North Central London
Integrated Care Board

NHS North Central London Integrated Care Board Choice and Equity Policy for All Age Continuing Care & Joint Funded Care Packages

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Version Control

Heading	North Central London Integrated Care Board Choice and Equity Policy for All Age Continuing Care & Joint Funded Care Packages
Project Sponsor	Director of Complex Care/Deputy Chief Nursing Officer
Purpose of document	The aim of this policy is to balance a person's individual preferences and choice of care with the ICB's responsibility to provide safe and effective care; whilst ensuring NHS resources are used equitably. This policy will: • Outline how the ICB will commission care for individuals eligible for fully funded Continuing Health Care (for adults); • Outline how the ICB will commission care for children and young people eligible for Children's Continuing Care; • Outline how the ICB will commission areas of Joint Funded Care; • Balance individual's care preferences and choice, alongside the ICBs need to commission safe, effective, and equitable care that meets eligible needs; and • Ensure consistency and transparency in decision-making regarding the funding of all age continuing care and joint funded Care.
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Contents

Equality Statement

To ensure compliance with the ICB's duties within the Equality Act 2010, an Equality Impact Assessment has been undertaken to support this policy. This is available upon request.

Definitions (with Abbreviations)

Choice and Equity within all age continuing care and joint funded care refers to the way in which the Integrated Care Board will commission care in a manner which reflects the choice and preferences of eligible individuals but balances the need for the ICB to commission care that is safe and effective and ensures NHS resources are used equitably.

The Equality Act 2010 means the United Kingdom legislation that came into force on 1st October 2010 that protects individuals from discrimination and promotes equality of opportunity for all. The Equality Act 2010 protects individuals based on protected characteristics, such as age, disability, race, and gender, ensuring that everyone has the right to challenge unlawful discrimination.

Integrated Care Board (ICB) is a statutory organisation within the NHS in England responsible for planning and funding most NHS services in a specific area. Established on 1st July 2022, ICBs replaced Clinical Commissioning Groups and are tasked with deciding how to allocate the NHS budget, improve health care quality, and ensure better value for money.

Local Council means a type of local authority made up of elected councillors who work with the community to address local priorities and deliver services. They are the first tier of local government and can include various forms such as community, neighbourhood, parish, and town councils. Local councils are responsible for formulating policies and regulations that govern the community, covering areas like planning and social services.

All Age Continuing Care (AACC) is a term used to refer to people with long-term, complex health needs who qualify for free health and social care, arranged and funded solely by the NHS. This can be provided in a variety of settings outside hospital, such as in a person's home or in a care home. It covers all identified care costs and is not means-tested i.e.: it is not based on what a person earns or has saved. AACC applies to individuals who are in receipt of NHS Continuing Healthcare or NHS Children and Young People's Continuing Care. AACC does not include individuals in receipt of joint funded care.

NHS Continuing Healthcare (CHC) means a package of ongoing care that is arranged and funded solely by the NHS where an individual has been assessed and found to have a 'primary health need' as set out in the National Framework for NHS CHC and NHS Funded Nursing Care National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen because of disability, accident or illness. The CHC eligibility decision making process is not within the scope of this policy.

NHS FastTrack means the pathway for NHS continuing healthcare funding designed to provide immediate access to care and support services for individuals with rapidly deteriorating conditions that may be entering a terminal phase. The process is set out in the National Framework for NHS CHC and NHS Funded Nursing Care National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK. This process allows for the provision of NHS continuing healthcare funding within 48 hours, ensuring that individuals can receive the necessary care and support as quickly as possible. The FastTrack Tool is used to identify individuals who need to be fast-tracked for immediate

provision of NHS continuing healthcare, and it is supported by a prognosis if available.

Joint funded care means a package of care that is supported by both the Integrated Care Board and Local Authority for a person over the age of 18, who has been assessed as not eligible for NHS Continuing Healthcare, but have Care Act needs following a Care Act assessment, as defined by the Care Act 2014 Care Act 2014.

NHS Children and Young People's Continuing Care (CYPCC) means a package of care needed for children or young people with continuing care needs that arise because of disability, accident or illness, which cannot be met by universal or specialist services alone. These are assessed in accordance with the Children and Young People's Continuing Care National Framework Children and young people's continuing care national framework - GOV.UK. An individual in receipt of Children and young people's continuing care is likely to require services from health, education, and local authority children and young people's services.

