Clinical Commissioning Group

# **COMMISSIONING DEVELOPMENT COMMITTEE**

### Date of Report: 17 October 2018 Report: Continuing Healthcare Choice and Resource Allocation Policy Agenda item No: 11

NHS Continuing Healthcare Choice and Resource Allocation Policy
<ol> <li>To consider a proposed Choice and Resource Allocation Policy for NHS Continuing Healthcare.</li> <li>To approve a proposed plan for patient and public engagement.</li> </ol>
Mrs J Cale – Commissioning Manager
Neill Bucktin – Director of Commissioning
N/A
<ol> <li>Following a legal challenge from the Equality and Human Rights Commission the existing policy for NHS Continuing Healthcare has been reviewed and appropriate legal advice sought.</li> <li>The revised policy now provides and appropriate balance between patient choice and the appropriate allocation of resources.</li> <li>The policy also maintains a buffer in terms of the limit on the cost of a domiciliary care package at 20%.</li> <li>Subject to the Committee's approval, it is proposed to carry out appropriate patient and public engagement on the revised policy.</li> </ol>
<ol> <li>That the proposed Choice and Resource Allocation Policy for NHS Continuing Healthcare be approved.</li> <li>That the proposed plan for patient and public engagement be approved.</li> <li>That a further report be submitted to the Committee in December 2018.</li> </ol>
The policy contains a financial buffer of 20%. This is in line with the CCG's existing policy.
To be commenced if agreed by Committee.
Decision Approval ✓ Assurance

## DUDLEY CLINICAL COMMISSIONING GROUP COMMISSIONING DEVELOPMENT COMMITTEE – 17 OCTOBER 2018 Continuing Healthcare Choice and Resource Allocation Policy

#### 1.0 BACKGROUND

- 1.1 In November 2017 the CCG received formal correspondence (alongside 10 other CCGs across the country) from the Equality and Human Rights Commission (EHRC) regarding the legality of its policy on NHS funded continuing healthcare package at home.
- 1.2 By way of background whilst an individual can qualify for NHS Continuing Healthcare regardless of location, in the service users own home the NHS pays for:-
  - healthcare (e.g. community nurse, specialist therapist or GP); and
  - personal care (e.g. personal carers, care workers);
  - in a care home, the NHS pays the care home fees (including board and accommodation).
- 1.3 Commissioning of NHS Continuing Healthcare locally has always placed a financial threshold on packages of care at home, based on the equivalent costs of a care home placement for that individual patient plus 20%, in recognition that domiciliary care packages are normally more expensive than residential care placements (due to the absence of economies of scale).
- 1.4 This policy forms the basis of the EHRC concerns. The CCG have been working with 10 other CCGs and our legal team to review the policy. The final draft policy has been completed and is attached as Appendix 1.
- 1.5 The new policy is more detailed and robust, in broad terms, reflects patient choice but also reinforces the need to balance resources. Whilst the proposal within the policy is for a 10% financial buffer the current CCG policy is set at 20%. It is therefore recommended that the 20% buffer remains to avoid challenge that the threshold has been tightened.

#### 2.0 PUBLIC ENGAGEMENT

- 2.1 It is proposed that a period of public engagement including current CHC funded patients, MPs and providers take place. The policy will also be published on the CCG website.
- 2.2 The timeframe for this consultation is as follows:-
  - Commissioning Development Committee provisional approval 17 October 2018
  - Public Engagement to commence on 22 October 2018 for a period of 4 weeks to 16 November
  - Reporting to Commissioning Development Committee 19 December 2018.
- 2.2 At the same time as the consultation an Equality Impact Assessment (EIA) will be completed as part of the process.

#### 3.0 RECOMMENDATION

3.1 That the proposed Choice and Resource Allocation Policy for NHS Continuing Healthcare be approved.

- 3.2 That the proposed plan for patient and public engagements be approved.
- 3.3 That a further report be considered by the Committee in December 2018.