

Joint Funding Policy

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Draft V 1.0	August 2024	Initial draft of the policy
Draft V 2.0	September 2024	Initial comments from Telford & Wrekin Local Authority
Draft V3.0	October 2024	Review of the comments by the Senior Individual Commissioning Team; updates made to the scope of the policy, joint funding limits
Draft V4.0	November 2024 – February 2025	Updated appendices with the Joint Funding Consideration Form, Calculation Process and flowcharts V4.2 – version of the policy with comments

		V4.3 – version of the policy without comments V4.4 – working draft and ongoing joint review between STW ICB and both Local Authorities
Version 5.0 Draft	March 2025	Latest version following a joint review by the STW ICB and Shropshire and Telford & Wrekin Local Authorities undertaken throughout February and March 2025.
Version 6.0 Final Draft	July 2025	Final draft version following a joint review by the STW ICB and Shropshire and Telford & Wrekin Local Authorities.
Version 6.1 Final approved	30/09/2025	Final approved document following slight amendment to counter-fraud contact details.

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin website:

www.shropshiretelfordandwrekin.nhs.uk

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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1 Introduction

The [National Framework for Continuing Healthcare and NHS-funded Nursing Care 2022](#) (revised 2022) provides that where an individual has been assessed to have a 'primary health need' they are eligible for NHS Continuing Healthcare (CHC).

CHC is a package of ongoing care that is arranged and funded solely by the NHS to meet the individual's assessed health and associated social care needs, including accommodation if that is part of the overall need.

Whilst a Local Authority (LA) may assist in meeting some health needs, in so far as that is consistent with the Care Act 2014 eligibility criteria, section 22 of the Care Act 2014 puts a limitation on the extent to which the LA can do so:

A local authority may not meet needs under sections 18 to 20 by providing or arranging for the provision of a service or facility that is required to be provided under the National Health Service Act 2006 unless –

(a) doing so would be merely incidental or ancillary to doing something else to meet needs under those sections, and

(b) the service or facility in question would be of a nature that the local authority could be expected to provide.

In practice this means that if the LA is providing a care package, based on their assessed support plan, that meets social care needs, they can, as an aside, support in meeting health needs where meeting the health need is only 'incidental or ancillary' to the care package that meets the social care needs.

There will be some individuals who, although they are not entitled to NHS CHC (because taken as a whole their needs are not beyond the powers of a LA to meet) nonetheless have some specific health needs that are beyond the powers of a LA to meet.

2 Purpose

This policy relates to adults who are not eligible for NHS Continuing Healthcare but have identified and agreed specific health needs that are beyond the powers of the Local Authority to meet on its own. It does not relate to children.

This policy has been jointly developed and is agreed between NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB), Shropshire Council and Telford and Wrekin Council. The effective collaboration and joint working of system colleagues to reach a joint position and policy is acknowledged.

Amendments to this policy require mutual agreement between all parties involved. Where STW ICB is working with a Local Authority other than the above, this remains the policy that is expected to be applied.

The Health and Social Care Act 2012 sets out specific obligations for the health system and its relationship with care and support services. It gives a duty to the NHS to make it easier for health and social care services to work together to improve outcomes for people. Section 3 of [the Care Act 2014](#) places a corresponding duty on Local Authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services, such as housing.

3 Responsibilities

This policy applies to all ICB employees and, in addition, establishes specific responsibilities for designated roles:

3.1 The Chief Executive

The Chief Executive has responsibility and overall accountability for all aspects of NHS Continuing Healthcare, an individual's safety within NHS Shropshire, Telford and Wrekin and to ensure appropriate care is, where indicated and assessed as the responsibility for NHS Shropshire, Telford and Wrekin to meet, commissioned and delivered.

3.2 Executive Directors, Directors and Deputy Directors

Executive Directors have delegated accountability for all aspects of an individual's safety within the NHS Shropshire, Telford and Wrekin and to ensure appropriate care is delivered. The Executive Directors are responsible for the implementation of all relevant policies and arrangements within their areas of control and to lead their managers and staff in proactive and effective risk management.

3.3 Specialist Staff

Chief Nursing Officer

The Chief Nursing Officer holds executive responsibility for CHC and all individual commissioning activity and has a consultative and advisory role in clinical and operational aspects within the team. The Chief Nursing Officer ensures that the ICB has met its responsibilities as set out in the National Health Service Regulations 2012.

