Norfolk and Suffolk
Integrated Care Board

Norfolk and Suffolk ICB

NHS Continuing Healthcare Equity and Choice Policy

Document Control Sheet

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	**NHS Continuing Healthcare Equity and Choice Policy**
Version	**1**
Date of this version	April 2026
Produced by	Head of Nursing for Clinical Services
What is it for?	This policy describes the way in which the ICB will commission and make provision for equitable, safe, and effective care for individuals who have been assessed as eligible for NHS Continuing Healthcare, health funded discharge to assess pathways and joint funded packages of care after NHS Continuing Healthcare has been considered.
Evidence base	Relevant national guidance (see references) and principles set out in the NHS Constitution.
Who is it aimed at and which settings?	ICB NHS Continuing Healthcare Team, any in-patient setting where discharges take place, people who are eligible for funding.
Consultation	Policy based on regional best practice, expert legal review, stakeholder feedback and feedback from people in our communities
Impact Assessment:	See Appendix a
Other relevant approved documents	ICB Policy on enhanced therapeutic observations and care
References:	• National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care • DoHSC Hospital Discharge Service Guidance • Mental Capacity Act, 2005. • Human Rights Act 1998 • Equality Act (2010 • NHS Choice Framework (2014) • NHS Constitution for England, Department of Health (2013)
Monitoring and Evaluation	Review of Policy every two years. Continuous evaluation using feedback from service users, carers, staff, and subject matter experts as appropriate.
Training and competences	As per NHS Continuing Healthcare clinical roles and professional registration.
Reviewed by:	N/A
Approved by:	Quality Committee
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Contact for Review:	Head of Nursing for Clinical Services

Version Control

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1. INTRODUCTION

Norfolk and Suffolk Integrated Care Board (The ICB) is responsible for NHS Continuing Healthcare. The NHS Continuing Healthcare Team is the name given by the ICB for the team managing these funding streams.

This policy describes the way in which The ICB will commission and make provision for equitable, safe and effective care for individuals who have been assessed as eligible for NHS Continuing Healthcare, those on a health-funded hospital discharge pathway and jointly funded packages of care after NHS Continuing Healthcare has been considered.

2. PURPOSE

The purpose of this policy is to provide clarity regarding the commissioning processes undertaken in relation to NHS Continuing Healthcare, ensuring that the process is person led; that equity, equality and risk is managed and that the ICB can demonstrate the most effective use of NHS resources. The NHS Continuing Healthcare eligibility process is not within the scope of this policy.

The policy defines the way in which resources will be commissioned. Commissioning will be undertaken in a way that reflects the choice and preferences of individuals, balanced with the need for the ICB to strategically commission and manage the demand for healthcare for all the people of Norfolk and Suffolk in a safe and effective manner. At all times the ICB will ensure the best use of NHS resources both locally and nationally commissioned, and provide a level of service that is sustainable, equitable (fair) to the health and wellbeing of the people of Norfolk and Suffolk.

This policy does not change the ICB's statutory responsibilities to comply to national standards and legislative duties, however it promotes consistency of decision making and transparency in how the ICB will comply with their obligations as commissioners of NHS funded services as stated in the Department of Health, Choice Framework (2014) and the associated national policy in the delivery of healthcare.

Within Norfolk and Suffolk, the ICB wants to provide an open and transparent decision-making process that balances individual choice with the healthcare requirements of the people of Norfolk and Suffolk. The ICB accept this policy by design, limits individual choice to promote standardised choice to meet the requirement of equitable and sustainable healthcare for all.

In balancing the use of limited NHS resources, the ICB fully respect equality and diversity, and fully embrace the established NHS values and principles on equality and fairness, as set out in The NHS Constitution for England, Department of Health (2013) and duties under the Equality Act 2010 together with the European Convention on Human Rights.

Within this document the 'individual' will be used in all instances for the patient, person or resident as well as their relative and/or representative.

3. SCOPE

This policy applies to all employees of the ICB, including fixed term employees when working within the ICB and whilst on ICB business.

4. DEFINITIONS

Abbreviation / Item	Definition
CE	Chief Executive
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
NHS	National Health Service
SC	Social Care
We	The ICB
NHS CHC	NHS Continuing Healthcare
PHB	Personal Health Budget

5. ROLES AND RESPONSIBILITIES

Roles and responsibilities are described in the policy details.

6. POLICY DETAILS

6.1 Provision of services for people who are eligible for NHS Continuing Healthcare

The ICB has a delegated duty to promote a comprehensive health service, and each year must ensure that we provide this service within our allocated budget. While there is an expectation that individual choice is considered, it must not compromise overall service provision.

The ICB are obliged to meet the health and care needs of individuals who are eligible for NHS Continuing Healthcare, however, guidance does not prescribe the type of healthcare required to meet the need. ICBs have discretion as to the manner of provision of NHS Continuing Healthcare services and must exercise reasonable judgement to provide the most appropriate care within the resources available, considering overall expenditure.

