

Sustainable Care Planning in Continuing NHS Healthcare

Operational Policy for Health Boards in Wales

February 2011

Document Information

Title	Sustainable Care Planning in Continuing NHS Healthcare: Operational Policy for Health Boards in Wales.
Date	February 2011
Purpose	This document is an Operational Policy that has been developed by nominated representatives from all Health Boards in Wales, supported and facilitated by the Continuing NHS Healthcare National Programme.
Attention	For the attention of Health Boards in Wales.
Action	Health Boards are recommended to consider and adopt this Policy as an Operational Health Board Policy.

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1. Purpose

- 1.1. This document sets out the all Wales Policy on sustainable care planning within the context of Continuing NHS Healthcare (CHC). The Welsh Assembly Government Policy for CHC is set out within the document Circular 015/2010: *Continuing NHS Healthcare: the National Framework for Implementation in Wales*.
- 1.2. It has been developed for adoption by all Local Health Boards in Wales, and will be used when considering care planning options appropriate to meet the assessed need of people eligible for CHC,
- 1.3. This Policy is intended to describe the general approach to fair and sustainable care planning within CHC and to the management of a fair allocation of resources within the wider context of care planning considerations.
- 1.4. This Policy will outline the factors to be considered in identifying and responding to exceptional cases that may need to be individually considered beyond the general principles of the Policy.

2. Underpinning Core Values

- 2.1. The core values of NHS Wales are set out by the Welsh Assembly Government in the 2011/12 Annual Quality Framework as:
 - **Putting quality and safety above all else:** providing high value, evidence based care for our patients at all times;
 - **Integrating improvement** into everyday working and eliminating harm, variation and waste;
 - **Focusing on prevention, health improvement and inequality** as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
 - Working in **true partnership** with partner organisations and with staff;
 - **Investing in our staff** through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.
- 2.2. The core values of NHS Wales are also aligned with the Welsh Assembly Government Citizen-Centred Principles for Wales:
 - **Putting the Citizen First:** Putting the citizen at the heart of everything and focusing on their needs and experiences; making the organisation's purpose the delivery of a high quality service.

- **Living Public Service Values:** Being a value-driven organisation, rooted in the principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.
- **Engaging with Others:** Working well together to deliver the best services possible.
- **Knowing Who Does What and Why:** Making sure that everyone involved in the delivery chain understands each others' roles and responsibilities and how together they can deliver the best possible service.
- **Fostering Innovative Delivery:** Being creative and innovative in the delivery of public services – working from evidence and taking managed risks to achieve better services.
- **Being a Learning Organisation:** Always learning and improving service delivery.
- **Achieving Value for Money:** Looking after taxpayers' resources properly and using them carefully to deliver high quality, efficient services.

3. Scope of the Policy

- 3.1. This Policy applies to all adults who have been assessed and are determined eligible for Continuing NHS Health Care. Within the context of this Policy the term adult is defined - as set out in Circular 015/2010 – as those people aged 18 years or over.
- 3.2. This Policy does not apply to children and young people. It is, however, expected that the transition from child to adult service is appropriately planned and managed. This will ensure that when moving into adult services the process of consideration for CHC eligibility is undertaken efficiently, effectively, and with the needs of the individual at the core of the care planning process.
- 3.3. The provision of CHC for children and young people will be considered within the context and content of the separate guidance and framework to be issued by the Welsh Assembly Government in 2011.
- 3.4. The Mental Health National Programme is taking forward actions related to those people with mental health needs who are eligible for CHC. The overall approach, direction, and policy context for mental health patients will therefore be progressed via the Mental Health Programme. The principles within this Policy are intended to apply to all client groups, including mental health, as set out in Circular 015/2010.
- 3.5. This Policy applies to CHC provided in a range of settings, including community, care homes, and specialist settings. The provision may be within NHS services, or supplied by private provider establishments.

- 3.6.** In accordance with the Welsh Assembly Government Cross Border Protocol, this Policy applies to residents of Wales funded by Welsh Health Boards of NHS Wales, wherever in the UK their care is provided. It will not apply to England residents, who, in accordance with said Cross Border Protocol arrangements are eligible for NHS care funded by the relevant English NHS organisation within private provider establishments in Wales.