Head of All Age Continuing Care and Individual Commissioning

The Head of All Age Continuing Care and Individual Commissioning holds Senior Responsible Officer responsibility for ensuring that NHS Shropshire, Telford and Wrekin is compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

3.4 Line Managers

Service Manager, Team Managers and Team Leaders

Managers and team Leaders are responsible for ensuring all decisions are compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

3.5 All Staff

All staff are responsible for ensuring that they work in accordance with all frameworks, policies and standard operating procedures and have a duty to ensure that their training and knowledge remains up to date. They have a duty to ensure their recommendations and decisions are compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

3.6 The Board

The ICB has a statutory responsibility to ensure that it operates within its financial framework and obligations for equality under the Public Sector Equality Duty. In addition, it has a duty to ensure that it assesses those requiring assessment for NHS Continuing Healthcare and commissions care to meet the needs of those assessed as having a Primary Health Need. This policy, and adherence to the principles thereof, will ensure the ICB meets all of those duties.

3.7 Committees and Groups

Strategic Commissioning and Productivity Committee

The Strategic Commissioning and Productivity Committee has overall delegated responsibility for the approval of the policies and procedures to support the arrangements for discharging the statutory and delegated duties associated with its clinical and non clinical commissioning functions. In addition, the Committee is also responsible for arranging for the provision of health services in line with allocated resources across the ICS by working with local authority and voluntary, community and social enterprises sector (VCSE) partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care and agreeing personal health budgets and direct payments for care.

System Quality Group

The System Quality Group will be responsible for overseeing the quality of application of this policy and will receive quarterly overview reports detailing any quality concerns and exception reports.

4 Legislation

4.1 The remit of Adult Social Care and Care Act 2014 Eligibility Criteria

[The Care Act 2014](#) introduced National Eligibility Criteria for care and support to determine when an individual or their carer has eligible needs. These criteria set out that an individual has eligible needs under the Care Act 2014 where these needs arise from (or relate to) a physical or mental impairment or illness which results in them being unable to achieve two or more of the following outcomes which is, or is likely to have, a significant impact on their wellbeing:

- managing and maintaining nutrition
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed
- being able to make use of the home safely
- maintaining a habitable home environment
- developing and maintaining family or other personal relationships
- accessing and engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community, including public transport and recreational facilities or services
- carrying out any caring responsibilities the adult has for a child.

If the individual has health needs that are not incidental or ancillary, it is the responsibility of the NHS to determine how these needs should be met or not met.

4.2 Joint Funding

If, following an assessment for NHS Continuing Healthcare (CHC), a person is not eligible for NHS CHC, the ICB and Local Authority (LA) may still have a shared responsibility to contribute to that person's health and care needs – either via system wide commissioned services, by directly commissioning services or by part-funding the package of support. Further information can be found in the [NHS CHC Framework](#) paragraphs: 270 – 293, Practice Guidance 51, and the Care and Support Statutory Guidance paragraph 6.82.

Where a package of support is commissioned or funded by both, LA and an ICB, this is known as a joint package of care. A joint package of care could include NHS Funded Nursing Care (FNC) and other NHS services that are beyond the powers of a Local Authority to meet. The joint package could also involve the ICB and the LA both contributing to the cost of the care package, or the ICB commissioning part of the package.

These health needs may be met through existing NHS-commissioned services such as primary healthcare or other community health services. However, the ICB may also commission specific care packages.

Joint care packages can be provided in any setting such as in a nursing or care home or in a person's own home and could be by way of shared budget. The ICB and the LA can each contribute to the package by any of the following:

- a) delivering direct services to the individual,
- b) commissioning care/services to support the care package,
- c) transferring funding between their respective organisations,
- d) contributing to a shared budget.

4.3 Interface with other NHS-funded care

This policy does not apply to provisions provided under section 117 of the Mental Health Act 1983 and entitled needs. In these circumstances the individual's care may be jointly funded in line with local S117 Policy.

This policy should be considered alongside local policy for those identified as eligible for NHS Funded Nursing Care (FNC), as in exceptional circumstances the ICB may provide funding towards an element of the person's care in addition to FNC, if the needs arise.

4.4 Shared Aims

Joint funding decisions will:

- Be evidence-based and compliant with current eligibility criteria
- Be informed by good multi-disciplinary/agency assessments
- Be outcome-focussed and needs based
- Facilitate choice
- Be responsive to need
- Be transparent, jointly arrived at and agreed.