Given these constraints, the ICB NHS Continuing Healthcare Equity & Choice Policy has been developed as a guide to support the overall provision of NHS Continuing Healthcare, whether in residential settings or own homes, and will ensure that all decisions on funding will:

- Be person-led.
- Be robust, fair, consistent, and transparent.
- Be based on the objective assessment of healthcare need, safety, and best interest.
- Involve the individual and/or their representatives wherever this is possible and appropriate

- Ensure the safety, effectiveness and appropriateness of care is considered in line with the National Framework for NHS Continuing Healthcare.
- Consider the need for the ICB to allocate its financial resources in the most cost-effective way.
- Support individual choice and personalisation to the greatest extent possible in the light of the above factors.

The ICB has a duty to provide care to an individual with healthcare needs to meet those assessed needs. An individual cannot make a financial contribution to the cost of the provision of NHS healthcare. An individual however, has the right to decline NHS services and funding and make their own private arrangements should they wish.

However, where service providers offer additional services which are **unrelated** to the individual's healthcare needs the individual may choose to use their own funds (self-funding) to take advantage of these additional facilities, services, and treatments.

Examples of such services falling outside NHS provision could include hairdressing, a bigger room where there is not an assessed healthcare need for a bigger room, a room with a nicer view or elements of daily living which represent as 'wants' not 'needs.' Any additional services which are unrelated to the assessed healthcare needs will not be funded by the ICB as these are services over and above those which the NHS can reasonably be expected to fund.

Provision of any additional services unrelated to an individual's health and care needs should be arranged and contracted separately from any NHS arrangement or contract. Assurance must be provided that the care provider can continue to provide the appropriate care for the individual within the care facility should the individual decide to end the agreement for provision of additional services. An example of this would be where a care home has a luxury wing with a higher specification room at a higher price than the NHS agreed price. Under this arrangement the NHS will pay the standard rate and the individual will take out an additional payment agreement for the luxury standard on the understanding that if they become unable to pay for these additional services then they would be moved to the standard NHS level of room within the same home, and their health and care needs would still be met.

Where Individuals and providers decide to offer or take up additional services of the nature described above, they must acknowledge that the ICB can accept no liability for any failure by individuals to pay for the additional services provided.

Any assessment of a care options will include consideration of the individual's psychological and social care needs and the impact on the home and family life as well as the individual's care needs.

The setting in which care / treatment is provided is based on clinical need and is a matter to be decided by the ICB with due consideration of the individual's wishes.

6.2 Care Home Placements

Where an individual has been assessed as needing care in a care home environment, the role of the ICB is to identify and commission a suitable placement. The ICB will endeavour to identify a choice of care home placements within the individual's preferred geographical area, however this is dependent on the availability of care home vacancies, the ability of specific care homes to meet the individual's needs, and the care home's acceptance of the ICB's weekly fee. Where an

individual has been awarded Fast Track funding, where the objective is to secure services for the individual as quickly as possible, less choice may be available.

A weekly fee which the ICB reasonably considers sufficient to fund a care home placement for the individual will be agreed. The ICB are unable to commission placements within care homes that do not accept the agreed weekly rate.

The ICB will not normally fund a placement where the requested care home can only safely or resiliently meet the individual's identified care needs with additional staffing at significant extra cost to the ICB. Where enhanced observations in the form of 1:1 care is required, this will be arranged and reviewed in line with the ICB policy on commissioning of enhanced therapeutic observations and care.

The ICB understands that the location of a care home is an important factor in decision making for many individuals. Where possible, the ICB will endeavour to provide a choice of care home within a reasonable distance of the individuals preferred location, considering the rurality of Norfolk and Suffolk and availability of appropriate care home vacancies in the preferred area.

In some circumstances, an individual may wish to live in a care home that has not been identified by the ICB. In these circumstances, if the fee for the placement is comparable to the fee agreed by the ICB, the care home can meet the individual's needs and the care home satisfies appropriate criteria set by the Care Quality Commission and local authority social services, the ICB will consider this option.

Where a care home has had its registration or right to accept admissions suspended or cancelled by the Care Quality Commission, or the local authority social services have embargoed admissions, the ICB are unable to consider commissioning any new placements within the care home until any suspensions, cancellations and embargoes have been lifted.

6.3 Funded packages of care at home

The expectation is that individuals who are eligible for NHS Continuing Healthcare and require care at home will be offered a notional Personal Health Budget (PHB) by default. A PHB is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the responsible ICB. It is not new money, but a different way of spending health funding to meet the needs of an individual.

A notional Personal Health Budget means that an individual is advised of the amount of money the ICB would normally spend on commissioning their care, the ICB holds this money on behalf of the individual and procures the services that are required to meet the individual's health and care needs. There is no requirement for an individual to maintain any financial records where the ICB is managing a notional personal health budget.

