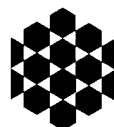


**Elderly & Community Care Unit**  
Room D.2.18  
Castle Buildings  
Stormont Estate  
BELFAST  
BT4 3SQ



Department of  
**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

## **Circular ECCU 1/2006**

10 March 2006

Chief Executives, Directors of Nursing, Directors of Social Services and  
Directors of Finance of each Health and Social Services Board

Chief Executives, Directors of Nursing, Directors of Social Work and Directors  
of Finance of each Health and Social Services Trust

### **HPSS PAYMENTS FOR NURSING CARE IN NURSING HOMES**

❖ **This circular replaces Circular BP 436/2002 (Amendment 2).**

#### **Introduction and Direction**

1. This circular gives statutory direction and guidance, by virtue of Article 17(1) of the Health and Personal Social Services (Northern Ireland) Order 1972, on the responsibility of Health and Social Services Boards/HSS Trusts to make Health and Personal Social Services (HPSS) payments for nursing care in nursing homes on behalf of those persons who pay privately for their nursing home care. It replaces all previous guidance issued on HPSS payments for nursing care in nursing homes. Boards and community Trusts are required to maintain efficient and effective procedures for assessing entitlement and making HPSS payments for nursing care that are aligned with this guidance.

#### **Background**

2. New arrangements for the payment of the cost of nursing care in nursing homes by the HPSS were introduced in October 2002. Since 7 October 2002 the HPSS has been responsible for paying for the nursing care of residents who otherwise pay the full cost of their nursing home care. Boards and Trusts have put in place sound arrangements that support the making of HPSS payments for nursing care to nursing homes.

#### **Legislation**

3. The Health and Personal Social Services Act (Northern Ireland) 2002, which came into operation on Monday 7 October 2002, provides the

basis for HPSS payments for nursing care in nursing homes. The Act and the Commencement Order are available on the Office of Public Service Information (formerly HMSO) web site:  
[www.opsi.gov.uk/legislation/northernireland/ni-acts](http://www.opsi.gov.uk/legislation/northernireland/ni-acts).

4. Section 1 of the Act provides that the cost of nursing care cannot be recovered by a Trust from nursing home residents who are assessed to pay for their accommodation at the full rate from their own resources. This provision also applies to those residents who are assessed to pay a contribution to the Trust that is more than the sum of the nursing home tariff paid by the Trust less the amount of the HPSS nursing care payment set by the Department.
5. Section 1(1) substituted new paragraphs (4) and (4A) in Article 36 of the 1972 Order. New paragraph (4) removed from the recoverable cost of a nursing home place arranged by the Trust, care that is "nursing care by a registered nurse". The addition of Paragraph (4A) defines this as also "involving the provision of care, or the planning, supervision or delegation of the provision of care" by a registered nurse. Section 1(2) amended Article 36(5) to refer to the substituted paragraphs, while section 1(3) provided for the same adjustment to the recoverable cost of statutory sector accommodation provided under Article 99 of the 1972 Order.

#### **Nursing Care Rate set by Department**

6. The weekly amount of the HPSS payment for nursing care for people who either self-fund or are assessed to pay nursing home fees at the full rate shall remain a single band payment of £100 per person per week until notified otherwise. This amount will be subject to periodic review.
7. Initially the Department's allocations to Boards for HPSS payments for nursing care were made on the basis of their survey shares of identified eligible residents. Thereafter these allocations became part of each Board's baseline resources and any future allocations to Boards for nursing care will be apportioned on the basis of the Board's capitation share of resources.

#### **Responsible Board and Trust**

8. In recognition of the financial impact for Boards and Trusts of the move to capitation funding of HPSS payments for nursing care, it has been decided that with effect from Monday 3 April 2006 the Board/Trust responsible for making payments for nursing care will generally be that in which a person was deemed to be "ordinarily resident" immediately prior to entering a nursing home. In case of doubt refer to the general rules for establishing residency contained in paragraphs 4 to 8 of Circular *Establishing Area of Residence: Guidance for Purchasing* (Circular PRSC 2/96) issued on 22 August 1996.

9. However, this decision is not retrospective and where a resident was the beneficiary of HPSS payments for nursing care prior to Monday 3 April 2006 the Trust making those payments to the nursing home will remain responsible for payment after this date.