Personal Health Budget (PHB) is an amount of money to support the identified health and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the ICB. PHBs are intended to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive. PHB's can be delivered in several different ways (direct payment, notional or third party), and an individual can be in receipt of a single type of PHB or a combination of PHB type's dependant on their assessed needs and wishes.

Representative means any parent, friend, carer or family member who is supporting the individual in the process as well as anyone acting in a more formal capacity e.g. an advocate, legal representative, welfare deputy or power of attorney, or an organisation representing the individual.

1. Purpose

1.1 The aim of this policy is to balance a) a person's individual preferences and choice of care with b) the ICB's responsibility to ensure eligible needs are safely and effectively met whilst ensuring NHS resources are used equitably. Its intended audience are the individuals eligible for all age continuing care and joint funded care packages, as well as the healthcare professionals and system partners who deliver and commission the care.

1.2 This policy will:

1.2.1 Outline how the ICB will commission care for individuals eligible for fully funded NHS Continuing Healthcare (for adults);

1.2.2 Outline how the ICB will commission care for children and young people eligible for NHS Children and Young People's Continuing Care;

1.2.3 Outline how the ICB will commission its contribution to packages of Joint Funded Care;

1.2.4 Balance individual's care preferences and choice, alongside the need to commission safe, effective, sustainable, and equitable care, that meets eligible needs;

1.2.5 Ensure consistency and transparency in decision-making regarding the funding of all age continuing care and joint funded care packages.

ICB Duties

1.3 Integrated Care Boards (ICBs) are responsible for improving health outcomes through tackling health inequalities, in addition to delivering cost effective healthcare. ICB statutory duties include co-ordinating and planning health services, achieving financial balance, improving population health, and specific duties relating to safeguarding children and vulnerable adults. Specifically in regard to AACC and joint funded care, the ICB is responsible for commissioning safe, effective, sustainable, and equitable care, that meets assessed eligible needs. ICBs also have a legal obligation to involve patients and communities in certain planning and decision-making processes.

1.4 Patient choice and the reduction of inequalities in healthcare are key requirements of the NHS Constitution and are embedded in UK legislation. The Integrated Care Board ('ICB') adopts a person-centred approach to commissioning care. In doing so, the ICB must consider how the setting and delivery of a care package may affect any of the individual's Protected Characteristics under the Equality Act 2010, as well as the individual's rights to privacy and family life under Article 8 of the Human Rights Act 1998.

1.5 For All Age Continuing Care, this will mean actively involving individuals and where appropriate their family members or representatives. This approach will ensure choice and equity are integral to the commissioning of high quality, clinically safe and effective care, which meets individuals' assessed needs.

1.6 To support the delivery of this policy, the ICB will collaborate and work in partnership with:

- the individual,
- their families and/or representatives
- NHS Trusts,
- local councils,
- care providers, and
- voluntary and community groups.

Who does this policy apply to

1.7 This policy will apply to individuals registered with General Practices ('**GPs'**) in the London Boroughs of Barnet, Camden, Enfield, Haringey, and Islington, who have:

1.7.1 Been assessed as eligible for NHS Continuing Healthcare (**CHC**); or

1.7.2 Been assessed as eligible for NHS Children and Young People's Continuing Care (**CYPCC**), or have

1.7.3 A joint funded care package with a Local Authority.

Who this policy does not apply to

1.8 This policy does not apply to:

1.8.1 individuals who are not eligible for CHC or CYPCC, or individuals who do not have a joint funded care package, or

1.8.2 individuals in receipt of section 117 after care packages, or

1.8.2 individuals registered with a GP that is not in the London Boroughs of Barnet, Camden, Enfield, Haringey or Islington. In these instances, individuals should refer to their local ICB's own policy.

2.0 Supporting Choice and Equity

2.1 Key Considerations needed in supporting choice and equity:

2.1.1 Once an individual has been assessed as eligible for AACC or a joint fund package of care the process for identifying options for care provision to meet the individual's assessed needs will commence as summarised in this section 2;

2.1.1 Eligibility for AACC is determined through a multi-disciplinary assessment based on the National Framework for NHS Continuing Healthcare NHS Funded Nursing Care, or the NHS Children's Continuing Care Framework;

2.1.2 If the individual is found to lack mental capacity to make decisions about their residence, and/or care and support following a mental capacity assessment, a best interest decision will be made in-line with the Mental Capacity Act 2005;

2.1.3 Care plans will include consideration of individual's wishes and preferred outcomes while ensuring needs are met safely and effectively;

2.1.4 CHC and CYPCC packages are subject to regular reviews to ensure they continue to meet the individual's changing needs.