The ICB will consider patient choice, the availability of equipment including assistive technology, the appropriateness of the physical environment and the availability of appropriately trained care and/or other staff to deliver the care at the intensity and frequency required, including contingency planning when considering funding a home care package for an individual.

People who are eligible for NHS Continuing Healthcare funding, health funded discharge to assess pathway and jointly funded packages of care can have a complexity, intensity, frequency and/or unpredictability in their care needs, which means it may be less likely that care can safely be

delivered at home.   Although individual circumstances will be considered, it must be understood that it is usually not possible to replicate support services that would be available within in-patient NHS settings and nursing care facilities, and if this level of care is required, it would not usually be possible to care for the individual at home.

The ICB will consider funding packages of care at home providing care can be delivered safely, considering the risks to the individual, the staff or other members of the household (including children), and the level of risk that is acceptable to the individual.

- The ICB will take account of the following factors before agreeing to fund a care package at home:
- The individual's current and likely future needs.
- The individual's GP agreement to provide primary medical support.
- The suitability and availability of alternative care options.
- The absolute cost of the care and support required to meet the assessed needs and health and well-being outcomes, compared to the relative costs of providing the package of choice, both considered against the relative benefit of each package to the individual.
- The psychological, social and physical impact on the individual.
- The willingness and ability of family, friends or informal carers to provide elements of care where this is part of the care plan and the agreement of those persons to the care plan.
- The provision of contingency if the care provider fails or is unable to get to the individual.

Many individuals wish to be cared for in their own homes rather than in a residential or nursing care home, especially people who are in the terminal stages of illness. An individual's choice of care setting should be considered but the decision about where a package of care is provided is made by the ICB. The ICB's decision will be balanced against the factors set out above. The option of a package of care at home should be considered, even if discounted, and the reasons for its unsuitability should be clearly documented and communicated to the individual.

The ICB consider that in some circumstances an individual's needs are most appropriately met within a care home setting. The general assumptions are set out below; however, the ICB will take into consideration all relevant circumstances to establish whether these assumptions can be displaced:

- Individual's whose health and care needs mean that they cannot be left without care and/or supervision for more than a short period of time during their waking hours. An example of short period of time would be a care worker using the bathroom or making a hot drink. This means the ICB would not usually fund break cover for care workers who work for multiple hours on a shift, or as live in carers.
- Individuals who need waking night care would generally be more appropriately cared for in a care home. The need for waking night care indicates a high level of supervision is required at night. Consideration will be given to the provision of waking night care if it is required for informal (unpaid) carer respite up to three nights per week.
- Placements are generally deemed more appropriate for individuals who have highly complex health needs.
- Where there is a need for the presence of a Registered Nurse over a 24-hour continuous period, the ICB would only be expected to provide this within a care home with nursing environment.

- Individuals who require 1-2hrly intervention or monitoring by care workers for repositioning, continence management, medication, support with eating and drinking, moving and handling or other care interventions.
- Interventions are required that cannot routinely be supported at home on a regular basis, including but not restricted to subcutaneous fluids, continual invasive or non-invasive ventilation where constant supervision is required, naso-gastric feeding and the management of grade 4 pressure ulcers.

Each assessment will consider the appropriateness of a home-based package of care, considering the range of factors and principles within this policy. The assessment of need undertaken by a suitably qualified professional will determine the individual's care and support needs, which will inform the ICB when considering what care package, it will offer, and whether this offer will include a package of care at home if this is viable.

Respite is an interim, short-term arrangement for carers, which provides relief from their caring duties. The ICB will consider commissioning respite care in the form of an interim care home placement, or a short-term increase in formal home care to provide a break for unpaid carers who are providing care to meet needs which would otherwise require formal, paid care to meet them. Where individuals who are eligible for NHS CHC are going on a holiday, the ICB would consider funding the care and support required by the individual on their holiday but would not contribute towards the cost of the care worker(s) holiday expenses such as tickets, sustenance, travel costs and accommodation.

Social activities such as visiting day centres or activity centres would not usually be commissioned by the ICB unless the provision is instead of formal care and support in the home or is to support respite for informal, unpaid carers.

The ICB would not usually fund shadow shifts for care providers and would expect that care providers who are awarded packages of care manage this as part of their transition process.

When working in an individual's home, care workers do not have access to the full range of support services that are available within a hospital or nursing home environment, and in most cases, care workers will be working in isolation. If an individual care package at home is agreed, this must be acknowledged, and any implications identified and fully understood, with contingency plans put in place where required.

Alternative arrangements in case a home care package breaks down should be discussed with the individual by the health professionals involved in their care before the package of care commences. These arrangements could require an alternative package of care to be arranged. On some occasions, there may be a delay in re-arranging a home care package due to availability, or the ICB may be unable to re-arrange a home care package. In these circumstances, rapid admission to a care home may be required to ensure care and safety is maintained.

