

The Welsh Government

‘Continuing NHS Healthcare – the National Framework for Implementation in Wales’ (2021) - Interim Policy Statement

Operational as of April 2026

Introduction

The current *‘Continuing NHS Healthcare – the National Framework for Implementation in Wales’ (2021)* – the CHC Framework - was published in July 2021 and was to be implemented as of 1st April 2022. This document sets out the Welsh Government’s policy for eligibility for CHC and the responsibilities of NHS organisations and Local Authorities, setting out the arrangements for the effective, efficient and equitable delivery of Continuing NHS Healthcare in Wales.

Purpose of this document

The purpose of this interim policy statement is to provide an update for the CHC Framework to reflect legislative changes specifically in relation to Direct Payments and CHC. This follows the National Health Service (Direct Payments) (Wales) Regulations 2026 becoming law, and the publication of statutory guidance on understanding and application of these regulations.

These amendments to the 2021 CHC Framework should be considered alongside the full Framework.

The amendments take effect as of 1 April 2026. They are provided to ensure that the CHC Framework aligns with the Regulations and guidance, in advance of a full review of the CHC Framework.

Updates

Amendments are made to the following sections of the CHC Framework (2021):

Table of amendments

Section in Framework	Current wording	Amended wording
Section 2 - Principle 6: Co-ordinated care & continuity, Para 2.10	“Where an individual whose care was arranged through Direct Payments becomes eligible for CHC funding, the health board must work with them in a spirit of co-production and make every effort to maintain continuity of the personnel delivering the care,	“Where an individual whose care was arranged through social care Direct Payments becomes eligible for CHC funding, the health board must work with them in a spirit of co-production and make every effort to maintain continuity of the personnel delivering the care, where the

	<p>where the individual wishes this to be the case, as set out in Section 5.”</p>	<p>individual wishes this to be the case, as set out in Section 5.”</p>
<p>Paras 2.48, 5.18 and 5.42</p>	<p>Para 2.48 ““When an individual has been assessed as having a primary health need, and is therefore eligible for CHC, the NHS has responsibility for funding the full package of health and social care. Where the individual is living at home, this does not include the cost of accommodation, food or general household support.”</p> <p>Para 5.18 ““Where an individual returns to their own home (or that of a carer) the LHB fully funds the cost of their health and personal care needs but not the accommodation, food or general household support.”</p> <p>Para. 5.42 ““Where an individual is eligible for CHC and chooses to live in their own home, the LHB is financially responsible for meeting all assessed health and associated social care needs. This does not include the cost of accommodation, food or general household support. There is a range of everyday household costs that are expected to be covered by personal income or welfare</p>	<p>Para 2.48: ““When an individual has been assessed as having a primary health need, and is therefore eligible for CHC, the NHS has responsibility for funding the full package of health and social care. Where the individual is living at home, this does not include the cost of accommodation, food or general household support (except in cases where that support would form part of a person’s assessed health and social care needs as set out in their care plan).”</p> <p>Para 5.18: ““Where an individual returns to their own home (or that of a carer) the LHB fully funds the cost of their health and personal care needs but not the accommodation, food or general household support (except in cases where that support would form part of a person’s assessed health and social care needs as set out in their care plan).”</p> <p>Para. 5.42: ““Where an individual is eligible for CHC and chooses to live in their own home, the LHB is financially responsible for meeting all assessed health and associated social care needs. This does not include the cost of accommodation, food or general household support (except in cases where that support would form part of a person’s assessed health and social care needs as set out in their care plan). There is a range of everyday household costs that are</p>

	benefits, including food, rent/mortgage interest, fuel and water, clothing and other normal household items.”	expected to be covered by personal income or welfare benefits, including food, rent/mortgage interest, fuel and water, clothing and other normal household items.”
Section 5 – Voice and Control, Direct Payments and CHC, Para 5.50	“It is currently unlawful for Direct Payments to be used to purchase health care which the NHS is responsible for providing; however, it is not unlawful for local authorities and health boards to work together to provide individuals with voice and control in respect of their health and social care needs.”	“It is expected that local authorities and health boards will work together to provide individuals with voice and control in respect of their health and social care needs.”
Section 5 – Voice and Control, Direct Payments and CHC, Para 5.52	“Where an individual whose care was arranged utilising Direct Payments becomes eligible for CHC funding, the LHB must work with them in a spirit of co-production. Although Direct Payments will no longer be applicable where an individual has a primary health need, this should not mean that the individual loses their voice, choice and control over their daily lives.”	“Where an individual whose care was arranged utilising social care Direct Payments becomes eligible for CHC funding, the LHB must work with them in a spirit of co-production. Where an individual has a primary health need, this should not mean that the individual loses their voice, choice and control over their daily lives.”
Section 5 – Voice and Control, Direct Payments and CHC, Para 5.53	“LHBs should consider a range of options to ensure voice and control for the individual, including the following:	Paragraph added titled ‘Direct Payments’ before the paragraph titled ‘Maintaining personnel.’ <u>“Direct Payments</u> <u>Please see separate guidance - ‘Guidance on Direct Payments for Continuing NHS Healthcare: Understanding the Regulations’</u>

