

Policy 29 NHS Funding

Owner: ILF Scotland

Subject: NHS Funding

Version: 1.0

Last Amended: 1 July 2015

Next Review: 31 March 2021

This Policy is an amalgamation of the previous ILF organisation's (ILF UK) Continuing Health Care and Health Authority policies.

1.0 Policy

Where an ILF recipient is assessed as having health needs these may be met by the NHS in a number of ways, including the award of NHS Continuing Healthcare. This was previously known as Fully Funded Continuing Health Care (FFCHC).

If someone does not qualify for NHS Continuing Healthcare but is assessed as having healthcare or nursing needs, they may still receive some care from the NHS. For someone who lives in their own home, this could be provided as part of a joint package of care, where some services are commissioned by the NHS and some commissioned by local authority (LA) social services. The second part of this document provides some clarification on joint NHS and LA packages of care.

In all circumstances with Group 2 recipients the Local Authority must input Qualifying Support and Services to at least the value of the threshold sum, over and above any input from the NHS to the package.

Qualifying support and services cannot include any health care support.

2.0 NHS Continuing Healthcare

This part of the guidance applies only to individuals in receipt of NHS Continuing Healthcare.

NHS Continuing Healthcare is the name given to a package of care that is arranged and **funded solely by the NHS** for individuals who are not in hospital but have complex ongoing healthcare needs.

To be eligible for NHS Continuing Healthcare an individual needs to have a "primary health need", which means that their main or primary need for care must relate to their health.

If fully funded continuing healthcare is provided in the home of the individual it will cover both personal care and healthcare costs.

Group 1

NHS Continuing Healthcare funding may not cover domestic duties and local practice can vary. If a Group 1 recipient qualifies for NHS Continuing Healthcare but the local NHS will not meet the cost of the domestic duties included within the existing ILF award, ILFS may exceptionally agree to continue the ILF award for this purpose only. In these circumstances a referral should be made to the Board of Directors. This also applies to recipients who for the time being, have moved from Group 1 into Group 4 or 5.

Group 2

NHS Continuing Healthcare funding may not cover domestic duties and local practice can vary. If a Group 2 recipient qualifies for NHS Continuing Healthcare and the local NHS will not meet the cost of the domestic duties

included within the existing ILF award the ILFS will first consider how the Local Authority Threshold Sum will be met before consideration can be given to whether ILFS can continue to fund the domestic duties.

If the Threshold Sum is made up of domestic care or a direct payment (DP) to pay for domestic care ILFS will not normally be able to continue to provide funding as it would be anticipated that the cost of providing these services would be less than the LA TS.

If the LA provision of provision of domestic care or direct payments is at or exceeds the threshold sum, ILFS may exceptionally agree to continue the ILF award to fund domestic duties only. In these circumstances a referral should be made to the Board of Directors. This also applies to recipients who for the time being, have moved from Group 2 into Group 4 or 5.

3.0 NHS Continuing Healthcare discharge Where NHS Continuing Healthcare funding has been agreed this does not mean that it must remain in place for life. There may be circumstances in which a recipient had a NHS Continuing Healthcare plan but has been discharged from it. ILFS can consider funding in these cases in line with normal policies.

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

4.0 Procedure

Where an ILF recipient is assessed as being eligible for NHS Continuing Healthcare, and it is determined that that there are no outstanding domestic duty costs requiring funding (as detailed in the policy section above), ILF payments should cease from the date the NHS Continuing Healthcare funding commenced or will commence.

ILFS staff should obtain confirmation of the date of implementation of NHS Continuing Healthcare funding, by writing to the Continuing Health Care Lead in the local Clinical Commissioning Group or the Local Authority

Address: ILF Scotland, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA
Tel: 0300 200 2022 **Email:** enquiries@ilf.scot **Web:** www.independentlivingfund.scot **Twitter:** @ILFScotland

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 ILFS senior management team.

If an Independent Assessor (IA), carrying out an assessment for a recipient considers that the recipient's primary need is health (with reference to the NHS Continuing Healthcare screening checklist) and no consideration has been given to an NHS Continuing Healthcare assessment, they should raise this with the recipient and the Local Authority representative.