There may also be occasions where home care providers or care workers are unable to get to an individual, for example, due to adverse weather or high level of staff sickness. The ICB are not usually able to obtain rapid access to additional homecare in these cases. When an individual decides to receive care in their home, these risks should be clearly explained to them and considered as part of the decision-making process.

If an individual does not allow an alternative care arrangement to be put in place in the event of existing care arrangements breaking down, the ICB will follow safeguarding policy and the Mental Capacity Act (2005) to ensure the best interests of the individual are maintained.

Where care at home has broken down, providing the conditions of this policy can still be met, the ICB will fund a replacement care package from a second provider. At this point, the ICB will give written notice to the individual that should the second care package breakdown, the ICB will not be able to consider continuing to fund a home care package and would only consider funding an appropriate care home or other appropriate place of safety that both meets their needs and satisfies the ICB criteria as set down in this policy. If the placement offered is not acceptable to the individual receiving care, they may wish to consider a Personal Health Budget (PHB) in the form of a Third-Party Budget or Direct Payment or may arrange to fund their own personal care package or alternative care home placement.

The above does not apply to situations where care providers have withdrawn from a package of care because they no longer provide a service in that geographical area, have ceased trading, have had restrictions placed on them by the Care Quality Commission, or where the ICB has decided to stop commissioning that care provider due to safeguarding or care quality concerns

Where it has been identified by the ICB that the safety of its staff or those providing care is at risk the ICB shall take the action it considers appropriate to remove or minimise the identified risk. Where this relates to the conduct of an individual or the home environment the ICB will request that the individual and/or their representative take the necessary action to remove or minimise the risk. Harassment, bullying or abuse of care workers by an individual or their representatives will not be accepted, and the ICB will take any action necessary to protect its staff or its agents/contractors in line with the NHS stand on Zero Tolerance. Where there is a continuing risk to the safety of ICB staff or its agents/contractors the ICB retain the right to take any action considered necessary to remove or minimise the risk including withdrawal of the offer of care and support at home.

If an individual refuses care packages offered by the ICB he or she will not be prejudiced, should they wish to take up an offer of NHS services at a later date and this policy will be applied to such individuals in the same way as to all those newly eligible for NHS Continuing Healthcare.

6.4 Changes in circumstance

If a review of an individual establishes that their condition has improved or stabilised to such an extent that they no longer meet the eligibility criteria for NHS Continuing Healthcare and an NHS Continuing Healthcare assessment confirms they are no longer eligible, the ICBs will no longer be required to fund the service. The ICBs provide 28 days written notice of cessation of funding to the individual and the local authority and should notify any current care provider of this. Any on-going package of care that is needed may qualify for funding by social services, subject to assessment, or the cost of some or all of the package of care may need to be met by the individual themselves. The transition of care should be seamless, and the individual will be notified of any proposed changes to funding involved when appropriate.

Where an individual who is currently receiving care at home has been assessed and their needs have changed, the ICB will consider whether the current care provision remains appropriate. Where the ICB deems the current care and support is not appropriate and does not approve a proposed change to the care and support arrangements, the individual will need to agree to alternative care provision approved by the ICB. Where the individual does not agree to the alternative care provision, then the Refusal of Funding process will apply.

If an individual becomes eligible for NHS Continuing Healthcare, who was previously funded by social services, the ICB will apply the same principles as for other individuals. Namely, that the ICB has a duty to consider the best use of resources for their population, whilst meeting the

healthcare needs of an individual. The ICBs will seek to provide this care with the least disruption to the individual.

Equally, where a provider of care significantly increases their pricing and an alternative provider can deliver the same level of care for better value, the ICB will consider a change in provider. During this process, the ICB will ensure the individual is fully informed and case management is provided throughout this process.

6.5 Exceptional Circumstances

The ICB recognises its duty to consider effective and efficient use of resources, to deliver NHS Continuing Healthcare to the population of Norfolk and Suffolk. The ICB may not agree to a care package or placement that is preferred by an individual and may require the individual to choose a less expensive alternative that will meet all their identified needs.

When determining cost effectiveness, the ICB will consider the genuine cost of each possible care package, taking into consideration the individual circumstances, including care at home packages, possible assistive technology, and input from family and other carers.

The ICB will aim to agree to fund the most cost-effective package of care that has been identified as appropriate for an individual and will meet their health and care needs. In some circumstances, the ICB may agree to fund a package of care that will cost more than the most cost-effective option identified.

Exceptional circumstances will be compelling and considered on an individual basis. The individual is responsible for highlighting compelling circumstances to the ICB whilst commissioning options are considered. There may be circumstances where professionals within the NHS Continuing Healthcare team identify compelling circumstances and can articulate this as part of the care package consideration process.

The ICB will then consider whether there are any creative alternatives available to enable the best use of resources and to enable the individuals' choice to be realised. These will be determined by the assessed package of care required.

If the weekly cost of care increases, excluding single periods of cost increase to cover an acute episode, or for end-of-life care where the individual is in the terminal stage and hospital admission can be prevented, the care package will be reviewed and other options (for example, a placement in a care home) will be explored.

