Joint Funding Policy and Processes

(Revised October 2021)

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Policy title		**Joint Funding Policy and Processes**		
Author(s)		Claire Richards Sue Tapley Jo Shill		
Supporting executive(s)				
Supporting executive approval date				
Purpose of policy		**Decision**		x
		Assurance		
		Information		
FOI status		**Public**		x
		Private		
Category of policy		**Decision**		x
		Position Statement		
		Information		
Does this document place Individuals at the Centre		**Y**	**N**	Yes
Actions requested				
Which other committees has this item been to?		Devon County Council – Way We Work Devon County Council – Senior Leadership Team Devon County Council – Staff Reference Group NHS Devon CCG – Control Centre Livewell Southwest – Plymouth City Council – Torbay & South Devon NHS Foundation Trust -		
Reference to other documents		Dispute Policy DCC Operational Policy Section 117 Aftercare Protocol Delegated Health Tasks PHB Policy		
Have the legal implications been considered?				

Equality Impact Assessment			
Who does the proposed piece of work affect?	Staff ✓ Patients/Users ✓ Carers ✓ Public		
		Yes	No
Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?			x
Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		x	
Will there be a positive benefit to the users or workforce as a result of the proposed work?		x	
Will the users or workforce be disadvantaged as a result of the proposed work?			x
Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?			x
If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using **Screening Form One** *(available from Corporate Services)*			
If an equality assessment is not required briefly explain why and provide evidence for the decision. This is an existing procedure which has been reviewed and updated			

NHS Devon CCG, Devon County Council, Livewell Southwest, Torbay & South Devon NHS Foundation Trust and Plymouth City Council have made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability. All policies can be provided in large print or Braille formats if requested, and language line interpreter services are available to individuals of different nationalities who require them.

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Version:	8

DOCUMENT CHANGE HISTORY

Version:	**Date:**	**Comments (i.e. viewed, or reviewed, amended, approved by person or committee)**
Final	January 2017	Procedure for designing and approving joint packages of care including Funded Nursing Care
Draft V1	February 2019	Amended to: Joint Funding Policy and Processes
Draft V4	March 2019	
Draft V5	March 2019	Joint Funding Policy and Processes – reviewed and amended by Claire Richards following input from; Toby Kippax, Carol Green, Joanne Shill, Alison Peters, Joey Roe, Andy Williams, Jennie Newton, Mitzie Slater, Geoff Stark
	April 2019	Reviewed by DCC SLT Operations, Staff Reference Group and Way We Work Group. Reviewed by CCG Control Centre Update sent to NDHT Nurse Leads (CHC), DPT Nurse Leads (CHC), CCG QA Leads, Livewell Leads, T&SD NHS Trust Lead Nurse, DPT U65 (Sara Adams)
Draft V6	May 2019	JCCG Agreement
Draft V7	May 2021	V7 circulated following amendments to previous version. Amendments provide clarity on 'how we do things' and do not relate to policy changes
Draft V8	October 2021	V8 circulated as final draft for approval
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Scrutinised by: (name & title) **Date:**	Jo Shill, Head of Quality Assurance and Nursing – Continuing Healthcare Sue Tapley – Head of Continuing Healthcare, Torbay and South Devon NHS Foundation Trust Claire Richards, Community Services Manager, Devon County Council Andy Williams, Adult Social Care Lead, Plymouth City Council	
Document Reference:	Draft v8 Joint Funding Policy	
Review date of approved document:	October 2021	

Contents

Policy

1. Introduction

1.1. This policy and associated processes set out how NHS Devon Clinical Commissioning Group (CCG), Devon County Council (DCC) and Plymouth City Council (PCC) will work together with partners to establish joint packages of care for individuals with health and social care needs.

1.2. This policy will apply to teams working on behalf of the CCG or Local Authorities in health provider or integrated organisations, including Torbay & South Devon NHS Foundation Trust, Livewell Southwest, Northern Devon Healthcare Trust and Devon Partnership Trust.

1.3. This policy applies following the eligibility decision making for Continuing Healthcare (CHC). It begins once an eligibility decision has been made regarding CHC and ends once the outcome of any joint funding is agreed between the relevant CCG and Local Authority (LA).

1.4. The policy describes where a joint funding decision may be made in exceptional circumstances (see section 6).

1.5. The policy identifies how joint funding may be applied to urgent cases to allow an individual's condition to stabilise prior to the CHC process being completed.

1.6. The associated processes show how Funded Nursing Care (FNC) is used as a joint funding stream.

1.7. This policy does not apply to anyone receiving Section 117 Aftercare under the Mental Health Act unless the needs in question are not arising from or related to their mental disorder.