### **Informing Residents**

10. It is imperative that all entrants to nursing home care are informed of their potential entitlement to have the nursing care element of their nursing home care paid by the HPSS. Trusts should encourage Nursing Homes to inform residents of the scheme and explain to them that a nursing needs assessment is a requirement to determine eligibility for HPSS payments. Trusts should provide standardised information on HPSS Payments for nursing care to all nursing homes in their area.

### **Consent to a Nursing Needs Assessment**

11. Trusts should obtain a person's consent to the nursing needs assessment. Reference may be made to the Departmental circular HSS(MD)10/2004 *Good Practice in Consent – Regional Forms and Guides* published on 2 April 2004 and related guidance on consent for examination, treatment or care. Some people may not wish to have their nursing care costs paid by the HPSS and can refuse an assessment if they so choose. Residents who decline HPSS payments and pay the full cost for their nursing home care should be asked to sign a statement to this effect. A specimen form can be found in Annex 1.

### **Nursing Needs Assessment Tool**

12. It is imperative that the nursing needs assessment is carried out as soon as practicable following referral for nursing home care. The Nursing Needs Assessment Tool (NNAT) and User's Guide developed specifically to establish nursing needs are issued separately and are also available on the Department's web site: [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk). These working documents have been evaluated and revised recently in collaboration with the HPSS and University of Ulster. The Department's Nursing and Midwifery Advisory Group initially gave training in the use of NNAT. Responsibility for recruiting and training nurse assessors now rests with Boards and Trusts in collaboration with the Education Consortia
13. Only those registered nurses employed by the HPSS who have been trained in the use of the Nursing Needs Assessment Tool should assess residents' needs for nursing care. All sections of the assessment proforma should be completed by the appropriately trained nurse unless in the judgement of the nurse assessor there is sound reason why this is not necessary. This judgement and the reason(s) for it should be recorded in the relevant section of the proforma. Specimen forms NNAT1 and NNAT2 for use in advising the outcome of nursing needs

assessments are attached (Annexes 2 and 3).

14. Exceptionally, the outcome of assessment may indicate that a person does not meet the criteria for HPSS payments and that their care needs might be more beneficially met in another setting. Trust staff will wish to explore the benefits of alternative care provision with the individual and their family. However, a private self-funding resident cannot be required to change care setting against his or her wishes.

### **Care Management**

15. It is generally agreed that people who take up HPSS payments for nursing care should be offered the opportunity to come within the Trust's overall care management and financial contract process. However, Trusts may also provide a more limited professional care management function where someone wishes to be responsible for the payment of all other nursing home costs to the homeowner.
16. It should also be noted that Trusts should not charge residents who are care managed and assessed to pay a contribution (up to full rate) for their nursing home care an amount that is more than the sum of the nursing home tariff paid by the Trust less the £100 payment for nursing care.

### **HPSS Payments and Contracts for Nursing Care**

17. Finance Departments within Trusts manage the Trust's allocation for HPSS funded Nursing Care, including responsibility for day-to-day budget control, contracts and making payments in individual cases.
18. HPSS payments in respect of identified nursing needs should normally be backdated to the date of admission to a nursing home. Alternatively, where a resident has previously declined HPSS payments for nursing care, payment will be from date of request. Where a Trust supported resident is reassessed to pay full rate the adjustment in respect of nursing care will take effect from the date of reassessment. Trusts have set up systems to assess eligibility and pay nursing homes for eligible nursing care costs. There should be contractual procedures with nursing homes to underpin these payments.
19. Trusts' contracts with nursing homes should include the stipulation that the nursing home will discount the full financial benefit of any HPSS payment for nursing care from the fee payable by or on behalf of the resident. The nursing home is required to provide each resident with a written guide\* that includes a statement of the terms and conditions in respect of accommodation provided and which explains how the weekly fee and any extra charges payable by the resident are made up. Where a nursing contribution is paid by the Trust the nursing home should

---

\* The Nursing Homes Regulations (Northern Ireland) 2005. See Regulations 4 and 5.

provide the resident with a statement specifying the date payment commenced, the amount of the HPSS payment and how it is to be discounted from the total amount payable.

### **Short-term Placements/Respite Care**

20. There will be occasions where individuals may go into a nursing home on a temporary basis:
- for a short break or respite care;
  - in an emergency or crisis, for instance if a carer or relative is taken ill or otherwise unable to look after the individual; or
  - for a trial period to allow individuals to explore whether they would benefit from a permanent placement.
21. A nursing needs assessment will not normally be needed where a stay in a nursing home is less than eight weeks, and HPSS payments for nursing care may be made without a full nursing needs assessment for all temporary stays that cumulatively do not exceed 8 weeks in any 52 week period. However, where the cumulative duration of temporary admission is likely to be more than 8 weeks in any 52 week period a full nursing needs assessment should be carried out. In considering the entitlement of temporary residents to payments for nursing care attention should be paid to any previous assessments or current care plans where these are available.