4. Core Policy Requirements

- 4.1.** Welsh Assembly Government Circular 015/2010 *Continuing NHS Healthcare: the National Framework for Implementation in Wales* sets out the current Welsh Assembly Government policy on CHC relating to all adults. Any interpretation of this Policy will take into account the national policy guidance.
- 4.2.** The Circular 015/2010 sets out the responsibility of each Health Board to plan, specify outcomes, procure services, and manage demand and provider performance for all services that are required to meet the needs of individuals who are eligible for CHC.
- 4.3.** NHS bodies and local authorities are expected to work together co-operatively in the exercise of their mutual and respective responsibilities to ensure that the assessment of eligibility for, and provision of, CHC takes place in a consistent fashion and the process is actively managed to avoid unnecessary delays.
- 4.4.** An individual's eligibility for CHC is subject to review. Detailed policy guidance on reviews is set out within Chapter 8 of Circular 015/2010.
- 4.5.** If an individual does not meet CHC eligibility they can still access a range of health and social care services that are likely to be both part of mainstream services or individually planned to meet specific need.
- 4.6.** When it has been determined that a person is eligible for CHC, the NHS makes the necessary arrangements for an appropriate package of care. The CHC package to be provided is that which the Health Board determines is appropriate for that person's assessed needs. It will give consideration wherever possible or feasible to the reasonable wishes of the person in terms of the options which are available in accordance with the Mental Capacity Act and its associated guidance. There will be cases when people may lack capacity to choose between options. It would be reasonable to expect Health Boards to similarly take into account the reasonable wishes expressed by the incapacitated person, the family, carers and/or legal representative.
- 4.7.** Circular 105/2010 sets out how multiagency and multidisciplinary assessment determines whether a person has a Primary Health Need, and is thus eligible for CHC. The process for determining eligibility is

distinct from the care planning process. Consideration of resources is not intended to affect the determination of eligibility. Once it has been decided a person is eligible for CHC, the services they receive to meet their assessed needs and their location is then considered as part of the care planning stage.

- 4.8.** This Policy sets out the factors to be considered when determining appropriate care options. As stated in paragraph 4.6 (above) this process is to be distinguished from the determination of eligibility as a separate decision making process. Within their Operational Policy, each Health Board will ensure processes are in place to demonstrate proper separation of these functions whilst at the same time ensuring a consistent and seamless overall process.
- 4.9.** When considering care options to meet assessed need, it is essential that the expectations of the person, their relatives and carers are managed from the commencement of the process, and throughout its subsequent delivery. Information, advice and guidance can be provided to the person, their relatives and carers to support improved understanding of the process, and the need to ensure that services are and will continue to be deliverable. In providing appropriate advice and information, the LHB will take into account the requirements of the Carers Strategies (Wales) Measure 2010 and any Regulations made thereunder.
- 4.10.** The CHC Communications Tool, to be issued as part of the four stage CHC training programme, sets out the process and explains how care planning takes place. Regular reference to the Communication Tool and the Welsh Assembly Government Public Information Leaflet will ensure both staff and patients, and their relatives and carers have the same understanding of the CHC process.
- 4.11.** As part of their operational plans, each Health Board should be satisfied that multidisciplinary teams (MDTs) are supported and competent to undertake the assessment of eligibility, and to contribute to the overall consideration and determination by the Health Board of appropriate care planning options. Each Health Board will arrange for training and development needs to be identified and met, and will also need to consider any workforce requirements as part of that process. MDTs should then be able to undertake this role effectively, and understand and comply with the need for a separation of the determination of eligibility and care planning functions that they may undertake.
- 4.12.** The approach to decision making on care options is expected to be consistent, and to demonstrate that the process used is open and transparent and that any stated reasonable preferences are afforded due consideration.
- 4.13.** This process should consider how needs can be met, within the context of fair resource allocation and by considering the relative resource

implications of different care options. It should also provide further assurance that such needs can continue to be met in a safe and reliable manner for those people requiring a longer term approach to care planning.

- 4.14. The decision as to appropriate care options should not undermine the original decision as to eligibility.
- 4.15. All CHC policy decisions need to be taken within the broader context of the ethical framework set out in WHC (2007) 076.

