

Continuing Care (*ref 56*)

1. Continuing Care is a general term which describes care provided over an extended period of time to people aged 18 and over to meet physical and mental health needs arising from disability, accident or illness. It is available in a range of settings and may involve services from the NHS and from Social Services.

2. Where people with learning disabilities have complex needs, the boundaries between health and social care may not always be clear.

Any decision about who has overall responsibility for your care can have a large impact on your finances and opportunity for choice. Services provided by the NHS are free, whereas those provided by Social Services are means-tested. However, Social Services payments can offer the options of direct payments, personalised budgets and access to the Independent Living Fund.

3. NHS continuing healthcare is a package arranged and funded by the NHS. You can receive this in your own home or in a care home. The Primary care Trust (PCT) in whose area your GP is located is responsible for deciding your eligibility and making necessary arrangements. There is currently no system allowing you to be given a payment instead of a service, although this is being considered by the government.

4. There has been a wide variation across the country in the way PCTs have decided who is eligible for continuing care. There is now a National Framework which gives PCTs guidance in these sort of decisions. You are eligible if a multi-disciplinary assessment of your needs indicate your primary need is a health need. The Guidance sets out ways that this can be established. This can be found on the [Department of Health website](#).

5. The individual concerned, their families and carers should be central to any assessment and care-planning involved. If capacity to consent to assessment is a problem, staff must act in your best interests.

6. Eligibility for continuing care is based on needs levels around various functions, eg behaviour, mobility, drug therapies, nutrition etc, with some functions being given higher points than others. Guidance around this defines situations when people have a 'primary health need' and so are eligible for NHS continuing care. Eligibility is re-assessed annually.

7. If you are not eligible for full NHS continuing care you can still get help through a joint health and social care package. The PCT and Social Services have to agree who pays for which part of the package. The big advantage of having a social care part of your package is that you can ask for a direct payment or an individual budget. In some situations this also gives you access to the Independent Living Fund.

8. If you disagree with the PCT's decision, you can go through the PCT's local resolution process. If this does not end the dispute, there is an independent review system, operated by the Strategic Health Authority, which can look at some aspects of continuing care complaints.

9. Want to know more? This *Quick Brief* has used some of the useful information on Age Concern's website. [Age Concern factsheet](#).

If you require further information or have other queries contact Housing Options.

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