4.5 Delegated Health Tasks and trained paid carers to deliver health needs

Health tasks will be delegated by NHS provider Trusts, Doctors, prescribing professionals or NHS services. Standard 11 of the Nursing & Midwifery Code of Conduct requires a nurse to retain responsibility for delegated tasks and duties. This means that if a nurse delegates a health care task to a paid support worker (by training them) they must ensure the worker is *'adequately supervised and supported'* and *'confirm the outcome of any task (they) have delegated to someone else meets the required standard.'*

If there are 'incidental and ancillary' tasks relating to a health need that would pose a health risk if unmet, (at a time where social care providers are not required to be in attendance) then health professionals might respond directly or delegate the task (e.g. contract a domiciliary care provider) in order to meet their duty of care. Any training commissioned by the NHS would be regarded as delegated health tasks of the clinician/service and would not impact the overall funding agreement. If there is any NHS funding, i.e. joint funding, the

delegated health task must be quality assured by the STW ICB's Individual Commissioning Team.

5 Practice Guidance

5.1 NHS CHC decision prior to joint funding decision

In line with legislation and the National Framework, eligibility for NHS CHC must always be considered prior to any consideration of eligibility for joint funding packages of care.

Where the completion of a CHC Checklist is not necessary (as per the [NHS CHC Framework](#), paragraph 121) or a completed CHC Checklist is 'negative', i.e. indicates that the individual does not require a full assessment of eligibility for NHS CHC, it is anticipated that most health needs will be met by the existing community NHS services and the ICB's Clinician will approach relevant service providers.

If it appears to the Local Authority (LA) that there is health need that cannot be met by existing community NHS services, this should in the first instance be discussed between the allocated Social Care Worker and the LA Team Managers responsible for CHC. If necessary, the matter will be discussed with the Individual Commissioning Team at NHS STW ICB for support to identify a relevant community NHS service, or in exceptional circumstances for a necessary service to be commissioned within 28 working days, with expected collaborative working between partners and expected additional evidence submission within the agreed timeframe.

Where the Checklist is 'positive', i.e. indicates that the individual does require a full assessment of eligibility for NHS CHC, a full CHC assessment will take place following usual process.

The Multi-Disciplinary Team (MDT) should only consider whether the individual has specific needs that are beyond the powers of the Local Authority to meet after the MDT has completed a recommendation on whether the individual has a primary health need.

Following the CHC eligibility recommendation being agreed by the MDT, if the individual is found not eligible, the MDT should consider whether the individual has specific health needs that cannot be met through existing NHS-commissioned services. If this is the case, the MDT should complete the Joint Funding Consideration Form (**Appendix 2**) directly after the MDT. The completed form should be submitted to NHS STW within 14 days of the not eligible for CHC recommendation.

Where commissioned NHS services should provide a service, this should always be as the first line of delivery before considering a care package to provide a service.

Following the receipt of the completed Joint Funding Consideration Form (**Appendix 2**), the ICB will consider each request on a case-by-case basis as per the individual's needs and the care/support that they require and must always be in accordance with the Principles of the Joint Funding Process (**Appendix 3**).

The Joint Funding Consideration Form (**Appendix 2**) will be reviewed/considered by an NHS STW employee who has been designated to ratify the MDT recommendation on behalf of the ICB. If the ratifying officer agrees the joint funding proposal, they should complete the Individual Commissioning (IC) Team's IC approval form in accordance with the STW ICB's Budget Approval Policy. Should the ratifying officer disagree or require further evidence to justify the recommendation and do not ratify the joint funding recommendation, they should arrange a meeting to discuss the reasons for not agreeing the MDT recommendation with a designated officer of the Local Authority to agree a way forward.

Where the joint funding proposal requires a new package of care, the Social Care Worker will ensure that the appropriate commissioning process will be followed and confirm the care package will be provided with a start date and cost. Should the cost that was approved on the IC Approval Form change, a new IC Approval Form will need to be completed.

5.2 Joint funding limit

A primary health need occurs where the main aspects or majority part of the required care is focussed on addressing and/or preventing health needs.

The joint funding would not usually be considered where the health needs amounted to more than half of the cost of the total package of care as this may be considered a primary health need. Unless it can clearly be articulated that the primary health need of the individual is a social care need, but the individual provision of joint funding is for personalised intervention.

