

Introduction and Engagement Events for Continuing Healthcare and Section 117 FAQs

No.	Provider Question	Humber and North Yorkshire Integrated Care Board (ICB) response
1	What does the ICB think about the differences in inflationary uplifts between the NHS and LAs? The NHS uses the acute hospital model which doesn't work in care	<p>The ICB is committed to sustainable market rates including fair inflationary uplifts.</p> <p>The ICB has been both utilising benchmarking with local authorities and advocating for improved benchmarking with all local authority partners and local ICBs to help improve the market rate process for the whole marketplace.</p>
2	Providers who have higher fees are often rated outstanding. Those on minimum fees are often rated at the opposite end of the scale. What does the ICB think?	<p>The ICB is committed to sustainable market rates including fair inflationary uplifts.</p> <p>The ICB commissions with over 600 providers and there are a range of fees and CQC ratings.</p>
3	Social and economic factors have a clear impact on recruitment and employment costs for care providers. Does the ICB recognise the differences?	<p>The ICB recognises the impact that social and economic factors have on providers.</p> <p>The ICB has also been highlighting the different market conditions for Continuing Healthcare and S117 providers compared to Acute and other NHS providers with the national NHS Commercial team to encourage a revised financial planning process for the NHS.</p> <p>The ICB is committed to sustainable market rates including fair inflationary uplifts.</p>



4	Using demographic data and other health indicators, does the ICB have support from Public Health to help assess future demand for CHC?	The ICB has strong links at local (place) and central ICB level throughout our strategic planning discussions ensuring that local population health needs are at the centre of our planning and considerations.
5	What impact does the LA “home first” approach have for the ICB? More fast track cases? More CHC applications? More equipment costs? More emergency admissions?	The ICB is in full support of the ‘Home First’ Model ensuring that people live longer in their own homes. We understand the value of people remaining close to their important connections and relationships, whilst also staying in environments that are most familiar to them. The necessary steps are being taken to ensure that the delivery of CHC remains responsive to the changing needs of the population and in line with the expectations of the national policy we are working with. Forecasting data will be shared with the marketplace at a future date.
6	Is the ICB aware that CQC rating affects insurance premiums which have been rising above inflation since the pandemic? providers want to be rated positively	As set out in the engagement event, quality of provision is one of the key aspects of our engagement and commissioning. The impact of CQC rating on the costs of provision is noted.
7	Wages, insurance, & energy have all risen above inflation and likely will continue to do so. How will the ICB help address fee rates in light of pressures?	The ICB is committed to sustainable market rates including fair inflationary uplifts. In response to queries around package cost, there is a new review process in progress for the cost of packages which allows for detailed recognition of cost examples such as wages, insurance and energy.
8	Is there a need for more care provision in the area and, if so, what does that look like?	The July Events highlighted a need for out of area activity to be brought back into the ICB footprint. The engagement events will be running throughout each financial year and where particular challenges are evident a spotlight will be put on these areas to consider our options for market shaping and development.



		<p>The Humber and North Yorkshire ICB has several active projects to reduce the number of individuals receiving care outside of the ICB footprint in addition to supporting individuals back in the Humber and North Yorkshire communities. We are committed to ensuring individuals receive high quality care and support within the ICB footprint. Some of the monies currently used to commission out of area placements will be used to strengthen our existing infrastructures, in addition we will continue to ensure we pay a fair price for home and residential care services. The practice will improve individual outcomes by keeping people closer to family and support networks.</p>
9	<p>How will annual fee reviews be consulted and amalgamated going forward? - will we get advance costs discussion and will we be negotiating with 6 separate HAs?</p>	<p>The ICB is committed to sustainable market rates including fair inflationary uplifts.</p> <p>There will be further discussion on inflationary uplifts at events held in the autumn.</p> <p>The ICB currently shares the inflationary uplift for all packages commissioned directly. This approach reduces the duplication across 6 Places.</p> <p>There will be some differences where the packages are commissioned on behalf of the ICB by a local authority, although all organisations are looking to improve alignment, where possible.</p>
10	<p>How does the ICB anticipate supporting innovation? Does that involve networks and care associations perhaps?</p>	<p>The ICB is looking to share contact details so it's possible for the marketplace to share innovation ideas directly. The new contact list is shared alongside this FAQ to support a way forward.</p> <p>The ICB recommends all providers approach and work with local care associations too.</p> <p>Building networks, forums and holding events will help achieve this.</p>



11	Long COVID is a live issue in the population and will ultimately be a feature in complex care provision. Does the ICB understand the likely impacts, demand etc?	So far we have not experienced much in the way of people presenting with long covid as an additional aspect of their health needs.
12	As retirement communities are being built and future ones planned, does the ICB know what demand that means at locality level?	Through our close partnership with public health, the ICB is aware of the aging population within the Humber and North Yorkshire areas. Data identifies a growing number of citizens aged 65 years and over. With the increase in life expectancy, we may also see increased numbers of individuals with long term conditions such as diabetes and cardiovascular disease. Individuals may require access to multiple services and home care / residential care. Based on the data we will work in partnership with our local authority colleagues to ensure that our strategic housing plans address the needs of an aging population by incorporating a variety of housing models to meet future demand.
13	This there an issue around coordinated care and support, no one person to case manager or supporting long term condition management	From a CHC or Mental Health perspective, active case management is a key aspect of responsibility for the ICB, in terms of co-ordinating the assessment, support planning, brokerage and review of funded provision to meet the needs of eligible people. As shared at the engagement event in support of the 6 places converging to form one statutory body, the ICB is in a period of review and restructuring to ensure that the delivery of statutory duties remains compliant with the expectations set out within the National Frameworks we work within. If, however, you have a specific example where you would like us to consider please provide the details and circumstances through the Market Queries



