

Policy Circular

Document No 27/07

Owner: Strategy & Communications Directorate

Subject: Continuing Health Care

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Next Review: June 2012

Please note: From 17 June 2010 the ILF is closed to new applications.

1.0 Background

NHS Continuing Healthcare (CHC) is a term that refers to a specific set of circumstances in which the NHS is required to fund a person's full package of care.

NHS Continuing Healthcare is available in England and Wales (each country has its own framework). In Scotland, only care packages where a person is terminally ill and requires specialist palliative health care are fully funded by the NHS. There are no circumstances in Northern Ireland where certain triggers require the NHS to fund the full package of care.

It is important to note that the phrase 'continuing care' or 'continuing health care' refers to someone's ongoing health needs, it does not necessarily mean that they have a fully funded NHS Continuing Healthcare plan. This policy only applies to cases where the NHS is fully funding the package of care and in this document **CHC means fully funded NHS continuing healthcare.**

Independent Living Fund

Equinox House, Island Business Quarter, City Link, Nottingham NG2 4LA

Tel: 0845 601 8815 or 0115 945 0700, Fax: 0115 945 0945, Textphone: 0845 601 8816

Email: funds@ilf.org.uk, Website: www.dwp.gov.uk/ilf

1.1 NHS Continuing Healthcare In England

This is a complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. It can be provided in any setting.

Individuals who are eligible for CHC receive the whole package (including social care) free. Individuals may still be eligible for some Local Authority (LA) services such as provision of information and access to disabled facilities grants.

1.2 NHS Continuing Healthcare In Wales

Where, following a multidisciplinary team assessment of a person's needs, the overall health needs are deemed to be significant enough, the NHS will pay for the full package of care.

2.0 Policy

The ILF will not fund towards any element of the package of a Group 2 user where CHC funding has been agreed. This also applies to candidates who for the time being, have moved from Group 2 into Group 4 or 5.

CHC funding may not cover domestic duties, local practice varies. If a Group 1 candidate qualifies for CHC but the local NHS will not meet the cost of domestic duties included within the existing ILF award, Trustees may exceptionally agree to continue the ILF award for this purpose only. In these circumstances a referral should be made to the User Personal Cases Committee (UPCC). This also applies to candidates who for the time being, have moved from Group 1 into Group 4 or 5.

Where CHC funding has been agreed this does not mean that it must remain in place for life. There may be circumstances in which a user or applicant had a CHC plan but has been discharged from it. The ILF can consider funding in these cases as normal.

The ILF can only provide funding in any event for tasks detailed as qualifying support and services.

3.0 Procedure

3.1 New Applicants

For new applicants from England and Wales, where the ILF Assessor (ILFA), using the CHC checklist, considers that an application could be made to the NHS for a multi-disciplinary assessment for CHC, the ILFA should advise the LA representative and the applicant accordingly. The ILFA will complete the normal assessment report and make a recommendation in respect of ILF funding. This will enable the application to proceed in the event that the applicant is not eligible for CHC.

The ILFA will also advise the applicant and the LA representative that the ILF will not be able to consider funding until the applicant has been screened and where appropriate had a multi-disciplinary assessment for CHC. The ILFA will request, from the LA representative, that a copy of the decision in respect of eligibility for CHC is sent to the ILF.

On receipt of the ILFA's report, ILF staff will write to the LA representative requesting notification of the outcome of the screening and assessment for CHC before making an offer to the applicant. If the Local Authority decides that it is not appropriate to pursue an assessment for CHC they should be asked to confirm this decision in writing (letter or e-mail). This decision will be accepted by ILF and the application should proceed as normal.

If the referral for CHC is rejected, either at the screening stage or at the multi-disciplinary assessment, then the application will proceed as normal in accordance with the ILFA recommendation.

If the referral determines that the applicant is eligible for CHC then the application to ILF should be rejected.

If the ILF is notified that the applicant is refusing to be screened for CHC, then a letter should be sent to the applicant to request their reasons for their refusal. The file should then be referred to the Senior Management Panel (SMP) for decision about whether the ILF can make an offer of funding.