The ICB recognise that individuals who are eligible for NHS Continuing Healthcare may have highly complex health needs and that this can mean that commissioning the appropriate care and support can be a complex process. In general, the professionals involved in an individual's care should be able to work with that individual to commission a package of care that meets their health, care and well-being needs. There may be some occasions where an independent expert may be required to support this process and the ICB may agree to fund an independent expert in exceptional circumstances. This will be on a case-by-case basis with agreement of the Executive Chief Nurse or those with delegated responsibility. The ICB is only required to provide services that meet reasonable requirements. Exceptionality is determined on a case-by-case basis and will require a clear clinical rationale and agreement by the Executive Chief Nurse or those with delegated responsibility.

If individual who is eligible for NHS CHC is admitted to hospital, it is not possible for staff from a Care Quality Commission (CQC) registered domiciliary provider or care home to provide care in a hospital setting under their CQC registration, as registration is location specific. In these circumstances, if the Hospital Trust determines that they require additional support from care workers known to the individual, the ICB suggests that honourary contracts between the Hospital Trust and care workers are arranged, and that is clear that any care and support is provided under the direction of the Registered Nurse in charge of the individual's care while they are an in-patient. In all but exceptional circumstances, the ICB pauses funding for care while an individual is in hospital, and reinstates on discharge, therefore funding arrangements for this additional support should be agreed between the Hospital Trust and the care provider. Exceptionality is determined on a case-by-case basis and will require clear clinical rationale and agreement by an ICB CHC senior manager with the appropriate level of delegated responsibility.

6.6 Refusal of NHS Continuing Healthcare Funding

The ICB will consider that it is a refusal of NHS services where the ICB have offered the individual what they consider to be an appropriate care package to meet the individual's assessed needs and this is not accepted by the individual (including where the individual has requested a particular package of care and the ICB have taken a decision that the package will not be commissioned, but offered an alternative package of care).

Where there appears to be a refusal, the ICB will write to the individual with a final offer setting out the care packages that the ICB is willing to consider, and the consequences of refusing a package of care or placement. In this letter the ICB will provide a period of no less than 14 days for confirmation of acceptance of a package.

If the individual does not respond within the stated period, the ICB will provide a written notice confirming that NHS funding will cease on a specified date, which will be no earlier than 28 days from the date of the notice.

In circumstances where an individual lacks capacity to decide about their care and support arrangements, which may include where they reside, the refusal of an offer of care from the ICB can only be made on their behalf by someone with the legal authority to do so. If the individual has no attorney or court appointed deputy for health and welfare, decisions about the acceptance of an offer of care and support from the ICB will be made in the individual's best interest, in line with the Mental Capacity Act (2005.)

If the individual is vulnerable, appropriate Safeguarding Adult policies will be applied.

6.7 People with existing care in place who become eligible for NHS Continuing Healthcare

As part of the NHS Continuing Healthcare process for any individual who is in a care home placement or has a home care package which does not meet the requirements of this policy, the individual needs to be informed about how this policy may affect decision making about the existing and future care commissioning. This will enable them to make an informed decision about whether they would like to accept a funded package of care or placement from the ICB should they be deemed eligible for NHS Continuing Healthcare.

It should be made clear that individuals cannot refuse to consent to an NHS Continuing Healthcare assessment, nor refuse NHS Continuing Healthcare eligibility if the ICB has decided they are eligible. Individuals in receipt of funding for care and support from their relevant Local Authority

should be made aware that if they are eligible for NHS Continuing Healthcare, their relevant Local Authority will no longer contribute towards the cost of meeting their care and support needs.

If an individual who is currently in receipt of care at home or in a care home becomes eligible for NHS Continuing Healthcare, and the care home or care provider fee is in excess of what the ICB would expect to fund, the ICB would only continue to fund at the higher rate based on evidence of exceptional clinical reasons why the individual's needs could only be met in that specific placement or by that specific care provider (for example, if there is potential for significant detriment to the individual's health if moved.) If the individual is deemed to lack capacity to decide about provision of care, the principles of the Mental Capacity Act (2005) will be applied regarding a best interest decision. If an individual is found eligible for NHS Continuing Healthcare and there is no evidence of exceptional clinical need the ICB will:

- Renegotiate fees with the current provider, however, if this is unsuccessful.
- Consider an alternative placement or care provider which can meet the individual's assessed needs.
- If alternative placements or care providers are offered and rejected, the ICB will consider that funding has been refused and the individual wishes to continue with his or her existing private arrangement with the care provider. From the date of rejection, the ICB will give the individual and the existing care provider 28 days' notice that NHS funding will not be provided for the existing placement or care provider.

6.8 Funding arrangements for individuals receiving services outside of the ICB area.

For individuals who are to receive services in a care home setting, the default position should be a home within the Norfolk and Suffolk ICB area, and the rate should not exceed that agreed by the ICB.