2.2 Individuals are not obliged to accept an offer of care but should be informed that refusing a reasonable offer may mean that there are no further offers of care.

2.3 NHS England set the expectation that from April 2019, Personal Health Budgets (PHBs) are the default commissioning route for individuals eligible for CHC and CYPCC that are in receipt of domiciliary care. This shift aims to provide individuals with greater choice, control, and flexibility over their care by allowing them to manage their own healthcare budgets in a way that best meets their needs.

2.4 The ICB will collaborate with the individual to identify the options for care packages to meet the individual's assessed needs. This will include consideration of packages of care at home as well as in care home settings. Whilst there is no limit on the number of options that can be explored by the ICB and the individual (or their representative), the ICB will usually expect to offer a maximum of three options where these are available.

2.5 While promoting home first principles, ICBs must also consider cost-effectiveness and safety, especially for high-cost packages or when care needs are complex.

2.6 The ICB can allow for exceptional consideration in cases requiring higher expenditure or unique features, potentially involving review by a high-cost panel. Such cases will be considered in accordance with 2.17 and 2.18 below.

2.7 The ICB operates preferred provider frameworks and approved provider lists, these have been developed over several years with the engagement of patients, families, advocates, providers and other key stakeholders. These are constantly evolving to ensure they are reflective of the local communities the ICB serves and the diversity of assessed eligible needs. As a general approach, the ICB will look to identify the options for care packages to meet the individual's assessed needs using these. If there is no capacity within

these preferred providers, or they are unable to meet the assessed needs of the individual within this environment in a safe, clinically effective manner, then the ICB can consider spot-purchasing arrangements with other care providers. Individuals' preferred choices will be considered, within the constraints of the ICBs legal responsibility to meet assessed eligible needs, whilst ensuring equity, clinical safety, and financial affordability.

2.8 If the individual identifies alternative option(s) for the provision of their care (or requests that the ICB looks to identify options outside of the preferred providers), this will be considered alongside the original options identified by the ICB.

2.9 If an alternative option of care provider is outside of the ICB's preferred providers, the ICB will consider the option of spot-purchasing from that provider on the condition they can obtain equivalent quality assurances from that provider.

2.10 If an alternative option of accommodation is located outside of the ICB's geographical area, the ICB will consider the option relying on commissioning arrangements of the host ICB to commission a package of care at that accommodation.

2.11 It should be noted there is not always more than one viable option available.

Assessment of the options

2.12 Once the options have been identified, the ICB will assess each option taking into account the points set out in sections 3 and 4 of this policy.

2.13 The ICB will detail the relative benefits and risks of each option to the individual and/or their representative.

2.14 The ICB will consider the individual's preference of care option, in the context of their right to choose where and with whom they live, whilst balancing within the constraints of commissioning services that ensure equity, clincial safety, and financial affordability to meet an individuals assessed eligible needs.

Clinical approval

2.15 The ICBs nominated Clinical Lead/Clinical Team Manager will make the final decision as to the available option(s) for the individual's care package. In doing this they will take account of:

2.15.1 The applicable legal framework and/or legislation,

2.15.2 The key principles and considerations, and additional considerations (as set out in section 3).

2.16 If the individual is found to lack mental capacity to make decisions about their residence, care and support following a mental capacity assessment, a best interest decision will be made in-line with the Mental Capacity Act 2005;

Escalation

2.17 If the ICB's clinical lead or clinical team manager has substantive concerns about the suitability, safety, value for money or any other aspect of the individual's or their representative's preferred choice of care package, the decision will be referred to the CHC Clinical Escalation meeting (for adults) or the Complex Care Panel (for children). This could include where:

2.17.1 The individual's preference is not safe, sustainable or equitable;

2.17.2 The individual's preference is for a provider outside of the ICB's preferred providers;

2.17.3 The individual's preference is for a care placement outside of the geographical area of the ICB;

2.17.4 The individual's preference is for a care package that is significantly greater than that determined by the nursing assessment, or with a provider who provides poor value for money and/or overly restrictive care;

2.17.5 The individual's preference involves higher expenditure or possesses unique features.

2.18 The CHC Clinical Escalation meeting / Complex Care Panel will then refer its recommendation to an appropriate person with the requisite level of authorisation i.e. Assistant Director of Complex Care (or nominated deputy) who will review and take the final decision as to the individual's care package on behalf of the ICB.

2.19 Terms of reference for the CHC Clinical Escalation meeting and Complex Care Panel are available upon request from the ICB.

