

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE:**  
**28 FEBRUARY 2018**

**REPORT OF WEST LEICESTERSHIRE CCG**

**EQUITY AND CHOICE POLICY 2018**  
**(SETTINGS OF CARE POLICY 2011 REVISION)**

**Purpose of report**

1. The purpose of this report is to provide an update on the potential impact of the proposed revised policy on patients as requested by the West Leicestershire Clinical Commissioning Group (CCG) governing body at its meeting on 11 July 2017. The main change to the 2011 policy proposed was to recommend a change to the Settings of Care threshold from 25% to 10% as a result of the consultation process across LLR.

**Policy Framework and Previous Decisions**

2. The proposed changes were discussed at all 3 CCG Governing Bodies and, following these discussions, Leicester City CCG and West Leicestershire CCG Governing Bodies requested further examination of the potential impact of the proposed revised policy on patients. East Leicestershire and Rutland CCG approved the revised policy.
3. Governing Bodies were also contacted by the Continuing Healthcare Alliance which also raised concerns about the proposed change in threshold from 25% to 10% and its impact on individuals in receipt of complex packages of care.
4. The following information was presented to the Commissioning Collaborative Board on 30th November 2017. It is being submitted to the Governing Bodies of Leicester City and West Leicestershire CCGs, along with the revised Settings of Care Policy, to inform the decision regarding the recommended policy changes.

**Background**

5. The Settings of Care Policy covers the commissioning of services for people who have been assessed as eligible for an episode of fully funded NHS Continuing Healthcare (CHC).
6. The purpose of the Settings of Care Policy is to define how and when the CCGs will support choice of care setting for individuals in relation to safe, effective and clinically appropriate care which makes the best use of available resources and to ensure that care is provided equitably across the LLR CCGs.
7. The three Leicester, Leicestershire and Rutland (LLR) CCGs inherited the predecessor organisations' Settings of Care Policy for commissioning of services for

people who have been assessed as eligible for CHC as part of the transfer arrangements.

8. The key feature of the 2011 Settings of Care Policy is the 25% threshold which should enable CCGs to fund a clinical package of care, delivered in the individual's setting of choice (e.g. home, care home), where the anticipated cost of that package is not more than 25% above the anticipated cost of the most cost effective care provision identified.
9. It was noted that the current policy had not been applied consistently across LLR with existing packages of care where the cost is more than 25% above the anticipated cost of the most cost effective care provision identified. The CCGs are outliers in relation to both the number of CHC packages of care and the cost of those packages when benchmarked against all CCGs in England in 2015/16.
10. Furthermore, the policy needed revising to include Personal Health Budgets (PHBs); and clarity on consideration of exceptional circumstances.

### **Proposals/Options**

11. The LCCCG Director of Nursing and the WL CCG Chief Nurse established a panel which undertook a desk-top review of individual packages of care costing over £50,000 per year, which had been previously assessed by the LLR High Risk and Complex Care Panel, between February and June 2017 inclusive.
12. The purpose of the review was to understand the potential impact on current continuing healthcare packages of care if the funding threshold was reduced from 25% to 10% and to consider those cases where exceptionality should have applied. The full terms of reference are included in appendices. To support the review, the CCGs issued a Freedom of Information request to all CCGs nationally to ascertain the range of approaches to Settings of Care.
13. A total of 45 fully funded cases over the value of £50,000 commissioned by LC and WL CCGs were reviewed. This was the total number of cases that had been considered by the LLR high Risk and Complex Care between February and June 2017 inclusive. For consistency the Setting of Care comparison used for the selected patient cohort was a category 3 care home (costing £46,800 per year).
14. A decision was taken to extend the review and also consider the patient cohort in receipt of packages costing between £30,000 and £49,000 to ascertain if exceptionality would apply. Currently this cohort is not subject to the same scrutiny of packages of care by the LLR CCGs and, in the period considered, accounted for approximately a quarter of all patients in receipt of care packages per CCG and 40-50% of the overall health spend for LLR CCGs.

### **Care settings in over £50,000 cohort**

15. Of the 45 cases reviewed, 20 of the cases were requests to fund new continuing healthcare packages and 25 were amendments to existing packages of care; 43 cases were 100% Continuing Healthcare (CHC) Funded, 1 was Fast Track Funded and the remaining 1 was funded through section 117 aftercare (eligibility applies

following a hospital admission under relevant sections of the Mental Health Act 1983).

