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Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref
Ein cyf/Our ref MB/GT/0321/08

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10th November 2008

Equality of Opportunity Committee Inquiry on Older People

When I appeared before the Committee on 2 October I promised to provide some further information on Continuing Health Care and on Telecare. I am sorry for the delay in now sending you the enclosed briefing notes on these two matters.

Yours sincerely

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Briefing for the Equality of Opportunity Committee

Continuing NHS Health Care

Purpose

1. This paper gives an update on current actions taking place to address issues around continuing NHS healthcare.

Background

2. Continuing NHS healthcare refers to a package of health care funded solely by the NHS. It is the care which patients may need over an extended period of time as a result of disability, injury or illness to meet their physical or mental health needs. It describes the situation where, following a full multi-disciplinary assessment, a person's health needs are judged to be so significant, complex, severe or unpredictable that they need to be actively managed by the NHS. Continuing healthcare may be provided in hospital, in a care home registered to provide nursing or in a person's own home.

3. Long term care in general, and continuing healthcare in particular, is a matter which is demanding more attention and resources, from both the health and social care sectors. This demand is predicted to increase because of growth in the older population and increasing public awareness and expectations. Effective joint working, based on clear agreed, responsibilities, is essential in what is a complex area which creates opportunities for confusion and conflict.

Guidance

4. Assembly Government guidance (and a Framework for Implementation) for Continuing NHS Health Care, was issued in August 2004. Local implementation plans were produced jointly between the NHS and their Local Authority partners, incorporating the national criteria for eligibility. All local areas have agreed their local implementation plans.

5. The Ombudsman's report on Long Term Care in 2003 criticised existing guidance in England. The new guidance issued in Wales in 2004 took into account these criticisms, and the effects of the 1999 Coughlan judgment, which was intended to clarify the relative responsibilities of Local Authorities and the NHS.

6. In January 2006 the judgement in the Grogan v. Bexley NHS Trust case again addressed the issue of the borders between NHS and Local Authority responsibilities. This partly reiterated and then further developed the

Coughlan judgment. A new circular WHC (2006) 046/NAFWC 32/2006 "Further advice to the NHS and Local Authorities on Continuing NHS Health Care, was issued in October 2006". This:

- updated organisations on the implications of the High Court judgement given on 25th January 2006 in the case of *The Queen on the application of Maureen Grogan v. Bexley NHS Care Trust*,
- provided advice on the application of the 2004 guidance on continuing health care (mainly clarifying the approach to be used), and
- recommended actions to be taken in consequence of the judgement and advice (including amending local implementation plans where necessary).

7. The 2006 circular does not change the legal position, and Local Authorities continue to have the responsibility to fund the (non-nursing) elements of care only; 'where the health needs are **'incidental or ancillary'** to the need for **accommodation and care**'.

8. The Grogan judgement clarified and developed the previous case law (Coughlan) on eligibility for Continuing NHS Health Care and the decision-making process for determining eligibility. It emphasised that a person's entitlement to receive Continuing NHS Health Care is based on whether their **primary** need is a **health need** (the Primary Health Need Approach). When an individual is eligible to receive Continuing NHS Health Care, the NHS is responsible for providing or arranging those services required to meet all the assessed care needs, which can include accommodation (when it is required). In a care home setting, this means that the full cost of the care (including the accommodation) is provided by the NHS.

9. The Assembly Government consulted earlier this year on a revised Continuing NHS Health Care National Framework. This revised framework will aim to clarify legal definitions, provide a Decision Support Tool, and as far as possible cover matters which are omitted or insufficiently covered in existing circulars. The issue of this Guidance by the end of the year will be accompanied by a training programme. An Assembly Government led training group have developed a methodology for All Wales training on a multi-agency basis to be cascaded out.

Strategic Direction

10. In order to tackle the issues surrounding continuing NHS healthcare a Strategic Group chaired by the Director of Social Services for Wales, Graham Williams, aims to identify examples of good practice and robust and workable models for long term care. This includes continuing healthcare. The Group comprises representatives from both local government and the NHS and its main planned outcomes are:

- to issue a revised continuing NHS healthcare framework for services to adults and a decision making tool. This will aim to clarify definitions and

as far as possible, cover matters which are omitted or insufficiently covered in existing guidance;

- to produce a framework for medium and longer term policy for continuing healthcare including pooled budgets, better commissioning and an integrated approach across health and social care.

Funding

11. Recognising the financial pressures that both health & social services are experiencing around continuing healthcare the Assembly Government has earmarked £100 million p.a. to meet this pressure; £50 million p.a. of this has been added to LHB discretionary allocations from 2008-09 with the remainder being retained centrally to be used to tackle the issues strategically across health & social services.