The joint funding should be specifically identified and costed, where specific needs have been identified through the DST that are beyond the powers of the LA. The package should aim to maximise effective care and support for the individual. The ICB and LA can each contribute to the package by anyone, or more, of the following:

- a) delivering direct services to the individual,
- b) commissioning care/services to support the care package,
- c) transferring funding between their respective organisations,
- d) contributing to an integrated personal budget.

5.3 Joint funding decision making and start date

Once the Joint Funding Consideration Form (**Appendix 2**) has been completed, it will be submitted for consideration and either further discussion or approval. The form will be uploaded to the LA and ICB electronic records system. In terms of timescales, the sign off process should be completed within 10 working days from the receipt of the form.

The start date will be agreed jointly by the ICB and LA. Usually, the start date will be from day 29 after the Checklist has been received, or from the date that the joint funding arrangement is agreed by the ICB and LA, whichever is soonest. The ICB will provide an outcome letter to the individual to inform them of the agreed joint funding arrangement.

6 Commissioning

There will be an emphasis on person-centred care planning, commissioning and procurement arrangements that maximise personalisation and individual control and reflect the individual's preferences as far as possible. Unnecessary changes of provider or care package should be avoided.

6.1 Single provider

When the joint package of care will be provided by a single care provider, invoicing arrangements will usually be the responsibility of the lead commissioner.

For existing arrangements where there is a recharge from LA to ICB, any annual uplift in costs will need to be agreed between the ICB and the LA before confirmation with the care provider. As part of the general uplift process, the STW ICB and the relevant LA will agree on the uplift to be applied to all cases.

6.2 Multiple providers

Where the health element and social care element of the joint package of care will be provided by separate providers, the LA and the ICB will directly contract with the relevant provider for their respective element of the package, unless it is not in the best holistic interest of the patient.

7 Dispute resolution and individual complaints

Any disputes between the ICB and the LA about joint funding will be resolved in accordance with the jointly agreed escalation process within the Dispute Resolution Policy.

If an individual or their representative does not agree with the proposed joint funding arrangement, they should be referred to the [Complaints and Compliments Policy and Procedure](#) for the STW ICB and/or the Local Authority. This would not be addressed through CHC appeal which considers the eligibility for NHS CHC decision and the procedures related to CHC eligibility.

8 Management and Review

The management of the social care element of the care package will be undertaken by the relevant Local Authority (LA) Team. The management of the NHS element of the care package will be undertaken by STW ICB's Individual Commissioning Team's CHC service.

An initial review should jointly be undertaken 3 months after the joint funding has been put in place to ensure that the package is adequately meeting need, there after reviews should be undertaken annually (unless it is apparent that needs have changed, and a review of need and/or the level of support provided is required sooner). Formal reviews will be instigated and arranged by the Local Authority, as the lead commissioner, with input from the Individual Commissioning CHC Team and other professionals, as required, to inform the assessment and subsequent decision. It is best practice for any

review to be jointly coordinated and to involve the ICB, other professionals and LA input to maximise effective care and support for the individual.

Should it be identified that needs have significantly increased then a new Checklist will be undertaken.

Should it be identified that needs have significantly reduced, such that reductions to either or both the ICB or LA element may be required, reassessment and recommissioning will take place jointly. This is to ensure that neither the ICB nor the LA unilaterally withdraws from funding of an existing package until there has been appropriate reassessment and agreement between the ICB and LA on future funding responsibilities and alternative funding arrangements have been put into effect.

Any disputes regarding changes to joint funding arrangements should be resolved in accordance with the jointly agreed escalation process within the Dispute Resolution Policy.

9 Related Documents

The following documents contain information that relates to this policy:

- [National Framework for Continuing Healthcare and NHS-funded Nursing Care 2022](#) (revised 2022)
- [Care Act 2014](#)
- Shopshire, Telford and Wrekin Individual Commissioning Board (ICB) [Complaints and Compliments Policy and Procedure](#)
- Shopshire, Telford and Wrekin Individual Commissioning Board (ICB) Dispute Resolution Policy
- Shopshire, Telford and Wrekin Individual Commissioning Board (ICB) Section 117 Policy

10 Dissemination

This policy will be disseminated by the following methods:

- Directors – to disseminate within their areas
- Published to the Website/ Shopshire, Telford and Wrekin Individual Commissioning Board (ICB) Staff Intranet
- Shopshire, Telford and Wrekin Individual Commissioning Board (ICB) Individual Commissioning (IC) Team meetings
- Shopshire, Telford and Wrekin Health and Social Care Joint Working Group

11 Advice and Training

All employees directly involved in application of this policy will be trained in its use and application. Standard Operating Procedures are in place to ensure a defined process and equitable application of this policy.

