



East Leicestershire and Rutland Clinical Commissioning Group  
Leicester City Clinical Commissioning Group  
West Leicestershire Clinical Commissioning Group

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 14 SEPTEMBER  
2016**

**REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL  
COMMISSIONING GROUPS**

**SETTINGS OF CARE POLICY UPDATE**

**Purpose of report**

1. The purpose of this paper is to advise the Health Overview and Scrutiny Committee of plans to update the Leicester, Leicestershire and Rutland Clinical Commissioning Groups' (LLR CCGs') Settings of Care Policy. This policy is for the commissioning of services for people who have been assessed as eligible for NHS Continuing Healthcare (CHC) and Personal Health Budgets (PHBs). The policy sets out a common and shared approach to the CCGs' commitments in relation to individual choice and resource allocation.

**Background**

2. NHS Continuing Healthcare is a package of care which is arranged and funded solely by the NHS for individuals, not in hospital, who have on-going health care needs outside of hospital usually as a result of disability, accident or illness. Patients may receive this care at home, in a care home or a specialist home.
3. Where patients receive care is called "a setting of care." When a person has been assessed as eligible for NHS Continuing Healthcare their care needs are then set out in a care plan and this is then discussed with them and/or their family and carer(s).
4. Personal Health Budgets (PHBs) which provide an amount of money to individuals with identified health and wellbeing needs to support care. The care is planned and agreed between individuals, families and their local NHS team.
5. Packages of NHS Continuing Healthcare are subject to a cost-effectiveness test in the same way as all other NHS services. Whilst agreeing a package of care for individuals eligible for CHC funding the CCGs have a statutory duty to consider the available resource. However, in coming to a decision on a package of care to be commissioned for an individual, the CCGs need to ensure clinically appropriate care provision for individuals in a robust way and within the available financial envelope whilst ensuring a quality service is delivered.
6. The purpose of the Settings of Care Policy is therefore to:

- Define how and when the CCGs will support choice of care setting in relation to clinically appropriate care provision for individuals within the available financial envelope and to ensure that care is provided equitably across the CCGs
  - Ensure that the reasonable requirements of eligible individuals are met in a manner which supports consistent and equitable decisions about the provision of that care regardless of the person's age, condition or disability.
7. As the Settings of Care policy has not been updated since 2011 it is due for review, update and formal adoption and application of the new policy by the CCGs. In addition the policy needs revising to include Personal Health Budgets (PHBs).
  8. The key feature of the 2011 Settings of Care policy is the 25% financial threshold which enables CCGs to fund a clinically sustainable package of care, delivered in the individual's setting of choice (e.g. home), where the anticipated cost of that package does not require more than 25% additional funding compared to the cost of equivalent care in an alternative setting. Exceptional circumstances, such as the individual being at the end of their life, are considered in order to enable CCGs to fund packages of care exceeding this financial threshold.
  9. LLR CCGs are outliers in relation to both the high number of CHC packages of care and the high cost of those packages. This outlying position is not sustainable for the local health economy and does not arguably demonstrate the most effective use of resources for the local population.
  10. In reviewing the policy, the LLR CCGs sought the views of people receiving CHC funding, their carers, families and key condition-specific support groups.
    - Over a one month period between 24<sup>th</sup> July and 24<sup>th</sup> August 2016, the CCGs wrote to all individuals in receipt of fully-funded NHS CHC/PHBs who could be affected by changes to the Settings of Care policy (circa 1,300 people) to invite them/their families/those important to them to complete and return a survey and participate in an engagement event
    - A number of support groups/charities and other identified stakeholders were also invited to complete the survey and attend the event
    - Key strategic stakeholders (MPs, Health and Wellbeing Boards, Health Overview and Scrutiny Committees for example) were informed of the engagement programme via a briefing note in advance of a media release that was issued in the week commencing 27<sup>th</sup> June 2016
    - The survey closed on the 27<sup>th</sup> July 2016 and 205 completed surveys were returned
    - 15 delegates attended the 14<sup>th</sup> July 2016 engagement event which was supported by ELRCCG's GP Lead for CHC, ELRCCG Personalised Commissioning Programme Manager and LLR CCG Nursing and Quality Leads
    - 12 enquiries from members of the public were received by the helpline that had been established
  11. Please see Appendix 1 for independent analysis, by Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU) Engagement Hub, of the engagement process. In summary, the engagement feedback included the following:

- Most people felt it was important that there was consistency of care and care was delivered in a clinically safe and appropriate environment
- Most people felt that the affordability of care to the NHS was important in some way
- More than four fifths of people felt it was either important or very important that care was provided in the patient's preferred setting
- Many people thought that it was important that patients and/or their families had a choice in their setting of care
- 68% agreed that there should be consistency with other settings of care policies across England
- Just over half (51.2%) agreed that there should be an identified limit (threshold) to how much extra funding can be spent on care, however, responses were variable
- Most people agreed or strongly agreed that the NHS should spend more to enable a patient to receive care in their preferred setting if there are exceptional circumstances

12. The engagement feedback has been considered and has informed the review of the existing Settings of Care Policy (2011) and a draft update of the policy.

### **Consultation**

13. As there are proposed changes to the policy, the LLR CCGs will be formally consulting on those changes to provide further opportunity for people who could be affected (including patients, families and carers) to share their views before any final decision is made.

14. The consultation questions and documents are currently being finalised and subject to approval by all three CCG Governing Bodies and NHS England, it is anticipated that the consultation will commence before the end of September 2016.

15. The proposed consultation period is six weeks.

16. As with the recent engagement process, all individuals in receipt of fully-funded NHS CHC/PHBs who could be affected by changes to the Settings of Care policy (circa 1,300 people) and their families/those important to them will be given opportunity to complete and return a survey and participate in an event. Letters will be sent to each individual with a copy of the survey and an invitation to a consultation event. A FREEPOST return address will be provided.

17. The consultation will be featured on the CCG's website and a media release will be issued inviting members of the public to complete the survey and to attend a consultation event.

18. People will also have the opportunity to complete the survey online should they prefer and easy read versions and translations will be available on request.

19. A number of support groups/charities and other identified stakeholders will also be invited to comment and attend the event.

20. A telephone number will be provided for anyone with questions or concerns and those needing assistance in completing the form.

21. On conclusion of the consultation, the feedback received will be independently analysed.

### **Timetable for Decisions**

22. On conclusion of the consultation, the feedback will be considered by the LLR CCG and public feedback taken into account.
23. A final decision is scheduled to be made in December 2016 by the LLR CCG Governing Bodies.

### **Conclusions**

24. Health Overview and Scrutiny Committee members are asked to note the proposals to update the Settings of Care Policy along with the engagement process already undertaken and the plans for consultation.
25. The Health Overview and Scrutiny Committee will be formally asked to comment on the consultation once it has started. Views from members are welcomed.
26. The LLR CCGs are committed to listening to the views of the public and to implementing a policy which ensures clinically appropriate, high quality and affordable care provision for individuals.

### **Officer to Contact**

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### **List of Appendices**

Appendix 1 – Engagement Report