### Care settings in under £50,000 cohort

16. Of the 144 under £50k cases across LC and WL, only 21 patients (15%) were identified who were in receipt of domiciliary care packages or PHBs ; 12 out of 66 for City (18%) and 9 of 78 for West (12%). Six cases per CCG were selected for an in-depth review and this was supported by Midland and Lancashire CSU, who had access to patient records.

### Findings

17. Data analysis for the cohort of patients in receipt of packages of care costing over £50k per year revealed that a third were people with a learning disability, a third were frail elderly and (roughly) the final third were considered young frail; people aged 65 and younger, the majority of whom had brain or spinal conditions.

	LC CCG	WL CCG	total
Frail Elderly	5	10	15 (33%)
Young Frail	6	8	14 (30%)
Learning Disability	5	10	15 (33%)
Mental Health	1	0	1 (2%)
<b>Total</b>	<b>18</b>	<b>28</b>	<b>45</b>

### Patient impact

18. For the cases considered in the young frail and learning disability categories there was no alternative appropriate setting readily available, therefore exceptionality could not be considered.
19. The majority of the patients in the frail elderly category were deemed to be receiving care in the most appropriate setting.
20. Four of the patients in the frail elderly category (One for City and three for West), were identified as patients who could potentially have received care in an alternative setting. These were considered by the review panel to represent a missed opportunity to consider an alternative setting of care, irrespective of the 25% or 10% threshold.

### **Example of patients where settings of care should be applied**

21. Case 1:  
78 year old lady with dementia and a Deprivation of Liberty authorisation in place. Care Home placement and request for increased 1:1 care in the home.  
Options for future care included
- increasing 1:1 support in current care home placement (£107,744) or
  - moving to a specialist care home (£71,192).
- The review panel felt that settings of care would apply as there was a need to ascertain whether the 1:1 care in the current care home would be deemed a safe placement or whether the specialist care home was the safer placement.

### **Financial Impact**

22. In financial terms, assuming the application of a Setting of Care threshold of 25% to the 4 cases where the policy could have applied indicated potential savings of £135,506 could be realised ( this equated to £24,848 City and £110,658 for West).
23. If a 10% threshold were applied, the potential savings increase to £162,813 (£31,868 City and £130,945 West).
24. The difference between the 25% and 10% thresholds for the 4 care packages identified within 5 months amounts to £27,307. Applying full year effect, this could potentially realise savings of around £65,500 (£16,375 City and £49,425 West).
25. However, it must be noted that the potential savings quoted above are assumptions made based on relatively limited information reviewed by the panel. Further clinical information may have identified that exceptionality would have applied. In addition these figures are based on an assumption that the person's needs could be met in a category C care home. Taking these caveats into account, the recommendation of the panel is to assume that only approximately 50% of this potential saving could be realised (c£32,750 FYE across both CCGs).
26. The impact of a reduction of the Setting of Care thresholds did not form part of the review for the under £50k cohort on the basis that these cases are not currently discussed at the High Cost and Complex Care Panel.

### **Additional Findings**

27. To inform the original Collaborative Commissioning Board paper to revise the settings of care thresholds, East Leicester and Rutland CCG conducted a review of CCG policies to establish how the LLR Policy's 25% benchmarks nationally. The review revealed that a number of CCGs employed a 10% threshold.
28. To further inform the WL and LC CCG review, a Freedom of Information request was issued to all CCGs nationally; however only 48 responses were received. Of these, eight answered yes to having an "approved policy which defines a threshold of funding packages of care for patients eligible for CHC funded care". Only three of the eight identified financial thresholds; two of which were set at 20%: A number of policies had a strong focus on equity and choice.

29. It should also be noted that the review identified that a more robust approach to the implementation of the national framework for Continuing Healthcare processes should be undertaken, as there were cases where eligibility for CHC was not evident and decisions regarding levels of joint funded care packages could not be evidenced.