5. Core Legal Requirements

- 5.1. In operating the Policy, Health Boards will at all times, act in accordance with the law and take into account appropriate case law and Welsh Assembly Government Guidance. This includes appropriate legislation relating to Equality, Human Rights and Mental Capacity and the relevant codes of practice.
- 5.2. The Policy reflects the ability of Health Boards to exercise their statutory discretion regarding the overall use of resources within the legal framework set out in paragraph 5.1 above and to determine appropriate services which are reasonable within available resources, in accordance with its target duty as set out in Section 3 of the NHS Wales Act 2006.
- 5.3. An equality impact assessment will be undertaken nationally as part of the Policy implementation process
- 5.4. The Policy will comply with, and reinforce the requirements of, current Welsh Assembly Government policy, as set out in Welsh Assembly Government Circular 015/2010: *Continuing NHS Healthcare: The National Framework for Implementation in Wales* (May 2010).
- 5.5. It is not the intention that the policy be interpreted to support a blanket approach to care planning or to setting an absolute resource limit on the costs of care assessed as required. Whilst the resource implications of appropriate care packages will be considered, in terms of what amounts to a fair allocation, each case will be considered and based upon assessed need.
- 5.6. The overall approach will be one of ensuring sustainability of delivery of care packages into the future, ensuring that those eligible for CHC receive an appropriate and fair response, and that care planning meets need in a sustainable way.
- 5.7. Each individual has the right to challenge a decision. There may be individual cases which are determined to be exceptional and these are considered later in this Policy. Any other issue of complaint will be dealt

with in accordance with the relevant Local Health Board's Complaint's Procedure.

6. Fairness and Sustainability

- 6.1.** This Policy sets out explicitly the factors that will be taken into account when considering appropriate care options to meet assessed need in a manner that delivers a fair allocation of resources. These factors are identified in the Model for Sustainable Care Planning in Section 7.
- 6.2.** Regular reviews will identify whether a person remains eligible and also whether their needs continue to be met through the current care package, or whether changes are necessary. This process reflects national policy and appropriately ensures changes in need are identified and met and that any variations in the available resources are addressed.
- 6.3.** For those care packages expected to be longer term in nature, reasonable consideration should be given to the sustainability of the planned care into the future. The objective will be to secure that both workforce and resource requirements are available and affordable from the outset, and continue to be manageable into the future.
- 6.4.** When considering care options, Health Boards will take into account the requirements of this Policy regarding the allocation of resources for those assessed as eligible for CHC. It recognises the broader resource position within which CHC operates, and seeks to ensure that resources are used fairly and to best effect.
- 6.5.** The Policy is not intended to influence in any way, the assessment process that is undertaken to determine eligibility for CHC.
- 6.6.** It will be essential that all relevant staff within the Health Board are fully aware of, and comply with, the principles of the Policy and its implementation via each Health Board's CHC Operational Policy. Care managers and operational staff engaged in the assessment and care planning process are expected to understand their role and responsibilities regarding the Policy. Training and development needs will be identified and met. Such training will be additional to that provided nationally to support the implementation of the 2010 CHC Framework and Decision Support Tool.
- 6.7.** Health Boards should take appropriate steps so that operational teams and care managers are fully aware of this Policy and work within its principles. The aim is to enable patients, their families and carers to experience a consistent response from care planning processes.
- 6.8.** Health Boards should support operational teams and care managers to consistently communicate with the person, their family and carers to

explain the principles of this Policy. It should be explained how the principles will be applied to the care planning options that will be considered and that this may result in a limited choice of which options are available to meet their needs. Providing information in this way will help to develop an open relationship and help to manage expectations through a process of continuous communication and engagement.

- 6.9.** In line with the move towards a primary and community led NHS (as set out in *Setting the Direction*) Health Boards will need to demonstrate they have considered the feasibility of community based care options, and/or meeting a person's needs within their usual place of residence. Where this is not appropriate or feasible for a number of reasons, Health Boards will document fully the reasons for this and seek appropriate alternative options.
- 6.10.** The process to consider sustainability and the factors that will need to be taken into consideration are described within the following section.