Advice in relation to the terms and application of this policy can be sought from:

Brett Toro-Pearce

Senior Responsible Officer for All Age
Continuing Care and Individual
Commissioning

Tel: 01952 580349

Email:

stw.icbindividualcommissioning@nhs.net

Colin Evans

Service Manager - All Age Continuing
Care and Individual Commissioning

Tel: 01952 580349

Email:

stw.icbindividualcommissioning@nhs.net

12 Review and Compliance Monitoring

Monitoring and policy review will take place in accordance with the agreed Policy and Process review procedure within Shropshire, Telford and Wrekin Integrated Care Board(ICB). This policy will be reviewed bi-annually or in light of any legal, framework, policy, process of other changes which impact on the validity or application of the policy, whichever occurs first.

13 Fraud, Bribery and Corruption

Unfortunately, fraud, bribery and corruption, as well as theft, does occur throughout the NHS, and as such all NHS employees have a duty to ensure that public funds are protected. The ICB is committed to reducing the level of fraud, bribery and corruption (economic crime) within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care.

If an employee, manager or volunteer suspects that there has been a potential act of fraud, bribery or corruption against the ICB or the wider NHS, or has seen any suspicious acts or events, they must report the matter to the ICB's Counter Fraud Team (contact details can be found on the ICB's public website) or report the matter to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Alternatively reports can be made through the online reporting tool at <https://cfa.nhs.uk/reportfraud>.

Further advice on counter fraud issues is available from the Chief Finance Officer, Director of Finance/Fraud Champion and the ICB's Counter Fraud Team.

ICB Counter Fraud Contact details:

Paul Westwood (ICB nominated Local Counter Fraud Specialist)

Tel: 07545 502400

Email: paul.westwood@cwaudit.org.uk

Email: pwestwood@nhs.net (secure).

This policy should be read in conjunction with the ICBs policies covering counter fraud, bribery and corruption which can be found on the ICB website (<https://www.shropshiretelfordandwrekin.nhs.uk>) or you can contact a member of the Team who will be able to supply a copy.

14 Equality

NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce. NHS Shropshire, Telford and Wrekin has a duty under the Public Sector Equality Duty as defined in the Equality Act 2010 and obligations under the Human Rights Act and Article 8 of the European Convention on Human Rights. These duties and obligations have been taken into account within this policy.

Throughout the development of the policies and processes cited in this document, we have:

