

# NHS funding for care and support

## About this factsheet and who it is for

If you have health-based needs you may be entitled to some assistance with arranging and meeting the cost of your care in a care home, or at home, from your local NHS.

This factsheet aims to explain recent changes to guidance and legislation and help to clarify who might qualify, how to apply and what to do if you are not successful.

The artwork on the front of this factsheet was done by an older artist for EAC's over 60s Art Awards.



## Contents

<b>Section 1</b>	Introduction	Page 2
<b>Section 2</b>	NHS continuing healthcare	Page 2
	2.1 Qualifying for NHS continuing healthcare	Page 3
	2.2 Fast track assessment	Page 4
<b>Section 3</b>	NHS-funded nursing care payments	Page 6
<b>Section 4</b>	Challenging an NHS funding decision	Page 6
<b>Section 5</b>	After care services under section 117	Page 7
<b>Section 6</b>	Joint packages of care	Page 7
<b>Section 7</b>	Personal Health Budgets	Page 7
<b>Section 8</b>	Care funding from April 2020	Page 9
<b>Section 6</b>	About FirstStop Advice	Page 10

## Introduction

Help with meeting the cost of care or nursing may be available through payments from your local NHS Clinical Commissioning Group (CCG). There are two main sources of NHS funding to help meet the cost of care at home or in a care home, NHS continuing healthcare and NHS-funded nursing payments.

This factsheet aims to provide you with a fundamental understanding of when these, and other, health-related care and funding packages might apply and how they can be accessed.

## NHS continuing healthcare (NHS CC)

To assist in deciding which treatment and other health services it is appropriate for the NHS to provide, The Secretary of State has developed the concept of 'a primary health need'. Where a person's primary need is a 'health need', the NHS is regarded as responsible for providing for all their needs in any setting.

The assessment for NHS CC is conducted by health practitioners whose experience and professional judgement should enable them to make a decision about eligibility for NHS CC. The assessment should be 'person-centred', include you and your representative, friend or relative if you want one. It should be based on

your needs, taking into account your views and wishes and be independent of any budgetary constraints the Clinical Commissioning Group (CCG) may be incurring.

The decision as to whether someone is eligible for NHS CC is often taken in two main stages, firstly a 'checklist' to identify possible eligibility for NHS CC, secondly a multidisciplinary assessment and completion of the national Decision Support Tool (DST), however practitioners can decide to go straight for the multidisciplinary assessment (involving at least two professionals from the health or social care team) or if you have a rapidly deteriorating condition which may be entering a terminal stage, there is a 'Fast Track' process :

**Stage one, the checklist** - Making an assessment that looks at all of your relevant needs. This assessment is conducted in accordance with the National Framework for Continuing Healthcare used by all CCGs in partnership with their local authorities. It sets out the principles and processes for establishing primary health need and eligibility to NHS Continuing Healthcare. The assessment uses a checklist to identify people who are most likely to be eligible for NHS Continuing Healthcare

and who should be referred for full consideration and assessment.

**Stage two, the multidisciplinary assessment** – If the checklist identifies a possible eligibility to NHS CC or a decision is made to not complete the checklist there should then be a multidisciplinary assessment, this will inform the completion of the Decision Support Tool is. This ensures that the full range of factors that have a bearing on eligibility are taken into account in making a decision on whether Continuing Healthcare is needed.

The Decision Support Tool is designed to ensure that a full range of factors are considered in assessing your eligibility to NHS CC, it covers twelve areas called ‘care domains’, these are:

- Behaviour
- Cognition
- Psychological and emotional needs
- Communication
- Mobility
- Nutrition
- Continence
- Skin and tissue viability
- Breathing

- Drug therapies and medication: symptom control
- Altered states of consciousness
- Other significant care needs

Through assessment, these are measured and you would be defined as having either a low, moderate, high or severe level of need in each domain or, in the case of behaviour, breathing, drug therapies, symptom control and altered states of consciousness, whether you also have a priority level of need.

### Qualifying for NHS Continuing Healthcare

If the assessment reveals that you have priority needs in one of the four priority care domains or severe levels of need in two or more domains, then it is likely that you would be eligible for NHS CC.

If there are a number of domains with high and/or moderate needs, this can also indicate a primary health need. In this case the overall need, the interactions between needs in different care domains, and the evidence from risk assessments, should be taken into account in deciding whether to recommend eligibility to NHS Continuing Healthcare.

