

Easy Read



Llywodraeth Cymru
Welsh Government

Continuing NHS Healthcare

We would like to know what you think



This is an easy read version of the Welsh Government Consultation Document: **Continuing NHS Healthcare. The National Framework for Wales.**

July 2019

How to use this document



This is an easy read version. The words and their meaning are easy to read and understand. You may need support to read and understand this document. Ask someone you know to help you.

Some words may be hard to understand. These are in **bold blue writing** and have been explained in a box beneath the word. If the hard word is used again it is in **normal blue writing**. You can check what it means on page 24.



Llywodraeth Cymru
Welsh Government

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This document was made into easy read by **Easy Read Wales** using **Photosymbols**.

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About Continuing NHS Healthcare



Some people need extra care and support for their health.



Continuing NHS Healthcare (CHC) is the name given to this care and support. We will call this **CHC** from now on in this document.



People get this care through their health board. About 5000 people get this support in Wales.



We have a guide that says how we provide CHC. It says:



- Who can get it.
- What health boards must do.
- What councils must do.



We checked the guide for how we provide CHC. We worked with people from:

- health boards
- councils
- charities.



This document is about what we think we should change to make the guide better.



We would like to know what you think.



You can tell us what you think by filling in the **Continuing NHS Healthcare response form**.



Please read this document first. Then fill out the response form.

The changes

1. Make it clearer



The problem:

The guide can be confusing.



What we think should happen:

We should change the order of the guide to make it easier to follow.



We want the guide to be in this order:



1. The main aims.



2. Who needs to do what.



3. Things to think about before an **assessment**.

An **assessment** is when someone looks at your care and support needs and how they can be met.



4. How to do an **assessment**.



5. How we decide if a person is **eligible** for CHC.

Eligible means you have the right to get CHC because of your health needs.



6. How we provide CHC. And checking it works for people.



7. Making sure we are up to date with laws and important plans for giving people care.



8. What happens if someone is not happy with decisions about a person's CHC.



9. What happens if someone thinks they should have had CHC but did not.

2. Assessment

We have split this into smaller parts:

Planning an assessment

The main changes are:



- How to **assess** what someone needs.



- What the team who will be working with the person need to do.



- How the health board and council will support carers.



- New rules for checking people are able to give their **consent**.

Consent means agreeing to something. For example, agreeing to get certain healthcare and support.



- Making sure people can have an **advocate**.

An **advocate** is someone who speaks up for you.



- What to do when someone does not have **capacity**.

When someone does not have **capacity** it means they cannot make their own decisions.

Using a checklist



This is a list of things that can be checked to see if someone needs CHC. Or should have had CHC.



We have written advice on how to use the checklist.

Checking if someone is eligible for CHC



We have made changes so that **assessments** will take place:



- at the right time for the person
- in the right place for the person.



Any plans for CHC should be made after the person has come out of hospital.



Planning for CHC should not cause the person to stay in hospital longer.



We have added more checks to make sure people get the best care for their needs.



Using a Decision Support Tool

A **Decision Support Tool** helps us to make decisions about who needs CHC.



We want to make sure staff use the **Decision Support Tool** properly. We have made the rules more clear:



- Decisions about **eligibility** must be explained clearly to each person.



- If a person has **capacity** they must agree to us using the **Decision Support Tool**.



- People should be given the chance to go to the **Decision Support Tool meeting.**



- What the role of staff is when completing the **Decision Support Tool.**



- How to tell everyone what is going to happen.



We look at 12 areas of people's needs. These are staying the same. We would like to make small changes to make some areas more clear. Including:



- Behaviour.



- Mobility – for example how easily a person can get around.



- Nutrition – for example the food a person eats.



- Psychological and Emotional Needs - this means the person's mental health or how they feel.



- Cognition – this means things to do with our brains like memory and thinking.



- Medication.



- Other important care needs.

What to do in an emergency



We have changed the advice and wording about what to do when there is an emergency.



For example, a health board may decide not to do a CHC **assessment** until the emergency is over.



But they will still be responsible for the person. The person must be kept safe. And they must be given the care they need.

3. Deciding if a person is eligible for CHC

The problem:



When a team decides if a person is **eligible** for CHC we do not think everyone is working in the same way.

What we think should happen:



We want to make changes that will help everyone work in the same way. We want to say that:



- The team must involve the person. And help them to have a say.



- The health board can ask for more information when they do not agree with what the team say.



