is deemed 'reasonable' due to the geographical area that the CCG covers and availability of care homes. Where CHC is to be offered in a care home and the individual declines all of the care homes proposed by the CCG, the individual can suggest a different care home provided it satisfies the following criteria:
- 3.1.1 The individual's preferred care setting appears to the CCG to be suitable in relation to the individual's clinical and social needs as assessed by the CCG;
 - 3.1.2 The cost of making arrangements for the individual at their preferred care setting would not require the CCG to pay more than they would usually expect to pay having regard to the individual's assessed needs.
 - 3.1.3 The cost will be looked at by the CCG in relation to the providers sourced and based on the highest cost from the three choices.
 - 3.1.4 The individual's preferred care setting is available;
 - 3.1.5 The persons in charge of the preferred care setting are able to provide the required care to the individual subject to the CCG's usual terms and conditions, having regard to the nature of the care setting, for providing the care setting for such a person for CHC.
- 3.2 In the context of CHC, where reference is made to accommodation this is a reference to care homes, the individual's own home, or an appropriately registered care setting. The CCG will only fund that which is assessed as being required in the agreed care plan. Thus the CCG will not fund services such as hairdressing, clothing, rent, food or household bills (unless identified in the care plan).
- 3.3 To enable the individual to make an informed choice, the CCG will provide the individual with required relevant information to select an appropriate home. This may be in the form of leaflets from the care home providers.

4. The CCG Preferred Providers

- 4.1 To assist the CCG in achieving consistent, equitable care, the CCG will endeavour to offer and place individuals with preferred providers.
- 4.2 Where a preferred provider is not available to meet the individual's reasonable requirements, the CCG may make a specific purchase and place the individual with another care provider who meets the individual's needs. Where such an arrangement has been agreed the CCG reserves the right to move the individual to a suitable preferred provider when a place becomes available, where this will provide a significant financial or clinical advantage to the CCG.

For example, if an individual has a specific care need which cannot be provided for the CCG preferred accommodation, the CCG will need to specifically commission accommodation for the individual, potentially through an individually negotiated agreement. The CCG should notify the individual and/or their representative(s) that they may be moved should a preferred provider subsequently have capacity.

- 4.3 If it is not in the best interest of the patient to be moved consideration will always be given to the individual's physical and mental condition and any decision as to relocation will be made in his / her best interests.
- 4.4 Though all reasonable requests from individuals and their families will be considered, the CCG are not obliged to accept requests from individuals for specific care homes which have not been classified as preferred providers.

5. Location

The CCG will take account of (so far as it is able to) the wishes expressed by individuals and their families when making decisions as to the location or locations of care packages to be offered to individuals to satisfy the obligations of the CCG to provide CHC.

5.1 Home care package

5.1.1 The CCG acknowledges that many individuals with complex healthcare needs wish to remain in their own homes, with a package of support provided to the individual in their own homes. Where an individual or their representative(s) express such a desire, the CCG will investigate to determine whether it is clinically feasible and within the powers of the CCG to provide a sustainable package of NHS CHC for an individual in their own home in a safe manner.

5.1.2 Costs of home care packages can be constrained where family members are willing and able to provide elements of care to an individual without charge. Whilst family members are under no legal obligation to offer such care, the CCG will ask family members if they are prepared to do so and, if they agree, the CCG is entitled to assume that family members will provide the agreed level of support in designing any home care package. In these circumstances the CCG will ensure that there are on-going assessments to ensure that the individual is receiving the appropriate level of care for his/her needs.

5.1.3 The CCG will take account of the following non exhaustive list when considering any request for home care packages:

- The care can be delivered safely to the individual without undue risk to them, family members or staff tasked to provide the care. Safety will be determined by formal risk assessment which will be undertaken by an identified professional. The risk assessment will consider the availability of equipment, suitably skilled carers and the appropriateness of the environment, and the acceptance of any identified risks where plans to minimise such a risk can be put in place which are agreed by the individual, care providers and the CCG;

- The patient's GP must agree to provide primary medical support;
- The individual's preferred choice;
- The suitability of alternative arrangements;
- The extent of the patient's needs;
- The willingness and ability of family/informal carers to provide elements of care where this is a necessary part of the care plan and the agreement of those persons to the care plan;
- Provision of contingency if the care provider fails to or is unable to get to the individual.