If following assessment your needs in all domains are recorded as ‘low’ or ‘no need’, this would indicate ineligibility to

NHS Continuing Healthcare and any state funding for care you may be entitled to will be subject to means-testing through the local council. The majority of older people with care needs do not meet the criteria for NHS CC.

A decision should be made and communicated to you about your eligibility to NHS CC within 28 days, if it is not possible to do this then you should be made aware of the timescales.

If you do not qualify for NHS CC consideration should next be given whether you do have specific needs that are the responsibility of the NHS, this could be a joint package of care with the NHS and the LA or for those in a care home with nursing and entitlement to NHS-funded nursing care.

### **Fast Track Assessment**

If you have a rapidly deteriorating condition that may be entering a terminal phase, you may need to be fast tracked for immediate provision of NHS CC. If this were the case, you would not have to go through the normal assessment process but could be found to be eligible using a special fast track procedure.

A Fast Track Tool would be completed by an appropriate clinician and a

recommendation made for an urgent package of care.

### **An overview of the assessment process**

To help you navigate your way through the assessment process we have produced the following flow chart which takes you through the various stages of an NHS Continuing Healthcare assessment, step by step. This can be found on the following page.

## Overview of the process for determining eligibility for NHS Continuing Care

If you are identified as possibly eligible for NHSCC, consideration should be given to whether other NHS services could enable further improvements, if so these should be offered first. If you have a rapidly deteriorating condition which may be entering a terminal phase the 'Fast Track' process is used



The process should next be explained, information given and consent obtained (the principles of the Mental Capacity Act apply where the person lacks capacity)



The NHS Continuing Healthcare Checklist should be completed to identify if there is a possible eligibility for NHS CC and need for the full assessment. Alternatively a decision can be made to go straight to Multidisciplinary Team Assessment. If you are not eligible, other funding may be considered.



If the checklist identifies you may be eligible for NHS CC then a Multidisciplinary Team assessment should be carried out and the Decision Support Tool completed



You should receive a written explanation of the outcomes of the assessment including a copy of the completed Decision Support Tool and how to appeal if you are dissatisfied with the decision



If you are eligible for NHS CC this decision will usually be reviewed after 3 months then minimally every 12 months. If your needs have changed it may be necessary to reconsider your eligibility sooner

## NHS – funded nursing care

Subject to assessment, if you are not entitled to NHS CC and you are in a care home with nursing you could be entitled to an NHS–funded nursing care which is a non-means-tested weekly contribution paid by the NHS direct to the nursing home towards your fees.

The weekly amount of the contribution is £155.05 per week in England although it varies in Wales and Northern Ireland. In Scotland people receive a contribution towards personal care and a payment for nursing care. These contributions should be reflected by a reduction in the fees charged by the care home.

In England, Wales and Northern Ireland, NHS–funded nursing care does not affect any entitlement to Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payments (PIP). In Scotland because a contribution is also being paid towards personal care, entitlement to AA or the care component of DLA or PIP will cease after 4 weeks. If admitted to hospital from the care home the NHS – funded nursing care will stop, although the care home may still require that the full weekly fees are paid.

## Challenging a decision

If you disagree with an NHS funding decision you can request a ‘local review’ of that decision. This must be made in writing and no later than 6 months from the date that the notification of the eligibility decision was given. If this does not resolve the issue to your satisfaction you can then request it is considered by an Independent Review Panel. Again, the time limit for making such a request is 6 months following the notification of the decision from the previous review.

The time frame for the responsible body to complete each review should be within three months unless there is good reason to extend it.

If following the Independent Review you remain unhappy with the decision you are entitled to escalate your complaint to the Parliamentary Health Service Ombudsman. This should be done within twelve months of the date of notification of the outcome of the Independent Review.

### Review

If the NHS is commissioning, funding or providing any part of your care then this should be reviewed after 3 months then minimally every 12 months. Any proposed changes should be



communicated to you in writing and no funding or services should be stopped before a review takes place.

## After-care services under Section 117

Under Section 117 of the Mental Health Act 1983 the NHS and LA jointly have a duty to provide after-care services if you have been detained under certain provisions of the Mental Health Act 1983, until such time that they are satisfied that you are no longer in need of these services. All services provided under Section 117 are free and you cannot be charged for them.

## Joint packages of care

If you have need of a care and support package which is supported by the NHS and LA they should work together, with you, to agree this.