2. Background

Background The Department of Health issued an updated National Framework for NHS Continuing Healthcare in October 2018. The framework specifies the responsibilities of CCGs and LAs in respect of CHC. At paragraph 263 it outlines that someone who is not eligible for NHS Continuing Healthcare may potentially receive a joint package of health and social care.

2.3. The Framework expands on the respective responsibilities of CCGs and LAs. The Framework notes that people who are not eligible for CHC may still have needs which are beyond the powers of a LA to meet. CCGs and LAs are required to work together to agree their respective responsibilities in a joint package of care, including which party will take the lead commissioning role.

2.4. The Framework also sets out the limitations to LA responsibilities to provide care, with reference to legislation and case law.

2.5. The National Framework states that CCGs and LAs should agree protocols for jointly funded care provision. This policy and accompanying processes are designed to meet this requirement.

2.6. There are statutory bars as to the nature of services which a LA can lawfully provide. For LAs there was codification of the legal limits to their responsibilities in the Care Act (2014) Section 22 (1):

> *a. doing so would be merely incidental or ancillary to doing something else to meet needs under those sections, and the service or facility in question would be of a nature that the local authority could be expected to provide.*

2.7. Section 3 of the NHS Act 2006 (as amended) created duties on CCGs to commission health services. The CCG must decide the extent of the health services that it considers necessary to meet the reasonable requirements of all patients in its area.

2.8. By following this policy, LAs and the CCG are committed to ensuring that the commissioning, care planning and case management of a Joint Package of Care (JPoC) are shared, and that roles and responsibilities within the associated processes are agreed from the outset.

3. Principles

3.1 The individual is central to the policy and processes and outcomes will be based on the assessments of needs.

3.2 All parties using this policy are committed to achieving the best outcomes for individuals.

3.3 Health and social care partners in Devon are committed to developing integrated ways of working in assessment, commissioning, and provision of services. This policy supports an integrated approach to health and social care for adults.

3.4 This policy applies to joint funding between organisations, a shared approach to delivering commissioned care.

3.5 Where Devon CCG is working with a LA other than Devon County Council or Plymouth City Council, they will apply this policy by agreement with that LA.

4. When to apply this policy

4.1. The NHS CHC process is designed to identify a 'primary health need' and so is suited to identifying cases for joint funding consideration where no 'primary health need' is found. Individuals who have been considered for NHS CHC, but found not eligible after a full assessment, can be considered for joint funding under this policy if they are, nonetheless, considered to have a combination of health and social care needs. (See process documents for more detail).

4.2. Many of those not eligible for NHS CHC may 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 statutory contribution to the provision of a registered nurse. This is prescribed joint funding. The CHC process can identify if someone is eligible for FNC. This policy **does not apply** to those identified as eligible for FNC. (See process documents for more detail)

4.3. Age, diagnosis and type of care do not preclude anyone from this policy. This policy applies to:

- Any adult **over the age of 18**,
- who has **assessed health and social care needs,** and
- who **does not have a Primary Health Need,** and
- who has identified **long term care needs**,
- where both the LA and CCG are identified as the appropriate commissioners.

This policy will ***not*** apply to everyone 'not eligible' for CHC, joint funding will apply where:

- There is an assessed, long-term health care need (i.e. not acute or temporary),
- Existing health services are not already meeting that care need.

4.4. To be eligible for joint funding, both social care and health care needs must be assessed. A CCG and LA can contribute to meeting needs by one or more of the following (National Framework paragraph 267):

- Delivering direct services to the individual,
- Commissioning care/services to support the care package,
- Transferring funding between organisations,
- Contributing to an integrated personal budget.

4.5. Pathways for exceptional decisions and urgent decisions are outlined below in Section 6.

4.6. The cost of a person's existing care package is not a reason to request joint funding. The individual must be considered to have a combination of health and social care needs to apply this policy.

4.7. This policy applies where there is a jointly commissioned health and social care package. However, someone arranging their own care (self-funding) can contact the CCG for advice. The CCG will decide

how to meet a health contribution and may use the joint funding tool to make that decision, the principles of this policy will apply except the responsibility for agreeing and arranging any health contribution will sit solely with health.

See Contact Details in Appendix 1

4.8. The ***Who Pays?*** guidance sets out the framework for establishing CCG responsibility for commissioning and funding an individual's care within the NHS. The Care Act 2014 establishes the framework for the LA.

5. Determining Joint Funding

5.1. The MDT will recommend that the person is not eligible for CHC but requires a health contribution. This should follow the process for CHC to allow for CCG verification of the 'not eligible' decision. The MDT must state a clear recommendation for joint funding in the DST (see process for details).