5.1.4 In an attempt to balance these different interests, the CCG may be prepared to support a clinically sustainable package of NHS CHC which keeps an individual in their own home where the anticipated cost to the CCG of the home care package is more than the anticipated cost of the provision of package of services for the individual in a care home which meets their healthcare needs. Each such case will be considered individually but it is unlikely that an additional cost of more than 10% more than the anticipated cost of the provision of package of services for the individual in a care home will be supported.

5.1.5 Where the CCG decides to offer home care to a patient, the patient's home becomes the member of staff's place of work. Employee safety is an important consideration in home care packages. The patient's home must be a reasonably safe environment to work and deliver care to the patient. This includes cleanliness of the environment, and interactions between the individual, family/carer and the employee.

5.2 Care home package

5.2.1 Through discussions with the individual, or their representative(s), location requests will be accommodated as much as reasonably possible, and in accordance with this policy, for example, proximity to relatives. Location requests will be subject to fulfilment of the criteria described in section 3.1 of this policy.

5.2.2 If a care home that was not originally offered is requested by the individual, the CCG will accept the individual's selection providing it complies with the criteria set out in section 3.1 and section 5.1.5 of this policy.

5.2.3 The CCG understands that individuals may want to be located near specific places to stay in the local community and enable family and friends to visit easily. To accommodate this, where the CCG's preferred available care homes are not within a reasonable travelling distance, the CCG may choose to make a specific purchase for that individual to enable them to be accommodated in their preferred area where the anticipated cost to the CCG is more than the available the CCG preferred accommodation.

Each such case will be considered individually but it is unlikely that an additional cost of more than 10% more than the anticipated cost of the provision of a package of services in available the CCG preferred accommodation will be supported. Where such an arrangement has been agreed, the CCG reserves the right to subsequently move the individual to a suitable preferred provider where this will provide a significant financial advantage to the CCG.

- 5.2.4 Reasonable travelling distance will be based on a case by case assessment of an individual's circumstance, and will take into account factors such as ability of family and friends to visit, which may include public transport links, mobility of the family and friends and so on. However, due to available capacity and the geographical area of the CCG an individual may be placed in a home that can meet their clinical needs where necessary. Travelling distance will not be deemed as exceptional circumstances if the CCG agrees the package of care offered to be a reasonable and complies with section 3.1 and 5.1.5.
- 5.2.5 If an individual or their representative(s) exercise patient choice and select a care home in another area, the CCG will consider placing the patient there and, if they do place the patient the responsibility for commissioning between different CCG's will be decided in accordance with DH guidance.

6. Capability

- 6.1 The accommodation offered by the CCG and ultimately selected by the individual must meet the reasonable clinical and social care needs of the individual as agreed by the CCG. However, as with all services provided by the NHS, the CCG cannot give a commitment that it will provide a service to meet every clinical and social care need identified in an assessment. It is lawful for the CCG to determine that some clinical and social care needs will not be met as part of the CHC package on the basis that the care that the CCG is required to provide is limited to that which relates to the healthcare needs of the individual.
- 6.2 The CCG will not be prepared to fund care at a care home or through a domiciliary care package which the CCG determines is unable to satisfy the individual's reasonable identified care needs.
- 6.3 To ensure that individuals are placed in the correct environment to have their CHC needs completely met, the individual cannot exercise patient choice to select a care setting which is unable to satisfy the identified care needs. The CCG will work with the individual to identify an appropriate care setting.
- 6.4 The CCG recognises that an individual's clinical and social care needs may change over time. Due to developments or improvements in an individual's condition their needs may change to an extent that the care package requires adjusting. These altered requirements will be identified through the review process described in section 11.0. If the existing care environment is unable to provide the level of care identified by the reviewed CHC assessment, the CCG may need to offer a change of accommodation, where that offer is refused, section 9.3 below will apply.

