

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

TO:	ACE COMMITTEE		
DATE:	3 FEBRUARY 2016	AGENDA ITEM:	12
TITLE:	CONTINUING HEALTH CARE FUNDING		
LEAD COUNCILLOR:	Cllr EDEN, Cllr HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE AND HEALTH
SERVICE:	ADULT SOCIAL CARE	WARDS:	All
LEAD OFFICER:	Melanie O'Rourke	TEL:	0118 9374053
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The report informs the Ace Committee of the operation of national Continuing Health Care guidance locally and recommends a Scrutiny enquiry to review local practice.

2. RECOMMENDED ACTION

- 2.1 That members approve the setting up of a Scrutiny enquiry Task and Finish Group to determine the local operation of national Continuing Health Care and NHS Funded Nursing Care guidance compared to our comparators
- 2.2 For the Task and Finish group to present the finding and recommendations to a future ACE Committee.

3. POLICY CONTEXT

- 3.1 National guidance was updated in November 2012 to ensure consistent delivery of application across England. NHS continuing health care provides a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' to meet needs that have arisen as a result of disability, accident or illness and includes those at the End of Life. Eligibility for NHS continuing healthcare places no limits on the settings in which the package of support can be offered or on the type of service delivery.

- 3.2 Effective application of Continuing Health Care (CHC) and NHS Funded Nursing Care (FNC) guidance supports residents who meet the criteria to have their rights to health care free at the point of delivery, in the same way as access to all other health care support via the NHS.
- 3.3 CHC is not means tested, and therefore an individual who is in receipt does not have to pay a contribution towards their care. Unlike Local Authority funded care, which is means tested, via the national guidance on contributions towards the cost of Care Home placements; Care and Support Charging and Financial Assessment framework. This can result in a person having to use their savings up to £23,250, and the selling of assets, including property. For care at home a local policy, the Care Act 2014 Charging and Financial Assessment policy based on national guidance on charging for care at home applies. This can result if an individual paying the full cost of their services if they have over £23,250 in savings; however the house the person lives in is not taken into account in the financial assessment.

NHS-Funded Nursing Care (FNC) is the funding provided by the NHS to Care Homes providing nursing to support the provision of nursing care by a registered nurse. This contribution is then supported by either the individual or the local authority to provide the care, support and accommodation costs.

- 3.4 In Reading, along with our two neighbouring local authorities, the level of provision on NHS funded Continuing Health Care is **significantly lower** than average as demonstrated by the information below.

This has an adverse impact on the Reading Borough Council's ability to ensure the financial sustainability of the Council, as Reading Borough Council are paying a larger proportion of high care placements than other local authorities, and should be expected to pay for.

4. CURRENT POSITION:

- 4.1 In 2012 a review undertaken by the Dept. of Health noted that Berkshire had the lowest level of eligible recipients of CHC in England, with the East ranking 148 out of the then 150 PCTS, and the West, our CCG, ranking at 150 of 150. As a result, and in light of the concerns noted at that time, actions were set to ensure that this data was collated on activity and this be scrutinised by the CCG (regionally) and together with each LA regularly in order to identify the factors affecting performance. The level of activity has not improved.
- 4.2 Data for quarter 1 of 2015/16 has been analysed and shows the following for the Berkshire:

Organisation	Patients newly eligible per per 50,000 GP patient size list, aged 18+	Patients currently eligible per 50,000 GP patient size list, aged 18 +
NHS England Average	27.50	68.42
NHS England South Central	18.24	40.89

NHS Bracknell and Ascot (East)	11.4	35.28
NHS Windsor and Maidenhead (East)	7.69	39.65
NHS Slough (East)	5.83	26.46
NHS Newbury & District (West)	11.60	22.09
NHS South Reading (West)	2.74	11.41
NHS North & West Reading (West)	8.26	21.24
NHS Wokingham (West)	4.06	15.82

The West of Berkshire and the East of Berkshire have the lowest number of CHC packages of care, with South Reading CCG area being the lowest.