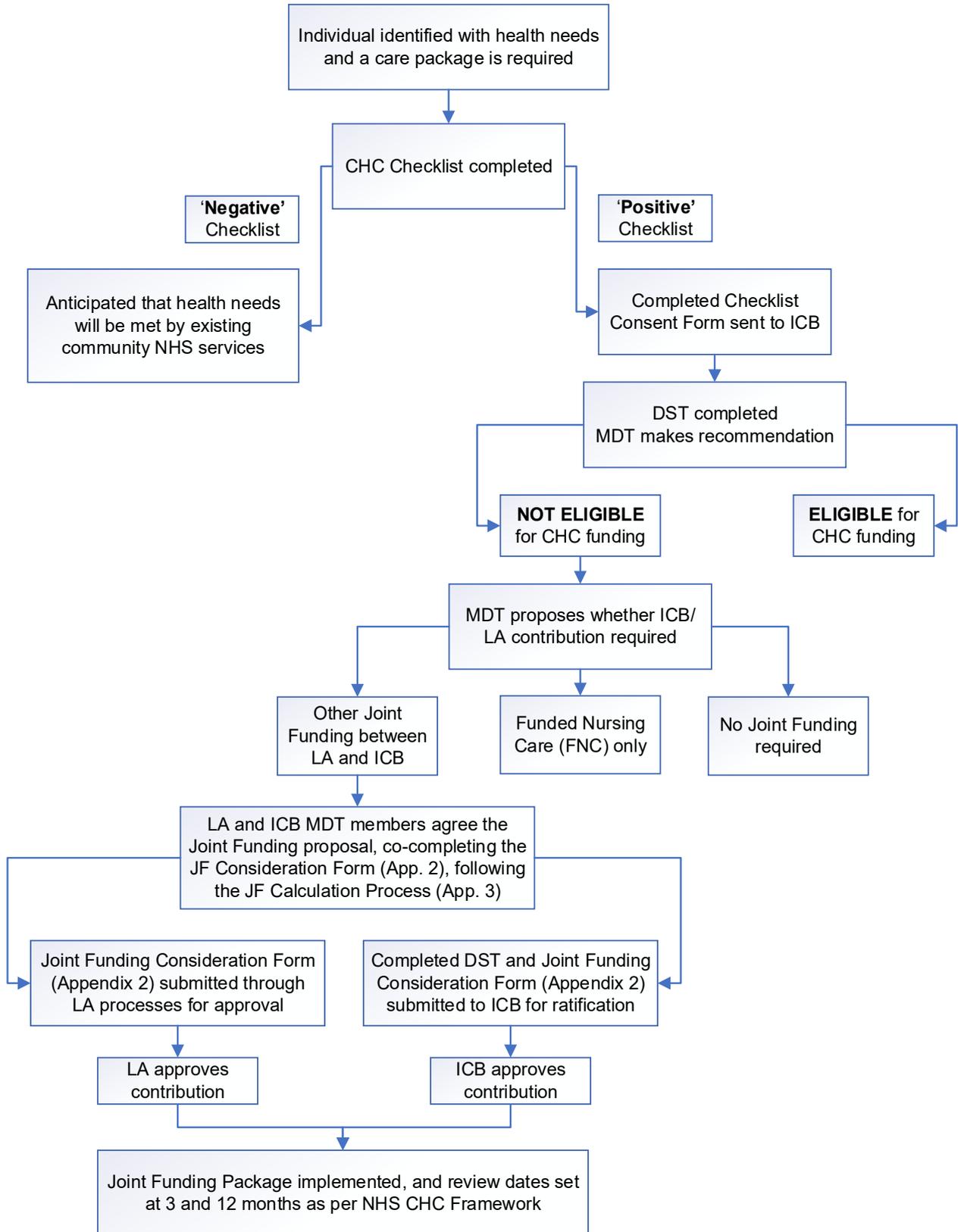
- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who have shared a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing those services are provided in an integrated way where this might reduce health inequalities.

Members of staff, volunteers or members of the public may request assistance with this policy if they require assistance or have additional communication needs.

15 Glossary

Term / Abbreviation	Explanation / Definition
CHC	NHC Continuing Healthcare
Dispute	This policy only applies to disagreements over eligibility for NHS Continuing Healthcare and not any other disagreement or the dispute that Local Authorities (Shropshire Council and Telford and Wrekin Council) may have with the NHS STW.
National Framework	National framework for NHS Continuing Healthcare and NHS Funded nursing Care 2022 (revised)
NHS STW	NHS Shropshire, Telford and Wrekin Integrated Care Board

Appendix 1 – CHC and Joint Funding Process Flowchart



Appendix 2 – Joint Funding Consideration Form

Shropshire, Telford and Wrekin Integrated Commissioning Board (ICB)

Joint Funding Consideration Request Form

Completion Guide: This form should be completed after the Decision Supporting Tool (DST) and once a recommendation of not eligible for NHS Continuing Healthcare (CHC) has been agreed by the Multi-Disciplinary Team (MDT).

If the Local Authority wishes to ask the ICB to consider a joint funding arrangement, all appropriate evidence that the person’s needs are over and above social care responsibilities should be documented.

Please note that any temporary funding prior to the completion of the DST would cease at the point of DST completion. Also note the dispute process following a DST only considers CHC eligibility and not joint funding and this would continue to follow this process.

Please submit the completed form to stw.icbindividualcommissioning@nhs.net within 10 working days of the DST being completed. The decision can be backdated to the date of the DST.

This form will be considered by a Team Manager or member of staff who has been designated as being the ratifying officer on behalf of the ICB within the Individual Commissioning (IC) Team. Please note that the decision is not the responsibility of the CHC Co-ordinator.