7. Model for Sustainable Care Planning

- 7.1.** The intention of this Policy is to improve the effectiveness and consistency of complex care planning so that agreed packages of care can be delivered over time, to the right standard and without unreasonable disruption. Therefore, the term 'sustainability' in relation to care planning encompasses the following elements:

7.1.1 Sufficiency:

- The care package should be proportionate to need. The elements of care which are deemed appropriate to be funded by the NHS should be in every way, but not in excess of, that which is sufficient to meet the specific assessed needs of the patient.

7.1.2 Safety:

- The care package should not expose individuals to undue risk. A balance needs to be struck between managing risk and exerting inappropriate limitations on a person's lifestyle. Safety considerations also extend to the environment of care and the behaviours of patients, their family, carers and others that affect the day to day delivery of the care package. Health Boards have statutory responsibilities, including under Health and Safety legislation, and need to ensure that staff are not unduly exposed to situations that may compromise personal safety or prejudice professional integrity.

7.1.3 Quality:

- The care package should be based upon a clear plan of care. The level of need and the quality and quantity of care that the providers of the care package will be expected to maintain at

the location of care, must be appropriately detailed and specific. The care package must be supervised and monitored by suitably qualified professionals and be subject to scheduled review.

7.1.4 Affordability:

- Generally subject to Paragraph 8.6, the care package should not be disproportionately expensive to provide. The Health Board has a finite sum of public money. It has a statutory responsibility to make the most effective use of that resource in serving the needs of the whole population. Decisions to commit financial and workforce resources to an individual care package must not unreasonably undermine other individuals' rights to access care.

7.1.5 Reliability:

- The care package should be able to be reliably delivered on a day to day basis. The arrangements should be sufficiently flexible to cope with predictable day to day variation without exposing the person to unnecessary risks. Providers must be able to implement operational contingencies that could be reasonably expected to prevent the care package from failing.

7.1.6 Exceptionality:

- The care package should be considered against the criteria for exceptionality. In situations where the person has very unusual specific needs, or circumstances the Health Board will identify this exceptionality and consider appropriate care options as outlined in Section 15.

- 7.2.** When making decisions related to which care options can be considered, Health Boards will provide a rationale for the decisions, using this model for Sustainable Care Planning:

Sufficiency: The care package should be proportionate to need.

Safety

The care package should not expose individuals to undue risk.

Quality

The care package should be based upon a clear plan of care.

Affordability

The care package should not be disproportionately expensive to provide.

Reliability

The care package should be able to be reliably delivered on a day to day basis.

Exceptionality: The care package should be considered against the criteria for exceptionality.

8. Workforce and Financial Resources

- 8.1.** Health Boards are allocated financial resources on an annual basis with which to meet the health needs of the population. They have a target duty to provide services which are reasonable and appropriate. The target duty allows for discretion in the way the resources are used to best effect but does not allow Health Boards discretion in over committing their annual allocation.
- 8.2.** From within their overall allocation, Health Boards identify the resource available to fund a range of services that meet the needs of the population. Within this overall allocation, resources to support the effective management of those with longer term/less acute needs, including CHC, will be identified. The determination of appropriate resource will be made by the Executive Team, taking the broad Health Board responsibilities and all other necessary factors into account.
- 8.3.** Consideration of care planning options will use trend information on cost, volume and duration of funding, and will access input and advice from public health experts on the rate and incidence of complexity within the general population, and the projected impacts upon the Health Board budgets.
- 8.4.** When considering care options to meet assessed need, the ability to access a workforce with the necessary skills and expertise will also be a key consideration. In order to ensure a care package is sustainable, the necessary workforce requirements should be explicitly identified and the feasibility and sustainability of the service considered as part of the assessment of overall risk.
- 8.5.** As part of the care planning considerations, due consideration will be given to ensure each Health Board is able to respond appropriately to meet unanticipated one-off potentially high cost demands.
- 8.6.** Consideration of care planning options will reflect the need to be able to respond to individual circumstances, and that setting an absolute financial limit as a cap in all cases is inappropriate. Health Boards will demonstrate consideration of exceptionality.
- 8.7.** Changes to any current care provision, based upon reassessment can be made but should be carefully considered in the light of all relevant factors and the risks and benefits explicitly identified as part of an overall assessment.