3.2 Current ILF users

Where an ILF user is found to be eligible for CHC, ILF payments should cease from the date the CHC entitlement commenced or will commence. ILF staff should ensure confirmation of the date of implementation of CHC, by writing to the LA representative, before any action is taken to close the file. If there is any lack of clarity about whether the care package is being paid for by the NHS, the file should be referred to the Senior Social Work Manager.

Where an ILFA, carrying out an assessment for an existing user in England or Wales, considers that the user's primary need is health (with reference to the CHC screening checklist) and no consideration has been given to a CHC assessment, they should raise this with the user and the LA representative.

The ILFA should record in their report that they have advised the user and the LA representative that the user may be eligible to be screened for a multi-disciplinary assessment for CHC. However, the ILFA should complete their assessment and recommendation. The ILF should make an offer of funding, but at the same time write to the LA representative to request information about the outcome of any assessment for CHC. If the Local Authority decides that it is not appropriate to pursue an assessment for CHC, the ILF will accept this decision. If the user refuses to be screened or assessed for CHC, the ILF should write to the user to request the reasons for this, and subsequently refer to the SMP for consideration.

For both applicants and current users, if it is found that the user has been assessed as eligible for CHC, but the care package is not actually being paid by the NHS, the file should be referred to the Senior Social Work Managers, so that liaison can take place with the LA and the fund user about the factors affecting the situation. The SSWM will consult with the LA and the fund user in order to achieve the best outcomes possible for the fund user, before consideration is given to closing the file.

4.0 Exceptions

Where ILF has rejected an application or closed a file in accordance with this policy, any candidate may ask for a review of that decision

on the grounds that they should be considered an exception to the policy. The candidate should be invited to set out their reasons why the normal policy should not be applied. Requests for a review will be determined in accordance with the normal decision review procedure.

5.0 Source

Trustees' meeting 9 May 2007

England: DH National Framework for NHS Continuing Healthcare & NHS-funded Nursing Care (Including Resource pack 1 – Basic Training)

Scotland: NHS Responsibility for Continuing Health Care

Wales: NHS Responsibilities for Meeting Continuing NHS Health Care Needs

6.0 History Date Reviewed

8 October 2009

10 June 2010

Equality Impact Assessment

Screening Template

This preliminary impact assessment form is to help you screen your policy, project, function or new service. It should help you consider whether a full Equality Impact Assessment is required by looking at whether there is a potential negative or positive impact on any of the equality groups, if there is an opportunity to promote equality, and whether further data is needed.

Title of policy, project, function or service:

Continuing Healthcare Policy

Short description of aims and objectives

Sets out the ILF position with regard to users who are eligible to receive continuing healthcare funding

Thinking about each group below, does (or could) the policy, project, service or function have an impact on members of each equality group? If so, how?

Equality Group	Yes – negatively	Yes – positively	Unclear	No impact
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Socio-economic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

What information or research has been considered in judging these impacts?

See below

You should consider a full Equality Impact Assessment (EIA) if:

- (a) you feel one or more equality groups will be negatively impacted by the policy, project or service, or
- (b) there is an opportunity to promote equality and eradicate discrimination.

You may also consider further research if it is unclear, at this stage, what the impact may be.

Based on your findings, is a full EIA required?

Yes

No

Please provide a short summary of your decision-making below:

The ILF will withdraw from any case where a user is awarded fully funded continuing healthcare (CHC). This is because their needs are judged to be significant enough to entitle them to have their support funded in full by the NHS. The provision of CHC applies in England and Wales.

In Scotland a person must be terminally ill and require palliative care before CHC is awarded. There is no such provision in Northern Ireland.

The ILF policy does not affect anyone adversely as a result of his or her belonging to one of the equality groups. The user will still receive a level of support suitable to their needs and as any care provided by the NHS is free the user will no longer be expected to make a contribution.

Whilst the points at which an ILF user becomes eligible for CHC varies across the UK there is nothing that is inherent to the ILF policy that treats groups differently.

- The completed EIA Screening Template should be sent to Jon Duckworth, User Liaison Manager for approval by the Equality Impact Assessment Board (EIAB).
- We will contact you with any comments or queries about the completed form.

**This form was
completed by:**

Helen Janes