5.2. The CCG will consider the evidence presented and whether there are identified health needs requiring a health contribution towards a JPoC.

5.3. The processes within this policy should be followed to determine joint funding:

1. Urgent Requests for Health Contribution,
2. Joint Funding Request following a 'Not Eligible' Decision,
3. Joint Funding Request in Exceptional Circumstances.

5.4. The LA will recharge the CCG for their percentage share of the costs as determined by the Joint Funding Tool, following Finance Standard Operating Procedures.

5.5. The lead commissioner will be the Local Authority in all cases. Whilst the LA is the lead commissioner for arranging the package of care, responsibility for case management and review is joint and dependent on the needs of the individual.

5.6. The start date will be agreed by the MDT and should represent a date that the agreed health needs were identified or when the CCG was notified; – this will vary on a case by case basis.

1. The start date of the financial split for 'non urgent' joint funding will be 29 days after the checklist was accepted by the CCG.
2. Where 'urgent funding' has been put in place the financial apportionment will commence as follows:

- If, post full CHC assessment a PHN is identified, then the CCG will reimburse the LA the 50% apportionment back to the date the joint urgent funding was agreed as it is likely the PHN would have been evident at that point (or to the point the health needs/PHN was identified if later than the start date of the urgent funding)

- If a PHN is <u>not</u> identified post full assessment, and joint funding is <u>not</u> indicated then the LA will reimburse the CCG 50% from the date the individual was <u>ready for assessment</u> as agreed by the MDT. This reflects the assumption there were 'health' needs present during the crisis period that had settled at a point agreed by the MDT

- If joint funding is indicated where a PHN is not identified, the JFT will be completed and the apportionment applied from the date the MDT agreed the individual was ready for assessment

<u>These principles apply with the exception of</u> – where the MDT agree that the presenting needs relate to a provider failure and are therefore 'unmet' needs rather than an established PHN, and it is agreed the individual requires a new placement. In these circumstances agreements will take place

on a case by case basis, with early escalation to Heads of Service where resolution cannot be reached.

5.7. NHS funding in joint funding situations will not exceed 50% of the cost of the care package. In rare instances where more than 50% health funding is indicated, a review of the NHS CHC assessment would be undertaken by the clinical lead to [clarify if] OR [confirm that] the individual does not have a primary health need. In those situations, the Head of Service in each organisation must be in agreement that the individual is not eligible for CHC and agree the split for funding.

5.8. If there is disagreement in determining joint funding, both health and social care professionals must escalate through their line management. Where this does not resolve, senior managers (e.g. Assistant Director and Quality Assurance Lead) will escalate to their Head of Service to agree a responsible manager to resolve with the MDT. All agencies should ensure a safe care package is commissioned whilst resolution takes place.

5.9. If an individual or their representative does not agree with the joint funding policy or process, or the outcome, they should be referred to the complaints procedure for the CCG and/or the LA. This would ***not*** be addressed through CHC appeal which considers the primary health need decision and CHC procedures.

5.10. If joint funding is agreed when the eligibility decision is reached, the CCG will include that joint funding is agreed in their CHC 'outcome letter' to the individual/family. The LA as the lead commissioner will take responsibility for informing individuals or their representatives of decisions on joint funding and how this will affect their financial contributions towards their care. The MDT may decide to nominate a worker to do this on their behalf, or it may be done jointly. The information about joint funding, how the decision was reached, and how to make a complaint ***must*** always be given in writing, even if shared verbally. This will be done in line with local policies and processes regarding case management.

6. Exceptional Circumstances

6.1. ***Urgent Request for a Health Contribution***

Joint funding can be considered where an individual or their care package is in crisis due to a deterioration in health, and an increase in health needs. This would be an exceptional consideration, and joint funding can be considered with a view to completing the CHC process when the situation stabilises. The MDT will be required to provide both a health needs assessment and care plan identifying health needs, and it will be the decision of the CCG whether it accepts this request without a full assessment. (See process below for details)

A crisis is described as; where after one week there is:

- A sustained escalation in challenging behaviour, acute illness or life event resulting in a **significant** change in the individual's presentation, or
- A change in presentation that is impacting on the provider and where the individual would be at risk of losing their placement, or
- Where there is a risk of hospital admission (e.g. blue light process).

