

# North Central London Clinical Commissioning Group Joint Funding Policy for individuals assessed as not eligible for Continuing Healthcare Funding

Developed in partnership with the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

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## DOCUMENT TRAIL AND VERSION CONTROL SHEET

<b>Heading</b>	NCL CCG Joint funding policy
<b>Project Sponsor</b>	<p>Joint sponsorship between</p> <ul style="list-style-type: none"> <li>- Director of Complex Individualised Commissioning</li> <li>- Director of Continuing Healthcare</li> </ul>
<b>Applies to</b>	All CCG members, staff, self-employed consultants, contractors, officers and office holders, Governing Body (including committee) members.
<b>Purpose of document</b>	The purpose of this document is to define the process around the consideration of Joint Funding following a CHC not eligible decision for individuals over the age of 18
<b>Groups consulted</b>	<p>The following teams / groups were consulted in the development of the policy:</p> <ul style="list-style-type: none"> <li>• Continuing Healthcare Service</li> <li>• Complex Individualised Commissioning Team</li> <li>• Local Authority Senior Managers</li> <li>• Local Counter Fraud Specialist</li> </ul>
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# 1. Introduction

- 1.1 The National Framework for NHS Continuing Healthcare (CHC) & Funded Nursing Care (FNC) October 2018 (Revised) states “If a person is not eligible for NHS Continuing Healthcare, they may potentially receive a joint package of health and social care. This is where an individual’s care or support package is funded by both the NHS and the local authority.”
- 1.2 Joint funding may apply where specific identified needs are beyond the powers of the local authority to meet i.e. the specific needs are not of a nature that a local authority could be expected to meet, or are not incidental or ancillary to care needs that the Local Authority would provide under sections 18-20 of the Care Act 2014.
- 1.3 The Framework indicates that joint funding can be provided in any setting. Examples can include:
- an individual in their own home with a package of support comprising both health and social care elements
  - an individual in a care home (with nursing) who has nursing or other health needs, that are beyond the scope of the FNC contribution
  - an individual in a care home (without nursing) who has some specific health needs requiring skilled intervention or support, that cannot be met by community nursing services and are beyond the power of the local authority to meet.

## 2. Background

- 2.1 North Central London Clinical Commissioning Group (NCL CCG) was formally established in April 2020, bringing together five north London boroughs – Barnet, Camden, Enfield, Haringey and Islington. NCL CCG is a clinically-led and member-driven CCG with the 201 GP practices across Barnet, Camden, Enfield, Haringey and Islington making up our membership.
- 2.2 Prior to the Joint Funding Policy, each borough based CHC team within NCL CCG had a different approach to joint funding of care packages with their respective Local Authority. This policy intends to deliver parity and integration across NCL CCG, ensuring consistency and equality of care provision which is underpinned by standardised policies and operational processes.
- 2.3 This policy and the processes within, also ensures compliance with the CHC Framework and provide a clear line of sight on all CCG financial and contractual arrangements thereby supporting NCL CCG commissioning and quality monitoring or service provision.
- 2.4 By end of 2022, NCL CCG will transition to become an Integrated Care System with the five local authorities however, this policy will continue to be utilised until further notice, subject to the usual review processes.

### 3. Key documents and legislation

- National Framework for Continuing Healthcare and Funded Nursing Care October 2018 (revised) - <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care> - referred to as “The Framework” throughout the document
- Care Act 2014 - <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

### 4. Scope

- 4.1 The NCL CCG Joint Funding Policy only applies to those patients, over 18 (or during the transition assessment process) where no alternative funding stream is identified i.e. s117, s75 or s256 budgets, discharge to assess (D2A) or FNC.
- 4.2 The policy applies to those individuals who have been assessed as not eligible for CHC.
- 4.3 Joint funding can only be considered for care provision over and above other NCL CCG currently commissioned services or pooled budgets.
- 4.4 Patients must have had a CHC assessment, completion of a Decision Support tool (DST) and the multidisciplinary team (MDT) recommendation ratified as not eligible for CHC either by NCL CCG or via the eligibility panel process before joint funding can be considered.
- 4.5 The Framework is clear that neither the LA nor CCG should “unilaterally withdraw from an existing funding arrangement” without consulting each other or the individual and therefore funding for a specific care provision will continue to be funded by the current statutory authority whilst a decision for joint funding is made.
- 4.6 This policy should not be applied if urgent care provision is required and completion of a CHC assessment would be inappropriate at the time due to unstable needs. In this scenario commissioning and funding should be agreed jointly between NCL CCG and respective Local Authority until a CHC assessment can be completed.

