Joint Management Group (Adults)

Date of Meeting: 27 September 2016
Agenda Item: 9

Title of Report: Funded Nursing Care

Is this paper for: Discussion X Decision Information X

Has an analysis of risk been included in the report (if applicable): Yes No X

Purpose of Report: To inform JMG re the impact of the national increase in the rate paid by Funded Nursing Care on the pooled budgets; plans for moving to a compliant local process for Oxfordshire; potential to mitigate the pressure created by the increase.

Action Required: To note the report, the plan and the direction of travel.

Impact on users and carers:
For most people placed in nursing homes as part of discharge from hospital and/or by adult social care there will be no direct impact; for some people intend to place themselves directly into a nursing home in a self-funding arrangement there may be a cost implication if s/he is found not eligible for funded nursing care.

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Implementation of Compliant Funded Nursing Care process in Oxfordshire

Background

NHS Funded Nursing Care (FNC) was introduced by Government in October 2001. Funded Nursing Care is part of the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care.

Where an individual patient does not qualify for NHS Continuing Healthcare (CHC), the need for care from a registered nurse should be determined. If the individual has such a need and it is determined that the individual's overall needs would be most appropriately met in a care home providing nursing care, then this would consequently lead to eligibility for NHS-funded nursing care. Once the need for such care is agreed, the CCG’s responsibility is to pay a flat rate contribution to the care home towards registered nursing care costs arises. In 2016-17 the rate for FNC has increased to £156.25 pw creating an unfunded full year pressure for the CCG of c£5m. This pressure is distributed across the pooled budgets and represents approximately 2000 people, who are split 60:40 between self- and social care-funded care.

At its meeting on 26 July 2016 the Pooled Budget Officers’ Group (PBOG) agreed that we should mitigate this pressure by

1. Moving to a Framework compliant process for FNC assessment based on the checklist from 1 September 2016 and
2. Carry out a sampling exercise to review 20% of the most vulnerable current payments to establish the scope for savings from a wider review of current claims. This decision recognises that there may be substantial costs associated with a full scale review which needs to be recognized and considered before moving to a full retrospective assessment

A project plan has been agreed by PBOG which is used to assess progress with this project.

New FNC claims

The process for rolling out an assessment process for new claims is being enacted by different pathways and commenced 12/9/16. There are several potential routes into a Nursing Home and our process needs to identify a rigorous process to assess eligibility for FNC, but which does not adversely impact on flow, especially out of hospitals or where there might otherwise be a risk of admission.
1. **Discharges from acute hospital**

From 12/9/16 all patients (whether adult social care or self-funded) discharged to a nursing home from Oxford University Hospital NHS FT for FNC eligibility via the CHC checklist. This is carried out by the hospital staff and sent to CHC team to be ratified. The CHC team now have a guaranteed presence on the acute wards 3 days a week to support the checklist process and also support discharge processes more generally.

So far there have been:

| Number of referrals for FNC assessment | 3 |
| Number of completed FNC assessments   | 3 |
| Number of eligible on checklist      | 2 |
| Number referred for full CHC assessment | 1 |
| Number ineligible for FNC            | 0 |

2. **Discharges from community hospitals**

It was determined to start with acute hospital discharges and then extend to people who are being discharged from community hospitals. Oxford Health NHSFT is developing this process between CHC and community hospital staff and this will commence 26 September.

This stepped implementation will have the advantage of being able to adapt the process based on the experience from the acute setting where there is arguably more of a command and control structure that can standardise approaches and identify solutions to problems.

3. **Community new claims (adult social care)**

The process for social care placements in the community is yet to be finalised. The CCG proposal was that the checklist be deployed by OCC staff as part of the assessment process for people judged to need a Nursing Home placement.

OCC has pointed out that this is an additional process over and above the overview assessment used by social workers to determine needs and the nature of any placement required. On review by OCCG, the areas covered within the overview assessment are very similar to the domains within the FNC assessment therefore we are looking at options to use one to meet the requirements of the other. We have asked OH CHC to advise how the overview assessment could be used as a “proxy” for the checklist and remain compliant with the national framework.