Where an individual's preference is to move outside of the ICB area or if an individual's healthcare needs would be best met in a location outside of Norfolk and Suffolk and/or closer to family/friends the cost should be set at rate that is comparable to the rate the local ICB would pay for equivalent care.

Where there is no appropriate provision available within the ICB area, the provider will be chosen based on the best value care available (the provider who provides the best level of care at a price which is sustainable).

If an individual wishes to re-locate to an area outside of Norfolk and Suffolk ICB, and live in their own home, Norfolk and Suffolk ICB will cease to be the responsible commissioner for that individual, and any NHS Continuing Healthcare package of care would be the responsibility of the receiving ICB. The current and receiving ICB should work together to ensure a smooth handover of commissioning responsibility.

6.9 Personal Health Budgets (PHB)

A PHB is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the responsible ICB. It is not new money, but a different way of spending health funding to meet the needs of an individual.

Any adult eligible for NHS Continuing Healthcare (except via the Fast Track route) has a right to have a Personal Health Budget (PHB.) The funds made available via the PHB are only for use to meet the individual's agreed health and well-being outcomes as identified in their support plan.

The ICB will consider whether an individual (whether the patient or nominee/representative) is able to manage a PHB/Direct Payments by:

- Considering whether they would be able to make choices about and manage the services they wish to purchase.
- Whether they have been unable to manage either a heath care or social care direct payment in the past, and whether their circumstances have changed.
- Whether they can take reasonable steps to prevent fraudulent use of the direct payment or identify a safeguarding risk and if they understand what to do and how to report it if necessary; and
- Considering any other factor which the ICB may deem relevant.

The ICB must balance value for money and PHBs must be affordable within the ICB's overall budgetary allocation for NHS Continuing Healthcare.

A PHB can be received in three ways or in a combination of these options:

- **Notional Budget (Contracted/Commissioned Services)**

No money changes hands. The individual is advised of the amount of money the ICB would normally spend on a traditional model of care and talks to their health professional or care manager about the different ways to spend the money on meeting their needs. The ICB holds the money on the individual's behalf and procures the services required to meet their health and care needs.

Where the ICB manages an individual's personal budget on their behalf as a notional budget, there is no requirement for the individual to maintain financial records. This is the default model for delivery of care in the home for those who are eligible for NHS Continuing Healthcare (excluding via the Fast Track route.)

- **Third Party Budget**

A third party is an organisation independent from the person and the NHS. They manage the budget and arrange support by purchasing services on the person's behalf. The third party will manage all financial aspects of your PHB and will have responsibility for making sure invoices are paid on your behalf.

- **Direct Payments**

A direct payment is money that is paid directly to the individual or their representative. A representative will buy and manage the care and services as agreed in the personal care and support plan. Financial records and receipts will need to be kept showing how the individual has spent the budget. There will be scheduled reviews and monitoring to ensure that the personal health budget is meeting the individual's health and wellbeing needs and the money is being spent according to the plan.

Individuals accepting a direct payment will be required to enter into a formal agreement and set up a separate bank account. The individual can choose to have a support service provider hold the funds and make payments on their behalf; this is called a 'Managed' Direct Payments Account.

Budget holders are not allowed to contribute to or 'top-up' the cost of care as set out in the Care and Support plan from their own resources. If the budget holder considers that the payments are

insufficient to meet his/her assessed needs, then he or she should request a review of the care package by the ICB. The budget holder can purchase additional services from their own funds which are not identified in the care and support plan, but this should take place separately with clear accountability.

The principles of this policy apply to the provision of Personal Health Budgets.

6.10 Health funding for care and support on hospital discharge.

The National Framework for NHS Continuing Healthcare sets out that assessment of longer-term care needs should take place once someone has reached the point of recovery, where it is possible to make an accurate assessment of long-term needs. This is set out within the Hospital Discharge guidance. This might include, where appropriate, an NHS Continuing Healthcare assessment. In most cases, this will be following discharge from hospital and following a period of recovery at home. Where an individual is ready to be safely discharged from hospital it is very important that this should happen without delay, therefore, the assessment process for NHS Continuing Healthcare should not be allowed to delay hospital discharge.

It may be appropriate in some circumstances for the ICB to fund an interim package of care and support for an individual, as part of their hospital discharge arrangements, because the individual is highly likely to be eligible for NHS Continuing Healthcare. In these circumstances, the principles of this policy apply.

By the nature of home care packages, there will often be a delay to implementation. It is often not appropriate for an individual to remain in hospital during this time, as there is an increased risk of developing dependency, increased exposure to infection and reduced bed availability for individuals requiring hospital treatment and care. When an individual has been declared medically fit for discharge, they may be transferred to another appropriate facility while arrangements for the home care package are made.

The above applies for other in-patient settings, such as hospice in patient units, community hospitals and mental health units.