### **Consultation**

30. 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.
31. The comments and feedback from the engagement exercise in summer 2016 were applied to inform the proposed changes to the policy. The Governing Bodies across the three CCGs approved the decision to formally consult on a proposed reduced threshold as part of the revision to the existing policy. These proposed changes were then formally consulted on, the feedback of which has been used to amend and update the policy. In summary, the consultation analysis report concludes:
- 212 surveys were completed during the formal consultation period either electronically or on paper copies; and
  - Nearly 76% of respondents opted for a reduction of 10% to the current threshold.
32. In March 2017 Governing Bodies of the LLR CCGs were provided with a briefing and an update on the feedback received through the consultation process and an overview of the enquiries received. The Governing Bodies all recognised the sensitive and emotive nature of this issue and welcomed the feedback received through the consultation process. The CCG Governing Bodies recognised the need for the LLR CCGs to be in agreement with the proposed policy providing consistency in the implementation for patients across Leicester, Leicestershire and Rutland and further consideration was given to the proposals at the LLR Commissioning Collaborative Board meeting later in March 2017. In addition, each CCG Governing Body nominated a GP Governing Body member and their respective CCG Chief Nurses, who were joined by a Public Health Consultant, to further develop circumstances where exceptionality may be considered.
33. In April 2017 a meeting was held with the Continuing Healthcare Alliance following the public consultation process. Although consultation had closed in February 2017, this gave the CCGs an opportunity to explain the process that had been undertaken and to clarify any inaccuracies in interpretation in relation to the local draft LLR Sustainability and Transformation Plan (STP).

### **Conclusions**

34. The vast majority of individuals in receipt of a continuing healthcare package of care were deemed by the panel to be either;
- receiving their package of care in the most appropriate setting;
  - were exceptional, or;
  - there were no suitable alternatives available or presented as an option.

35. The panel found that the application of the principle of exceptionality was consistently and reasonably applied and that packages of care were informed by patient choice. The panel considered that the change funding threshold would not affect the outcome in the majority of individual cases
36. The financial impact of reducing the funding threshold from 25% to 10%, on patients in receipt of health funding for packages of care over £50k (across WL and LC) would be minimal; based on around 10 patients per year affected the potential savings would amount to around £35,000 (remembering that each case is individual and the calculation cannot be precise).
37. The greatest health spend is for the cohort of patients whose care packages cost between £30k and £49k and that currently these not subjected to same scrutiny by the CCGs.
38. From the Freedom of Information request it was established that a number of CCGs approach Settings of Care by focusing on equity and choice and do not explicitly include financial thresholds.
39. This approach is supported by the Equality and Human Rights Commission who warn that CCG funding caps fail to take into account a person's specific circumstances which may amount to a breach of the European Convention of Human Rights and the UN Convention on the Rights of Persons with Disabilities, by failing to comply with individuals' rights to a private family life and to independent living.
40. In addition, Chief Executive of NHS Clinical Commissioners, Julie Wood, said: "When making assessments for NHS continuing healthcare the focus for CCGs will be on making sure they are meeting an individual's needs and, as far as possible, their choices.
41. The full article published in the Independent newspaper on 25 October 2017 entitled *NHS cost cutting leaving disabled people 'interned' in care homes* is available to view via the following link:

<http://www.independent.co.uk/news/uk/home-news/disabled-people-interned-care-homes-nhs-cost-cutting-a8019906.html>

### **Recommendations of the review panel**

42. It is the recommendation of the review panel that the existing 2011 Settings of Care policy should be updated to reflect the following recommendations:

#### **Threshold reduction**

43. To maintain the threshold at 25% as the review had demonstrated only modest financial savings and minimal impact on patients.

#### **Policy wording**

44. To reword the existing draft policy to:
  - reflect the fact that exceptionality should be considered on a case by case basis and should not be prescriptive in terms of what should or should not be

- included and
- remove the section (in the July 2017 draft version) around family break-ups

### **Policy title**

45. To change the policy title to Equity and Choice Policy to reflect findings from other CCG whose policies and focus on equity and choice and to differentiate between the ELR Settings of Care Policy.

### **CHC process changes**

46. Ensure that the incidental learning from the review regarding CHC processes be shared with the CHC teams to ensure that the CCGs processes are in line with the National Framework for CHC.

### **Background papers**

None

### **Circulation under the Local Issues Alert Procedure**

This report will be relevant to Members that represent divisions in the West Leicestershire CCG area.

### **Officer to Contact**

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### **List of Appendices**

- WL LC CCG Clinical – Equity And Choice Policy Feb 2018

### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

47. An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has been undertaken in the review and drafting of the amended Equity and Choice Policy, which is outlined in the Policy document.
48. The Policy has also been reviewed by legal advisers and Equality, Inclusion and Human Rights experts and considerations included within the policy.