9. Affordability and Service Planning

- 9.1.** Each Health Board will ensure it has systems in place to capture information on the number of people funded (volume), the resource implications (cost), the variation in care (type) and the period of funding

(duration). Over time, this provides detailed information on trends and supports more robust monitoring of the overall costs and resource implications to the Health Board. This information will form part of the data considered by each Health Board when determining how best to allocate and use its overall resources.

- 9.2. Supported by the CHC National Programme, Health Boards will seek to develop comparative data on trends, service models, and resource implications. This information will be used to identify opportunities where collaborative approaches to service delivery through economies of scale can be delivered.
- 9.3. As part of its overall approach to *Setting the Direction*, each Health Board will be seeking to define the range and scope of its Primary and Community services. This work will ensure that service specifications are explicit regarding the amount and type of care that can be provided from within baseline services to support CHC, and those aspects that will require additional support.
- 9.4. Both Health Boards and local authorities will have arrangements in place to commission care and will have contracting processes in place to reflect these commissioning requirements. In whatever setting a person's needs are met, each Health Board will have robust contracting and management processes in place to provide care through CHC. The contracts will be drafted to clarify the elements of service funded as "core" (i.e. those identified as necessary to meet the assessed need), the fee level agreed, the quality and service standards required, and the process to follow to ensure needs continue to be met. It will also set out explicitly any optional services that do not form part of the care package that meets the assessed need and therefore it would be inappropriate for the NHS to fund
- 9.5. Any services identified as necessary to meet assessed needs that are over and above those within the core contract will require approval of the relevant Health Board prior to provision. Regular reviews will assist in ensuring that needs are met, and that the services provided in whatever setting continue to meet need. Advice and guidance is available in the Welsh Assembly Government CHC Practice Guidance. Compliance with the Practice guidance will ensure a consistent approach across Health Board boundaries.

10. Location of Care

- 10.1. For those people receiving services to meet assessed need in community settings, the type and content of the care package will depend upon the service model in place, and the extent to which needs can be met through core services.

- 10.2.** Where core services are insufficient to meet assessed need, Health Boards will seek to secure additional care appropriate to need, taking the factors identified in the Model for Sustainability into account.
- 10.3.** It will not always be feasible to meet need in a community setting. The circumstances in which complex and intensive support can be provided within community settings will depend up on the range of factors identified in the Model for Sustainability.
- 10.4.** The person's usual place of residence may also be a factor to be considered when determining whether community or residential care options are appropriate.
- 10.5.** For those young people nearing the transition to adult services, it is expected that sufficient time will be allowed in order that care planning options are explored well before the move to adult services. This will be particularly relevant to those young people with complex needs that have been met via specialist inputs that may take time to replicate within adult care settings. Circular 015/2010 states the transition planning process should commence where possible when the child is aged 14, with eligibility for adult CHC being considered from the age of 17 onwards so that care packages can be put in place in time for the person's 18th birthday.
- 10.6.** When considering appropriate care options for those people with a Learning Disability, Health Boards will continue to take account of the extant national guidance set out in the All Wales Strategy.
- 10.7.** Patients have no absolute right to occupy a hospital bed and the ability to sufficiently meet assessed need will primarily determine which options for the location of care should be considered.

11. Autonomy and Choice

- 11.1.** When considering the range of care packages that will meet assessed need the reasonable views of the person, their relatives and/or carers should be taken into account within the context of a full benefits and risk appraisal. In making decisions on care options, Health Boards are expected to reach a decision as to the appropriate level and type of service in the appropriate location which is available to meet assessed need. The limitations this may place upon the individual, and the choices available to them regarding a care package, will be identified.
- 11.2.** As set out in paragraph 7.15 of Circular 015/2010, the ability to choose between the options which may be available and to have views and wishes regarding ongoing care taken into account allows people to retain greater control. However, there is no statutory requirement for the NHS to offer choice in healthcare in Wales, Further the possible longer term nature of a person's eligibility for CHC, coupled with the

environment within which care and support are often provided, can limit the options available and impact upon a person's chosen lifestyle. It is important, therefore, to be open and transparent regarding the possible limitations to choice that may apply, and how these limitations might impact upon lifestyles.

