
**Meeting of the Executive Members for
Housing and Adult Social Services and
Advisory Panel**

10 December 2007

Report of the Director of Housing and Adult Social Services

Changes to Continuing Care and Funded Nursing Care

Summary

- 1 The report requests the Executive Member to note:
 - a summary of the new national framework for Continuing Health Care and parallel changes to the funding arrangements for Funded Nursing Care
 - the potential impact of the changes on workload, performance and budgetary issues for Adult Social Services and action being taken to address these issues

Background

2. In recent years, there has been a series of national reports and media investigations into, what has been described, as the 'postcode lottery' approach to health taking responsibility for fully funding the care packages for people who's primary need, is a health need.
3. To date, the NHS and local government have been operating Continuing Care policies which have been compliant with a series of Circulars and Guidance issued by the Dept of Health but within a framework of 28 Strategic Health Authorities.
4. Effectively, there have been 28 different Continuing Care policies across England and although each has been based within a consistent legal framework following a series of Ombudsman decisions etc, there has remained a significant degree of local interpretation which has led to the position of the 'postcode lottery' and evidence that 'eligibility' for continuing care funding has been applied inconsistently.
5. In 2006, the Dept of Health consulted on a new national framework for NHS Continuing Care and Funded Nursing Care which resulted in the development of a national framework which was implemented on 1 October 2007.

The New Framework

6. The major changes that the new framework will bring are:-
 - One national policy which is person centred
 - A common process for assessment and national tools to support decision making/eligibility
 - One single band for Funded Nursing Care
7. The role of the Strategic Health Authority is to retain responsibility for monitoring the implementation and application of the national policy; convene Independent Review Panels and act as the link between the Ombudsman, the Health Care Commission and local organisations
8. The role of the Primary Care Trust is to promote awareness of, and provide training in the new policy; ensure consistency of application; establish robust performance systems and arrange regular case reviews
9. The role of the Local Authority is to participate in joint assessments; share information and databases to assist the PCTs in their commissioning of continuing care; provide social care within Fair Access to Care Services criteria and complete Carers Assessments where appropriate.

Assessment Tools

10. The new framework introduces 3 assessment tools:-
 - Checklist
 - Fast Track Pathway
 - Decision Support Tool.
- 10.1. **The Checklist tool** is an abbreviated version of the main Decision Support Tool and is designed to be used for early identification of possible eligibility for fully funded continuing health care. It will be used in the acute hospital setting before a decision to discharge; at reviews of funded nursing care and has the potential to be used within social care reviews of complex and intensive support packages.
- 10.2. **The Fast Track Pathway** is a specific tool for use at 'End of Life' – previous continuing care policies have used '6 weeks' as being an indicator for eligibility for fully funded continuing care. This has been an unreliable indicator with clinicians being unhappy at being asked to put a 'time limit' of an individual's life. The new tool removes the concept of a time limit and focuses more on situations where someone has a rapidly deteriorating health condition, which may be terminal. It is a simple tool, which does not require clinicians, customers or their families to be involved in lengthy and complex assessments. Where a person meets eligibility, the guidance requires funding

to be made available for 12 weeks before a formal review – national statistics show that where a person is at the ‘end of life’ stage, their need for support usually ends before the 12 week stage.

- 10.3. **The Decision Support Tool** is the main assessment tool, which will be used to underpin decisions to provide continuing care funding. There are a number of domains relating to physical and emotional health needs, each of which has a continuum of levels of need. Each level of need is ranked and the assessment provides a matrix of assessed need, which evidences eligibility for funding.
11. The Executive Summary to the Framework is attached at Appendix 1. The full documents are available to Members on

Consultation

- 12 The new policy was the result of national consultation led by the Dept of Health. Local Authorities, Health departments and community groups and organisations were all asked to submit their comments, which led to the final document.

Options

- 13 The new policy is mandatory for Local Authorities to implement so there are no options for consideration.

Analysis

- 14 Although there are no options for consideration, the introduction of a national Continuing Care policy brings some considerations for: -
 - Local Authorities in general
 - City of York council

These are detailed below.

15. **Local Authorities in general:** - The new framework strengthens good practice and makes it a requirement that all assessments for continuing care funding are joint assessments carried out by a health practitioner and a social worker/care manager. This requirement extends social services involvement into assessments for Self Funders, either in hospital; in nursing homes or funding the full costs of their home care support.
16. There is requirement for regular jointly conducted reviews at 3/6/12 monthly intervals – the current statutory requirement for social care reviews is at the initial 6 weeks stage and thereafter annually.
17. There is an expectation that the introduction of a national framework will invoke a significant rise in requests for re-assessment, many of which will not result in fully funded health care but will result in requests for Independent Review Panels.