#### **Crime and Disorder Implications**

49. None.

Environmental Implications

50. None.

Partnership Working and associated issues

51. None.

Risk Assessment

52. N/A



# **APPENDIX 1**

## **Equity and Choice Policy 2018**

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**13 February 2018**

<b>Title of the report:</b>	Settings of Care Policy Revision (Equity and Choice Policy)
<b>Section:</b>	Delivery
<b>Report by:</b>	Fay Bayliss, Deputy Director of Nursing, LCCCG Caroline Trevithick, Chief Nurse & Quality Lead, WLCCG
<b>Presented by:</b>	Caroline Trevithick, Chief Nurse & Quality Lead, WLCCG

<b>Report supports the following West Leicestershire CCG's goal(s):</b>			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

<b>Equality Act 2010 – positive general duties:</b>
<ol style="list-style-type: none"> <li>1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.</li> <li>2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.</li> </ol>

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Governing Body functions: section 5.2.4: act with a view to securing continuing improvement to the quality of services
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To consider whether the existing 2011 Settings of Care policy should be updated to reflect recommendations on, threshold reduction, policy wording and CHC process changes.
Discussed by	LCCCG Board, ELRCCG Board, Continuing Healthcare Alliance, CCB
Alignment with other strategies	STP for LLR
Environmental Implications	-

Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	Major consultation exercise carried out and engagement with major stakeholders.
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### **EXECUTIVE SUMMARY:**

1. In July 2017 the Leicester City (LC) CCG and West Leicestershire (WL) CCG Governing Bodies reviewed the draft version of the revised 2011 LLR Settings of Care Policy. The 2011 policy had been updated by East Leicestershire and Rutland CCG, as they are the CCG responsible for the hosted CHC team in LLR. The main change to the 2011 policy was to recommend a change to the Settings of Care threshold from 25% to 10% as a result of the consultation process across LLR.
2. The proposed changes were discussed at all 3 CCG Governing Bodies and, following these discussions, LCCCG and WLCCG Governing Bodies requested further examination of the potential impact of the proposed revised policy on patients. East Leicestershire and Rutland CCG approved the revised policy.
3. Governing Bodies were also contacted by the Continuing Healthcare Alliance which also raised concerns about the proposed change in threshold from 25% to 10% and its impact on individuals in receipt of complex packages of care.
4. The following information was presented to the Commissioning Collaborative Board on 30<sup>th</sup> November 2017. It is being submitted to the Governing Bodies of Leicester City and West Leicestershire CCGs, along with the revised Settings of Care Policy, to inform the decision regarding the recommended policy changes.
5. The panel found that the application of the principle of exceptionality was consistently and reasonably applied and that packages of care were informed by patient choice. The panel considered that the change funding threshold would not affect the outcome in the majority of individual cases
6. As a result of the findings of the impact assessment, detailed below, the following amendments have been made to the 2011 draft Policy:

Settings of Care thresholds remain at the current 25% (section 4.4)

- a. The wording around exceptionality has been amended as described (section 8)
- b. The title of the policy is amended to reflect its purpose; Equity and Choice. This would be consistent with other, similar policies identified through the Freedom of Information request and would differentiate between the policy for LCCCG and WLCCG.

### **RECOMMENDATION:**

It is the recommendation of the review panel that the existing 2011 Settings of Care policy should be updated to reflect the following recommendations:

#### **1. Threshold reduction**

To maintain the threshold at 25% as the review had demonstrated only modest financial savings and minimal impact on patients.

## **2. Policy wording**

To reword the existing draft policy to:

- reflect the fact that exceptionality should be considered on a case by case basis and should not be prescriptive in terms of what should or should not be included and
- remove the section (in the July 2017 draft version) around family break-ups

## **3. Policy title**

To change the policy title to Equity and Choice Policy to reflect findings from other CCG whose policies and focus on equity and choice and to differentiate between the ELR Settings of Care Policy.

## **4. CHC process changes**

Ensure that the incidental learning from the review regarding CHC processes be shared with the CHC teams to ensure that the CCGs processes are in line with the National Framework for CHC.

**The West Leicestershire Clinical Commissioning Group Board is requested to:**

- **APPROVE** the revised Policy including the change of the title to the Equity and Choice Policy.