### 5. Principles

- 5.1 The CHC Framework states that “apart from NHS-funded Nursing Care, additional health services may also be delivered by existing NHS services or funded by the NHS, if these are identified and agreed as part of an assessment and care plan” These services can include:
  - primary healthcare
  - assessments by clinicians appropriate to the individuals needs
  - rehabilitation / reablement (where this forms part of an overall package of NHS care, as distinct from intermediate care)
  - respite healthcare
  - community health services
  - specialist support for healthcare needs

➤ palliative care / end of life healthcare

- 5.2 All individuals who are considered for a joint package of care under this policy must have been assessed and a DST completed with the assessment having been ratified as per NCL CCG processes.
- 5.3 The outcome of the assessment must be that the individual does not have an identified primary healthcare need and is therefore not eligible for CHC. If an individual has been assessed as being eligible for FNC and is resident in a Care Home with nursing, joint funding can still be considered if the identified health need is additional to that which would be covered by FNC provision. However, the reason for this joint funding will need to be clearly evidenced and agreed that it is above and beyond services covered by FNC.
- 5.4 The multidisciplinary team, following the completion of the CHC assessment and subsequent recommendation may identify an area of need that may be considered as requiring health funding however, this should not be reflected on the DST and is separate from the CHC assessment process
- 5.5 A request for joint funding can only be submitted by the Local Authority, (using joint funding request form – see appendix 1) to the borough CHC Service, following the receipt of the outcome of the CHC assessment. Local Authority practitioners requesting joint funding should describe the specific needs identified through the Care Act and CHC assessments that are beyond the powers of the local authority to meet on its own under the requirements of the Care Act (see also section 5)
- 5.6 It is essential that all joint funded care packages are subject to scheduled reviews between health and social care with Social Care maintaining the care co-ordination role. These reviews need to be in a timely fashion, at least 2 weeks prior to the end of the agreed healthcare component of the care provision, to allow the request for an extension or alternative arrangements to be made, as required. NCL CCG will be accountable and responsible for the health funded element of the jointly funded package of care only. No care provision will be withdrawn without a review and discussion between CHC and LA representatives. However, the borough teams will need to work collaboratively to support timely reviews being completed.
- 5.7 If an individual is self-funding the social element of their care then NCL CCG will be responsible and accountable for the health funded element of care only. NCL CCG will conduct regular reviews of the health funded care provision. This will be at least 2 weeks prior to the end of the agreed healthcare component of the care provision, to allow the request for an extension or alternative arrangements to be made, as required. They will refer to the appropriate authority if needs outside the scope of the health funded element of care require addressing.
- 5.8 NCL CCG will not fund any additional care needs which are provided by the CCG's mainstream contracts e.g. district nursing, Allied Health Professional (AHP) where the needs can or are being met by core NHS services.
- 5.9 NCL CCG is responsible for care planning, brokerage and commissioning all services for the health funded element part of any joint care package only. However, clinicians may also support the Local Authority by recommending appropriate care packages based on the assessment and care plans.