### **Hospital Admissions**

22. When a resident is temporarily absent from a nursing home for a period that exceeds 7 consecutive days, because of admission to hospital or for another reason, HPSS payments for their nursing care should be suspended for the duration of the period of absence and should resume on the resident's return. Home owners should be asked to report in good time all relevant periods of absence to the Trust and these terms should be incorporated in contracts with nursing homes.
23. Where Trusts have agreed arrangements with home owners in order to retain a place in the nursing home during the resident's absence it is important that residents in receipt of HPSS payments are not treated differently to other residents who are supported by the Trust. Trusts may use the resource allocated for nursing care towards the cost of the retainer fee in such cases.

### **Death of a Resident**

24. The HPSS contribution for nursing care is specifically intended to pay the nursing costs of individual residents in nursing homes. Any payment

for nursing care costs should, therefore, cease at the date of death of the resident.

### **Lead Nurse's Role**

25. Each Trust has identified staff with appropriate experience to lead the nursing needs assessment process. The **Lead Nurse** should:
- Provide professional nursing advice to management, care management and home owners about carrying out assessments in respect of HPSS payments for nursing care using the NNAT;
  - Arrange training for nursing staff in the use of the Nursing Needs Assessment Tool;
  - Monitor the quality and consistency of assessments carried out and undertake all necessary action to ensure the validity and viability of the Trust's Nursing Needs Assessment (NNAT) process;
  - Liaise with nursing needs assessors and care management and ensure periodic reviews of assessed nursing care requirements.
  - Act as the point of contact for referrals to formal review of nursing needs assessments.
  - Implement the decisions of the review panel and referral of appeals to the HPSS Complaints Procedure.

### **Review of Nursing Needs**

26. Permanent residents should have their nursing needs assessment reviewed not later than three months following initial assessment and every twelve months thereafter, or when there is a significant change in the resident's health status in line with local care management arrangements. Requests for reviews outside these periods should be directed through the Lead Nurse.

### **Formal Review Procedure**

27. There may be occasions where a person, relative, carer or advocate disagrees with the outcome of the nursing needs assessment and wishes to appeal the decision. For example, where the decision is that nursing care is not required and the person is therefore not eligible for an HPSS payment towards their nursing home costs. Boards and Trusts must have a formal review procedure to address this. Each community Trust should appoint a three person Review Panel for this purpose. Members of the panel should include a senior nurse with experience of the use of NNAT, a senior nurse working with individuals of the relevant programme of care and a convenor who is not a registered nurse

employed by the Trust.

28. Individuals or their representatives, who are dissatisfied with the outcome of a nursing needs assessment, should in the first instance ask to discuss this with the nurse assessor responsible for the assessment. Once a request has been received the nurse assessor should arrange to discuss the assessment within **one week** of receipt of the request.
29. If still dissatisfied, individuals may then request that the Trust convene a review panel and further determination of the nursing needs assessment. The lead nurse will present evidence on behalf of the Trust to the Trust's Review Panel. It is important that the views of the appellant or his/her representative are fully and independently presented to the Review Panel. The Trust should, where necessary, inform appellants or their representatives of the availability of independent advocacy services and offer to put the appellant or representatives in touch with such services. Once it has been decided to convene the panel, the formal review and determination should be completed within **two weeks**. The total time taken to respond to the initial expression of dissatisfaction and for the Review Panel to review the assessment should not exceed **three weeks**.
30. If, exceptionally, the matter has not been resolved the appellant may ask for the case to be further considered within the provisions of the HPSS Complaints Procedure. Other complaints made about the quality of nursing home care should be investigated, with involvement of the Regulation and Improvement Authority where necessary, and addressed in accordance with either the HPSS Complaints Procedure or Protection of Vulnerable Adults Procedure as appropriate.

## **Equipment**

31. It is expected that in most cases equipment, aids and appliances used by nursing home residents will be provided by the nursing home. In addition the HPSS has responsibility for the provision of specific equipment to individual residents who are assessed as needing the equipment to restore or maintain their health and independence. Such equipment is returnable when it is no longer required by the individual for whom it was originally supplied. Also personal medical and nursing supplies, including some continence aids, are available on prescription from a hospital clinician or GP and will be listed in the Drug Tariff.

