



Independent
Living Fund

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Policy Circular

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Subject: Continuing Health Care

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1.0 Policy

This policy only applies to cases where the NHS is fully funding the package of care and for the purposes of this document the term CHC is used in reference to fully funded NHS continuing healthcare.

This policy applies in England, Wales and Scotland. Full CHC funding is not mandatory in Northern Ireland.

Group 1

CHC funding may not cover domestic duties and local practice can vary. If a Group 1 user qualifies for CHC but the local NHS will not meet the cost of the 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 users who for the time being, have moved from Group 1 into Group 4 or 5.

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Group 2

CHC funding may not cover domestic duties and local practice can vary. If a Group 2 user qualifies for CHC and the local NHS will not meet the cost of the domestic duties included within the existing ILF award the ILF must first consider how the Local Authority Threshold Sum (LA TS) will be met before consideration can be given to whether the ILF can continue to fund the domestic duties.

If the LA TS is made up of homecare provision or a direct payment (DP) to pay for homecare the ILF will not normally be able to continue to provide funding as it would be anticipated that the domestic duties will normally be covered as part of the LA TS costs.

If the LA TS is made up of provision other than homecare or a DP to fund homecare (for example daycentre and/or respite) Trustees may exceptionally agree to continue the ILF award to fund domestic duties only. In these circumstances a referral should be made to the User Personal Cases Committee (UPCC). This also applies to users who for the time being, have moved from Group 2 into Group 4 or 5.

CHC discharge

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 had a CHC plan but has been discharged from it. The ILF can consider funding in these cases in line with normal policies.

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

2.0 Procedure

Where an ILF user is assessed as being eligible for CHC, and it is determined 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 CHC funding commenced or will commence. ILF staff should obtain confirmation of the date of implementation of CHC funding, 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 (SSWM).

Where an Independent Assessor (IA), carrying out an assessment for a 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 IA 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 IA 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 Senior Management Panel (SMP) for consideration.

If it is found that a 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 SWMMs, 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.

3.0 Exceptions

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

4.0 Source

Trustees' meeting 9 May 2007

Trustees meeting 18 September 2013

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

5.0 History Date Reviewed

8 October 2009

10 June 2010

15 December 2011

July 2013