6.2. ***Joint Funding Requests (Exceptional Circumstances)***

Considering whether a CHC Checklist is appropriate in line with the National Framework and deciding that it is not indicated does not exclude the option of joint funding. Where there is a negative CHC checklist, or where the MDT has identified health needs but do not consider the individual requires a CHC Checklist, the CCG and LA can consider a JPoC. If making this decision, the health and/or social care professionals involved must record their decision making clearly. The MDT will be required to provide a health needs assessment and care plan identifying health needs, and it will be the decision of the CCG whether it accepts this request without a full assessment and DST. This would be an exceptional request made to the CCG. In these circumstances, the process for deciding a contribution would usually be to use the joint funding tool but may be funding for a specific care need and agreed jointly between health and social care on an individual basis. (See process below)

6.3. Some health needs fall within the powers of both the CCG and the LA to meet where:

- Adult Social Care is providing services during the period in which an NHS CHC eligibility decision is awaited; and
- it is identified that the individual has some health needs that are not within the power of an LA to meet (regardless of the eventual outcome of the NHS continuing healthcare eligibility decision); and
- those health needs have to be met before the decision on eligibility is made.

In most circumstances, the LA would expect the CHC process to be completed within 28 days and should maintain the care package, as described above, with input from primary and secondary health services. Where necessary, the Urgent Requests for a Health Contribution process can be used to secure joint funding whilst the CHC process is completed (see above).

6.4. Any practitioner who is unsure of the process to follow should initially go through their own line management structures. Where this does not answer their query, they should make contact with their local CHC Hub or specialist CHC team.

See Contact Details in Appendix 1

7. Funding arrangements

7.1. Funding must be authorised via usual routes and schemes of delegation for **both** organisations. This must be shared between health and social care professionals to ensure that both organisations are aware when funding is authorised. One organisation cannot authorise on behalf of another for JPoC.

7.2. JPoC would be funded at the patient's current rate. For example, for individuals who cease to be eligible for CHC, those rates would be used, regardless of funding stream. The difference is that these individuals may be jointly funded. This will mitigate sudden changes in funding and packages as a result of an individual ceasing to be eligible for CHC, to ensure smooth transitions for individuals and families. Both agencies would monitor costs over time to ensure that any reducing or increasing levels of need are reflected in costs.

7.3. No minimum contribution is proposed for either the NHS or LA.

7.4. It must be recognised that all social care is subject to means testing and financial assessments so funding shares must be clearly documented and consistent in order that charges can only attach to the social care element of the JPoC. Social care practitioners must ensure that this is checked at all points of change to a package of care where someone is joint funded.

7.5. Joint Funding arrangements should be agreed within five working days of the verification of a 'not eligible for CHC' recommendation and recorded on respective systems to identify total cost, percentage split and amounts for each organisation. Authorisation must also be clearly recorded.

7.6. At point of review, or at any time, any uplifts, reductions, increases or changes to costs must be authorised through **both** health and social care, the CCG and health provider must be made aware of funding changes by the LA as the lead commissioner, and vice versa. The annual inflationary award will be that agreed by the LA and advised to the CCG for joint funded cases.

8. Reviews

8.1. Case management and reviews will sit with both health and social care according to the needs of the individual. It is the responsibility of the MDT to discuss and agree who is responsible for gathering and analysing appropriate documentation records such as ABC charts and producing a summary of ongoing presentation to facilitate discussion at ongoing MDT's.

8.2. The LA will be the lead commissioner for contracting, arranging support, and paying providers. They will co-ordinate reviews in line with their policies on reviews, at least annually. A LA review should

not be delayed whilst awaiting a health review, although if possible to complete jointly, this is preferable.

8.3. Clinical oversight and review of health needs is the responsibility of the relevant health provider. When agreeing to joint funding, the MDT will agree the lead health professional or team responsible for monitoring, overseeing and amending the care plan in place for health needs. The LA has no responsibility in overseeing this aspect of the care plan. A health review should not be delayed whilst awaiting a LA review, although preferable to do jointly where possible.

8.4. The MDT should review the % split when needs change, there is no expectation that the joint funding tool will be repeated at every review, only where there is a change in need, not costs. See 7.6.

This is detailed in the processes below

9. Blue Light Protocols

9.1. There are several Blue Light protocols led by Devon Partnership NHS Trust (DPT) or Livewell Southwest.

9.2. There is no funding stream attached to Blue Light protocols, so someone may be CHC funded, social care funded, S117 funded, funded by DPT or already joint funded. It is a case or risk management pathway, not a funding stream.

9.3. Under Transforming Care, an individual with a learning disability and/or autism may be considered as part of a Blue Light process. The CCG is a part of this process to consider health funding. This process is instigated by a Senior Manager within DPT when:

- an individual has been identified as needing an acute mental health bed,
- is at risk of being placed out of area, and
- is at risk of losing their home/placement/package due to an unmet clinical or social need.