Informing the individual

2.20 The ICB will notify the individual of its final decision on the AACC or joint funded care package in writing, including:

2.20.1 Acknowledging the individual's choice and preferences in relation to the identified option(s) and any reasoning to support the individual's preference;

2.20.2 Details of the ICB's decision-making process, and how this relates and complies with the legal framework/s;

2.20.3 The final choice(s) of care package;

2.20.4 The individual's right to make private care arrangements (see section

4);

2.20.5 The review process (see section 4);

2.20.6 The individual's right to make a complaint in relation to the ICB's decision making or final decision (see section 4).

Record keeping

2.21 A written record will be kept of the decision made.

Timescales

2.22 The ICB will aim to either clinically approve the individual's care package or to escalate with 48-hours of options having been agreed with an individual and/or their representative. Individuals will not be left clinically at risk without a package of care during this process.

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

3 Key principles & considerations

Key principles

3.1 The following key principles will be applied by the ICB when making decisions regarding packages of care:

3.1.1 This policy will be applied by the ICB in such a manner that allows for robust, fair and consistent decision making for individuals for who it is responsible;

3.1.2 The ICB will be proportionate, balancing individual choice with the need to commission safe and effective care and to ensure equitable distribution of NHS resources;

3.1.3 The ICB will make decisions on an individual, case-by-case basis considering individual's preference of care setting and exceptional circumstances where applicable. This includes, but is not limited to circumstances:

3.1.3.1 Where the individual's needs are significantly different from other individuals with the same or similar condition;

3.1.3.2 Where the individual would benefit significantly more from additional or alternative services than other individuals who have the same or similar condition.

3.1.4 The rationale behind the ICB's decision-making will be transparent, clearly documented and communicated to individuals and their representatives.

3.1.5 Decisions made will be person-centred, with the ICB involving individuals to ascertain choices and preferences and keep them or their representative informed.

Key considerations

3.2 The following key considerations will be considered by the ICB when making decisions regarding packages of care (this is not exhaustive):

3.2.1 The least restrictive care setting and care package that meets the individual's care needs;

3.2.2 The suitability of care provision to the individual's assessed health and social care needs;

3.2.3 Any safety risks to the individual and persons involved in the individual's care;

3.2.4 The choice and preferences of the individual and/or their representative (and where the individual lacks capacity, their best interests);

3.2.5 The wellbeing needs of the individual, in terms of best interest;

3.2.6 The geographical location of the placement, with care closer to home being prioritised wherever possible;

3.2.7 Any significant delay and/or urgency in availability of the care package;

3.2.8 Any other exceptional circumstances of the individual;

3.2.9 Any relevant risk assessment in relation to the setting of the care package.

3.2.10 The ICB's obligations to deliver value for money (considering the relative cost and benefits);

3.2.11 The equitable distribution of finite NHS resources within the wider population within the ICB's area;

3.2.12 The need for sustainability of care provision in the longer term.

Care at Home

3.3 The following **additional key considerations** will be considered by the ICB when making decisions regarding **individuals aged 18 years and over:**

3.3.1 Whilst there is no automatic right to a package of care in the

individual's home, the ICB recognises that for most people (in line with home first principles), it would be preferable to receive care in their home environment. The ICB will therefore take steps to balance the individual's preference with the wider considerations as set out in clauses 3.1 to 3.2 above;

3.3.2 Where possible, the ICB will support a care at home package although it should be recognised that this will not always be possible to accommodate for various reasons, including quality, safety and financial sustainability;

3.3.3 Individuals who are eligible for AACC funding have complexity, intensity, frequency and/or unpredictability in their overall care needs which could in some circumstances make it more difficult for care to be safely delivered at home on a sustainable basis. Whilst there is provision for consideration of exceptional circumstances, in relation to all matters listed below the ICB does not routinely fund the following:

3.3.3.1 Care at home when a risk assessment identifies risks that cannot be safely managed in the community;

3.3.3.2 Care at home when the person requires 24-hour oversight by a registered nurse or registered Mental Health Nurse due to their health needs;

3.3.3.3 When a person has nighttime care needs which cannot be managed by universal health services in the community;

3.3.3.4 Care at home when there are repeated admissions into hospital because of the person's clinical risks or health needs and that they are unable to manage at home or a care package which has previously broken down on a number of occasions;