6.11 Mental Capacity

If an individual does not have the mental capacity to decide about the location of their commissioned care package and suitable placement, the ICB will comply with the requirements of the Mental Capacity Act, 2005. The ICB will commission the most cost effective and safe care available based on an assessment of the individual’s needs in conjunction with the best interest representation.

All decisions will be evidenced and carried out in consultation with any appointed advocate, Attorney under an Enduring Power of Attorney, Lasting Power of Attorney or a Court Appointed Deputy or the Court of Protection directly and family and/or friends will be consulted where appropriate under the terms of the Mental Capacity Act 2005. Where an individual does not have family or friends to support them, an Independent Mental Capacity Advocate may be consulted in line with the Mental Capacity Act, 2005.

6.12 Review

All individuals in receipt of NHS Continuing Healthcare should be reviewed within three months after commencement and no less than annually thereafter. The purpose of this review is to ensure the care and support arrangements continue to meet the needs of the individual.

Should, at any point, the health needs of the individual materially change, the ICB will consider re-assessing for both NHS Continuing Healthcare eligibility and the care provision in line with the National Framework. This review of care provision could result in an increase or decrease in the care package required to meet those needs. The provision of a package of care at home does not constitute a commitment by the ICB to fund the individual's care for life, or that the individual will always be cared for at home.

For home care packages, if the individual requires an increase in care long term, then the ICB will reassess the individual against the criteria within this policy to determine whether a home care package remains the safest and most economic option and may offer other reasonable alternatives.

The individual and care providers should update the ICB if care needs reduce or increase so further assessment can be made to ensure the individual continues to receive the most clinically effective services and make effective use of NHS resources.

6.13 Human Rights

In drawing up this policy, the ICB has had regard to the Human Rights Act 1998 and the implications of placement for individuals in relation to their Article 8 rights.

6.14 Appeal

Whereby an individual is not satisfied with the choices offered to them or the commissioning decision made by the ICB, they may lodge an appeal in writing to the ICB. The case will be reviewed by the Head of Nursing for NHS Continuing Healthcare and at least one other senior clinician at Associate/Deputy Director level or above within the ICB. If the care package proposed by the NHS Continuing Healthcare team is upheld, the individual will be advised of their right to complain through the ICB complaints process in line with local and national policy. If the complaint cannot be resolved locally, the individual can refer their complaint to the Parliamentary and Health Service Ombudsman.

Where the ICB, having applied the criteria set out in this policy, decides to place an individual in a care home as opposed to providing a home care package and the individual makes an appeal against this decision, the ICB will offer an appropriate interim placement taking account of the individual's safety as the over-riding factor. For these purposes, 'interim' refers to the time between the appeal being lodged and then considered by the ICB. Depending on the outcome of the appeal, such 'interim' placement may become permanent.

The ICB decision will be effective until the outcome of the appeal. If the appeal is successful arrangements will then be made to revise the care package provided in consultation with the individual.

If, during the interim, the individual refuses the ICB offer of an interim placement pending the outcome of the appeal, they may arrange and fund their own package of care or placement within their chosen care home. If the ICB's original decision is upheld, it will again offer the individual an appropriate care package in a care home that meets the criteria set out in his policy. If the care home placement is still not acceptable to the individual, they may continue to arrange and fund their own package of care or placement.

Appeals should be sent via email to: [INSERT ADDRESS] for the attention of the Head of Nursing for NHS Continuing Healthcare.

6.15 Application of the Policy

This policy will apply from 01 April 2026 for all individuals deemed eligible from this date.

For people in receipt of NHS Continuing Healthcare packages of care before this date, providing the risks to the individual, their carers, including NHS staff, of continuing to provide the existing package are manageable (where applicable) and the package of care does not need to be changed, the ICB will continue to provide and fund the existing care package until such time as:

- In the case of a home care package, the risks cease to be manageable; or
- In any case, a future review or re-assessment of needs indicates the need for a long-term placement
- Increase in the level of healthcare required to meet reasonable needs.

Where upon this policy shall apply.

7. EQUALITY

In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is included in Appendix A

8. MONITORING AND REVIEW

This policy will be reviewed biannually by the NHS Continuing Healthcare team or sooner if necessary, due to guidance/legislative change(s).

9. DATA PROTECTION

In applying this policy, the ICB will have due regard for the Data Protection Act 2018 and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

10. ASSOCIATED DOCUMENTATION

Links to local policies and documents:

NHS Continuing Healthcare Enhanced Therapeutic Observations and Care Policy.

11. REFERENCES

Links to external reference documents:

- National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care
- DoHSC Hospital Discharge Service Guidance

APPENDIX A: EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed (This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).
The aim of the policy is to provide a consistent and fair approach to the commissioning of care for individuals eligible to receive NHS CHC, health funded Discharge to Assess individuals and joint funded individuals after a consideration for NHS CHC has been completed. It addresses the need to balance individual choice whilst considering the budget available to the NHS to meet its requirement to provide care and support.