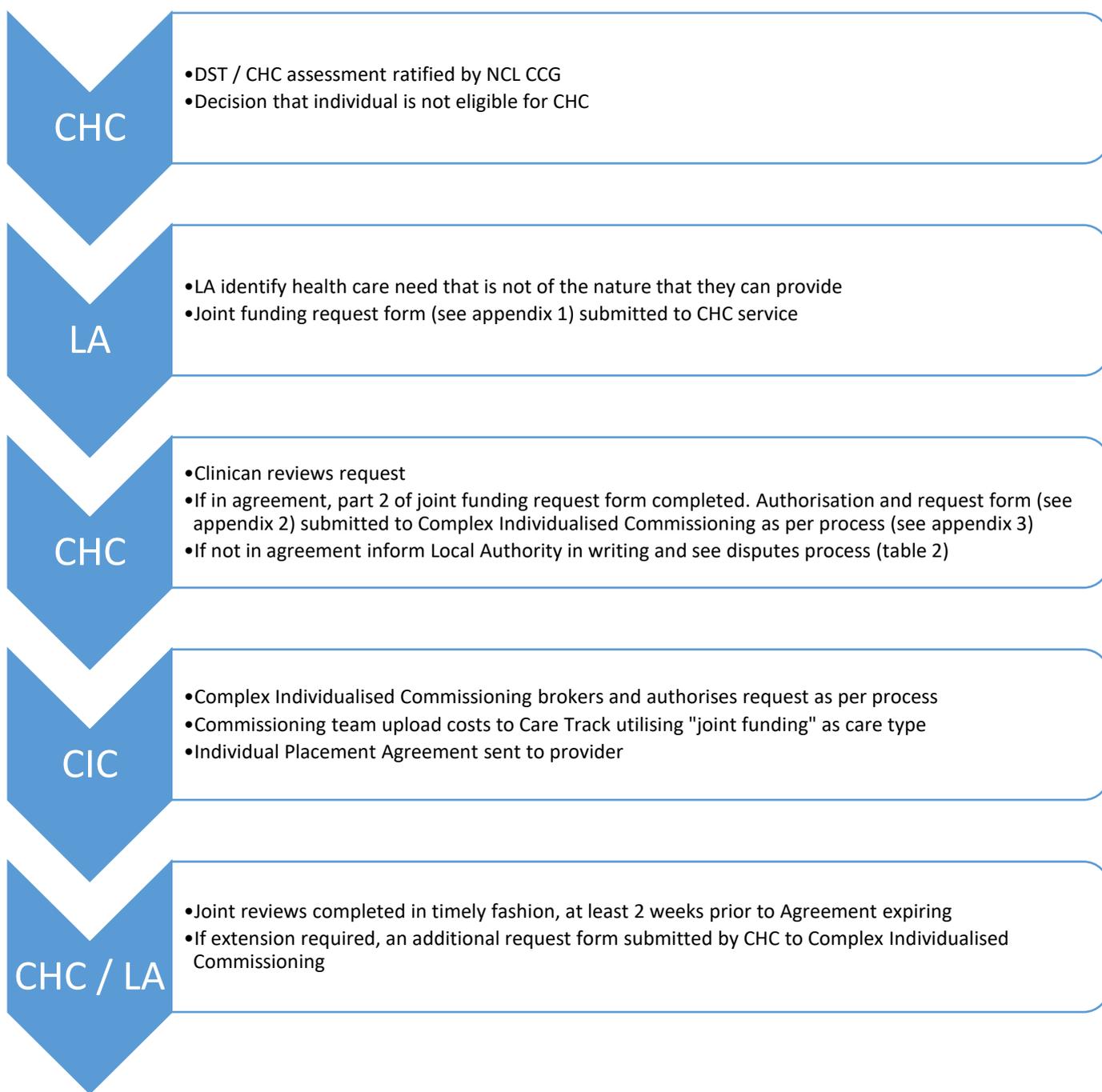
## 6. Criteria

- 6.1 There is no set criteria for what can be considered for the health element of a joint funded package of care however it must be identified that the requested care provision is:
- beyond the powers of the Local Authority to meet
  - outside of NCL CCG current contracted services

## 7. Process

- 7.1 Prior to consideration for a jointly funded package of care an individual must have undergone a full CHC assessment with the MDT recommendation ratified that they are not eligible for CHC. Once the outcome has been received the Local Authority can make a request to the appropriate CHC service for health funding for a specific care need that they have assessed as being not of the nature that a Local Authority can lawfully provide.
- 7.2 The request will be submitted by Local Authority utilising the Joint Funding Request form (see appendix 1). This will then be considered and discussed with the CHC Head of Service or Clinical Lead. If the CHC clinician is in agreement that there is a specific health need that requires health funding and is outside of current NCL CCG contracted services part 2 of the Joint Funding Request form and the CHC Request and Authorisation form (see appendix 2) will need to be completed and submitted via the current request processes (see appendix 3 for CIC Commissioning Pathway)
- 7.3 If the CHC clinician is not in agreement with the request then they will inform the Local Authority in writing and the disputes process can be considered (see section 6.)
- 7.4 The health funded element of care package will, in all but exceptional circumstances, be brokered and authorised by Complex Individualised Commissioning team.
- 7.5 An Individual Placement Agreement will be sent to the provider by Complex Individualised Commissioning, which will be time limited according to the individuals care needs. If care requires any extension beyond this date a new form authorisation form will be required to support the renewal of the Agreement. Although no care will be withdrawn without a review and discussion between CHC and LA representatives any extension that has not be authorised may lead to a delay in payment of subsequent invoices.
- 7.6 Once approval has been received a CHC clinician will be nominated to case manage the individual and a review date set as appropriate and in line with the request.
- 7.7 The individual's case will remain open on Care Track and recorded as "joint funding" under funder types on the clients details page
- 7.8 In all but exceptional circumstances where it is considered detrimental to required service provision, the contracting, invoicing and payment for the health element of the jointly funded package of care will be through NCL CCG processes.

Table 1 – joint funding request process



## 8. Disputes

8.1 Any disputes around health agreement to fund any element of care provision will follow a similar process to that of the CHC eligibility with the same stages and timelines (see appendix 4 for policy) and summarised in Table 2 below.

8.2 At the first opportunity the LA will submit a formal record of dispute to the CCG via local CHC generic inboxes. The Head of Service and LA service manager (or nominated senior individual) will formally meet to resolve the dispute, if possible. If unresolved a referral to stage 2 will be made.

8.3 Stage 2 will be a meeting between director level (of director nominate senior representatives) of both NCL CCG and LA who have had no previous involvement with the decision making. If unresolved at stage 2 a referral to stage 3 will be made.

