

**Albert Heaney**  
**Cyfarwyddwr Gwasanaethau Cymdeithasol**  
**Director of Social Services and Integration**  
**Y Grŵp Iechyd a Gwasanaethau Cymdeithasol**  
**Health and Social Services Group**



**Llywodraeth Cymru**  
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Jonathan Griffiths, Head of Adult care  
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cc. Phil Hodgson  
Interim Director of Social Services and Leisure

10<sup>th</sup> February 2016

Dear Jonathan,

Thank you for your letter of 20 January enclosing earlier correspondence from yourself and Philip Hodgson, regarding the issue of Direct Payments and Continuing NHS Healthcare (CHC). My sincere apologies for the delay in responding.

The difficulties that are outlined in your letter are not unfamiliar to me and indeed similar issues have been raised in the past in relation to Direct Payments made to individuals who then become eligible for CHC. More recently, this has been raised by the National Complex Care Board.

However, Welsh Ministers have, to date, been opposed to the introduction of personal health budgets on the basis that this would undermine a fundamental principle of NHS provision; that it is free at the point of delivery.

In order to try to address the difficulties that this can cause, additional wording was included in the CHC National Framework when it was revised in 2014. The Framework states that, 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.



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It also makes clear that where an individual whose care was arranged via 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 individual wishes this to be the case. It also states that if an individual in receipt of Direct Payments refuses to consent to a CHC assessment and/or care package (because they do not want to lose their Direct Payment) 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.

Another possible option is to explore the use of Independent User Trusts (IUTs). IUTs have been recognised by the courts as a lawful means for a public health body to deliver services. Typically the trust is established by the individual receiving care and by his/her carers who would be trustees. The NHS then contracts with the trustees to provide the services and the trustees can decide how to purchase and control any care services required. However, if IUTs were to be pursued there would need to be robust clinical governance arrangements put in place to cover their use.

We will be undertaking a further review of the Framework this year and members of my team would be happy to meet with you to discuss whether anything more can be done to strengthen the wording in respect of Direct Payments. We also await the outcome of the Parliamentary Review of Health and Social Care due later this year which may result in more fundamental changes to the way that our health and social care services are delivered

Yours sincerely

A handwritten signature in black ink, appearing to read 'A. Heaney'.

**ALBERT HEANEY**  
**DIRECTOR OF SOCIAL SERVICES AND INTEGRATION**



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