SECTION A: Patient Demographics			
Name		DoB	
NHS number		Age	
P/BC number		Local Authority	
Address			
SECTION B: Joint Funding Request Referral details			
Referral date			
Referral source (LA/ICB)			
Name of referrer(s) (SW & ICB Assessor/Case Manager)			
Contact details (email)			
SECTION C: Joint Funding Request			

Date of Checklist		Date of DST	
Summary of those needs that are beyond social care responsibilities and considered health:			
Proposed Care Package, including funding split between LA and ICB (including details of any existing care package and care provider)			
SECTION D: Joint Funding Request Decision			
Social Care Representative <i>(Name & signature)</i>	Contact details <i>(email address)</i>	Date	
Reviewing Manager <i>(Name & signature)</i>	Contact details <i>(email address)</i>	Date	
Review response			
Additional information request (YES / NO)	Date of request		
Review response	Date of review		
Decision outcome	APPROVED	DECLINED	
Decision Maker <i>(Name & signature)</i>			Decision Date
Cost Approval Form completed			
Proposed start date for Joint Funding	Proposed review date		
Comments/service gap identified			

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Appendix 3 – Principles of the Joint Funding Process

Each joint funding request will be considered on a case by case basis, taking into account the following principles:

1. Where the intervention is purely of a social care nature, no joint funding will be agreed and the rationale for this should be completed on the Joint Funding Consideration Form (**Appendix 2**) and communicated to the allocated Local Authority representative.
2. Where a request is a shared responsibility of health and social care, the guidance is that the ICB should meet the unmet health need either via contribute to the cost of the requested joint funding (which will be agreed between both parties), via system wide commissioned services, or via direct commissioning either via a provider of a Personal Health budget / Direct Payment.
3. Where the requested intervention is clearly of a healthcare nature, the STW ICB ICT Manager can agree to fund up to all of the cost of the requested joint funding (*please note it does not relate to the total cost of the care package, and is based on the cost of meeting the need*).
4. Joint funding arrangements are a joint responsibility of both health and social care services to review initially at 3 months and annually thereafter.
5. Eligibility for joint funding at one time does not guarantee the ongoing provision of such funding. However, in the following circumstances the joint funding may cease/change:
 - a. should the needs change and/or;
 - b. the need that is being met by the joint funding ceases;
 - c. or if the NHS statutory services begin to provide the care (e.g.: If District Nursing services start to provide the care then joint funding would cease even though the needs exist but because statutory NHS services are now providing the care).
6. Joint funding needs to relate to a distinct, identifiable, and separately costed health care intervention that is being provided by a package of care, and not as a overall percentage of a care package.

Example: *If an individual has a social care need for 3 care calls a day, and administration of eye drops is undertaken as an incidental or ancillary task then no joint funding would be agreed. However, if following a medical review eye drops were needed 4 times a day, and this care call did not provide any assessed social care need then the NHS would fund the fourth care call in its entirety or make alternative provision for the eye drops to be administered on the 4th occasion. This would make the total care package a Joint Package of care. This would not impact on the LA budget should the NHS at a later date change the healthcare interventions by either increasing or reducing a specific care call.*

7. As detailed above in point 6, LA commissioned packages of care must be brokered and commissioned (including Direct payments) in such a way that the NHS funded elements of care are individually identified and costed. This is to enable the NHS to clinically oversee, review and have governance of the health element of care. If the ICB decides to change the Healthcare element of the package this should not impact on the LA funded element of care.
8. When care homes and placements quote for care they will often indicate the cost of care at a specific price, and give examples of the type of care being charged for, i.e. assisting with personal care, assisting with feeding etc.

If at a later time 1:1 care is requested the general care provided to the individual in the care home should be provided by the dedicated 1:1 staff as they are dedicated solely to the care of the individual.

Therefore, going forward where the Commissioner agrees to fund additional care or a proportion of care such as 1:1 the Commissioner will offset the cost of general care provided by care staff in the home against the cost of the requested 1:1.

Example: *The cost of a placement is quoted at £1200 per week and the care costs (excluding equipment, nursing, on costs and accommodation) are indicated to be £400 , where a request for 24 hour 1:1 is requested at £20 per hour being a total weekly cost of £3360 for the care element, if the Commissioner approves the need for the additional care, the Commissioner will authorise the additional care at a rate of £2960 per week and offsetting the £400 of care costs already funded. Therefore, funding the totality of care without double funding.*

Appendix 4 – Joint Funding Process Map (Initial Request)