12. A stakeholder finance review task and finish group, involving representatives from social services and the WLGA, has considered the future costs of continuing healthcare and how best the NHS and local government can work together to address these costs. The remit of this group also included consideration of how the £50m centrally held for 2008-9 might most effectively be used. The Minister for Health and Social Services has agreed all of the conclusions reached by the review group. These were:

- the use of this funding should be taken forward on a joint basis;
- it should be focused primarily on making a transition to the development of new service models to meet need which also help to tackle the problems with the current arrangements.

13. Also, on the advice of the group £37m of this centrally held funding will be allocated using the older people's PSS distribution formula and will be provided to the 8 health communities across Wales. All 8 health communities have agreed an approach across health & social services to use these resources to best effect with a focus on both local and regional service development. The objectives for the use of resources for 2008-09 are to lever service change by:

- making effective use of short term monies;
- modernising community services as a transition to Years 2 & 3
- delivering new service models.

14. These new resources will not be utilised for capacity issues or addressing any backlog of assessments, since these were covered by the discretionary allocation already made to LHBs. The additional resources identified for continuing NHS health care are recurring and the CHC Strategic group will be identifying how these resources may be best utilised for 09-10. The overall aim is for all partners to develop local services to meet the needs of individuals in their community, and prevent further disablement of individuals by offering a proactive approach to re-ablement, recovery, support and care.

November 2008

Welsh Assembly Government

Briefing for the Equality of Opportunity Committee – Telecare

Progress Report on Telecare in Wales as at 31 March 2008

[aggregated and summarised from Monitoring Reports received in May 2008]

1. 18 local authorities in Wales were delivering Telecare services (Note: As at October 2008 **ALL** local authorities in Wales are delivering Telecare services).
2. 17 of the 22 local authorities reported having a dedicated Telecare project manager in post.
3. 13 said that funding for such a post was secured for 2008-9
4. A Whole Time Equivalent of 46.09 staff across Wales were exclusively devoted to the delivery of Telecare services.
5. In 2007-8, 8631 people had been offered Telecare in Wales and on the night of 31 March 2008 6489 people were being supported to live at home through the delivery of Telecare services.
6. Telecare is most frequently targeted at the following groups:
 - Older people (mentioned by 19 authorities)
 - Delayed Transfers of care (19 Authorities)
 - Dementia (19)
 - Hospital Discharge (18)
 - People with learning Disabilities (18)
 - People at Risk of losing independence (17)
 - Carers (16)
 - Physically Disabled (16)
7. The most mentioned active partners in the delivery of Telecare included:
 - Social Services (mentioned 21 times)
 - Housing Departments (20 times)
 - Health Trusts (19)
 - Local Health Boards (18)
 - Care & Repair (15)
 - Supporting People (13)
8. 17 local authorities had a referral and assessment process with 5 more in development. 18 of these were based on the Unified Assessment Process.
9. 20 authorities had a staff training plan for Telecare and 18 were delivering such training.

10. Telecare Installation and Maintenance services were mostly delivered in house or by the local Care & Repair agency with the equipment supplier as the third most popular choice.
11. Only 6 of the authorities were delivering a formal response service the rest relying on informal carers and emergency services. Only one authority stated that it had no plans to deliver a formal monitoring service.
12. 15 authorities had a Telecare demonstration facility, with 5 more in development.
13. 11 authorities stated that they were developing Telecare as part of an Integrated Community Equipment Service and 11 stated they were not so doing.
14. 13 authorities were yet to establish a formal charging policy for Telecare.
15. 15 of 22 local authorities described their Telecare service as 'mainstreamed' but only 9 described their service as sustainable beyond the end of the Telecare Capital Grant in March 2009.

Funding

The allocations to each local authority within the Telecare Capital Grant are as follows:

£8.92m distributed using the elderly, residential and domiciliary care standard spending assessment (SSA) formula, 2006-07

Authority	Older Adults PSS SSA (%)	Final rounded allocation
Isle of Anglesey	2.45%	218,856
Gwynedd	4.29%	383,064
Conwy	4.84%	431,969
Denbighshire	3.86%	344,048
Flintshire	4.23%	377,181
Wrexham	4.19%	374,189
Powys	4.61%	411,532
Ceredigion	2.56%	228,223
Pembrokeshire	4.06%	362,433
Carmarthenshire	6.76%	603,216
Swansea	8.22%	733,653
Neath Port Talbot	5.26%	469,172
Bridgend	4.22%	376,090
The Vale of Glamorgan	3.66%	326,841
Rhondda Cynon Taff	7.97%	711,122
Merthyr Tydfil	1.93%	171,943
Caerphilly	5.39%	481,197
Blaenau Gwent	2.61%	232,956
Torfaen	3.06%	272,567
Monmouthshire	2.75%	244,960
Newport	4.36%	388,480
Cardiff	8.70%	776,308
Wales	100.00%	8,920,000