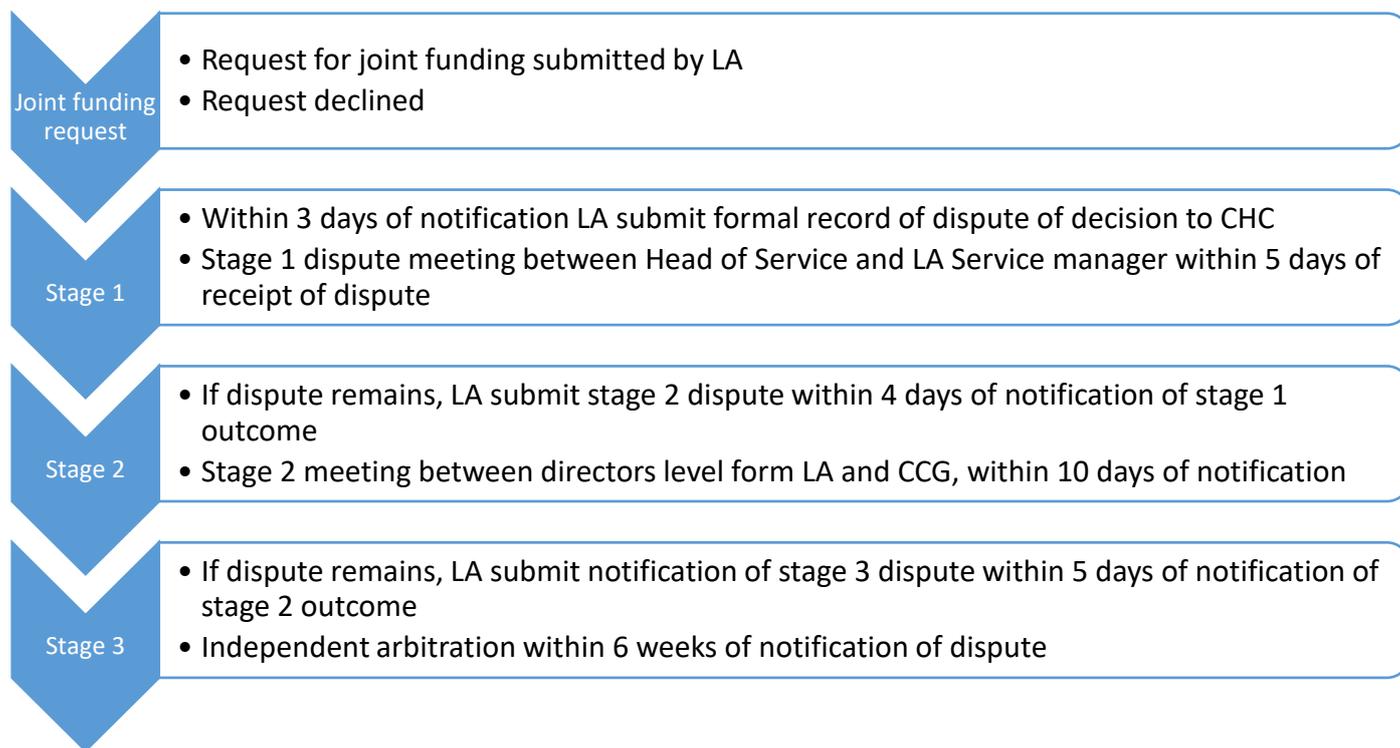
8.4 Stage 3 will involve independent arbitration

8.5 At each respective stage throughout the dispute process any agreements made between both parties will be accepted by both statutory authorities and no further disputes raised in regards to this specific dispute.

8.6 The individual in receipt of the care package will continue to receive the appropriate care provision whilst the dispute process is completed. The current responsible statutory authority will continue to fund the required care provision until the dispute is resolved

8.7 If an agreement is made where one party is funding care which should have been funded by the other, a cross charge will be made to recover the cost of the specific care provision.

Table 2 – joint funding disputes process



## Appendix

### 1. Joint funding request form (Part 1 completed by LA / Part 2 completed by CHC)

#### Joint funding request form

Part 1 – LA to complete		Part 2 – CHC to complete	
CHC assessment	Date completed		Date notified of outcome
Current social care package provision	Brief description of current care provision i.e. Nursing Home / Quantity of domiciliary care		
Summary of requested health funded care	Brief summary i.e. care need, input required, duration etc.		
Explanation for request for health funding	i.e. why the above is not of the nature that a Local Authority can lawfully provide		
Practitioner name		Date	
Request date		Date DST ratified	
Summary of identified care need	Brief summary of need, input required, duration Include why LA or generic NHS Commissioned services cannot provide for the care need		
Alternative options considered	Have current generic commissioned service been approached?		
Hours / care requested		Number of weeks required	
Review action plan			
Clinician Name		Designation	

1. CHC disputes policy

Available on NCL CCG intranet (and website TBC)