See Appendix 3

9.4. DPT has internal Blue Light Protocols which it uses for other patient groups.

9.5. Any queries regarding Blue Light Processes should be directed to DPT or Livewell Southwest

9.6. If someone is joint funded under this policy, any requests for funding changes within a Blue Light protocol would be escalated via local processes within health and social care as normal, under usual schemes of delegation.

10. Section 117 Aftercare

10.1. Under section 117 of the Mental Health Act 1983 ('section 117'), the CCG and LA have a joint duty to provide after-care services to individuals who have been detained under certain provisions of the Mental Health Act 1983, until such time as they are satisfied that the person is no longer in need of such services. Section 117 is a freestanding duty to provide after-care services for needs arising from their mental disorder and CCGs and LA have in place policies detailing their respective responsibilities, including funding arrangements.

10.2. Where an individual in receipt of Section 117 Aftercare services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase, consideration should be given to the use of the CHC Fast Track Pathway Tool.

10.3. The Joint Funding Policy **does not apply** to individuals receiving Section 117 Aftercare unless the individual also has physical needs that are not arising from or related to their mental disorder. If there is an indication that someone who is receiving S117 Aftercare requires a CHC Checklist, discuss this with the CCG to ensure correct processes are followed and decisions made appropriately.

10.4. Please refer to the Section 117: AfterCare under the Mental Health Act 1983/2007 Devon Wide Joint Protocol, Policy: M01 for guidance, dated 1st April 2018.

Devon Joint Funding Processes

Process

Urgent Requests for a Health Contribution

Adult Care Operations & Health

Process Date: 26/11/2018

Reviewed: 27/04/2021

Reviewed:13/10/2021

Review Due: April 2023

Author: Jo Shill

Requests for a health contribution to a package of care during crisis or escalating needs

In line with the National Framework for NHS Continuing Healthcare (CHC) 2018 and The Care Act 2014, NHS commissioners, providers and Local Authorities need to work together to ensure the wellbeing and care needs of individuals are met. Within this, consideration can be given to a health contribution towards urgent changes to care packages.

This process applies to NHS Devon CCG, Devon County Council and Plymouth City Council for funding contributions 'without prejudice'. This means contributions made on an individual basis without preconception of outcomes of eligibility decisions for CHC and without impact on other decisions.

Where an individual's care needs change, a request may be made for a health contribution towards their care package:

- Where there is an identified health need, and
- Where there is a crisis or urgent need.

The NHS Framework provides detail on when or when not to complete a CHC Checklist. A CHC Checklist is completed when the individual's ongoing care needs are *known*. It is not appropriate to complete a CHC Checklist when an individual is in crisis or changing their long-term care provision.

The expectation is that the full CHC process will be completed once the crisis has passed. The individual;

- may already have a CHC Checklist in place, but now is not the appropriate time for full assessment,
- may have a CHC Checklist completed once the long-term care needs of the individual are known and the crisis has passed (see above).

This process should not delay changes to a package taking place whilst awaiting a decision on finances. If there is a delay which is impacting on care provision, this should be escalated to your line manager.

This process ***does not*** apply:

- Where someone has existing joint funding, and there is an increase in need. Joint funding costs can be increased through normal funding routes, even in a crisis. Contact your local CHC Hub or DPT (for individuals with a Learning Disability) if needs change, to look at changes to JPoC.
- Where someone has short term health needs or is recovering from a temporary condition and has not yet reached their full potential. This would be intermediate care, reablement or rehabilitation.
- Where an individual is identified as requiring an admission to an acute hospital. In that instance, please escalate any delays to your Community Services or Locality Manager and ensure that the NHS Trust responsible is made aware of delays in admission.
- To someone funded by another CCG. Devon CCG can support LA staff with queries relating to someone funded by another CCG.
- Where someone is funded under S117 (Mental Health Act – Aftercare Rights).
- Where a DPT Blue Light protocol is being used as the CCG will already be part of that.

The CCG expects referrals to health providers to be made. The majority of health funded support should come from community health teams as direct provision and routine referrals to health services should be made. If referrals have been made and you are awaiting a response, this will not delay this process.

Please refer to the full joint funding policy for guidance on backdating funding (Section 5.8).

It is important that the LA logs a request with the CCG or Torbay & South Devon NHS Foundation Trust (for South Devon) in a timely and clear way to enable a decision to be made. This is for URGENT requests.

In the first instance, please always escalate concerns through your organisation's line management structures.

Process:

Changes required to care provision due to escalating health care needs.

