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# Policy Circular

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**Owner:** Corporate Affairs Team

**Subject:** NHS Funding

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**This Policy circular is an amalgamation of the previous Continuing Health Care and Health Authority policies.**

## 1.0 Policy

Where an ILF user is assessed as having health needs these may be met by the NHS in a number of ways, including awarding somebody Continuing Health Care. Continuing Health Care is also sometimes known as Fully Funded Continuing Health Care (FFCHC) and this is the term used in this document.

If someone does not qualify for FFCHC 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 clarification on joint NHS and LA packages of care.

In all circumstances with ILF Group 2 users 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.

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## **2.0 NHS Fully funded Continuing Health Care (FFCHC)**

This part of the guidance applies only to individuals in receipt of FFCHC.

FFCHC 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 FFCHC 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**

FFCHC funding may not cover domestic duties and local practice can vary. If a Group 1 user qualifies for FFCHC 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.

### **Group 2**

FFCHC funding may not cover domestic duties and local practice can vary. If a Group 2 user qualifies for FFCHC 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 domestic care or a direct payment (DP) to pay for domestic care the ILF 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 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.

### **3.0 NHS Fully funded Continuing Health Care (FFCHC) discharge**

Where FFCHC 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 FFCHC 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.

### **4.0 Procedure**

Where an ILF user is assessed as being eligible for FFCHC, 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 FFCHC funding commenced or will commence.

ILF staff should obtain confirmation of the date of implementation of FFCHC funding, by writing to the Continuing Health Care Lead in the local Clinical Commissioning Group (CCG) or the Local Authority 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 FFCHC screening checklist) and no consideration has been given to a FFCHC assessment, they should raise this with the user and the Local Authority representative.

The Independent Assessor should record in their report that they have advised the user and the Local Authority representative that the user may be eligible to be screened for a multi-disciplinary assessment for FFCHC. 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 CCG Continuing Health Care Lead or the Local Authority representative to request information about the outcome of any assessment for FFCHC.

If the CCG or the Local Authority decides that it is not appropriate to pursue an assessment for FFCHC, the ILF will accept this decision. If the user refuses to be screened or assessed for FFCHC, 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 FFCHC, 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.

## **5.0 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.

This policy applies in England, Wales and Scotland. FFCHC is not mandatory in Northern Ireland.

## **6.0 Joint Packages (Group 2 users only)**

Where the Local Authority (LA) have a joint package with the NHS it will be necessary for the ILF 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 user 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 the Funds 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 user's needs relate to social care and what percentage are health care needs. For example the user 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 individual's 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 user 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 the Funds 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.

All Clinical Commissioning Groups need to be able to offer Personal Budgets from April 2014.

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 someone has or is eligible for continuing health care they are entitled to a personal health budget from October 2014.

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

## **9.0 Source**

SMB meeting July 2014

- 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