- When a team cannot decide what to do they must write it down and say why.



- The team must tell the health board and the person what they think should happen.



- The team must explain their decision in writing to the person as soon as possible.



They must explain why they made that decision. And include a copy of the **Decision Support Tool**.



They must be given details of who to contact for more help. And how to ask for a **review**.



If the person is going to get CHC they should say what kind of support and care the person will get.



If they are not going to get CHC they should be told about other options of care and support.

4. Providing and checking services

The problem:



Health boards have to plan and provide CHC. But they will need to work with other organisations like the council.



Sometimes this affects how CHC works.

What we think should happen:



Supporting people who get CHC in their homes



Make what the NHS is responsible for when they give CHC to someone in their own home clearer.



Write into the guide that councils make sure they do their part in providing CHC to people in their own homes.



Direct Payments

Direct Payments cannot be used to pay for services that the NHS must provide.



But health boards and councils should work together more to make sure people get the best care. And that people have control.

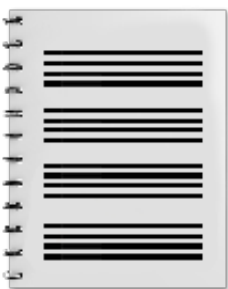
Checking if someone is still eligible for CHC



We need to keep checking if people are still **eligible** to have CHC. This is not new.



But we want to make it clear that these checks are about making sure a person's care plan still meets their needs. We want to make changes to help these checks happen properly:



- We must use the newest **Decision Support Tool**.



- We must do a new **assessment** if a person's needs have changed.



- Health boards must talk to the council before making decisions.



- The person's care needs must still be met during the check.



We also want to add extra information about what the check is for.

5. Links to other policies



Policies are rules about how to do things.

The problem:

We need to make sure the guide for how we provide CHC is up to date with new **policies**.



What we think should happen:

Mental health



Some people are able to get services as part of a law called the **Mental Health Act**. They will not be able to get those services as part of CHC.

Deprivation of Liberty



There is a law called the **Mental Capacity Act**. Part of this law is called **Deprivation of Liberty**.



When people are affected by this law it should not change them being able to get CHC.

Children and young people moving to adult services



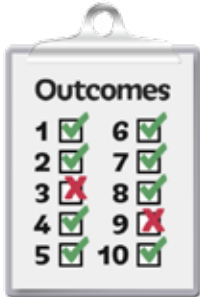
This should happen as carefully as possible. The **assessment** must happen by the time the child is 16 years old.



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Adults with a learning disability

This has been updated to match Welsh Government **outcomes**.



Outcomes are the goals that should be achieved by the care and support given.

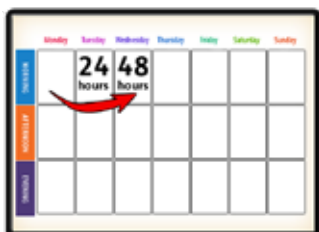
6. When people are not happy with their CHC



The problem:

Health boards across Wales need to work in the same way when someone makes a complaint.

What we think should happen:



When the team do not agree what a person needs they must say within 48 hours.



There are new rules about how to deal with disagreements.



Health boards must tell people what will happen next if they disagree with a decision about CHC.



The decision must be checked within 28 days.

Checking if someone should have had CHC



A person may ask for the care they have had to be checked. For example, when they have paid towards their care but think this was wrong.



We would look back at the **assessments** that had been made. This is called a **retrospective review**.



The problem:

We think the way this happens should be better and clearer.

What we think should happen:

We think this should be broken down into 2 stages:



The first stage is to follow a checklist. This looks over the person's history of care and support needs.



If problems are found the second stage will happen. And a **retrospective review** will take place.



A member of staff will write a report. This will be checked by another member of staff.



And then a special group called an **Independent Review Panel** will decide if the earlier decisions were wrong or not.



They will organise a meeting with the person. If the person does not want to go to the meeting the **panel** must phone them. Or write to them.

Hard words

Advocate

An advocate is someone who speaks up for you.

Assessment

An assessment is when someone looks at your care and support needs and how they can be met.

Capacity

When someone does not have capacity it means they cannot make their own decisions.

Consent

Consent means agreeing to something. For example, agreeing to get certain healthcare and support.

Eligible

Eligible means you have the right to get CHC because of your health needs.

Outcomes

Outcomes are the goals that should be achieved by the care and support given.

Policies

Policies are rules about how to do things.