Care needs are beyond the legal limits of the Local Authority and not temporary.

Refer needs to relevant health teams where required (e.g. community nursing etc.).

Health or social care professional emails the relevant CCG with relevant documentation attached.

*****Ensure there is a description of current needs and risks***, this could be:**

- A social care assessment and/or a health needs assessment and/or a report from a clinician, include also what the baseline presentation was and what the changes are, ensuring consideration is given to using least restrictive practice and if required urgent DoLS application.
- If there is an existing panel form - this can be shared to avoid repetition.

*****Email - subject = *'URGENT Request - health contribution without prejudice' *** INCLUDE***:

* Name of the individual,
* NHS Number & Date of Birth,
* Name of the Case Manager and contact details,
* Type of Provision (Residential, Nursing, Care at home etc.),
* Care Provider,
* Total Cost of Care Requested = £...,
* Contribution Request 50% = £...,
* Timeframe (e.g. request for 2 weeks and review) articulate the ongoing plan for the timescale requested,
* Describe blocks to accessing community services / MHA assessment / Hospital Admission - if relevant,
* what checks have happened such as GP, dental, medical markers etc.

***** Advise your manager that you are making this referral / escalate concerns*****

The CCG will respond within 24 hours (Monday to Friday) to the individual making the request, further information may be required.
The CCG will authorise contributions to care that results from an identified health need.

a. Costs will be 50% of total care costs (50/50 between LA & CCG)
(In rare circumstances, the CCG may agree another contribution with the LA)

The decision will be communicated by email or phone to the professional making the request.
The CCG professional making the decision will record this on their system and action funding.

Continued Over

The professional making the request should ensure the decision is recorded on their system and communicate the decision to relevant parties.
The LA worker should update the Support Plan to show the relevant costs and timeframes – ***be clear with end dates for care agreed***

An MDT comprising LA, CCG, IATT/DPT/MH will be convened within two working days, with a minimum of weekly meetings thereafter.

Initial review within 48-hours, this should consider:**

- Ensuring needs are being met safely,
- Analyse presentation of needs,
- Assessing whether the individual remains in crisis,
- Who need to be involved with the ongoing weekly reviews and who will be liaising with the individual/family/representative.

Weekly review meetings ***these should consider***:

* Analysis of ongoing needs in order to agree continuation of joint funding.

Approval of additional crisis funding needs to be approved through the current routes as per the usual scheme of delegation.

Once the MDT agree the presenting needs do not constitute a crisis anymore, a CHC checklist must be submitted within four working days to trigger a DST if this is deemed necessary by the MDT, in-line with the checklist principles within the National Framework.

The crisis is over when:

- The individual's needs revert to their previous baseline prior to urgent funding being agreed, and it is agreed by the MDT that the additional support is no longer required.
- The MDT agree the individual is no longer in crisis and that no further interventions will make any difference to the presentation. (i.e. the care needs that triggered urgent funding have become long term).
- The MDT agree that the individual is no longer in crisis, needs have reduced/plateaued, though not to previous baseline, but it remains unclear if the presentation is long term.

Process

Joint Funding Request
Following a 'Not Eligible' Decision

Adult Care Operations & Health

Process Date: 26/11/2018

Reviewed: 27/04/2021

Reviewed 13/10/2021

Review Due: April 2023

Author: Jo Shill

Joint Funding Request – Following Not CHC Eligible Decision

In line with the National Framework for NHS Continuing Healthcare (CHC) 2018 and The Care Act 2014, NHS commissioners, providers and Local Authorities need to work together to ensure the wellbeing and care needs of individuals are met. Consideration can be given to joint funding care packages.

This process begins once an individual is assessed and agreed as not eligible for NHS Continuing Healthcare.

This process applies to:

- An adult over the age of 18,
- who has assessed health and social care needs, and
- who does not have a Primary Health Need, and
- who has identified long term care needs, and
- where both the LA and CCG are Devon commissioners – (this is a local policy)
- Or, someone no longer eligible for CHC with identified health needs.

This process does not apply to:

- someone who has been agreed eligible for Funded Nursing Care,
- someone who has a short-term need,
- someone who funds their own care, this applies only to the LA and health.

The process will not normally be applied to someone in a nursing home, where FNC will meet the joint funding responsibilities. If considering joint funding for someone in a nursing home, you must seek the advice of the CCG/health provider before progressing a request, and it may be considered as an exception. FNC would no longer apply, and the individual would be joint funded under this policy instead.

A CCG and LA can contribute by one or more of the following:

- Delivering direct services to the individual,
- Commissioning care/services to support the care package,
- Transferring funding between organisations,
- Contributing to an integrated personal budget.

