

Assessment and funding of care after brain injury



This publication is part of Headway's *Practical issues* series. To browse through our publications on a range of issues relating to brain injury and download these free-of-charge, visit www.headway.org.uk/information-library.

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Introduction

After being treated for a brain injury in hospital, many people may continue to need ongoing support and care. This will be provided by either health or social care services (or both), depending on the support requirements.

This publication offers guidance on how health and social care services are commissioned, including how a person's health and social care needs are assessed and funded after brain injury.

Discharge from hospital

Before being discharged from hospital, a brain injury survivor should have their outstanding **health and social care needs assessed** by their medical team. This is a vital step, as they might need ongoing rehabilitation (such as physiotherapy or speech and language therapy), or adaptive equipment and support to be provided if they are returning home.

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Once health and social care needs have been identified, these should be outlined in a **care plan** by the healthcare commissioners and/or the local authority.

A meeting should then be had in which the **care pathway and its funding** will be discussed (more information about funding is available further on in this publication). Social services staff should attend the meeting, together with hospital or rehabilitation staff, a continuing healthcare assessor, a social worker, close family members and possibly the GP.

A **written discharge plan** may then be produced, with a copy to go to the GP. Family members that are involved in the discharge process can also request a copy of this.

Close **family members should be kept involved** in discussions throughout the discharge process. If you are a family member of a brain injury survivor being discharged from hospital and you do not feel that you have been properly involved in these discussions, it might be useful to get support from an independent advocate. NHS patient support services should be able to help you with this.

NHS patient support services

England and Wales

In England and Wales, the Patient Advice and Liaison Service (PALS) is a source of advice and support at every NHS hospital. PALS can help to deal with any concerns you have about your loved one's treatment and help to arrange meetings with consultants. You can find details of your local PALS service at the hospital reception desk or website. Alternatively, you can search for a PALS service in your area on the NHS website at www.nhs.uk/service-search/other-health-services/patient-advice-and-liaison-services-pals.

In Wales, the Community Health Councils (CHCs) can also provide advice and support. You can find details of your nearest CHC at <https://111.wales.nhs.uk/localservices/communityhealthcouncils/>.

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Scotland

In Scotland, the Patient Advice and Support Service (PASS) can offer information and be contacted through your local Citizens Advice. Alternatively, visit www.pass-scotland.org.uk.

Northern Ireland

The Patient and Client Council (PCC) in Northern Ireland offers support for concerns or complaints, and you can discuss issues with their Patient and Client Support Officers (PCSOs). For more information visit www.pcc-ni.net.

Channel Islands

The Patient Advice and Liaison Services (PALS) is also available in Jersey - for more information visit www.gov.je/Health/Hospitals/AboutHospitals/pages/patientvisitoradvice.aspx. In Guernsey, the Customer Care Team is the first point of contact for giving feedback on Health and Social Care - for more information, visit www.gov.gg/customer-carehsc.

Isle of Man

On the Isle of Man, Manx Care Advice and Liaison Service is available for concerns and queries about health and social care - for more information, visit www.gov.im/about-the-government/statutory-boards/manx-care/manx-care-advice-and-liaison-service-mcals.

Commissioning of health and social care services

Across the UK, the following bodies are responsible for the commissioning of health and social care services.

England – Integrated Care Boards (ICBs) are responsible for commissioning healthcare services. ICBs are relatively new and replaced Clinical Commissioning Groups (CCGs) in 2022. Local authorities are responsible for commissioning social care.

Scotland - Health and Social Care Partnerships (HSCPs) jointly run by the NHS

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and local authorities commission adult social care, adult primary care and unscheduled adult hospital care, NHS Boards are responsible for commissioning all other health services. Please note that in Highland, all adult health and social care is commissioned by NHS Highland.

Wales - Local Health Boards are responsible for commissioning healthcare services. Local authorities are responsible for commissioning social care.

Northern Ireland – The Strategic Planning and Performance Group of the Department of Health is responsible for commissioning both health and social care services, which are then addressed by Local Commissioning Groups.

Channel Islands – the States of Jersey and States of Guernsey Health and Social Care Departments are responsible for commissioning health and social care services.

Isle of Man – the Department of Health and Social Care is responsible for commissioning health and social care services.

Assessment and funding of care

Funding healthcare

If the brain injury survivor's main care needs are primarily health related, then they could be eligible for NHS continuing healthcare. This will cover the cost of care needs that the survivor has such as health needs, personal care needs or care home fees.

A team of healthcare professionals will first use a checklist to initially assess whether the survivor is eligible for the full assessment for NHS continuing care. A decision about eligibility for the full assessment should be made within 28 days.

Assessment process

The survivor's needs will next be assessed by a team of healthcare professionals to see whether they classify as having a "primary health need". Whether or not

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someone has a primary health need is assessed by looking at all their care needs and relating them to:

- what **help** is needed;
- how **complex** these needs are;
- how **intense** or severe these needs can be;
- how **unpredictable** they are, including any risks to the person's health if the right care isn't provided at the right time.

It is important to note that the need for care from a registered nurse alone is not sufficient reason for the provision of 100% NHS funded Continuing Health Care.

The team's assessment will consider the survivor's needs under the following headings:

- behaviour
- cognition
- communication
- psychological/emotional needs
- mobility
- nutrition (food and drink)
- continence
- skin (including wounds and ulcers)
- breathing
- symptom control through drug therapies and medication
- altered states of consciousness
- other significant needs.