This area is low risk in 2 senses
• Nursing Home placements for OCC funded patients have to satisfy criteria that they should be in a nursing home rather than residential and this process is judged to be robust
• If we can deploy a “proxy solution” this can begin immediately (and, in effect, be deployed retrospectively)

This process might support the development of a single assessment process across health and social care, which would offer benefits to both users and their families, and our health and social care systems.

4. Community new claims (self-funders)

The process for assessing self-funding placements in the community is yet to be finalised. A meeting took place between OCCG and the Oxfordshire Association of Care Providers, Oxfordshire Care Home Association and some individual homes on 16/9/16.

Care homes will need to consider how they will enter into contract with self-funders coming from the community. There is a risk that if FNC assessment is not completed prior to the admission the resident may not be eligible for FNC payment where they have already moved in. This could leave them liable for the full cost of the home when they may have been relying on an FNC contribution.

There are risks to users and homes arising from a compliant process in that there will need to clarity around fees and responsibility for paying them. JMG is reminded that for anyone entering a nursing home from hospital the discharge will include the FNC assessment and self-funders will not be delayed in their discharge from acute and community beds.

In order to mitigate the risks care homes may need to:

• Make an arrangement with the commissioners for nursing home staff to complete the CHC checklist prior to the price and contract agreement
• Ensure residents are aware of the risk to the agreed price depending on the FNC assessment that will be completed by OHFT CHC team once the resident is admitted to the care home

At the meeting on 16/9/16 there was a constructive exchange of views which we will use as the basis to propose a way forward to the individual homes.

Review of New FNC Claims

All residents that have been determined to be eligible for FNC will need to be reviewed after 3 months and every 12 months thereafter. As this process
commenced with all new claims discharged from hospital on 12/9/16 this means that the reviews will need to start on 12/12/16. The delivery of this review process and the resources to support it have not yet been identified.

Retrospective review of 20% of current claims

It has previously been agreed that a review of 20% of the current claims will need to be completed. In order to complete this following actions are planned:

The exercise is designed to evaluate the extent of the gap between entitlement to and award of Funded Nursing care amongst current recipients. An evaluation will determine

- Whether there is a case for a full retrospective exercise amongst current claimants or picking these up through reviews in line with the regulations
- The potential savings for the CCG and pooled budgets
- This process cannot be undertaken without undertaking a checklist for approximately 400 current claims.

OCCG has agreed investment to support this exercise. The plan is in development to identify the claims that will be reviewed and to recruit staff to undertake the reviews. OHFT are recruiting agency staff with the intention that the exercise will be carried out in a 6 week period starting from 1 October.

OCC and Oxford Health NHSFT have provided and shared information to help populate the target homes. These will focus on places where there are high numbers of self-funded residents and the list will be finalised at a meeting on 19 September.

JMG is asked to note that there are reputational risks relating to this exercise, especially if there is a resident who “loses” income on which s/he has become reliant. This will be reviewed by PBOG at its meeting in November 2016.

Impact of moving to a compliant process

As noted at various points above there is a considerable amount of process to be introduced in moving to a compliant process and the challenge for the CCG is to enable that without disrupting flow and creating unnecessary additional assessments.

The primary risk is to arrangements between homes and self-funders who are moving into those homes from within the community. We believe that we can introduce arrangements that provide clarity to all parties and work within existing processes.
Reviews that have taken place in other areas have identified between 5 and 10% of people receiving funded nursing care through a non-compliant process who are not found to be entitled when assessed via the checklist. These will normally be people who have moved into a nursing home before they meet thresholds for nursing care.

If that level of eligibility is established either through the retrospective exercise or through the new claim process going forward, this may mitigate the pressure created by the increase in payment rate in the region of £850k to £1.7m pa.

JMG are asked to note that the Government has signalled its intention to further review Funded Nursing Care in December 2016. This may lead to a further increase in the rate at that point.

**Conclusion**

JMG is asked to note the paper. This project will be reviewed at PBOG monthly and a further update will come to JMG once the further Government review reports.