7. Care package 'top-ups'

- 7.1 The individual or their representative(s) have the right to enter into discussions with any care provider to supplement the care package, over and above the package of care that has been agreed to be provided by the CCG. Any such costs arising out of any such agreement must be funded by the individual or through third party funding. These costs may relate to:
 - 7.1.1 Additional non-healthcare services to the individual. For example hairdressing, provision of a larger room, en-suite, or enhanced TV packages.
 - 7.1.2 Additional healthcare services to the individual, outside of the services the individual has been assessed as requiring as part of the CHC package. These types of services may include things such as chiropractor appointments or additional physiotherapy sessions. The CCG will satisfy itself that these services do not constitute any part of the CHC identified need.
- 7.2 The decision to purchase additional private care services to supplement a CHC package must be entirely voluntary for the individual. The provision of the CHC package must not be contingent on or dependent on the individual or their representative(s) agreeing to fund any additional services. This means that the care home must be able to deliver the assessed CHC needs to the individual, without the package being supplemented by other services as described in 7.1 of this policy.
- 7.3 Any funding provided by the individual for private services should not contribute towards costs of the healthcare need that the CCG has agreed to fund. Similarly, CHC funding should not in any way subsidise any private service that an individual chooses outside of the identified care plan.
- 7.4 Where an individual is funding additional healthcare or non-healthcare services, the associated costs to the individual must be explicitly stated and set out in a separate agreement. If the individual chooses to hold a contract for the provision of these services, it should be clear that the additional payments are not to cover any care provision which is funded by the CCG.
- 7.5 In order to ensure that there is no confusion between the NHS and privately funded services, the CCG will enter into a legally binding contract with the selected care provider which details the provision by the care home of a defined level of health and social care to the individual. This will expressly be independent of any arrangement between the care provider and the individual or their representative(s) and will be expressed to continue notwithstanding the termination of any arrangements made between the individual and the care provider. Any payments made by the individual under a contract with the care provider for additional services cannot be made under the CCG contract.
- 7.6 If the individual or their representative(s) for any reason decides that they no longer wish to fund the additional services supplementing the care package, the CCG will not assume responsibility for funding those additional services.
- 7.7 Where the CCG is aware of additional services being provided to the individual privately, the CCG will satisfy itself that they do not constitute any part of the assessed care package.

8. Availability

- 8.1 To enable individuals to receive the correct care promptly, individuals will be accommodated in available care homes as soon as possible. If an individual's first choice accommodation from the CCG preferred provider range is not available, they will be encouraged to consider other the CCG preferred providers to ensure placement as soon as possible.
- 8.2 If the individual requests care at a care home which is currently unavailable, and is unwilling to be placed in an available care home, there are several options available to the CCG:
 - 8.2.1 Temporary placement of the individual in an alternative care setting until the preferred care home is available. For example alternative care home, respite care or a community bed;
 - 8.2.2 The individual may choose to go to their own or a relative's home without the assessed care package until the preferred care home is available;
 - 8.2.3 The CCG may choose to provide home care until the preferred care home is available, cost implications to the CCG must be considered. This will be in accordance with the section 5.1.4 in this policy.
- 8.3 If the individual's representative(s) are delaying placement in a care home due to non-availability of a preferred home, and the individual does not have the mental capacity to give decisions themselves, the CCG reserves the right to apply to the Court of Protection for an Order that it is lawful to move the individual to an appropriate home.
- 8.4 If the CCG accommodates an individual in a care setting that is more expensive than the standard cost due to, either availability in the market, or the ability of the CCG to commission at the standard cost, the additional cost will be funded by the CCG. Where such an arrangement has been agreed the CCG reserves the right to move the individual to a suitable preferred provider where this will provide a significant financial advantage to the CCG. The CCG should notify the individual and/or their representative(s) that they may be moved should a preferred provider subsequently have capacity. Such action will only be taken if it is safe to do so and in the best interests of the individual.
- 8.5 Patient Choice for all placements will be set on a minimum of one choice within 10 miles due to the geographical area of the CCG, this is deemed reasonable. Two further choices will be given where possible but may not have capacity within 10 miles of the preferred location (5.2.3).
- 8.6 Hospital discharges – where an individual is currently in a hospital setting and is medically fit to be discharged the CCG in conjunction with the hospital has the right to move an individual to an appropriate setting to prevent undue stay in hospital, following a refusal of a choice of home. Patient representatives may still choose a preferred provider out of three suitable choices. Individuals/patient representatives will be given 48 hours to make their first choice to avoid delays to discharge.