- 0.330 x Pensioners with a limiting long-term illness
- 0.150 x Income support recipients aged 65 and over
- 0.312 x Pensioners living alone in households
- 0.208 x Population aged 85 and over

Information Relating to Charging for Telecare Services

3. The terms and conditions of the Telecare Capital Grant (Annex A) prevent local authorities from charging for provision of capital equipment in people's homes provided through this scheme.
4. Local authorities are empowered to charge for monitoring and response services. Where these services are provided by social services, charging is subject to the Welsh Assembly Government guidance for local authorities on Fairer Charging Policies for Home Care and Other Non-Residential Social Services. (Revised March 2007)
5. This means that in common with home care there are variations between local authorities in the charges made to service users.
6. Only about one third of the local authorities in Wales are providing a formal response service as part of their Telecare service. In part these variances in charges will reflect the variances in services provided.
7. It is not inconsistent with the grant terms and conditions for local authorities to impose an all-encompassing charge for Telecare services that includes an element of depreciation with regard to the Telecare sensors and equipment; recognising that in the long term such equipment may need replacing or upgrading.
8. In some local authorities some Telecare services are provided through Supporting People funding arrangements. The Assembly has provided Guidance to Local Authorities on the Charging and Financial Assessment of Recipients of Supporting People Funding (March 2003).
9. In effect it is possible for a local authority to be providing monitoring services with 3 different levels of charges depending upon individual circumstances
 - One where the citizen is linked to a housing warden service but with no care provision (for which there will be a service charge shown as a distinct element within the rent)
 - One where the citizen is receiving a monitoring and response Telecare service due to assessed care needs (for which there will be a charge levied under the Fairer Charging Policy referred to above)
 - And one where a citizen is receiving support under Supporting People arrangements (for which there may be no charge to the citizen).

As yet local authorities have not reported any concerns from service users as to this variety in charging. It is recognized that the services are different in each case even though one call centre may be the first point of contact for each. Some authorities are working towards creating one all-encompassing service with one level of charges.

10. The variety in the 'menu' of services make comparisons between local authorities difficult but the following charges are indicative of the range:
 - Lifeline Rental & Monitoring : £1.77 to £3.50 per week (some authorities make no charge for eligible clients in assessed as in need of social services)
 - Monitoring Service only from 85p to £2.50 per week. (again some authorities make no charge)
 - Some authorities set a one-off installation charge of £25 to £35

11. The charging arrangements for these services and the level of consistency across Wales will be considered as part of the development over the next 6 months of the Assembly Measure on Charging for Non Residential Social Care Services.

Annex A

Extract from:

TELECARE CAPITAL GRANT GUIDANCE CIRCULAR NAFWC 08/2007

The capital grant can be used to purchase Telecare and Telehealth Sensors and Equipment and associated Electronic Assistive Technology devices to support the development and operation of telecare and/or telehealth service delivery. The following definitions apply:

- Telecare - the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living by use of wireless device linked via a home gateway to a Monitoring and Response Centre or direct to carers.
- Telehealth - the remote capture and exchange of physiological data between a patient at home and clinical and medical staff at hospital to assist in diagnosis and monitoring of their state of physical health. Information gathered in this manner can be presented to service users to aid self care, and/or go to primary care providers to maintain independent living and avoid multiple hospitalisations.
- Electronic Assistive Technology Devices - are electronically powered devices that will automatically and continuously support a person to live independently but may not be linked to any external Monitoring and Response Centre (although where possible this should be capable of being linked to a telecare service to alert emergency situations). Such devices are likely to include memory aids (including medication dispensers, memo minders and other talking devices), remote control systems, safety controls (such as autoswitch off valves and cookerguads) and security devices (including video door-bells, electronic locks and electronic watchdogs).

8.2 The capital cost of equipment comprises its purchase price and any costs directly attributable to bringing it into working condition for its intended use, such as installation costs.

8.3 This Grant is not to be used to fund powered equipment traditionally provided through Community Equipment Stores (such as stair-lifts, bath hoists etc.) which have established funding streams.

8.4 Authorities in receipt of the grant are welcome to discuss with the Welsh Assembly Government whether individual examples of equipment are eligible for funding from within the grant.

8.5 The terms and conditions of the grant prevent local authorities from charging for provision of capital equipment in people's homes provided through this scheme.