3.3.3.5 Ongoing payment for care packages where the person is admitted to hospital. Providers with current NHS contracts care will be funded in line with the provisions of those contracts. After these time periods (as defined with the contract) the ICB can suspend the care package and cease funding. Each case should be considered by the ICB and the Provider and an agreement made regarding the continuation of the package and any retainer funding if it is expected that the individual will be discharged with the same care package;

3.3.3.6 Cases where the provision of care at home is more expensive than the cost for care that meets assessed needs for that individual in a care home setting. The NHS Constitution for England - GOV.UK stipulates: "*The NHS is committed to providing best value for taxpayers' money. It is committed to providing the most effective, fair and sustainable use of finite resources.*"

3.3.3.7 The cost of rent, food and utility bills.

3.4 Due to the increased clinical risk related to the following, the ICB will consider such requests on an individual basis and care within a care home setting may need to be offered:

3.4.1 A care package more than eight hours a day, or a live in care package (defined as 10hrs of care with 2 hours break);

3.4.2 A care package with waking night care;

3.4.3 A care package with direct oversight by registered clinical professionals and 24-hour monitoring;

3.4.4 A care package requiring more than 2 weeks of 1:1 care and support;

3.4.5 A care package where 2:1 care is required more than eight hours a day;

3.4.6 A care package requiring more than 4 waking nights per week;

3.4.7 Specific conditions or interventions including (but not limited to) the requirement for sub-cutaneous fluids, intravenous fluids, total parenteral nutrition, continual invasive or non-invasive ventilation, prolonged disorder of consciousness or the management of complex wounds requiring specialist dressing regimes.

3.5 For the avoidance of doubt, the considerations outlined in clauses 3.3 and 3.4 are indicative examples only and their occurrence does not automatically preclude the ICB from commissioning care in a home environment. The ICB will take individual circumstances into account, in line with this policy.

3.6 Considering clauses 3.3 to 3.5, where the individual's preference is for a package of care in their home environment, the ICB, where appropriate, will ensure providers of care undertake a written risk assessment. These assessments will be carried out by suitably qualified professional in consultation with the individual and/or their family/representative taking account of:

3.6.1 The availability of equipment;

3.6.2 The physical environment;

3.6.3 The availability of care staff to deliver care at the level of intensity, frequency and/or unpredictability required;

3.6.4 The acceptance of the identified risks and consequences by the individual and persons involved in the individuals care, including individual preferences in relation to protected characteristics;

3.6.5 The agreement of the individual and persons involved in the

individuals care to mitigate identified risks through agreed actions;

3.6.6 The agreement of the individual's GP to provide primary care medical support.

3.7 This risk assessment will be considered as part of the decision-making process set out in section 2.

Care in a nursing home

3.8 The ICB will give careful consideration to requests for 24-hour one-to-one care in a nursing home setting as this may indicate the current setting is not suitable and the patient may need to move to an alternative care setting.

4 Other factors

NHS FastTrack

4.1 Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' for immediate provision of CHC or CYPCC. This is determined in accordance with the relevant National Framework.

4.2 The setting where an individual wishes to be supported as they approach the end of their life may be different to their current arrangements e.g. even though they are currently in a care home setting they may wish to be supported in their family environment.

4.3 Due to the rapid decision making required following a FastTrack application, some elements of choice may be unavailable, removed or limited. However, it is important that individuals receive the support needed in their preferred place as soon as reasonably practicable, so long as the care meets the needs of the individual and is equitable.

4.4 Considerations noted in paragraph 3 also apply to those individuals on a FastTrack pathway.

4.5 Entitlement to Fastrack provision will be reviewed after 12-weeks and thereafter, in accordance with national guidance.

Personal Health Budgets

4.6 Decisions in relation to the ICB commissioning of Personal Health Budgets ('**PHBs'**) will made by reference to the ICB Personal Health Budget Policy Personal Health Budget (PHB) | North Central London Integrated Care System.

4.7 The option to have a PHB to meet assessed eligible needs will be discussed with individuals.

4.8 A direct payment is one way of receiving a PHB. An eligible individual will receive money directly to manage their own care and support. An eligible individual:

4.8.1 Has the right to ask for a direct payment;

4.8.2 Does not have a right to receive one automatically - this is decided by the ICB;

4.8.3 Has a budget set and how it can be spent detailed in a personalised care and support plan.

4.8 A Direct Payment (DP) is available to individuals who are eligible for a Personal Health Budget (PHB) and have been assessed as capable of managing the responsibilities that come with it, either independently or with appropriate support. Suitability also depends on the type of care required.