9. Acceptance / Withdrawal of service

- 9.1 An individual is not obliged to accept a CHC package. Once an individual is eligible and offered CHC, and they choose not to accept the CHC package, the CCG will take reasonable steps to make the individual aware that the Local Authority does not assume responsibility to provide care to the individual. The CCG will work with the patient to help them understand their available options.
- 9.2 Any decision to withdraw CHC from an individual will not normally be a unilateral decision. The CCG will usually consult with the individual and Local Authority before removing any package.
- 9.3 The NHS discharges its duty to individuals by making an offer of a suitable care package to individuals whether they choose to accept the offer. The following are examples of how this can work in practice:
- 9.3.1 the CCG offers to discharge its duty by providing a package of services for an individual in one or more appropriate care settings, irrespective of whether this is the individual's preferred location, and that offer is rejected by the individual;
- 9.3.2 the CCG offers to discharge its duty to an individual who, to date, has had a package of services in their own home by moving the individual to one or more appropriate care or nursing homes (since the costs of providing such care may be significantly less than providing care for an isolated individual) but that offer of a care home is rejected by the individual.
- 9.3.3 Individuals and/or patient representative will be advised in writing of the decision by the CCG of the first choice of provider. The individual/patient representative will have the right as set out in 9.1 to decline the case package offered. If the individual is within a hospital setting a 'first choice' letter will be sent by the Acute Trust regarding the delayed discharges and suitable provision for discharge (see appendix 3 & 4).

The above circumstances may lead to a decision to withdraw services from the individual.

- 9.4 Following a review, as described in section 11.0, the individual's condition may have improved to an extent that they are no longer eligible for CHC funding for the package. In these circumstances, the CCG is obliged to cease funding. This includes home care and care home care packages. In these cases the CCG will carry out a joint review with the Local Authority:
- 9.4.1 The individual will be notified they may no longer be eligible for CHC; at this point the Local Authority has 28 days to review the individual's requirements. In suitable cases, the CCG funding for an individual's care may be continued for 28 days where a Local Authority is undertaking such a review.
- 9.4.2 Where there are disputes between the CCG and the Local Authority on care provision, the CCG will follow the Dispute Resolution protocol agreed with the Local Authority.

- 9.5 It may be appropriate for the CCG to remove CHC services where the situation presents a risk of danger, violence to or harassment of care staff who are delivering the package.
- 9.6 The CCG may also withdraw CHC where the clinical risks become too high; this can be identified through, or independently of the review process. Where CHC clinical risk has become too high in a home care setting, the CCG may choose to offer CHC in a care home setting.
- 9.7 In the event that a decision is made that an individual is no longer eligible the CCG will consider whether to refer the case to the Local Authority for an assessment under s47 of the NHS and Community Care Act 1990. The joint CHC Eligibility Process and Handover of Care Process with Warwickshire County Council/ will be adhered to as appropriate

10. Personal health budgets and direct payments

Personal health budgets transfer the delivery of services but not the CCG's commissioning function. The CCG will maintain responsibility for the Department of Health direction for these budgets in line with Department of Health guidance. Nominations will be reviewed by the CCG on a case by case basis.

Please note that patients have the 'right to request' a Personal Health budget in April 2014 as per DH guidance.