Step 2: Screening process for relevance to equality & diversity issues	
Does this proposal / policy have any equality & diversity relevance in the following areas? (This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance). **General statement:** The policy aims to ensure care commissioning for people who are eligible for NHS CHC, health funded Discharge to Assess or jointly funded individuals is fair and equitable. While this policy does not include or exclude any individual based on protected characteristics, it is important that our policy and processes challenge any barriers to care commissioning and appeal of ICB commissioning decisions by putting in place good practice and reasonable adjustments around managing areas including consent, language, communication methods and physical/digital accessibility. It is also important to note that the psychological/emotional impact of decision making in relation to care commissioning may be amplified for people who are already facing discrimination as part of an underserved or underheard group.	
A Age	**See general statement.** It is noted that older people are more likely to experience poor health that might lead them to being eligible for NHS Continuing Healthcare, and there may be generational barriers to challenging ICB commissioning decisions.
B Disability	**See general statement**. It is noted that barriers may also include assumptions about the capacity or autonomy of the person, and that people with a disability are more likely to be eligible for CHC, and therefore more likely to be impacted by this policy.
C Gender reassignment	**See general statement.** It is also noted that care should be given to the name, identity, and language used by the

	individual at the centre of care commissioning arrangements.
D Marriage and Civil Partnership	**See general statement.** It is noted that consideration should also be given to consent and confidentiality between partners where relevant.
E Pregnancy and maternity	**See general statement**
F Race	**See general statement**. It is noted that barriers might include cultural attitudes towards both where an individual should be cared for and my whom. There may also be barriers to challenging ICB commissioning decisions due to cultural attitudes.
G Religion or belief	**See general statement**
H Sex	**See general statement**
I Sexual orientation	**See general statement**
J Other issues	Emotional impact and information overload can both be common issues faced when making decisions about care and support. This may be especially challenging for those with more complex communication needs or people experiencing trauma

Step 3: If you have answered, "Yes", to any of the protected characteristic boxes in Step 2, a full impact assessment is required	
Are any of the protected characteristic boxes in Step 2 marked "Yes"?	Yes. All protected characteristics are relevant to the policy as it relates to the care commissioning policy and process and the appeal of ICB commissioning decisions. There are also other areas for additional general awareness flagged. This is an operational policy that guides decision-making around the funding of NHS CHC commissioned care and support. This is based on the assessment of clinical needs and not personal characteristics. It supports a consistent and fair approach as well as making clear references to the protection of human rights and the need for personalisation of care where fair and appropriate.

Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

This policy is based on regional best practice, with a view to supporting a consistent approach to case management and decision-making.

The draft policy was reviewed by a KC with expertise in NHS CHC and care commissioning, and feedback from this was used to amend the policy.

Your rights under the Equality Act 2010 | EHRC

Professional Standards: Barriers to complaints and how we can break them down

Step 5: Full Impact Assessment Process			
Step 5a: Consultation Log			
Where are the consultation records stored?			
Date of consultation	**Method**	**Who was consulted**	**What was the outcome**
16/12/2025	Verbal at meeting	Community group including patients and carers	Feedback obtained and utilised in drafting policy
September 2025	Via email	Multiple internal and external stakeholders including acute trusts, hospices, local authorities.	Feedback obtained and utilised in drafting policy

Step 5b: EIA Action Plan: Workforce Impacts (internal)				
Potential issues or impacts (positive and negative)				
Positive/negative	**Description of issue/impact**	**Mitigating actions**	**Risk (Low/Medium/High)**	**Outcome**
Positive	Policy supports team to commission care in a fair and equitable way.	N/A	Low	Socialisation and embedding of policy.
Positive	EIA highlights areas of wider impact in terms of accessibility	Awareness raising and access to	Medium	Continuous development of

	and experience of people engaging with the policy.	resources for the team.		skills and best practice.

Step 5c: EIA Action Plan: Service Delivery Impacts (external)				
Potential issues or impacts (positive and negative)				
Positive/negative	**Description of issue/impact**	**Mitigating actions**	**Risk (Low/Medium/High)**	**Outcome**
Positive	Policy supports a consistent and equitable approach to care commissioning	N/A	Low	Socialisation and embedding of policy.
Positive	Reasonable adjustments must be made to support people to engage with the policy.	SOPs to support best practice.	High	Personalised and equitable application of policy.

Step 6: Monitoring and review arrangements
How will the implementation of the proposal / policy be monitored, and by whom?
It will be monitored by the NHS Continuing Healthcare senior leadership team, through feedback from staff, patients and families (complaints/appeals/compliments/survey feedback)
What is the timetable for monitoring (with dates)?
Review biannually (April 2028) and this review should consider any feedback received. The policy will also be monitored as part of BAU with management oversight.
Is there a plan to undertake an evaluation of this policy (with dates)?

BAU as part of policy review schedule or in response to any changes in legislation, best practice guidance, or learning from internal review.

Step 7: Public availability of reports / result
NA