As such, joint funding may not be required if health or social care is delivering direct services, for example if a community nurse or therapist is providing care for the health needs identified. If requesting joint funding, the MDT must evidence health needs being delivered as part of a commissioned care package.

NHS funding in such situations will not exceed 50% of the cost of the care package. In rare instances where more than 50% health funding is indicated, then a review of the NHS CHC assessment would be undertaken by the clinical lead.

If there is disagreement at any stage of the joint funding process, the MDT should escalate within their own line management structures. Professional judgement should be acknowledged by managers in attempting to resolve any disagreement. If the LA believes they are acting outside of their legal limits, this must be clearly described to enable the CCG/ health provider to make a decision. The LA should be able to articulate:

- What the individual's social care needs are,
- needs assessed as being beyond social care responsibilities,
- and considered to be health in nature.

The start date of the financial split will be as above in this policy.

Process:

NOT ELIGIBLE FOR CHC - DST, MDT agreement and CCG verification completed.

*****The MDT alert the CCG to the joint funding request*****

- Write in the recommendation on the DST '*The MDT agrees that individual is not eligible for CHC, but has needs requiring a health contribution, we are therefore recommending joint funding*. Provide description of the health needs eligible for joint funding *****The CCG will confirm agreement, or not, within five working days.*****

Health professional completes care plan for health needs, Social Care professional completes care plan for social care needs.

The lead health and social care assessor will complete the Devon Joint Funding Tool.

- The health representative should be a specialist assessor from the CHC hub/DPT who completed the DST, not community health teams.
- The MDT will agree a percentage split rounded to nearest whole number.
- The MDT will advise their line managers that joint funding is being requested.
- The MDT will record that a joint funding request is being made on their respective systems.
- Disagreements will be escalated to line managers for resolution, teams will attempt agreement through conversation and consideration of commissioned care needs.
- The tool is a professional tool for professionals, it can be shared with individuals to understand decision making if needed but is not for completion by providers or individuals.

Refer needs to relevant health teams where required (e.g. community nursing etc.).

*****This will be done within six weeks of the eligibility decision*****

- Where the CCG or LA does not agree the percentage split, they will inform the MDT within five working days.
- The CCG/LA may request that the joint funding tool is quality assured – local processes vary – please confirm with your local CHC hub.

Funding will be authorised through normal processes and schemes of delegation – funding must be authorised by both organisations.

- Finance teams and brokerage should follow their Standard Operating Procedures.
- In most circumstances, the LA will recharge the CCG the agreed percentage share.
- In exceptional circumstances, heads of service may agree that health is the lead commissioner.

Continued Over

The ongoing clinical case management will be defined by the MDT, there will need to be an identified health practitioner or team responsible for monitoring and overseeing the individual's health needs and commitment to contribute to case management.

- The responsibility for health reviews will sit with the CHC hub/DPT; however clinical oversight may sit with another health team – this should be made explicit.

Review of the care package should take place annually.

- If needs change, the MDT should consider review of eligibility in line with the national framework.
- Joint funding may continue, change, or stop at review.

The outcome should be communicated to the individual or family when completed to ensure they understand a joint commissioned package is in place.

- The social care representative would normally complete this unless the MDT agrees otherwise.
- Practitioners should decide what and how to share information on a case by case basis, any information shared must be recorded.

Process

Joint Funding Request
Exceptional Circumstances

Adult Care Operations & Health

Process Date: 26/11/2018

Reviewed: 27/04/2021

Reviewed 13/10/2021

Review Due: April 2023

Author: Jo Shill

Joint Funding Request - Exceptional Circumstances Process

In line with the National Framework for NHS Continuing Healthcare (CHC) 2018 and The Care Act 2014, NHS commissioners, providers and Local Authorities need to work together to ensure the wellbeing and care needs of individuals are met. Consideration can be given to joint funding care packages.

In most circumstances, this process begins once an individual is assessed and agreed as not eligible for Continuing Healthcare.

However, the policy allows for some exceptions to this:

- Where there is a negative CHC checklist, or
- where the MDT has identified health needs but do not consider the individual requires a full CHC assessment,
- Where there is a DST over 12 months old with a not eligible recommendation.

Consideration must always be given as to whether the individual should have a checklist and this decision recorded on both health and social care systems. This will meet framework requirements. The CCG can consider joint funding without a full DST where consideration has been given to checklist completion.

The MDT will be required to:

- provide a health needs assessment completed by a health professional, and
- care plan clearly identifying health needs.

