

READING BOROUGH COUNCIL

REPORT BY DIRECTOR LEGAL AND DEMOCRATIC SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	3 OCTOBER 2016	AGENDA ITEM:	13
TITLE:	SCRUTINY REVIEW UPDATE - CONTINUING HEALTHCARE FUNDING		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	LEGAL & DEMOCRATIC SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICERS:	RICHARD WOODFORD SIMON HILL	TEL:	0118 9372332 / 9372303
JOB TITLE:	PRINCIPAL COMMITTEE ADMINISTRATORS (SCRUTINY)	E-MAIL:	<a href="mailto:Richard.woodford@reading.gov.uk">Richard.woodford@reading.gov.uk</a> <a href="mailto:Simon.Hill@reading.gov.uk">Simon.Hill@reading.gov.uk</a>

**1. EXECUTIVE SUMMARY**

- 1.1 This report provides the Adult Social Care, Children's Services and Education Committee (ACE) with an update on the progress of the scrutiny review of Continuing Health Care (CHC) Funding.

**2. RECOMMENDED ACTION**

- 2.1 That the progress of the Continuing Health Care Funding scrutiny review be noted.

**3. BACKGROUND**

- 3.1 At the ACE Committee meeting that took place on 3 February 2016 it was agreed to carry out a scrutiny review of Continuing Health Care Funding to investigate the reasons for the significantly lower than average level of CHC and NHS funded Nursing Care funding in Reading, and the impact this was having on individuals and the local authority. A copy of the report that was submitted to the 3 February 2016 meeting is attached for information at Appendix 1 and an extract from the Minutes of the meeting are attached at Appendix 2.

**4. PROGRESS TO DATE**

- 4.1 The Task and Finish Group are investigating the level of CHC funding in Reading because, along with two neighbouring authorities, the level of funding is significantly lower than the national and regional average. This affects residents who may be ruled ineligible, and also has an adverse impact on the financial sustainability of the Council's Social Care services, as they are required to fund a larger proportion of high care placements than other local authorities.
- 4.2 The Task and Finish Group have held two question and answer sessions, the first with Lindy Jones, former Services Manager Care Governance, Contracts and Continuing

Health Care, Wokingham Borough Council and with Cathy Winfield, Chief Officer North West Reading, South Reading, Newbury and District and Wokingham CCGs. The Task and Finish Group will meet again to consider the feedback from these two sessions and the next steps with the aim of reporting their findings and recommendations to the 13 December 2016 Committee meeting.

- 4.3 The Task and Finish Group heard that there are officer meetings being planned with the aid of managers from NHSE and ADASS to attempt to resolve the issues identified. The outcome of this meeting will further inform the task and finish group.

## 5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The review of Continuing Health Care contributes to the strategic aim to promote equality, social inclusion and a safe and healthy environment for all.

- 5.2 The 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.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Any community engagement as part of the scrutiny review will be considered.

## 7. EQUALITY IMPACT ASSESSMENT

- 7.1 Implementation of the policy impacts on those with long term health needs and those at the end of their life. the very low level of funding of CHC from CCG would seem to indicate that there may be some patients who may not be getting specialist healthcare that they need or are being charged for care services when in another post code they would be seen to be eligible for free care

## LEGAL IMPLICATIONS

- 8.1 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.

## 9. FINANCIAL IMPLICATIONS

- 9.1 From a revenue point of view Reading has the lowest level 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.

## 10. BACKGROUND PAPERS

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

- 10.2 ACE Committee 3 February 2016 - Minutes and report.

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

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE

3 FEBRUARY 2016

43. CONTINUING HEALTHCARE FUNDING

The Director of Adult Care and Health Services submitted a report informing the Committee of the operation of national Continuing Health Care (CHC) guidance locally and recommending a scrutiny enquiry to review local practice.

The report explained that the effective application of CHC and NHS Funded Nursing Care guidance supported residents who met 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. CHC was not means tested and therefore an individual who was in receipt did not have to pay a contribution towards their care. In Reading, along with two neighbouring local authorities, the level of provision on NHS funded CHC was significantly lower than average. This had an adverse impact on the Council's ability to ensure the financial sustainability of the Council as the Council was paying a larger proportion of high care placements than other local authorities.

In 2012 a review that had been carried out by the Department of Health had noted that Berkshire had the lowest level of eligible recipient of CHC in England and since 2010 the Council had funded a post to actively pursue the applications for CHC. The Council had now entered an agreement for Wokingham Borough Council to oversee a team of CHC workers as part of 'an invest to save' proposal with the anticipated plan that the Council would be able to support individuals to achieve CHC. This had come into place from January 2016.

The report recommended that a scrutiny task and finish group be set up to consider the impact of the significantly lower level of funding of CHC for eligible individuals and to consider issues and actions which could be taken to ensure effective and equitable operation of the guidance. The report also recommended that the remit of the group should be to explore the following areas:

- Compare the local process with comparator groups;
- Determine the differences in application of the national guidance;
- Analysis of the impact and difference of what it meant for the individual and the local authority and what was the impact on the Adult Social Care budget;
- Develop a recommended action plan to be submitted to a future meeting.

The review would have to be carried out with the support of the Council's operational teams and the Clinical Commissioning Group, whose role it was to deliver the CHC service.

Resolved -



- (1) That the setting up of a scrutiny task and finish group to determine the local operation of national Continuing Health Care and NHS Funded Nursing Care guidance compared to our comparators be approved;
- (2) That a task and finish group be established, with the membership as set out below, 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 would be taken to ensure effective and equitable operation of the guidance:  
  
Councillors Hoskin, Gavin and Stanford-Beale;
- (3) That Councillors O'Connell and White inform the Chair who would be taking a place on the task and finish group;
- (4) That the task and finish group present their findings and recommendations to a future meeting.

(Councillor White declared an interest in this item, left the meeting and took no part in the debate or the decision).