5 ACTION TAKEN TO DATE

- 5.1 Since 2010, Reading Borough Council have funded a post to actively pursue the applications for CHC. This is not a requirement of the local authority but felt a necessity to increase the take up of CHC.

Notwithstanding this post, and our focused activity, our take up of CHC has continued to remain low, with relatively small impact.

Year	Achieved
2012/13	£42,337
2013/14	£152,400
2014/15	£94,461
2015/16	£445,451 as at end of December

Officers have been in contact with our neighbouring authorities in the west of Berkshire to compare uptake. Wokingham Borough Council in particular has had a greater success rate, as shown in the table below

Year	Achieved
2013/14	£1.2 M
2014/15	£2.3 M
2015/16	£2 M as at end of December

The Wokingham figure remains lower than the national average, which would indicate that there is potential for higher gains than that achieved currently.

It would be prudent for Reading to aim to align with Wokingham's achievements in the first instance with room to pursue a figure closer to the national average over the next 2 - 3 years.

- 5.2 Reading Borough Council has now entered an agreement for them to oversee a team of CHC workers, as part of 'an invest to save' proposal, with the anticipated plan that we will be able to support individuals to achieve CHC. This came into place from January 2016.

We are working with Wokingham to determine a realistic and achievable figure which will have a positive impact on the Adult Social Care budget, and in turn to reduce the council's budgetary deficit.

6. PROPOSAL

- 6.1 It is proposed that a Scrutiny enquiry is convened through a Task and Finish Group to consider the impact of the significantly lower level of funding on Continuing Health Care on eligible individuals and to consider issues and actions which can be taken to ensure effective and equitable operation of the guidance.

It is recommended that the remit of the group explores the following areas:

- Compare the local process with our comparator group
- Determine the differences in application of the national guidance
- Analysis of the impact of difference -
 - What does it mean for the individual?
 - What does this mean to the local authority?
 - What is the impact on the ASC budget?
- Develop recommendation action plan and present to a future ACE committee.

This would need to be undertaken with support from RBC operational teams and the Clinical Commissioning Group, whose role it is to deliver the Continuing Health Care service.

7. CONTRIBUTION TO STRATEGIC AIMS

- 7.1 The decision contributes to the following Council's strategic aims.
To promote equality, social inclusion and a safe and healthy environment for all

- 7.2 Reading Borough Council is committed to:

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- Changing the Council's service offer to ensure core services are delivered within a reduced budget so that the council is financially sustainable and can continue to deliver services across the town;

- 7.3 The decision also contributes to the following:

- Equal Opportunities
- Health

8. COMMUNITY ENGAGEMENT AND INFORMATION

- 8.1 The proposed Scrutiny enquiry will ensure user involvement and understanding of the operation of the policy locally.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 Implementation of the policy impacts on those with long term health needs and those at the end of their life.

10. LEGAL IMPLICATIONS

- 10.1 National Framework for NHS Continuing Health Care and NHS Funded Nursing Care November 2012 (revised) provides the legislative framework for the provision on Continuing Health Care and NHS Funded Nursing Care.

11. FINANCIAL IMPLICATIONS

11.1 Revenue Implications

The report sets out that using data from the Department of Health, Berkshire and more specifically Reading have the lowest levels of eligible recipients of CHC in England. This potentially highlights that the Council may be providing funding for clients that actually should be receiving CHC and therefore having a detrimental impact on the current financial position.

11.2 Value for Money/Risks

It is clear that both health and local government organisations are working in an extremely challenging financial environment. Due to these challenges there is the risk that organisations will take positions to limit expenditure and potentially also take an inefficient positions around administration. This is an area that could support the better integration of services, better outcomes for clients and reduced potential overall costs (if the reason why the lower levels of CHC funding in the Reading area is understood).

12. BACKGROUND PAPERS

10.1 Background Papers

- National Framework for NHS Continuing Health Care and NHS Funded Nursing Care November 2012 (revised)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213137/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf