

Your Guide to NHS & Local Authority Funding for Live-In Care: Simplifying Access to Essential Support

Our free guide to NHS &
Council Funding of Live-in Care

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Welcome to your funding guide.

Arranging live-in care for yourself or a loved one can be a complex and emotional process, especially when it comes to understanding the available funding options. With the growing need for in-home support for elderly or disabled individuals, it's crucial to explore all avenues to ensure that care is accessible, affordable, and tailored to meet unique healthcare needs.

In the UK, there are several ways to fund live-in care, ranging from NHS Continuing Healthcare (CHC) funding to local authority support, and in some cases, direct payments that allow for more flexibility in choosing care providers. Each funding route has its own eligibility criteria, application processes, and nuances that can sometimes be difficult to navigate. This guide is designed to clarify those options, helping you make informed decisions about the best way to secure financial support for live-in care.

We will cover NHS Continuing Healthcare, a fully funded package available for those with significant health needs, as well as council-funded social care, which is means-tested and depends on your income and savings. You'll also find information on direct payments, personal health budgets, and self-funding options. Additionally, this guide includes practical steps for applying, appealing, and accessing advocacy support to ease the process.

Our goal is to provide you with a comprehensive understanding of the funding landscape for live-in care, helping you or your loved one receive the care required without the stress of financial uncertainty. With clear guidance and helpful resources, we aim to empower you with the information you need to make confident decisions at every stage of the care journey.

Funding via the NHS Continuing Healthcare

In this section, we'll guide you through the process of applying for CHC, including eligibility criteria and the steps to secure this vital funding.

NHS Continuing Healthcare (CHC) is a fully funded care package for individuals with significant, ongoing healthcare needs. This funding covers the cost of live-in care and other healthcare services, providing essential support at no cost to the individual or their family. Unlike social care, CHC is not means-tested, meaning eligibility is based on health needs rather than income or savings.

You can find further information at: www.nhs.uk/conditions/social-care-and-support-guide

Navigating **Live-In Care** Funding via the NHS

When a loved one requires ongoing support due to a health condition or disability, understanding the available funding options for live-in care can be overwhelming. From NHS Continuing Healthcare (CHC) to local council assistance, there are various ways to access financial support – helping to cover care costs and ensuring your loved one receives the care they need, without financial stress.

This brochure is designed to simplify the process, providing clear guidance on NHS and council funding for live-in care. Whether you're just beginning the journey or looking to appeal a decision, this guide will walk you through eligibility criteria, the application process, and the key differences between NHS and social care funding. We've also included links to essential resources and support services to help you every step of the way.

What is NHS Continuing Healthcare (CHC)

NHS Continuing Healthcare (CHC) is a funding package designed to cover the full cost of care for individuals with complex, ongoing healthcare needs due to a disability, illness, or accident. This care can be provided in various settings, including your home or a residential care facility. Unlike social care, which is means-tested, CHC covers care costs regardless of income or savings.

Learn more about CHC on the NHS website.

Eligibility for NHS Continuing Healthcare

Eligibility for CHC is determined based on whether your primary need for care is a health-related need rather than a social care need. This assessment considers the complexity, intensity, and unpredictability of your health conditions.

- CHC is not means-tested, meaning no financial assessment is required. Instead, eligibility is based purely on healthcare needs.
- The process: A national framework is used to assess eligibility, and it can be a thorough process involving several stages.

What Does CHC Cover?

CHC funding is comprehensive, covering a range of care services to meet both your healthcare and personal care needs. It may include:

- Nursing care: In-home or residential care provided by registered nurses.
- Therapies: Such as physiotherapy or speech therapy.
- Personal care: Assistance with daily living activities, such as bathing, dressing, and eating.
- Medical supplies and equipment: Including specialist beds, wheelchairs, and incontinence supplies.
- Residential care home fees: CHC can cover all or part of the fees for a care home or nursing home.

Read about CHC coverage in detail on the NHS website.

The Application Process:

Six Stages

Stage One: Initial Assessment

The first step involves a healthcare professional using a checklist to assess whether you're potentially eligible for a full assessment. If you pass this stage, you'll move to the next step.

The NHS Continuing Healthcare (CHC) checklist tool is used to determine whether an individual may be eligible for a full CHC assessment. It helps identify people who have significant healthcare needs that might qualify them for CHC funding. The tool includes a series of questions based on key indicators of health needs, known as "domains." Each domain assesses different aspects of a person's health and care requirements.

The checklist will take into account many factors included (not limited to):

- Disabilities
- Ability to take adequate food and drink by mouth to meet all nutritional requirements.
- Continence
- Skin and tissue viability
- Mobility
- Communication
- Psychological and emotional needs
- Cognition
- Behaviour
- Drug therapies

Stage Two: Full Assessment and Decision Support Tool (DST)

If the checklist shows potential eligibility, a more detailed assessment is conducted using the Decision Support Tool (DST). This assessment is usually completed by a multidisciplinary team.

The form that they will use to determine if you are entitled to CHC Funding is called the Continuing Healthcare Decision Support Tool.

The tool requires the assessors to go through a range of sections that have the same headings as the Initial Assessment. Unlike the Initial Assessment they are not marked on a scale ranging from A to C. Instead they measure the level of need on the following scale:

1. Priority
2. Severe
3. High
4. Moderate
5. Low
6. No Needs

The team will allocate one of the above weightings for each of the domains that were also assessed in the Initial Assessment for CHC Care.

The Application Process: Six Stages

Stage Three: Receiving the Decision

After the full assessment, the Integrated Care Board (ICB) (formerly Clinical Commissioning Group) will inform you of their decision on your eligibility for CHC funding.

Stage Four (if required): Appealing a Decision

If you believe the decision is wrong, you have the right to appeal the outcome. It is advised to submit your appeal in writing to your ICB.

Stage Five: Care Planning

If approved for CHC, the ICB will work with you to develop a comprehensive care plan. This could include a Personal Health Budget (PHB), allowing you to manage and direct your **own care through a Live-In Care Provider such as Clara Healthcare.**

Stage Six: Ongoing Reviews

CHC funding is subject to regular reviews to ensure that your care continues to meet your health needs. The review process typically occurs annually, but it can happen more frequently if required.

Fast-Track Applications for Urgent Needs

In urgent situations, fast-track CHC allows for immediate funding approval. The fast-track pathway tool must only be used when the individual has a rapidly deteriorating condition and may be entering a terminal phase. The fast-track pathway tool replaces the need for the checklist and the DST to be completed. However, a fast-track pathway tool can also be completed after the checklist if it becomes apparent at that point that the fast-track criteria are met.

The fast-track pathway can be used in any setting. This includes where such support is required for individuals who are already in their own home or are in a care home and wish to remain there. It could also be used in other settings, such as hospices.

If an individual meets the criteria for the use of the fast-track pathway tool then the tool should be completed, even if an individual is already receiving a care package (other than one already fully funded by the NHS) that could still meet their needs.

Learn more about Fast Track applications via the link below:

<https://www.gov.uk/government/publications/nhs-continuing-healthcare-fast-track-pathway-tool>

Funding via the Local Authorities

In this section, we'll guide you through the process of applying for local authority funding, explain the means test, and outline the steps to secure the financial support needed for live-in care.

Local authorities (councils) provide means-tested financial support for those who need live-in care but do not qualify for NHS Continuing Healthcare. This funding is based on an individual's income, savings, and level of care needs, determined through a care needs assessment. If eligible, you may receive full or partial funding, or direct payments to arrange your own care.

Navigating **Live-In Care** Funding via Local Authorities (Councils)

In addition to CHC, live-in care funding may also be available through your local authority (council), particularly if your needs fall under social care rather than healthcare. We understand that the cost of live-in care is often a major factor when choosing the option that's best for you. However, cost shouldn't stop you from getting the right support. Fortunately, funding may be available to help you cover the costs of live-in care.

Qualifying for funding from your local authority

You may qualify for some level of live-in care funding from your local authority. State assistance for care is means-tested through a financial assessment by your local authority, taking into account the value of your property, savings and other assets (your capital).

If your assets are less than the lower limit of £14,250 in England, then 100% of your care should be funded. However, you may be expected to make a contribution if you receive certain benefits or have any income.

If your assets are more than the upper limit of £23,250 in England, then you will normally be expected to pay for your own care in full.

To see if you are eligible, visit <https://www.gov.uk/apply-needs-assessment-social-services>

Receiving your funding

You have three options for receiving your funds:

Managed by the council: Care is funded and arranged by social services with Clara Healthcare.

A personal budget: Care is arranged with Clara Healthcare by you and funded using a personal budget social services pays you.

A mixed package: The council arranges some of your care with Clara Healthcare and you pay for the rest with a personal budget.

What is a personal budget?

A personal budget is the sum of money your local council agrees to pay towards any social care and support you need, such as Clara Healthcare's visiting and live-in care services.

Want to learn more about local authority funding of live-in care?

Visit: www.nhs.uk/conditions/social-care-and-support-guide

Clara

Want to know more about our
Live-in Care Services?

Call us on 07809 550920