	<p><u>Maintaining personnel</u></p> <p>When a person develops a primary health care need, the health board must work to maintain continuity of personnel delivering care, where the individual wishes this to be the case and it can contribute to meeting their needs. The health board could employ staff (either directly or via an agency), e.g. personal assistants, previously employed by the individual under direct payments.</p> <p><u>Independent User Trusts</u></p> <p>Health boards could also consider providing funding to an Independent User Trust, to manage an individual’s care. This is where a relative of a patient or other interested party sets up a trust which becomes the provider of care for the individual. The LHB then contracts with the trust to provide specified health care services for the individual.”</p>	<p><u>Maintaining personnel</u></p> <p>When a person develops a primary health care need, the health board must work to maintain continuity of personnel delivering care, where the individual wishes this to be the case and it can contribute to meeting their needs. The health board could employ staff (either directly or via an agency), e.g. personal assistants, previously employed by the individual under social care direct payments, if a direct payment under CHC is not appropriate, or not preferred by the individual.</p> <p><u>Independent User Trusts</u></p> <p>Health boards could also consider providing funding to an Independent User Trust, to manage an individual’s care. This is where a relative of a patient or other interested party sets up a trust which becomes the provider of care for the individual. The LHB then contracts with the trust to provide specified health care services for the individual.”</p>
<p>Section 5 – Voice and Control, Direct Payments and CHC, Para 5.54</p>	<p>“There may be circumstances where it is possible for an individual to retain some Direct Payment for the elements of their care for which the local authority is still responsible, e.g. opportunities for social inclusion. Partner organisations must work together to explore all the options available to maximise an individual’s independence.”</p>	<p><i>This paragraph of the Framework is temporarily being withdrawn for further consideration. No impact is intended upon the existing arrangements of individuals.</i></p>
<p>Section 5 – Voice and Control,</p>	<p>“An individual in receipt of Direct Payments (or any individual) retains the right to</p>	<p>“Any individual retains the right to refuse to consent to a CHC assessment and /or care</p>

<p>Direct Payments and CHC, Para 5.56</p>	<p>refuse to consent to a CHC assessment and /or care package, as detailed in Section 3. In such cases, partner agencies must work together with the individual and their family/carers to ensure that the risks are fully understood and mitigated as far as possible. If a person is assessed as eligible for CHC but refuses a care package, there may be an impact on the way their care is delivered. It cannot automatically be assumed that LAs will continue to provide those services, as this may mean that they are acting outside of their legal authority.”</p>	<p>package, as detailed in Section 3. In such cases, partner agencies must work together with the individual and their family/carers to ensure that the risks are fully understood and mitigated as far as possible. If a person is assessed as eligible for CHC but refuses a care package, there may be an impact on the way their care is delivered. It cannot automatically be assumed that LAs will continue to provide those services, as this may mean that they are acting outside of their legal authority.”</p>
<p>Section 5 – Joint Packages of Health and Social Care, Para 5.64</p>	<p>“As a matter of principle, if an individual has existing Direct Payment arrangements, these should continue wherever and for as long as possible within a tailored joint package of care.”</p>	<p>“As a matter of principle, if an individual has existing social care Direct Payment arrangements, these should continue wherever and for as long as possible within a tailored joint package of care.”</p>
<p>Section 6 – Transition from Child and Young person (CYPCC) to Adult (CHC) provision, Para 6.26</p>	<p>“Financial implications for the young person and their family, including any changes to benefits or other funding sources such as Direct Payments, must be clearly explained at the earliest possible opportunity. Accommodation and independent living choices should be fully explored, and a clear explanation provided of entitlements and options. Support for carers must be included in the care plan, in accordance with the Social Services and Well-Being Act.”</p>	<p>“Financial implications for the young person and their family, including any changes to benefits or other funding sources such as social care Direct Payments, must be clearly explained at the earliest possible opportunity. Accommodation and independent living choices should be fully explored, and a clear explanation provided of entitlements and options. Support for carers must be included in the care plan, in accordance with the Social Services and Well-Being Act.”</p>
<p>Glossary (see also paras 2.48,</p>	<p>General Household Support “Such services as cleaning, laundry, meal preparation, shopping, cooking, collecting</p>	<p>General Household Support “Such services as cleaning, laundry, meal preparation, shopping, cooking, collecting</p>

5.18 and 5.42)	benefits, sitting with or accompanying on social outings.”	benefits, sitting with or accompanying on social outings. “Note that references to the exclusion of particular forms of general household support need to be read as not applying in cases where that support would form part of a person’s assessed health and social care needs as set out in their care plan. See also paras 2.48, 5.18 and 5.42.”
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Key links:

‘Continuing NHS Healthcare – the National Framework for Implementation in Wales’ (2021):

<https://gov.wales/national-framework-nhs-continuing-healthcare>