- 11.3.** Whilst people should be able to express their preferences with regard to the location of care, the ability to offer a range of choices, may be restricted. Health Boards should, wherever possible, support people to make an informed choice from the available options, acknowledging that a wide range of factors may serve to limit the choices offered. This may include risks to sustaining the required level and type of care in a variety of circumstances, for example:
- When the individual's preferred location of care is not reasonably able to support them to a safe and sufficient level to meet their needs
 - When an individual's needs require a specialist placement only provided by a limited number of specialist providers.
 - Where the behaviours exhibited by the patient or other people present in a community setting, make it impossible to provide an appropriate service without placing staff at personal risk.
 - When circumstances related to the location of care may prejudice the professional registration of staff, for example, if illegal activity is taking place at the location of care.
 - Where there is significant variation between the costs of various care options and so affordability in the longer term has to be considered, generally subject to Paragraph 8.6.

12. Capacity and Consent

- 12.1.** It is important that individuals undergoing assessment, review and care planning processes should participate in decision making as far as possible. In those circumstances where an individual lacks capacity to participate fully in the care planning process, regard must be given to their best interest. Decisions based on best interests and their views insofar as they can express them are not intended to provide a greater range of care options than those for a person with capacity to participate.
- 12.2.** If there is concern that a person is unable to give their consent or participate effectively in the care planning process, then the Mental Capacity Act 2005 and its Code of Practice should be followed. Similarly, Deprivation of Liberty Safeguard provisions may need to be triggered where relevant. As with all other care planning, fair access to services, affordability at the outset and sustainability into the future are factors to be considered in the care planning process.

13. Risk Management

- 13.1.** As part of their overall operational arrangements, Health Boards will need to consider how to assess for, manage and mitigate risk related to CHC. Within the context of this Policy, risk will be viewed from a clinical, workforce, corporate and financial perspective.
- 13.2.** The identification of, and management of, risk is essential, both at the initial care planning stage and at future reviews. The overall efficacy of care options will be determined by a benefit and risk assessment, and this process should ensure that risks are identified and managed accordingly. The identification of risk should not be confused with consideration of costs. Risk and benefit identification and risk management form part of the early and ongoing care planning process and risk assessment will form part of the decision on appropriate care options. Decisions on the affordability of care options must not lead to inappropriate risks to individuals.
- 13.3.** Health Boards have a responsibility to their staff to ensure they work within safe environments. Sometimes the conduct of people with CHC needs or their family, carers, friends or other third parties can be identified as a risk to staff. This risk can be more significant, or difficult to manage, if the care is provided within the person's own home. In these circumstances it would be a reasonable requirement that the patient and other relevant people enter into an undertaking with the Health Board to agree appropriate conduct. An appropriate conduct undertaking should set out explicitly how unacceptable behaviours will be managed and the impact of non compliance. In these circumstances the risks to staff, and the subsequent longer term risk to sustainability of the care package, will mean that Health Boards will seek to consider the range of care options available.
- 13.4.** Health Boards have a responsibility to ensure the working environment for their staff is safe and appropriate. In those circumstances where care staff are professionally compromised, the Health Board should review the current service provision, and take actions to support and protect their staff.

14. Appeals and Exceptionality

- 14.1.** An appeals process will be implemented and put in place to ensure individuals who feel their circumstances warrant consideration of exceptionality, are able to challenge the decisions made by the Health Board, regarding the services and the location of services offered.
- 14.2.** Consideration of exceptionality is described in the following section of this Policy. The process will provide a safeguard to review decisions and ensure exceptional issues or factors are identified and considered as part of the process.

- 14.3.** Health Board will need to have processes in place, similar to those developed for Independent Review of CHC eligibility to support a person appealing against a decision and seeking to demonstrate exceptionality.
- 14.4.** In the event that exceptionality is demonstrated, the full impact on the sustainability of the care package subsequently determined as appropriate, will be identified and met by the relevant Health Board.

15. Exceptionality

- 15.1.** Exceptional is defined in the Oxford Dictionary as being “*of the nature of or forming an exception: out of the ordinary course, unusual, special*”. It is accepted that it can never be possible to anticipate all unusual or unexpected circumstances and so this policy sets out a guide to making decisions on CHC care planning options to determine whether evidence of exceptionality has been presented.
- 15.2.** Evidence will be required to demonstrate that an individual case constitutes an exception to the Policy. Health Boards will need to carefully examine evidence of the specific issues or individual circumstances that would reasonably determine exceptionality.
- 15.3.** The nature of an exception would suggest that such cases may be complex and difficult to define, therefore in determining an exception to the Policy Health Boards should consider the range of issues identified below:

15.3.1 Exceptionality

Consider for example:

- Have the patient's preferred care options been considered and is there evidence that the Health Board has explored whether grounds for exceptionality are present?
- Is there specific clinical or professional advice that clearly demonstrates exceptional circumstances?

15.3.2 Evidence Base

Consider for example:

- Is there evidence that the full range of care options has been considered, and the relative risks and benefits identified in sufficiently meeting assessed need?
- Is there evidence that the costs of each care option have been considered in terms of sustainability of the financial, clinical and workforce resources into the future?

15.3.3 Service Model and Policy

Consider for example:

- Has a peer review process with other Health Boards or Public Health Wales been considered to ensure all models and options have been given due consideration?
- Will the decision result in the need to change policy, or require a change in the existing service model and has the Health Board considered the implications of this?

15.3.4 Economics

Consider for example:

- Have all opportunities been considered within existing available workforce and financial resources to identify the range of appropriate options that exist to meet identified need?
- What are the overall cost of the care options, and has the Health Board considered whether it can afford this request, within the broader context of a requirement to deliver financial balance?

15.3.5 Population & Individual Impact

Consider for example:

- Is there evidence of consideration of the balance between meeting the needs of the wider community against the need to respect an individual's human rights and wishes regarding the care option and the location of care?
- Has the concept of proportionality been considered and the impact of the decision on both the individual and on the wider community?

15.3.6 Values and Principles

Consider for example:

- Is there evidence of consideration of the values and principles set out at the start of this Policy? Within the context of this Policy fairness should be considered from the perspective of both the person under consideration and the overall responsibility of the Health Board to deliver a range of services to its population.
- Is there a compromise that can be developed, based upon a review of the full range of options, which would be acceptable to both the individual and the Health Board?

15.3.7 Ethical Issues

Consider for example:

- Has the ethical framework set out in WHC 2007 076 been properly considered?
- Has the individual been considered in their own right, taking their specific views, wishes and circumstances into account?

- 15.4.** Collectively, consideration of all these factors will support determination of exceptionality. Within the confines of this Policy, it is expected that exceptional circumstances are likely to include highly complex (and therefore high cost) care packages. These packages may require individually constructed care plans and services that could be provided in a range of locations, but where additional circumstances and issues make it appropriate to consider an option that does not demonstrate the requirements of this Policy to consider best value in resource terms.

16. Consultation and Stakeholder Engagement

- 16.1.** The Policy has been developed engaging a range of perspectives and expertise on the CHC National Programme Board, and also utilising the expertise that exists within each Health Board and their partners. This process of engagement has ensured that key groups such as the Third Sector, Community Health Councils, Local Government, and Carers had the opportunity to be involved in the development process.
- 16.2.** Additionally, an engagement process will be undertaken to ensure a broad range of views are obtained. This process will set out the reasons for the Policy, its role in ensuring a fair and consistent approach is adopted across Wales, and that affordability and sustainability issues are identified and considered. This process will be undertaken by the end of March 2011 to support implementation from April 2011, and the outcomes will be shared with each Health Board to be considered as part of their implementation process.
- 16.3.** An Equality Impact Assessment has been undertaken on an all Wales basis, linking with the engagement process to ensure a comprehensive approach, and has been shared with each Health Board to inform local considerations and also to inform the implementation process.

17. References

(NB – these are set out in the order in which they appear in the Policy)

Welsh Assembly Government Circular 015/2010: *Continuing NHS Healthcare: the National Framework for Implementation in Wales*

<http://wales.gov.uk/docs/dhss/publications/100614chcframeworken.pdf>

Core values of NHS Wales:

http://www.wales.nhs.uk/publications/whitepaper98_e.pdf&sa=U&ei=dQNUTbKeOcqahQf2xJjwCA&ved=0CBQQFjAB&usg=AFQjCNGjNTg2wYbSDPJJ7aCNxRiB-L173Q

Welsh Assembly Government Citizen-Centred Principles for Wales:

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