

LEICESTER CITY CLINICAL COMMISSIONING GROUP

UPDATE ON SETTINGS OF CARE POLICY

Introduction

1. The Settings of Care Policy for the commissioning of services for people who have been assessed as eligible for Continuing Health Care (CHC) was adopted by the Leicester, Leicestershire and Rutland (LLR) CCGs at their formation in 2011.
2. The key feature of the 2011 Settings of Care Policy is a +25% threshold. This means that the CCG would be prepared to support a clinically sustainable package of care, funded by the NHS, which keeps the patient in their preferred choice of service delivery in situations where the anticipated cost of that provision is not more than 25% above the expected cost of the provision of a broadly similar service delivered in an appropriate alternative setting.
3. The 2011 policy required reviewing and updating to reflect changes in national and local policy. It was also felt appropriate that it included consideration of the threshold levels that should be applied. This work was undertaken in 2016-17 across the three CCGs in Leicester, Leicestershire and Rutland (LLR).
4. A proposed draft of a revised Settings of Care policy was considered by the LLR Governing Bodies in July 2017. The policy proposed reducing the threshold from the existing 25% to 10%.
5. At that time Leicester City CCG and West Leicestershire CCG Governing Bodies requested that further work be undertaken on understanding the potential impact on individuals in receipt of health funded packages, were the proposed policy to be applied, to help inform the decision making process.

Why do we need a Settings of Care Policy?

6. The Settings of Care Policy sets out a common and shared approach to the CCGs commitments in relation to individual choice and resource allocation. Qualification for CHC does not necessarily mean that all social and health needs would be met by the NHS.
7. Packages of care are subject to a cost-effectiveness test in the same way as all other NHS Services. When agreeing a package of care for eligible individuals the CCG has a statutory duty to consider the available resource.
8. However in coming to a decision on a package of care to be commissioned for a patient, the CCG needs 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.
9. The purpose of the Settings of Care Policy is therefore to:

- Define how and when the CCG 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 CCG.
- 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 ages, condition of disability.

Settings of Care – Impact Assessment

10. The Leicester City CCG Director of Nursing and Quality and West Leicestershire CCG Chief Nurse developed the terms of reference for the impact assessment and worked with senior colleagues to undertake the review.
11. The review considered packages of care that would cost over £50,000 a year. This is because these packages are scrutinised and approved at a High Risk and Complex Care panel, which meets every two weeks. The impact assessment review considered those cases that had been via the panel between February and July 2017.
12. For consistency, the Settings of Care comparison used for the selected patient cohort was a category 3 care home (costing £46,800 per year).
13. There were a total 45 packages of care (relating to individuals living in the City or West Leicestershire) that were reviewed by the panel during the review period.
14. Of these, 20 of the cases were requests to fund new CHC packages and 25 were amendments to existing packages. A total of 43 cases were 100% Continuing Healthcare funded, 1 was Fast Track funded, and the remaining case was funded through section 117 aftercare (eligibility applies following a hospital admission under relevant sections of the Mental Health Act 1983).

Findings of the review

15. Analysis of the cohort of patients in receipt of packages of care costing more than £50k revealed that a third were people with a learning disability, a third were frail elderly and 30% were considered young frail. These are people aged 65 and younger, the majority of whom have brain or spinal conditions. The remaining cases related to mental health packages of care.
16. The significant majority packages of care reviewed were assessed as already being delivered in the most appropriate setting.
17. This was either because there was deemed to be no other appropriate alternative setting available (notably for the young frail and those with learning disability), or because individuals' situations and needs were assessed as being 'exceptional'.

Defining exceptionality

18. There are no automatic decisions made to support particular packages of care. This is because there may be cases in which a patient has special circumstances that present an exceptional need for a particular type of care.
19. As such, each case is considered on its own merits in light of the presenting evidence. This includes patient choice and a determination as to whether care be delivered safely to them without undue risk to the individual, family members or staff tasked with providing the care. A determination is also taken as to whether the patient's GP can provide primary medical support, and whether or not there are suitable alternative arrangements.
20. The review panel agreed that a very small number of cases (4 out of the 45 reviewed), specifically from the frail elderly group, *could* have been considered for an alternative setting. However, it should be noted that this was based on the written information available at the time of review and was not based on the cost of the packages. Further assessment would therefore have been necessary before reaching a final decision.
21. In light of the above, the potential cost savings to the CCG (or wider health system) are thought to be relatively small. If the proposed 10% threshold were applied to the cases reviewed, the potential savings (extrapolated over the year) of the four cases that would have been impacted would be around £16k for the City CCG.
22. It should 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 exceptionality. In addition, these figures are based on an assumption that the person's needs could be met in a category C care home. As a result, the final savings may be lower.

Next Steps

23. A final decision has not yet been made regarding the proposed Settings of Care Policy. In order to inform this, the impact assessment findings will be:
 - Presented and discussed at the Commissioning Collaborative Board (CCB) on 30th November, in order to share and consider the findings collectively across the three CCGs;
 - The findings will be shared with the Continuing Healthcare Alliance as an interested agency and key stakeholder in order to ascertain their views; and
 - Present to Leicester City CCG's Governing Body in the new year, along with a firm recommendation, where it is hoped that we will be in a position to make an informed decision.

Conclusion

24. The review has enabled us to draw up a much more informed picture of how individuals would be affected by any changes to the current Settings of Care policy.

25. The work undertaken identifies that the majority of individuals reviewed would not have been affected by any change in threshold within the Setting in care Policy. This is because:
- For young frail patients, and those with learning disabilities, there are often no alternative appropriate care settings available.
 - Frail elderly are more often than not already in an appropriate residential care settings or are appropriately in supported living settings, for which it is acknowledged that there are very limited alternatives.
26. The findings of the work summarised above is currently being taken through the CCGs' governance arrangements. As part of this the board will be asked to decide whether any changes to the threshold within the policy are desirable or appropriate in the context of the findings of the work undertaken. It is expected that a final decision will be made in January 2018.

Chris West
Director of Nursing and Quality
17 November 2017