11. Continuing healthcare review

- 11.1 A case review should be undertaken no later than three months after the initial eligibility decision, in order to reassess the individual's care needs and eligibility for CHC, and to ensure that the individual's reasonable needs are being met. Reviews should thereafter take place annually, as a minimum.
- 11.2 If the review demonstrates that the individual's condition has improved to the extent that they no longer meet the eligibility criteria for a funded package of CHC, section 9.4 of this policy provides further detail.
- 11.3 The CHC review may identify an adjusted or decreased care need:
 - 11.3.1 Where an individual is receiving home care, the CCG will consider the ability of the package to be delivered in the home environment, and also the cost effectiveness of this package in accordance with section 5.1 of this document.
 - 11.3.2 Where the individual is accommodated in a care home, the CCG will ensure that the care home is able and suitable to deliver this adjusted or decreased care need.
 - Where the care home is unable to meet this adjusted care need, the CCG will accommodate the individual in accordance with section 5.2 of this policy.
 - Where there is a decreased need, the CCG will consider the cost effectiveness of the package to be delivered in the current care home, and may move the individual to a suitable alternative provider in accordance with section 5.2 of this policy.

11.4 The CHC review may identify an increased care need.

11.4.1 Where an individual is receiving home care, the CCG will consider the ability of the package to be delivered in the home environment, and also the cost effectiveness of this package in accordance with section 5.1 of this document.

11.4.2 Where the individual is accommodated in a care home, the CCG will ensure that the care home can deliver this increased care need. Where the care home is unable to meet this increased care need, the CCG will accommodate the individual in accordance with section 5.2 of this policy.

12. Exceptional circumstances

12.1 The CCG would be prepared to consider funding a package where the anticipated cost to the CCG is more than the anticipated cost of the provision of a broadly similar service in exceptional cases, and in cases where the CCG is being asked to commission a home care package of terminal care leading to the early anticipated death of an individual. Such cases will be examined on an individual basis.

12.2 Historical Cases prior to February 2012 that have been reviewed will be discussed as individual cases and packages may change in line with the Policy. Where packages are met within the home environment, the care needs must be reviewed by professionals. Families will need to be asked what they could offer with regards to care. A new risk assessment should be completed around the new care package and what the clinical health needs are. The CCG is aware that historical cases are exceptional and so will be reviewed on a case by case basis.

13. Appeals process

13.1 There is a right of appeal with regard to the decision (please note that this process is not for appeals against CHC eligibility decisions). An individual may only appeal a decision if he/she considers that:

- Important factors were not taken into account when the original decision was made; or
- Where an individual considers there to be additional information in support of their case; this should be referred to the Clinical Commissioning Group for consideration within 24 hours of the decision being made.

13.2 The appellant should set out the reasons for the appeal with clear rationale. Please note where an individual is in a hospital setting the process set out in paragraph 8.6 will take precedence to avoid hospital delays.

13.3 The Clinical Commissioning Group will respond back with a final decision to the appellant within 2 working days of receipt.

14. Capacity

- 14.1 If it is assessed that the individual does not have the mental capacity to give consent decisions should be made for the individual in accordance with the Mental Capacity Act 2005 and the associated Code of Practice (with a referral to the Court of Protection, where necessary).

15. Definitions

Individual

In the context of this policy the individual is the service user that has been assessed for and offered continuing healthcare, also referred to as the patient.

Representative(s)

Representative(s) refers to the people or person that liaises between individuals and the CCG. The individual receiving healthcare may elect to have representative(s) act with them or on their behalf, or there may be representative(s) where the individual does not have the mental capacity to make independent decisions.

Representatives may be legal representatives, patient advocates, family, or other people who are interested in the individual's wellbeing.

Where the individual has capacity, they must give consent for any representative to act on their behalf.

Provider

Provider refers to organisation which provides NHS Continuing Healthcare on behalf of the CCG.

Preferred Provider

The CCG preferred care home providers are those who have undergone a competitive procurement process in order to achieve preferred provider status, and operate under the CCG terms and conditions either through a block contract or Framework Agreement.