4.9 Fast Track patients who already receive a Direct Payment (DP) from their Local Authority or who currently employ private carers may also be considered eligible for a PHB DP, subject to assessment.

4.10 Eligibility is determined by the ICBs PHB Panel.

4.11 Not everyone who requests a DP will be approved, as suitability depends on individual circumstances, care needs, and the ability to manage the financial and employment aspects of the budget. If a DP is not deemed appropriate, alternative PHB options such as a Notional or Third-Party Budget may be offered instead.

Individual's right to make private arrangements for care

4.12 Individuals with capacity have a right to decline the ICB's offer of care and make private arrangements to meet their assessed needs using their own private funds, if they so wish. In these circumstances the NHS will not reimburse privately funded packages of care.

4.13 Once the ICB has notified the individual or their representative of the outcome of the CHC assessment, the individual or their representative may decline that care package and exercise their right to make private arrangements and funding of their care. The individual or their representative will need to make the ICB aware in writing and the ICB will issue a Notice of Care being Declined.

4.14 A Notice of Care being Declined will:

4.14.1 Confirm to the individual that funding will cease 14 days after the date of the notice (if care arrangements are already in place);

4.14.2 Explain any risks of the individual declining the care;

4.14.3 Advise that the individual can still choose to accept the offer of the

NHS care package within the 14-day notice period, and

4.14.4 Advise the individual of their right to re-enter the process at a later date and the relevant person(s) to contact to initiate this.

4.15 The risks of the individual declining the care package will also be documented in the individual's care record.

4.16 The ICB will consider whether it would be appropriate to follow adult or children's safeguarding procedures including consideration of a referral to the local authority (in line with its existing safeguarding process) if an individual refuses a package of care, or one is refused on behalf of an individual by their family or representative.

Financial contributions / Top up

4.17 NHS care is free at the point of delivery. The funding provided by the ICB for AACC and joint funded packages of care should always be sufficient to meet the needs identified in the care plan and the ICB's approach to care planning will be centred on this principle. Therefore, it is not permissible for an individual (or their representative) to be asked, or to request to make, any payments towards meeting their assessed care needs.

4.18 The individual has the right to decline NHS services and make their own private arrangements, as outlined in clause 4.12 to 4.16.

4.19 Where care providers offer additional services which go beyond the individual's assessed AACC or joint funded needs, the individual may choose to purchase such additional services. Examples of this would include hair dressing services or newspapers etc within a care home.

4.20 If an individual or their representative wishes to make arrangements directly with a provider for additional services that are not within the ICB's core package, they should first notify their appropriate ICB contact. The ICB will determine if additional services requested indicate a review of individual's assessed AACC or joint funded needs is required.

Review of the care package

4.21 The suitability of the care package will be reviewed initially at 3 months, then annually as a minimum requirement thereafter as per the relevant national framework. These reviews will primarily focus on whether the care plan and associated arrangements remain appropriate to meet the individual's needs. Where there is a change in need identified any decisions by the ICB in respect of the choice and equity of the care package will be made in accordance with this policy.

Complaints

4.22 The individual may make a complaint in respect of the ICB's application and/or

interpretation of this Policy. Further details on how to complain can be found on the ICB's website at Complaint, concern or compliment | North Central London Integrated Care System.

5 Legislation and guidance

5.1 The ICB is subject to the laws of England and when making decisions under this Policy, with have due regard to:

5.1.1 The duties in sections 14Z35 (as to reducing inequalities), 14Z36 (to promote involvement of each patient) and 14Z37 (as to patient choice) of the NHS Act 2006;

5.1.2 The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care 2022 (revised);

5.1.3 The NHS Children's Continuing Care Framework 2016;

5.1.4 The National Health Services Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012;

5.1.5 The duty under Section 149 of the Equality Act 2010;

5.1.6 Articles 8 and 14 of the European Convention on Human Rights;

5.1.7 UN Convention on the Rights of People with Disabilities, Article 19 Living independently and being included in the community;

5.1.8 Section 117 of the Mental Health Act 1983 (Amended 2007);

5.1.9 The Mental Capacity Act 2005;

5.1.10 The Procurement Act 2025;

5.1.11 The Healthcare Services (Provider Section Regime) Regulations 2023 and the relevant statutory guidance.

6 Monitoring

6.1 This policy will be reviewed every 3 years, or earlier if required to due to changes in legislation or guidance.

6.2 The effectiveness of CHC, CYPCC, and joint funded care packages will be monitored via the requirement to review packages of care on a 3-monthly, annual or more frequent basis, where required.