## **Social Security Benefits**

32. These arrangements for funding nursing care in nursing homes do not, of themselves, change anyone's entitlement to Social Security benefits. Attendance Allowance (AA) and Disability Living Allowance (Care) (DLA) will continue to be paid to claimants who either self-fund or are assessed to pay nursing home tariffs at the full rate. The Social Security Agency guidance on AA and DLA makes it clear to decision makers that when

deciding whether someone is paying the full cost of the accommodation for benefit purposes, the provision of HPSS payments for nursing care is disregarded.

### **Information Strategy**

33. The Department has revised the leaflet for residents, their families and carers explaining these changes. The leaflets are issued through Boards and Trusts for distribution to residents, homeowners, GP's surgeries, care managers, voluntary organisations, public libraries and advice bureaux. Additional copies may be obtained from the Department's Elderly and Community Care Unit.
34. Boards and Trusts should consider their own information requirements and Trusts should publish information locally about their arrangements to provide HPSS payments for nursing care in nursing homes.

### **Monitoring**

35. The HPSS Community Care Finance Group (CCFG) should monitor the financial aspects of the operation of the HPSS payments scheme on behalf of Boards and Trusts. CCFG will wish to liaise with the Regional Lead Nurses Group, which acts as the forum for professional issues arising from the Nursing Needs Assessment process, in this work.

### **Enquiries**

36. Enquiries about HPSS payments nursing care should be addressed to:

Mike Hendra  
Elderly and Community Care Unit  
Department of Health, Social Services and Public Safety  
Block D2.20  
Castle Buildings  
Upper Newtownards Road  
BELFAST BT4 3SQ

Tel: 028 90520684  
Email: [michael.hendra@dhsspsni.gov.uk](mailto:michael.hendra@dhsspsni.gov.uk)



**RAY MARTIN**  
Elderly and Community Care Unit

**HEALTH AND PERSONAL SOCIAL SERVICES CONTRIBUTION TO  
NURSING CARE COSTS**

(To be completed where a resident declines HPSS payments for nursing care)

Resident's Name .....

Address .....

.....

.....

Appointee's/Representative's\* name .....

Address .....

.....

.....

Relationship to resident .....

The conditions for the payment of a contribution by

.....HSS Trust

towards the cost of my nursing care in

..... Nursing Home

have been explained to me.

I wish to retain responsibility for arranging and paying for my own care.

I do not wish to make application for the health and personal social services  
contribution towards the cost of my nursing care.

Signed ..... (Resident/Representative\*)

Date .....

Witness ..... (Block Capitals)

Signature .....

\* Delete as appropriate

Trust Headed Paper

Date:

Re: .....(*Name of Resident*)...

Dear

I write to inform you of the outcome of your Nursing Needs Assessment completed by (*enter name of Nurse Assessor*).

Your Nursing Needs Assessment confirms that you meet the requirements for HPSS contributions for nursing care to be paid towards the cost of your care in (*enter name of Nursing Home*).

The Trust will make arrangements to pay the £ (*enter £100 or lesser amount*) per week HPSS contribution for the nursing care to (*enter name of Nursing Home*).

Your Nursing Needs Assessment will be reviewed in 3 months on (*enter date of review*) and thereafter on an annual basis.

The outcome of your Nursing Needs Assessment has been communicated to the Care Management Department and the Nursing Home Co-ordinator for the Trust.

Yours sincerely,

.....Lead Nurse

.....HSS Trust

Copies to: Nursing Home Co-ordinator  
Care Management Department

NNAT1

Trust Headed Paper

Date:

Re: .....(*Name of Resident*)...

Dear

I write to inform you of the outcome of your Nursing Needs Assessment, completed by (*enter name of Nurse Assessor*).

Your Nursing Needs Assessment confirms that your care needs **do not** meet the requirements for HPSS contributions for nursing care to be paid towards the cost of your care in (*enter name of Nursing Home*).

If you wish to appeal this decision, please contact me at (*enter address and tel. no of Lead Nurse*).

On receipt of your request to appeal an appointment will be arranged within 1 week with the Nurse Assessor who completed your assessment.

The outcome of this Nursing Needs Assessment has been communicated to the Care Management Department and the Nursing Home Co-ordinator for the Trust.

Yours sincerely,

.....Lead Nurse

.....HSS Trust

Copies: Nursing Home Co-ordinator  
Care Management Department

NNAT2