

Q+A on NHS Continuing Healthcare with Vikki Weller Part 2

(questions are in bold text, answers in italics)

Vikki is a Registered Nurse and began her career in the NHS working in hospitals and community rehabilitation units, moving on to managing Nursing/ Care homes. Vikki has worked for the NHS Continuing Healthcare Team for over 7 years now. The role is varied and consists of assessing people for continuing healthcare funding and being a case manager for people who have care and support packages funded by the NHS to meet their assessed level of needs.

If I am eligible for NHS CHC funding, is it means-tested and will I have to contribute towards the cost of my care?

If you are eligible for NHS Continuing Healthcare, you should not have to contribute towards the cost of meeting your assessed health and care needs.

I have carers home care workers/PAs I am happy with through my local authority. Will I be able to keep them if the NHS funds my care?

Different ICBs have different policies on care commissioning, so it is important to make sure you have a copy of your ICBs policies on commissioning, often called Equity and Choice policies. These should explain how your ICB commissions care for people who are eligible for NHS CHC.

Will I be able to source and employ my own PAs using an NHS CHC budget?

People who are eligible for NHS CHC have a right to have a personal health budget, and this can be in the form of a direct payment. You could then use the direct payment to employ people to meet your assessed health and care needs. Your ICB may have a

policy on Personal Health Budgets (PHB), so it is important to ask for a copy of this. There are rules around how you can spend the money in your PHB, and that usually means it can only be spent on meeting your assessed health and care needs,

Is there any help available with finding home care workers/PAs like the brokerages in Local Authorities.

If you are recruiting your own workers with a direct payment, this is usually something you manage yourself, as you will be the employer of the workers. There are options including a third-party budget, where the third-party acts as the employer and manage recruitment. You can also have a notional budget, whereby the ICB manage the funds and commission a CQC registered care provider to meet your assessed health and care needs.

Are there options equivalent to direct payments with NHS CHC funding and is there support available to help manage those budgets? Who manages the care package of someone who is in receipt of NHS CHC funding? Is there a social worker or equivalent who undertakes this?

Where an individual is eligible for NHS Continuing Healthcare, the ICB is responsible for care planning, commissioning services, and for case management. It is the responsibility of the ICB to plan strategically, specify outcomes and procure services, to manage demand and provider performance for all services that are required to meet the needs of all individuals who qualify for NHS Continuing Healthcare. The services commissioned must include ongoing case management for all those eligible for NHS Continuing Healthcare, including review and/or reassessment of the individual's needs. ICBs should operate a person-centred approach to all aspects of NHS Continuing Healthcare, using models that maximise personalisation and individual control and that reflect the individual's preferences, as far as possible, including when delivering NHS Continuing Healthcare through a Personal Health Budget, where this is appropriate.

Once an individual has been found eligible for NHS Continuing Healthcare, the ICB is responsible for their case management, including monitoring the care they receive and arranging regular reviews.

ICBs should ensure arrangements are in place for an ongoing case management role for all those eligible for NHS Continuing Healthcare, as well as for the NHS elements of joint packages. This could be through joint arrangements with the local authority, subject to local agreement. Best practice would be for ICBs to assign a named case manager or named point of contact for anyone in receipt of NHS Continuing Healthcare.

NHS care is free at the point of delivery. The funding provided by ICBs in NHS Continuing Healthcare packages should be sufficient to meet the needs identified in the care plan. Therefore, it is not permissible for individuals to be asked to make any payments towards meeting their assessed needs.

Individuals who are eligible for NHS Continuing Healthcare have had a right to have a Personal Health Budget since October 2014. Personal Health Budget Standing Rules require ICBs to provide people eligible for NHS Continuing Healthcare with information about Personal Health Budgets to offer them the option of taking them up, and support to do so.

Personal health budgets can be provided in three different ways, or in a combination of these ways:

(a) a notional budget held by the commissioner;

(b) a budget managed on the individual's behalf by a third party;

(c) a cash payment to the individual (a 'direct payment').

You can find all the details about Continuing healthcare in the document: National Framework for Continuing healthcare and NHS funded Nursing care (July 2022 revised) Department of Health.

We would like to thank Vikki for taking the time to answer our questions. (Part 1 was printed in our Winter 2025 Newsletter.)