These needs are then given a weighting, marked "priority", "severe", "high", "moderate", "low" or "no needs".

If the survivor has at least one priority need, or severe needs in at least two areas, they should be eligible for NHS continuing healthcare. They may also be eligible if they have a severe need in one area plus a number of other high needs, depending on their nature, intensity, complexity or unpredictability.

For further information on how the survivor's level of need in particular areas will be measured, you can read through the '*Decision support tool for NHS continuing healthcare*', which is the document used to make these decisions. The document can be downloaded from www.gov.uk/government/publications/nhs-continuing-healthcare-decision-support-tool.

Further information and guidance on the assessment process for NHS continuing healthcare is available at www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare.

For independent advice on NHS continuing healthcare assessments, contact Beacon's free helpline on 0345 548 0300 or visit www.beaconhc.co.uk.

Outcomes

If someone is found to be eligible for NHS continuing healthcare, a care and support package will be put together. The package will include the type of care to be provided based on the survivor's needs and whereabouts it will be provided (i.e. in a rehabilitation unit, in a nursing/residential care setting, at home, etc). The survivor and their carer/family will be included in these discussions and should have the opportunity to share their views and preferences.

Once set up, the care package will be regularly reviewed to see if it needs to be changed, for instance if the survivor's needs have changed over time.

Through their NHS continuing healthcare package, the survivor might be given the option of having a personal health budget. This is where they will receive funding from the NHS for their healthcare, but they can choose what treatment, equipment and care to spend it on. The NHS have more information about this on their website at www.nhs.uk/nhs-services/help-with-health-costs/what-is-a-personal-health-budget.

If someone has some health needs, but they are not eligible for NHS continuing healthcare, they might receive a 'joint care package', which is partly funded by the NHS and partly funded by the local council.

If someone is considered to not be eligible for NHS continuing healthcare, but is assessed as requiring nursing care in a registered care home, they will be

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eligible for NHS funded nursing care. More information on this is available at www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-funded-nursing-care.

If someone is found to not be eligible for any NHS continuing care, they will be directed to their local council who might be able to provide support. Eligibility for local council funding will depend on how much the survivor has in savings and whether they own their own property. More information on this is available at www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/paying-for-your-own-care-self-funding.

People also have the option to fund and arrange for their own healthcare. It is helpful to try, where possible, to find brain injury specialist healthcare professionals such as neuro-physiotherapists, neuropsychologists or speech and language therapists with experience in neurological conditions/brain injury.

Useful information on funding one's own healthcare is available at www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/paying-for-your-own-care-self-funding.

Money Helper is a service that can also offer free guidance on this issue. You can contact them on 0800 138 7777 (for English speakers) or 0800 138 0555 (for Welsh speakers) - alternatively, visit www.moneyhelper.org.uk for further information and additional ways to make contact.

Funding social care

Social care includes support for things such as cleaning, personal care, meals on wheels or the provision of specialist equipment. A brain injury survivor might be able to have this arranged or funded by their local council. They will first need to undergo a free needs assessment, through which the council will identify whether they need support and if so what kind.

Further information on needs assessments is available at www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/getting-a-needs-assessment.

If the local authority considers that adaptations to the home are necessary to

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meet the survivor's needs, and that the work is reasonable and practical, then a means-tested Disabled Facilities Grant (DFG) should be available to help to meet the costs. This is available in all parts of the UK except Scotland, so Scottish residents should consult their local authority for information on any grants that are available. More information on DFG is available in our publication *Disabled Facilities Grants after brain injury*.

If there has been no provision of social care, you can purchase social care services, including home (domiciliary) care, from independent providers. It is important to remember to try, wherever possible, to utilise services with some knowledge and experience of working with clients who have had a brain injury. You can search for care services from the following:

- **The Care Quality Commission (CQC)** has a search directory of care providers in England and inspection reports for each service at www.cqc.org.uk.
- **The Care Inspectorate** in Scotland and **Care Inspectorate Wales** in Wales inspect the quality of care and support improvements where needed. For more information, visit www.careinspectorate.com for information in Scotland and www.careinspectorate.wales/ for information in Wales.
- A comprehensive list of homecare providers, committed to the **United Kingdom Homecare Association (UKHCA)** Code of Practice, is available from www.ukhca.co.uk.
- **Social services** departments may be able to provide a list of their approved organisations in your area.
- The **Community Care** website at www.communitycare.co.uk is a good source of information on social care services.
- Another useful directory to search for home care, nursing care and live in care providers is available at www.homecare.co.uk.

Challenging an assessment decision

If you disagree with a decision made during an assessment, make sure you obtain a copy of it and the reasons why the help cannot be offered. You are able to challenge healthcare commissioners or the local authority, in writing, using their complaints procedure.

You can find information about the complaints process in our publication [*Making a complaint about health and social care services*](#).

As a charity, we rely on donations from people like you to continue being able to provide free information to those affected by brain injury. To donate, or find out how else you can get involved with supporting our work, visit www.headway.org.uk/get-involved.

If you would like to leave feedback for this publication, please consider completing our short survey at www.surveymonkey.co.uk/r/hwpublications or contact us at publications@headway.org.uk.

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