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP****BOARD MEETING****13 February 2018****Settings of Care Policy Revision (Equity and Choice Policy)****Summary**

1. In July 2017 the Leicester City (LC) CCG and West Leicestershire (WL) CCG Governing Bodies reviewed the draft version of the revised 2011 LLR Settings of Care Policy. The 2011 policy had been updated by East Leicestershire and Rutland CCG, as they are the CCG responsible for the hosted CHC team in LLR. The main change to the 2011 policy was to recommend a change to the Settings of Care threshold from 25% to 10% as a result of the consultation process across LLR.
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The title of the policy is amended to reflect its purpose; Equity and Choice. This would be consistent with other, similar policies identified through the Freedom of Information request and would differentiate between the policy for LCCCG and WLCCG.

**Methodology for impact assessment**

7. The LCCCG Director of Nursing and the WL CCG Chief Nurse established a panel which undertook a desk-top review of individual packages of care costing over £50,000 per year, which had been previously assessed by the LLR High Risk and Complex Care Panel, between February and June 2017 inclusive.
8. The purpose of the review was to understand the potential impact on current

continuing healthcare packages of care if the funding threshold was reduced from 25% to 10% and to consider those cases where exceptionality should have applied. The full terms of reference are included in appendices. To support the review, the CCGs issued a Freedom of Information request to all CCGs nationally to ascertain the range of approaches to Settings of Care.

9. A total of 45 fully funded cases over the value of £50,000 commissioned by LC and WL CCGs were reviewed. This was the total number of cases that had been considered by the LLR high Risk and Complex Care between February and June 2017 inclusive. For consistency the Setting of Care comparison used for the selected patient cohort was a category 3 care home (costing £46,800 per year).
10. A decision was taken to extend the review and also consider the patient cohort in receipt of packages costing between £30,000 and £49,000 to ascertain if exceptionality would apply. Currently this cohort is not subject to the same scrutiny of packages of care by the LLR CCGs and, in the period considered, accounted for approximately a quarter of all patients in receipt of care packages per CCG and 40-50% of the overall health spend for LLR CCGs.

#### **Care settings in over £50, 000 cohort**

11. Of the 45 cases reviewed, 20 of the cases were requests to fund new continuing healthcare packages and 25 were amendments to existing packages of care; 43 cases were 100% Continuing Healthcare (CHC) Funded, 1 was Fast Track Funded and the remaining 1 was funded through section 117 aftercare (eligibility applies following a hospital admission under relevant sections of the Mental Health Act 1983).

#### **Care settings in under £50, 000 cohort**

12. Of the 144 under £50k cases across LC and WL, only 21 patients (15%) were identified who were in receipt of domiciliary care packages or PHBs ; 12 out of 66 for City (18%) and 9 of 78 for West (12%). 6 cases per CCG were selected for an in-depth review and this was supported by Midland and Lancashire CSU, who had access to patient records.

#### **Findings**

13. Data analysis for the cohort of patients in receipt of packages of care costing over £50k per year revealed that a third were people with a learning disability, a third were frail elderly and (roughly) the final third were considered young frail; people aged 65 and younger, the majority of whom had brain or spinal conditions.

	LC CCG	WL CCG	total
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<b>Mental Health</b>	<b>1</b>	<b>0</b>	<b>1 (2%)</b>
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### Patient impact

14. For the cases considered in the young frail and learning disability categories there was no alternative appropriate setting readily available, therefore exceptionality could not be considered.
15. The majority of the patients in the frail elderly category were deemed to be receiving care in the most appropriate setting.
16. 4 of the patients in the frail elderly category (1 for City and 3 for West), were identified as patients who could potentially have received care in an alternative setting. These were considered by the review panel to represent a missed opportunity to consider an alternative setting of care, irrespective of the 25% or 10% threshold.

### Example of patients where settings of care should be applied

#### 17. Case 1:

78 year old lady with dementia and a Deprivation of Liberty authorisation in place. Care Home placement and request for increased 1:1 care in the home.

Options for future care included

- increasing 1:1 support in current care home placement (£107,744) or
- moving to a specialist care home (£71,192).

The review panel felt that settings of care would apply as there was a need to ascertain whether the 1:1 care in the current care home would be deemed a safe placement or whether the specialist care home was the safer placement.