18. Changes to the format of Independent Review Panels means that senior managers within social services with the relevant experience are now expected to be available to sit on the Panels – this will require time to work across the Strategic Health Authority area as officers cannot sit on panels within their own local authority area.
19. The framework includes Dept of Health Guidance on what is defined as a 'reasonable timescale for decision making'. The suggested timescale is 2 weeks and refers to the timeframe from which the need for an assessment is identified through to a decision on eligibility and funding. Local decisions on eligibility have to be made jointly and the Dept of Health is recommending that PCTs and Local Authorities develop local Eligibility Panels. To achieve the timescale being set by the Dept of Health would indicate that there would need to be a weekly panel.
20. It is important that LAs share a consistent approach to the interpretation of the policy and in monitoring inconsistencies in PCT approach and decision making, so Wakefield LA will lead a group of 15 LA representatives within the Yorkshire and Humber region to review practice and implementation.. This group will link back into the Association of Directors of Adult Social Services group which played a key role within the DoH Consultation period, in forming a national LA response to the proposed policy
21. The Dept of Health Framework places lead responsibility for the new policy on health but also requires social services to have a more defined and proactive involvement in the implementation and application of the policy. Hence, the policy refers to joint working; joint commissioning strategies and shared responsibility for decision making.
22. **City of York Adult Social Services :-** The role of the local authority in determining eligibility for fully funded health care is strengthened but at the expense of additional responsibilities.
23. As this area of continuing care continues to be of national interest, the Dept of Health is implement rigorous monitoring and quality assurances processes which will include the performances of the respective key agencies in implementing the policy within the approach determined by the Dept of Health.
24. Effectively, the local authority is now required to play a more active role from joint assessments to providing expertise at Independent Review Panels and participating in local Eligibility Panels
25. The area of greatest uncertainty and therefore, possible impact, is that of Self Funders within Nursing Homes. To date, applications for fully funded health care have been dealt with solely by the PCT with no social services involvement. The new policy will require social services to be a joint partner in a continuing care assessment and an ongoing partner in reviews where funding is agreed.
 - The PCT reported in April 2007 that there were approximately 750 people within the City of York receiving Funded Nursing Care

payments. At the end of March 2006, the council financially supported 285 people in nursing homes, of which 67 were placed in nursing homes outside of the York area.

- This means that there are approximately 465 people in nursing homes who are self funding the costs of their care and potentially could request a Continuing Care assessment which would then require care management involvement, as the council cannot refuse to carry out an assessment under the new national policy.

26. Whilst the exact number of required assessments cannot be estimated it is known that meeting the demands for additional assessments will impact on our capacity to meet other social care responsibilities and in particular, our statutory performance requirements. In order to mitigate this and to cover the additional duties required from the Framework the following action has been taken:
- Start up funding for 4 new half time care management posts across Adults Social Services and Learning Disabilities has been agreed. These posts will focus on Continuing Health Care work and will develop the expertise and skills required to maximise the potential financial benefits for the customers and, where appropriate, for the department. These posts will need be self-financing as from September 2009.
 - The Heads of Adult Services and Learning Disabilities service will be the nominated senior managers for attendance at Independent Review Panels but it is noted that the this additional demand on time cannot be quantified at this stage.
 - The nominated lead for Continuing Care will be a Group Manager Adult Services
 - The nominated lead will represent the department on 3 key monitoring groups – the Yorkshire/Humber LA group; the SHA Joint health and social care group and the ex SHA joint monitoring group.
27. It is recognised that the above commitments will increase demands on key managers time but the department recognises that in order to ensure that the new continuing care policy is implemented equitably, the additional responsibilities on Local Authorities have to be met.
28. There will be an increased demand on Commissioning and Contracting staff as the framework requires social services to assist their PCT commissioning colleagues in developing capacity within local care services markets to meet increased and varied demands for fully funded health care.
29. There is a requirement for additional training at varying levels for staff ranging from Elderly Person Home and Home Care Managers to Care Managers as assessors.

Corporate Objectives

30. The proposals are in response to a new national initiative but the outcomes from these policy changes should enable more people to be supported safely within their homes and community

31. Implications

- **Financial** : The cost of the additional staffing resources outlined in paragraph 8 is £56k in 2007/08 and £75k in a full year. These new posts have been created and funded from within the overall departmental budget. The DoH market analysis indicates that Local Authorities should expect to see a growth in Continuing Care income and on this basis it is expected that by 2009/10 the posts will generate enough additional income to be self financing.
- **Human Resources (HR)**: Recruitment of additional staff will be via the council Recruitment and Selection policy and procedures
- **Equalities**: the national policy meets all equality issues
- **Legal** : PCTs and LAs are required to work within the terms of the national policy and therefore, would be open to legal challenge on decisions, timescales etc.
- **Crime and Disorder** : There are no Crime and Disorder implications
- **Information Technology (IT)** : Changes to the social care database are underway to ensure that the department is able to track and performance manage the additional work
- **Property**: There are no property implications
- **Other** : There are no other implications

Risk Management

32. There are 2 key areas of risk to consider
- Lack of staff capacity to meet the new and additional duties on the council
 - Capacity to improve income for customers and the council

These will be kept under review as the policy is implemented and in the light of any significant increase in referrals for assessment.

Recommendations

33. The Executive Member is asked to note the action being taken to meet the new mandatory requirements.
34. A further report will be brought back to the Executive Member in June 2008 to provide an update following six months of implementation of the new policy.

Contact Details

Author:

Anne Tidd
Group Manager
HASS
Tel No. x4511

Chief Officer Responsible for the report:

Bill Hodson
Director of Housing and Adult Social Services

Report Approved **Date** 22/11/07*Co-Author's Name**Title**Dept Name**Tel No.***Specialist Implications Officer(s)** *List information for all**Implication Financial**Name* Debbie Mitchell*Title* Finance Manager*Tel No.* 554161**Wards Affected:** *List wards or tick box to indicate all***For further information please contact the author of the report**

Annexes

1. National Continuing Health Care Policy
2. Decision Support Tool
3. Fast Track Pathway Tool
4. Checklist Tool
5. The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care - Executive summary

Note: Annexes 1-4 have been made available on the Council's website with the electronic version of the agenda for this meeting.

Background Papers

None