

What is meant by continuing care?

Continuing care (sometimes referred to as “long term care”) is a general term that describes the care some people need over an extended period of time as a result of a disability, accident or illness. The care is provided to address physical and/or mental health needs, and may require the services of the NHS and/or social services. It can be provided in a range of settings from a hospital to a care home (as registered under the Care Standards Act) to the service user’s own home.

Continuing care needs to be distinguished from:

- **Intermediate care**, which has specific rehabilitative or recuperative objectives, and is provided for a time-limited period, usually no more than 6 weeks.
- **Transitional (or interim) care** which is provided where the care setting is temporary and different to where the service user is expected to receive any continuing care they might need.

The following categories relate to packages of care which are provided to meet assessed needs. An assessment of need, which includes an assessment of health need, is an essential starting point for determining whether the NHS has a continuing responsibility to provide a full package of NHS services because the service user’s primary need is for health care. An assessment is also essential in determining eligibility for other categories of care.

NHS Continuing Care (Category 1) is a package of care arranged and funded entirely by the NHS. It may be provided in a hospital, hospice, and care home registered to provide nursing care or in the service user’s own home. Whatever the location, the NHS meets the full cost of the package which is free of charge to the individual. When considering eligibility for Category 1, the over-arching consideration is whether, looking at the totality of an individual’s assessed needs, their primary need is for health care. Such needs may include, but are not limited to, the need for nursing care (in this context nursing care included care which is required from a registered nurse and/or non registered nursing care).

Continuing health and social care (Category 2) describes a package of care that involves services from both the NHS and social care where the prime need is for accommodation and personal care rather than for nursing or NHS care. It can be provided in a number of settings, for example:

- In a care home where accommodation and social care will either be funded by social services (for which the service user will be financially assessed to determine whether they will be required to make a financial contribution) or funded by the user themselves. Health care services (including registered nursing care see section 5 below) and other nursing

care which cannot lawfully be provided by the Local Authorities will be provided by the NHS in accordance with services user's assessed needs. **Local Authorities may only provide nursing care which is incidental or ancillary to the provision of accommodation and of a nature which it can be expected that a Social Services Department can provide. (This test is referred to as "the Coughlan test")**. This will be based on an assessment of the totality of the individual's needs and a determination of whether the quantity and quality of nursing care (either alone or combined with other care needs) means that the Local Authority cannot lawfully provide it. In this context, nursing care refers to both nursing care required from a registered nurse and non-registered nursing care.

- In the service user's own home with a jointly provided (or jointly funded) package of care which could include personal care provided by social services, district nursing services provided by the NHS and input from the voluntary sector.

Continuing social care (Category 3) is where the service user is entitled to receive community and personal care services provided by social services subject to their eligibility within the Fair Access to Care Services (FACS) arrangements adopted by their local authority. As there are 9 SSDs within the TVSHA it is likely that this category may vary from one local authority to another.

This category describes a package of care that includes accommodation, personal care and non registered nursing care which satisfies the Coughlan test (as above).

Individuals who receive Category 3 care are also entitled to the full range of health care services provided by their PCT according to their assessed needs, the same as the rest of the population.