These providers have been assessed and accepted by the CCG as being able to fulfil the continuing healthcare requirements of defined categories of individuals at an agreed cost, and have agreed to provide care to CHC individuals funded by the CCG when they have places available.

Care coordinator

Care coordinator refers to the person who coordinates the assessment and care planning process. Care coordinators are usually the central point of contact with the individual.

16. Sources of guidance

- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - November 2012 (revised)
- The NHS Continuing Healthcare (Responsibilities) Directions 2009 – no longer called directions but standing rules and they will come into effect on 1 April 2013
- NHS Continuing Healthcare Practice Guidance (1 April 2010)
- Human Rights Act 1998
- National Assistance Act 1948 (Choice of Accommodation) Directions 1992 (as amended)
- Guidance on: National Assistance Act 1948 (Choice of Accommodation) Directions 1992. National Assistance (Residential Accommodation) (Additional Payments and Assessment of Resources) (Amendment) (England) Regulations 2001
- Updated guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992: Consultation outcome (14 October 2004)
- National Health Service Income Generation - Best practice: Revised guidance on income generation in the NHS (1 February 2006)
- National Health Service Act 2006
- Who Pays? Establishing the Responsible Commissioner (18 September 2007) – new RC guidance from April
- The NHS Constitution (dated March 2010)
- Guidance on NHS Patients Who Wish To Pay For Additional Private Care (dated March 2009)

Equality Impact Assessment

Warwickshire North
Clinical Commissioning Group

Department: NHS Continuing Healthcare & NHS-funded Nursing Care.

Name of person completing EIA: Helen Bunter, Equality and Diversity Specialist
NHS Arden Commissioning Support

Date of EIA: 21.06.13

Accountable CCG Lead: Fleur Blakeman

CCG Sign off and date:

Piece of work being assessed: **Patient Choice and Resource Allocation Policy**

Aims of this piece of work: This Policy aims to detail the legal requirements and agreed course of action in locating care settings which meet an individual's reasonable clinical needs and the CCGs' requirement to ensure value for money and to accommodate individual requests as far as reasonably possible.

Other partners/stakeholders involved: NHS Arden Commissioning Support

Who will be affected by this piece of work?: **Patients in Warwickshire eligible for NHS Continuing Healthcare.**