### Financial Impact

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20. The difference between the 25% and 10% thresholds for the 4 care packages identified within 5 months amounts to £27,307. Applying full year effect, this could potentially realise savings of around £65,500 (£16,375 City and £49,425 West).
21. However, it must be noted that the potential savings quoted above are assumptions made based on relatively limited information reviewed by the panel. Further clinical information may have identified that exceptionality would have applied. In addition these figures are based on an assumption that the person's needs could be met in a category C care home. Taking these caveats into account, the recommendation of the panel is to assume that only approximately 50% of this potential saving could be realised (c£32,750 FYE across both CCGs)

22. The impact of a reduction of the Setting of Care thresholds did not form part of the review for the under £50k cohort on the basis that these cases are not currently discussed at the High Cost and Complex Care Panel.

### **Additional Findings**

23. To inform the original Collaborative Commissioning Board paper to revise the settings of care thresholds, East Leicester and Rutland CCG conducted a review of CCG policies to establish how the LLR Policy's 25% benchmarks nationally. The review revealed that a number of CCGs employed a 10% threshold.

24. To further inform the WL and LC CCG review, a Freedom of Information request was issued to all CCGs nationally; however only 48 responses were received. Of these 8 answered yes to having an "approved policy which defines a threshold of funding packages of care for patients eligible for CHC funded care". Only 3 of the 8 identified financial thresholds; 2 of which were set at 20%. A number of policies had a strong focus on equity and choice.

25. It should also be noted that the review identified that a more robust approach to the implementation of the national framework for Continuing Healthcare processes should be undertaken, as there were cases where eligibility for CHC was not evident and decisions regarding levels of joint funded care packages could not be evidenced.

### **Conclusions**

26. The vast majority of individuals in receipt of a continuing healthcare package of care were deemed by the panel to be either;

- receiving their package of care in the most appropriate setting,
- were exceptional, or
- there were no suitable alternatives available or presented as an option.

27. The panel found that the application of the principle of exceptionality was consistently and reasonably applied and that packages of care were informed by patient choice. The panel considered that the change funding threshold would not affect the outcome in the majority of individual cases

28. The financial impact of reducing the funding threshold from 25% to 10%, on patients in receipt of health funding for packages of care over £50k (across WL and LC) would be minimal; based on around 10 patients per year affected the potential savings would amount to around £35,000 (remembering that each case is individual and the calculation cannot be precise).

29. The greatest health spend is for the cohort of patients whose care packages cost between £30k and £49k and that currently these not subjected to same scrutiny by the CCGs.

30. From the Freedom of Information request it was established that a number of CCGs approach Settings of Care by focusing on equity and choice and do not explicitly



include financial thresholds.

31. This approach is supported by the Equality and Human Rights Commission who warn that CCG funding caps fail to take into account a person's specific circumstances which may amount to a breach of the European Convention of Human Rights and the UN Convention on the Rights of Persons with Disabilities, by failing to comply with individuals' rights to a private family life and to independent living.

32. In addition, Chief Executive of NHS Clinical Commissioners, Julie Wood, said: "When making assessments for NHS continuing healthcare the focus for CCGs will be on making sure they are meeting an individual's needs and, as far as possible, their choices.

The full article published in the Independent 25/10/17 entitled *NHS cost cutting leaving disabled people 'interned' in care homes* is available to view via the following link:

<http://www.independent.co.uk/news/uk/home-news/disabled-people-interned-care-homes-nhs-cost-cutting-a8019906.html>

### **Recommendations**

33. It is the recommendation of the review panel that the existing 2011 Settings of Care policy should be updated to reflect the following recommendations:

#### **Threshold reduction**

To maintain the threshold at 25% as the review had demonstrated only modest financial savings and minimal impact on patients.

#### **Policy wording**

To reword the existing draft policy to:

- reflect the fact that exceptionality should be considered on a case by case basis and should not be prescriptive in terms of what should or should not be included and
- remove the section (in the July 2017 draft version) around family break-ups

#### **Policy title**

To change the policy title to Equity and Choice Policy to reflect findings from other CCG whose policies and focus on equity and choice and to differentiate between the ELR Settings of Care Policy.

#### **CHC process changes**

Ensure that the incidental learning from the review regarding CHC processes be shared with the CHC teams to ensure that the CCGs processes are in line with the National Framework for CHC,

### **RECOMMENDATION:**

The West Leicestershire Clinical Commissioning Group Board is requested to:

**APPROVE** the revised Policy including the change of the title to the Equity and Choice Policy.

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