

Policy on
INTEGRATED FUNDING ARRANGEMENTS
between
NHS South Worcestershire CCG, NHS Redditch and
Bromsgrove, NHS Wyre Forest CCG
and
Worcestershire County Council

Hereby the above Clinical Commissioning Groups are referred to as: “Clinical Commissioning Groups within Worcestershire” or the “relevant Clinical Commissioning Group”

Document Control Sheet

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Revision History

Revision Date	Summary of changes	Author(s)	Version Number
18/08/17	Comments via Local Authority added	LA	
06/10/17	Flowchart amended and added	LA	

Objective of this Policy

The National Framework for the NHS Continuing Healthcare (2012) guides the NHS and Local Authorities to consider the need for integrated packages of care for those people found not eligible for NHS Continuing Healthcare (CHC). There is currently no formal policy in place to set out the process when agreeing an integrated package of care and the underpinning governance arrangements required to support this agreement.

.Principles

- The patient is central to this process and outcomes will be based on assessment needs
- The CCGs and Worcestershire County Council Adult Social Care are committed to achieving the best possible outcomes for each individual.
- The CCGs in Worcestershire and Worcestershire County Adult Social Care are committed to the development of more integrated ways of working in assessment, commissioning and provision of services. This process will therefore be regularly reviewed.
- To be eligible for integrated funding, it is reasonable to presume that an element of healthcare needs is to be demonstrated. The NHS CHC assessment is designed to identify a 'primary health need' and so is suited to this purpose. Therefore it is proposed that only those people who have been considered for NHS CHC but not been found eligible after a full assessment should be considered.
- Many of those not eligible for NHS CHC will be accommodated in a care home with nursing. As such, they will be eligible for an assessment for Funded Nursing Care (FNC) which is health's contribution to nursing costs.

Process and criteria to be adopted for agreeing integrated care arrangements for individual patients.

- The health need of a patient is determined by their need for a full CHC assessment (i.e., they have been screened using the established national framework checklist and in all cases have been subject to a full assessment).
- The process will be applied to only those patients who are not eligible for 100% NHS Continuing Healthcare funding but who, in the view of the multi-disciplinary team, have health needs that still need to be met and funded outside of core community services or Funded Nursing Care contribution. It may also be applied to those who are found to be no longer eligible for CHC on review. Multi-disciplinary teams will be able to recommend patients for integrated funding to be considered having identified the number of hours required to support a specific health need or in individual circumstances, bespoke equipment may continue to

be funded via NHS Funding.

- At ratification panel the lead agency will be agreed for each case, and the panel will recommend how funding will be processed and recharged. Where appropriate, Brokerage will arrange the full package with the provider but invoices for the health element of the package will be sent directly to the CCG.
- The on-going clinical case management of the patient's identified health need will remain the responsibility of the identified clinician and the on-going commissioning case management will remain the responsibility of the relevant CCG.
- Should it be determined that if an individual's health needs are over and above the funding available via FNC this will be clearly identified and the CCG approached to consider funding this paid in addition to any the Funded Nursing Care Contribution.

Adult Social Care will be the organisation responsible for brokerage arrangements. Should the health element of any integrated package require specialised brokerage capacity a recharge will be requested from the CCG to cover the additional cost. Should the CCG decline to pay this overhead the health element of the package will be passed to the CCG to be sourced

- NHS South Worcestershire CCG will be recharged for the number of hours identified to meet the NHS Contribution to the integrated package of care.
- When the commencement date is confirmed the CCG admin team will send out an Individual Patient Agreement to the provider which should be signed and returned prior to commencement of care.
- The formal disputes process, along with its timescales, should be followed if an agreement cannot be reached.
- Individuals should be reviewed at least annually or where there is a change in health need or social care need if integrated packages of care



Is the patient eligible for a full NHS CHC assessment?

YES

NO

Is the patient eligible for 100% NHS CHC funding?

NO

Is the patient in a care home?

NO

YES

YES

Is the patient eligible for Funded Nursing Care (if care home with nursing)?

NO

NO

Does the patient have health needs of a level to require additional funding?

YES

YES

*Does the patient have needs over and above those covered by Funded Nursing Care?

YES

NO

MDT identify the number of hours required to meet the specific health need

NO

Process Ends: Patient receives full NHS funding, reviewed regularly

Process Ends: Return to WCC identify on-going funding stream

Case considered at ratification panel by CCG/LA. Review timescale agreed

Process Ends: Patient receives Funded Nursing Care contribution; remainder of care costs covered via identified funding stream

Reviews

- If an individual's package of care is funded by NHS CHC then the CCG will be responsible for commissioning case management & review arrangements of both a person's care package and arranging an MDT to consider eligibility for NHS Continuing Healthcare funding in line with the National Framework for NHS Continuing Healthcare.
- For cases where there has been agreement for an integrated package of care, the review will be completed jointly between the CCG and adult social care team and will follow the process for assessing for full NHS CHC i.e. if the patient's needs have significantly increased then a full NHS CHC assessment will be completed to determine eligibility. If needs have not significantly changed then a recommendation of continuation of the integrated arrangement can be made. If needs have significantly decreased then a checklist should be completed & if not warranting a full NHS CHC assessment then integrated funding will cease.

Urgent Cases

- It is not envisaged that these shared care arrangements would apply to 'urgent cases'. Only in exceptional circumstances would an integrated care arrangement be agreed between Health & Adult Social Care and this will be agreed case by case.
- In such a situation, the temporary arrangement would be subject to the standard integrated care process as described above.