Single Equality Scheme Strand	<p>Baseline data and research on the population that this piece of work will affect.</p> <p>What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible.</p> <p>Include consultation with service users wherever possible</p>	<p>Is there likely to be a differential impact? Yes, no, unknown.</p>																																										
All	<p>If a CCG or the Board identifies any issues for particular groups or communities, it should take steps to address these. This is in line with the NHS Continuing Healthcare Practice Guidance. As part of the eligibility assessment process, the NHS CHC Checklist and DST incorporates an equality monitoring form and this is for completion by the individual being assessed, although staff should offer to help them complete it where support is required. The purpose of the equality monitoring form is to help the NHS Commissioning Board and CCGs identify whether individuals from different groups (in terms of disability, ethnicity, etc.) are accessing NHS continuing healthcare on an equitable basis, including whether they are being properly identified for potential eligibility at Checklist stage and are being identified for the Fast Track process where appropriate.</p> <p>The equality form will enable the Board or the CCG to monitor whether the Framework is being applied equitably in its area.</p> <p>DoH, Equality Analysis. National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2012</p>	Yes																																										
Gender	<p>Men and women, including trans men and women, may require continuing healthcare. Women outnumber men as the population ages.</p>	Yes																																										
Race	<p>The population of Coventry and Warwickshire is as follows:</p> <table border="1" data-bbox="369 981 1926 1348"> <thead> <tr> <th></th> <th>Coventry</th> <th>Rugby</th> <th>North Warwicks</th> <th>Nuneaton and Bedworth</th> <th>Stratford on Avon</th> <th>Warwick</th> </tr> </thead> <tbody> <tr> <td>All categories: Ethnic group %</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>White: English/ Welsh/ Scottish/ Northern Irish/ British</td> <td>66.63</td> <td>84.15</td> <td>95.94</td> <td>88.92</td> <td>93.61</td> <td>83.36</td> </tr> <tr> <td>White: Irish</td> <td>2.30</td> <td>1.02</td> <td>0.74</td> <td>0.56</td> <td>0.74</td> <td>1.56</td> </tr> <tr> <td>White: Gypsy or Irish Traveller</td> <td>0.05</td> <td>0.16</td> <td>0.07</td> <td>0.06</td> <td>0.14</td> <td>0.03</td> </tr> <tr> <td>White: Other White</td> <td>4.85</td> <td>5.17</td> <td>1.14</td> <td>1.79</td> <td>2.88</td> <td>4.21</td> </tr> </tbody> </table>		Coventry	Rugby	North Warwicks	Nuneaton and Bedworth	Stratford on Avon	Warwick	All categories: Ethnic group %							White: English/ Welsh/ Scottish/ Northern Irish/ British	66.63	84.15	95.94	88.92	93.61	83.36	White: Irish	2.30	1.02	0.74	0.56	0.74	1.56	White: Gypsy or Irish Traveller	0.05	0.16	0.07	0.06	0.14	0.03	White: Other White	4.85	5.17	1.14	1.79	2.88	4.21	Yes
	Coventry	Rugby	North Warwicks	Nuneaton and Bedworth	Stratford on Avon	Warwick																																						
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	<p>Mixed/ multiple ethnic group: White and Black Caribbean</p> <p>Mixed/ multiple ethnic group: White and Black African</p> <p>Mixed/ multiple ethnic group: White and Asian</p> <p>Mixed/ multiple ethnic group: Other Mixed</p> <p>Asian/ Asian British: Indian</p> <p>Asian/ Asian British: Pakistani</p> <p>Asian/ Asian British: Bangladeshi</p> <p>Asian/ Asian British: Chinese</p> <p>Asian/ Asian British: Other Asian</p> <p>Black/ African/ Caribbean/ Black British: African</p> <p>Yes Black/ African/ Caribbean/ Black British: Caribbean</p> <p>Black/ African/ Caribbean/ Black British: Other Black</p> <p>Other ethnic group: Arab</p> <p>Other ethnic group: Any other ethnic group</p> <p>Approximately 26,000 households have no one who speaks any English.</p>	<p>1.16</p> <p>0.30</p> <p>0.75</p> <p>0.39</p> <p>8.76</p> <p>3.00</p> <p>0.93</p> <p>1.18</p> <p>2.42</p> <p>4.05</p> <p>1.05</p> <p>0.51</p> <p>0.64</p> <p>1.05</p>	<p>0.88</p> <p>0.21</p> <p>0.56</p> <p>0.33</p> <p>3.06</p> <p>0.61</p> <p>0.14</p> <p>0.43</p> <p>0.98</p> <p>1.00</p> <p>0.75</p> <p>0.23</p> <p>0.10</p> <p>0.21</p>	<p>0.43</p> <p>0.06</p> <p>0.19</p> <p>0.13</p> <p>0.58</p> <p>0.06</p> <p>0.02</p> <p>0.11</p> <p>0.17</p> <p>0.05</p> <p>0.20</p> <p>0.03</p> <p>0.01</p> <p>0.06</p>	<p>0.53</p> <p>0.09</p> <p>0.33</p> <p>0.17</p> <p>4.55</p> <p>0.42</p> <p>0.04</p> <p>0.24</p> <p>1.03</p> <p>0.44</p> <p>0.28</p> <p>0.11</p> <p>0.06</p> <p>0.37</p>	<p>0.35</p> <p>0.09</p> <p>0.37</p> <p>0.24</p> <p>0.47</p> <p>0.06</p> <p>0.01</p> <p>0.32</p> <p>0.35</p> <p>0.09</p> <p>0.10</p> <p>0.03</p> <p>0.04</p> <p>0.12</p>	<p>0.63</p> <p>0.17</p> <p>0.78</p> <p>0.46</p> <p>4.90</p> <p>0.35</p> <p>0.05</p> <p>0.84</p> <p>1.09</p> <p>0.34</p> <p>0.28</p> <p>0.08</p> <p>0.17</p> <p>0.71</p>			
Disability	<p>Some patients will have impairments such as a learning difficulty, visual or hearing impairment, mobility difficulty or mental health problem in addition to the clinical diagnosis which has brought them to need continuing health care</p>								Yes	
		% reporting	claiming DLA	Day-to-day activities limited a lot	Day-to-day activities limited a little	Bad health	Very bad health			
	Coventry		3.74	7.03	9.07	3.51	0.97			
	Rugby		5.75	8.70	9.04	4.66	1.40			
	North Warwickshire		5.39	9.29	9.95	4.60	1.38			
	Nuneaton and Bedworth		6.15	9.48	9.98	4.81	1.40			
	Stratford on Avon		3.30	7.06	9.82	3.36	0.88			
	Warwick		3.25	6.37	8.46	3.11	0.93			