		inbox and we will investigate the specific scenario working with the relevant local team.
14	Is there a strong case for a unitary contract between ICB and LAs to avoid unwanted variation? ie. 1:1 and FNC may be needed to cover costs due to pressures	A number of places already have Frameworks in place for care which reduces variation. The ICB is reviewing both 1-1 and FNC. This will require stakeholder engagement from the marketplace, including local authorities. Updates will be shared on this going forward.
15	Why can't CHC teams share more contact information with providers. It's incredibly frustrating trying to get someone and messages don't always get answered	The new contact list is shared alongside this FAQ to support a way forward. If there is missing information that could be useful, then please share ideas.
16	LAs aren't necessarily fulfilling their statutory duties regarding choice. How is the ICB addressing that in the rationalizing of 6 approaches into 1?	The ICB is drafting a Choice and Commissioning Policy which will be shared with the marketplace for engagement and consultation. If there are specific concerns for a package or provider, then we can pick this up in more detail.
17	CHC D2A brokered by LAs are often only realised by providers when funding stops after 4-6 weeks. Some teams don't recognize MH needs as eligible for FNC	Please share further detail on this question to support a response.
18	Relational Care (OU research) looks set to be a benchmark standard. How will the ICB support the introduction of that or any other new standards that emerge?	The ICB is always keen to support the introduction of new initiatives which are found in research and demonstrably evident how to improve the lives and experiences of care that our eligible population experience. We will through subsequent engagement events consider the inclusion of examples of known and emerging good practice.



19	LAs don't recognize hidden costs for supported living (LD). Does the ICB believe care providers should pay for empty tenancies? Something to collaborate on?	The ICB is able to review occupancy as part of an open book costing approach to support the marketplace.
20	What's the latest guidance on top ups for CHC clients?	The guidance remains that CHC funds the entirety of the package of care and support that meets the assessed eligible needs. Top Ups fees are for services that are ancillary and additional to the direct care required to meet assessed eligible care needs. Therefore, CHC funding cannot be used to fund 'Top Ups'.
21	How does the ICB determine the threshold for FNC? We see different approaches and different outcomes as a result	The ICB recognises there are differences across the footprint. The ICB is a national outlier in some Places. The ICB is currently reviewing processes and we will be seeking engagement from the marketplace to make improvements.
22	Clients and care are at the heart of what we do but we must also care for the environment. What can the ICB & LAs do to support net zero initiatives?	Net zero is considered as part of Social Value through procurement processes.
23	Will the ICB be moving toward a single APL or will it remain place based? Or a different approach perhaps?	In the long term, it is expected the ICB will be able to reduce the duplication for providers currently applying to multiple Approved Provider Lists (APL) or frameworks. The ICB would need to recognise the different approaches in Places which are intertwined with the local authority, for example, North East Lincolnshire. In the meantime, the contact list identifies the current process.
24	Would the ICB consider different contracting models and payments in advance for providers? That could bring some efficiencies with it for commissioners	The ICB would welcome using different contracting models.



		At this time we will not be looking to introduce payments in advance for providers. We are committed to making prompt payments as outlined in contract documentation.
25	The length of time it takes to get on Framework or spot purchase. Not hearing anything and having to chase up for responses.	Please accept our apologies for any unnecessary delay to becoming a new provider. The ICB has 6 separate Places at present, and some Places may require local authority involvement with setting up a new provider. There are also some frameworks which do not have open windows which can also cause delays. The ICB is committed to improving the new provider process. The new contact list is shared alongside this FAQ to support a way forward.
26	At the moment, CHC buy care in the most expensive way. a different model can lead to better value for money and better planning for providers	The ICB is looking to both reduce and improve the spot purchase process. By working with the marketplace, there would be savings achieved for both providers and commissioners.
27	Can new providers join the Framework?	All providers can join the frameworks, subject to the criteria checks. There is a different process across the footprint at present. In some places, a provider may need to wait until the framework is opened again to apply, or tender if a new framework is being released. The new contact list is shared alongside this FAQ to support a way forward.
28	Do we have a route of engagement for specialist providers to gain a better understanding of the population complexities, and peaks, troughs of rehabilitation?	All information the ICB has on current and forecasted activity, including specialist activity, can be shared at a future date.



29	FNC is difficult when assessments are only conducted over the phone	It is the intention of the ICB to ensure that all assessments are carried out safely and appropriately, if you have a specific instance you would like us to look at please contact us through the market queries inbox and we will take steps to understand any circumstances where our delivery has not been at the high standards we would expect.
30	how can we work with the ICB to open up regular communication regarding packages to be more proactive	Please share ideas for events. The ICB is building an engagement plan. The ICB recommends all providers approach and work with local care associations too.
31	Often when there is crises and providers serve notice this tends to be because the person is not getting the support they need from other services to manage there illness and it puts the staff at risk	Agreed it takes a system, with organisations working in partnership and coherently to ensure that the rights support is available and responsive at the time of crisis.
32	With all the providers that you mentioned is there enough work to sustain each business as the market is saturated with providers and it is becoming difficult for all of us.	All information the ICB has on current and forecasted activity, including specialist activity, can be shared at a future date. There are ways of working differently, such as subcontracting activity from a lead provider with the ICB, who then subcontracts with the wider market.