The Independent Assessor should record in their report that they have advised the recipient and the Local Authority representative that the recipient may be eligible to be screened for a multi-disciplinary assessment for NHS Continuing Healthcare. However, the IA should complete their assessment and recommendation.

ILFS should make an offer of funding, but at the same time write to the CCG Continuing Health Care Lead or the Local Authority representative to request information about the outcome of any assessment for NHS Continuing Healthcare.

If the CCG or the Local Authority decides that it is not appropriate to pursue an assessment for NHS Continuing Healthcare, ILFS will accept this decision. If the recipient refuses to be screened or assessed for NHS Continuing Healthcare, ILFS should write to the recipient to request the reasons for this, and subsequently refer to ILFS senior management team for consideration.

If it is found that a recipient has been assessed as eligible for NHS Continuing Healthcare, but the care package is not actually being paid by the NHS, the file should be referred to the senior management team, so that liaison can take place with the LA and the recipient about the factors affecting the situation. ILFS will consult with the LA and the recipient in order to achieve the best outcomes possible for the recipient, before consideration is given to closing the file.

5.0 Exceptions

Where ILFS has closed a file in accordance with this policy, any recipient may ask for a review of that decision on the grounds that they should be considered an exception to the policy. The recipient 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.

6.0 Joint Packages (Group 2 recipients only)

Where the Local Authority (LA) have a joint package with the NHS it will be necessary for ILFS to ascertain whether the LA are contributing Qualifying Support and Services to at least the value of the threshold sum, separately to those that are funded from Health.

A recipient will not be eligible for ILF funding where the threshold sum is made up partly of funding from the NHS budget.

If cases are discovered where NHS monies from a joint package had contributed to the LA threshold sum negotiations will be required so the LA input increases accordingly. Any overpayment of the grant should be pursued in the normal way.

Where input from the NHS replaces part of the existing LA/ILF package, the LA must maintain their input in line with policy, Maintaining LA Input.

7.0 Procedure

Where the LA funding is taken from a jointly funded package the LA must provide information to ILFS demonstrating that there is a minimum contribution in respect of QSS to the value of the threshold sum coming solely from their finances.

There are two possible ways of identifying how much money within a package funded jointly by the LA and NHS can be attributed to the LA.

The LA and NHS will have determined what percentage of a recipient's needs relate to social care and what percentage are health care needs. For example the recipient may have social care needs that make up 40% of his or her overall requirements. In this case when considering the overall costs of the package 40% of these must equal at least the threshold sum. **Examples**

- **Care package costs a total of £530**

It is identified that the individual's care needs are 35% Social and 65% Health. This would not be acceptable as the LA contribution equates to only **£185.50**

- **Care package costs a total of £625**

It is identified that the individuals care needs are 55% Social and 45% Health. This would be acceptable as the LA contribution equates to **£343.75**

In some circumstances the LA may not be able to provide this information. In this case it will be necessary to establish what the percentage contribution is between the two parties to the joint package. If for example both parties contribute an even 50% towards the budget it will be necessary to calculate that based on the overall cost of the package and the percentage input that the LA are inputting at least the threshold sum. However, it must be established that the Local Authority threshold sum has been met by the provision of QSS and it cannot include health care.

Examples

- **Joint Package - LA 50% NHS 50%**

Overall package = £620

Not acceptable as LA financial input only £310 and the recipient originally applied after April 2008

- **Joint Package – LA 40% NHS 60%**

Overall package = £900

Acceptable as LA financial input is £360

It is the responsibility of the LA to provide adequate information to ILFS about how the care package is broken down and to demonstrate that there is a net input of QSS to at least the threshold sum amount being contributed from the LA budget.

8.0 Personal Health Budgets

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team.

Where someone decides to receive a personal health budget as a direct payment they will need a separate bank account. This account must only be used for purchasing care. However, it can also be used for receiving and managing a social care budget or ILF payments.

Where there is a joint account ILFS will need to ensure that the local authority provision meets the relevant threshold sum.

9.0 Source

Scotland: NHS Continuing Healthcare

10.0 Reviewed

1 July 2015