Religion/ belief	There are strong links between religion/belief and health.						Yes
Sexual orientation	The government estimates that about 5% of the population is lesbian, gay or bisexual. LGB service users report discriminatory treatment in care settings.						Yes
Age	% reporting	Age 60 to 64	Age 65 to 74	Age 75 to 84	Age 85 to 89	Age 90 and over	Yes
	Coventry	6.06	9.40	5.55	1.54	0.83	
	Rugby	4.84	7.58	4.90	1.39	0.72	
	North Warwickshire	7.25	10.49	5.73	1.47	0.66	
	Nuneaton and Bedworth	6.41	9.40	5.40	1.29	0.62	
	Stratford on Avon	7.75	11.84	7.21	1.92	1.08	
	Warwick	5.95	8.63	5.61	1.65	0.85	
Social deprivation	In Coventry, 37% of households have no adult in employment. In Rugby this is 30%, in Nuneaton and Bedworth 34%, in North Warwickshire 31%, in Warwick district 30% and in Stratford on Avon 32%.						Yes
Carers	%	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week			Yes
	Coventry	7.11	1.21	2.06			
	Rugby	6.14	1.49	2.50			
	North Warwickshire	7.74	1.49	2.90			
	Nuneaton and Bedworth	6.83	1.59	2.94			
	Stratford on Avon	8.04	1.17	2.12			
	Warwick	7.06	1.00	1.71			
Human rights	Will this piece of work adversely impact on anyone's human rights? Right to a fair trial; Right to respect for private and family life; Right not to be discriminated against; Right to freedom and security						Possibly

Equality Impact Assessment Action Plan

			← CCG →		
Strand	Issue	Suggested action(s)	How will you measure the outcome/impact	Timescale	Lead
All	The CCG has a duty to “Advance equality of opportunity between people who share a protected characteristic and those who do not” by treating people differently in order to ensure that they have equality of access, treatment and outcomes.	The policy is written as a ‘one size fits all’ and needs to be amended to accommodate the different needs of patients covered by the protected characteristics where the costs of meeting these differences are considered reasonable. For instance; The Policy needs to be re-worded regarding the distance from ‘home’ to accommodate ‘home’ being the home of their next of kin; care at home vs care in a residential establishment if language, cultural or nutritional needs can be more easily met by care at home.	Revised policy	September 2014	Mags Sumel.
All	Part of the decision making process has to consider an individual’s needs relating to their protected characteristics. For example, these are picked up under the domains of the Decision Support Tool i.e. 4: communication, 6: nutrition and 12: other significant care needs.	Consideration in regards to threshold levels may need to be more flexible to take into account any individual cultural needs i.e. sexual orientation, diet, language.	Customer satisfaction	September 2014	Mags Sumel.

	Additionally, an equality monitoring form should highlight any issues related to the protected characteristics.				
All	No monitoring or reporting has taken place on the protected characteristics of patients receiving CHC.	Consider the data to date of who have been in receipt of a care package – Equality Data.	Report available	September 2014	Mags Sumel.