If you do not qualify for NHS CC or the funded nursing care contribution for those in a care home with nursing, there still may be other NHS services you may be entitled to, such as:

- Primary healthcare
- Assessment involving doctors and registered nurses
- Rehabilitation/reablement and recovery
- Respite health care
- Community health services
- Specialist support for healthcare needs
- Palliative care and end of life healthcare

## Personal Health Budgets

If you are eligible for NHS CC you have a right to a personal healthcare budget, if you want one. Since April 2015 anyone with a long-term condition who might benefit also has the option of a personal health budget.

A personal health budget is an amount of money to support your identified health and wellbeing needs as planned between you and your NHS team, they can give you more choice and control over how these needs are met. The personal health budget can be managed in several ways:

- Notional Budget - you will be informed how much money is available and you can be involved in deciding how this money is spent on meeting your needs, the NHS will then arrange the agreed care and support.
- Direct Payments - you can receive the money and use it to buy the care and support you need, as agreed with your NHS team.
- Direct payments held by a third party - an organisation or trust holds the



money for you, it works with you and supports you on deciding how it is spent as agreed with your NHS team and uses it to buy in the services for you.

It is also possible to receive a Personal Health Budget from the NHS and a Personal Budget from your Local Authority. The Personal Health Budget is for NHS healthcare and support needs and a Personal Budget is for your social care and support needs.

## **Further information about NHS Continuing Healthcare**

### **England – NHS Choices**

<http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/nhs-continuing-care.aspx>

### **Scotland – Care Info Scotland**

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/>

### **Northern Ireland – Health and Social CareTrusts**

<http://www.nidirect.gov.uk/health-and-social-care-trusts>

### **Wales – Health in Wales**

<http://www.wales.nhs.uk/continuingnhshhealthcare>

## Care funding from April 2020

The following changes to the way in which care and support is funded was due to be implemented in April 2016, but has now been postponed until 2020 by Government.

**Note:** The figures given below are based on those proposed for the postponed 2016 reforms; these figures may therefore change before the introduction of these reforms in 2020.

### A £72,000 cap on care costs

This will come into effect from April 2020 and effectively ‘caps’ the amount you should spend on *care* in your lifetime.

Every person receiving care will have a ‘care account’ managed through social services which will ensure that contributions you make towards your care from April 2020 are counted towards the cap. It is important to be aware that only care you have been assessed as needing, up to the cost of what the local authority would usually pay for this service, will contribute to the £72,000.

For care home residents, it is important to note that only the ‘care’ element of your bill will contribute towards this cap. You will always be expected to pay towards the care home’s ‘hotel costs’ (such as bed & board), which do not

count towards the £72,000 cap. These costs are likely to be set at a figure of £12,000 per year (£230 a week).

### An increase in the upper capital limit from £23,250 to £118,000

This will come into effect from April 2020 and effectively means you may be entitled to financial assistance from your local authority sooner than you would be under the current system.

The current lower capital limit of £14,250 is also rising in April 2020 to £17,000. This is the minimum figure that must be disregarded when calculating your assets.

However, it is important to remember that your capital between £118,000 and £17,000 is still taken into account to form an ‘income’ at a rate of £1 for every £250 that you have (this is equal to £404 per week for those with assets of £118,000); this is then combined with your actual income from pensions and state benefits. If this total income figure is higher than the council’s personal budget for you, then you may not be entitled to any financial support.

## About FirstStop Advice

FirstStop is a free information and advice service designed to help older people decide how best to meet their needs for support, care and suitable housing. It is provided jointly by a growing number of national and local organisations and it is led by the charity, Elderly Accommodation Counsel (EAC).

## About FirstStop Financial Advice

Working together, EAC and its partners in FirstStop Advice provide comprehensive information and guidance to help you afford the care, accommodation or services you need.

FirstStop's national Advisors are trained to advise on:

- What you may be entitled to in state benefits and financial help from your local authority;
- Whether you may be entitled to help with your care costs;
- Ways of making your income and capital go further;
- Services that are provided free by local and national voluntary organisations;
- Homesharing, co-housing and other mutual support networks.

A key FirstStop partner organisation is the *Society of Later Life Advisers (SOLLA)*.

SOLLA's members are regulated Financial

Advisers who specialise in providing financial advice to older people, they also adhere to the Society's Code of Best Practice.

If you decide, after speaking to us, that you would like advice from a SOLLA member, we can provide local details to you.

*(Neither EAC or FirstStop has any financial interest in SOLLA or its member IFAs)*

## Contact us

- Visit us online: [www.housingcare.org](http://www.housingcare.org)

*The information contained in this factsheet is intended to be, and should be regarded as, a brief summary and is based on our understanding of present legislation, regulations and guidance. No responsibility can be accepted for action based on this information.*

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