In these circumstances, the process for deciding a contribution would usually be use of the joint funding tool but may be funding for a specific care need and agreed jointly between the LA and CCG on an individual basis.

There will be no backdating agreed in these circumstances, and funding will start from the date the MDT makes the request to the CCG.

Once the relevant CCG has authorised that joint funding can progress, the same process applies as that where a DST has been completed.

Process:

Negative Checklist or decision not to complete Checklist.

*****The MDT alert the CCG/Hub to the joint funding request by email*****

- The MDT will provide a copy of recent assessments and care plans.
- Provide a rational as to why this is exceptional.

***** The CCG will confirm agreement, or not, in writing, panel minutes or by email.*****

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Health professional completes care plan for health needs, Social Care professional completes care plan for social care needs.

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The lead health and social care assessor will complete the Devon Joint Funding Tool having regard to paragraph 6.2.

- The health representative should be a specialist assessor from the CHC hub/DPT who completed the DST, not community health teams.
- The MDT will agree a percentage split rounded to nearest whole number.
- The MDT will advise their line managers that joint funding is being requested.
- The MDT will record that a joint funding request is being made on their respective systems.
- Disagreements will be escalated to line managers for resolution, teams will attempt agreement through conversation and consideration of commissioned care needs.
- The tool is a professional tool for professionals, it can be shared with individuals to

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Once the percentage split is agreed, the MDT will advise the appropriate CCG/Hub by email.

*****This will be done within six weeks of the request*****

- Where the CCG or LA does not agree the percentage split, they will inform the MDT within five working days.
- The CCG/LA may request that the joint funding tool is quality assured – local processes vary – please confirm with your local CHC hub.

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Funding will be authorised through normal processes and schemes of delegation – funding must be authorised by both organisations.

- Finance teams and brokerage should follow their Standard Operating Procedures.
- In most circumstances, the LA will recharge the CCG the agreed percentage share.
- In exceptional circumstances, heads of service may agree that health is the lead commissioner.

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Continued Over

The ongoing clinical case management will be defined by the MDT, there will need to be an identified health practitioner or team responsible for monitoring and overseeing the individual's health needs and commitment to contribute to case management.

- The responsibility for health reviews will sit with the CHC hub/DPT; however clinical oversight may sit with another health team – this should be made explicit.

Review of the care package should take place annually.

- If needs change, the MDT should consider review of eligibility in line with the national framework.
- Joint funding may continue, change, or stop at review.

The outcome should be communicated to the individual or family when completed to ensure they understand a joint commissioned package is in place.

- The social care representative would normally complete this unless the MDT agrees otherwise.
- Practitioners should decide what and how to share information on a case by case basis, any information shared must be recorded.

Process

Funded Nursing Care

FNC Full Process LA Placement v5 30071

Staff Briefing Devon FNC v5 30071

Appendices

Appendix 1 - Contacts

NHS Devon CCG

Emails for funding requests should be sent to the following email addresses;

NHS Devon CCG (South)
Torbay and South Devon NHS Foundation Trust deliver the NHS Continuing Healthcare service in Torbay & South on behalf of Devon CCG
Email: tsdft.chcreferrals@nhs.net
Telephone: 01803 210630

NHS Devon CCG (North, East & West)

Email: D-CCG.complexcarenewdevon@nhs.net
Telephone: 01392 675203

For advice or guidance on matters relating to CHC or joint funding, please contact the local teams;

Eastern CHC Hub Team
01392 908847 Email ndht.EasternCHCAdmin@nhs.net

Northern CHC Hub Team
01392 675414 Email ndht.nchcadmin@nhs.net

Western CHC Hub Team
01752 434231 Email PCHCIC.CHCFNCPlymouth@nhs.net

Continuing Healthcare Southern Team
01803 210630 tsdft.chcreferrals@nhs.net

DPT Learning Disabilities CHC Team
01392 385878 dpn-tr.CHCReferrals@nhs.net (LD ONLY)

Devon County Council

Contact your local disability lead, practice lead or CHC Advanced Practitioner. Contact details can be found on Sharepoint

Or:

Health Partnerships Team

adultsc.continuinghealthcareadvancepractitioners-mailbox@devon.gov.uk

Appendix 2 – Devon Joint Funding Tool

Always ensure you are using the most up to date version of the joint funding tool

Devon Joint
Funding Tool v5.5 F

Appendix 3 - Blue Light Protocol – Transforming Care

Always refer to Devon Partnership Trust/Livewell Southwest regarding the Blue Light Protocol, this is not a Local Authority led process, and may not always apply.

Blue Light Protocol
- Learning Disability