

Parliamentary Briefing: NHS Continuing Healthcare (CHC) December 2024

Overview

Age UK's new report – [Continuing to care? Older people let down by NHS Continuing Healthcare](#) – describes how the NHS Continuing Healthcare (CHC) funding regime has moved away from its stated purpose and is leading to older people and their families missing out on life-changing funding.

The current CHC funding regime is an extreme postcode lottery, which risks deepening inequalities and causes older people and their families enormous additional stress. Older people with ongoing chronic health problems, and associated high levels of social care need, are unfairly losing out.

The CHC funding regime desperately needs to be reformed as a part of a review and restoration of our social care system.

What is NHS Continuing Healthcare (CHC)?

Unlike the usual local authority route for accessing social care, CHC is an arrangement whereby an individual is assessed as having a 'primary health need' that requires a package of care, meaning care costs are met by the NHS. **CHC is not means tested and an individual is not expected to contribute towards the cost of their care.**

A CHC eligibility decision is based on an individual's day-to-day needs. It rests on deciding whether the main aspects, or the majority part, of the care an individual needs is focused on addressing and/or preventing health needs, which are assessed according to their nature, complexity, severity and unpredictability.

After an eligibility decision has been made, it is expected that a review of that person's needs will take place after three months and then at least every 12 months.

In theory, **eligibility decisions should be independent of budgetary constraints and finance officers should not be part of a decision-making process.** However, in practice, NHS bodies have been under pressure to make savings from their CHC budgets for at least the last seven years.

CHC in numbers – how have awards changed in recent years?

Age UK's analysis examines published data from 2017-2024 and identifies a number of concerning trends in the award of CHC.

- 1. The number of people receiving CHC has remained roughly the same, but their composition has changed dramatically**

- The numbers of people being newly assessed as eligible on the Standard pathway has reduced by nearly half (43%) (4,628 in Q1 2017/18 to 2,624 in Q4 2023/24).
- Over that same period, the number found eligible for Fast Track CHC, typically used for people near end of life or with a rapidly deteriorating condition, has increased by almost a third (30%).
- This suggests that **CHC is moving away from being a source of longer-term care funding for profoundly frail and unwell older people, to one focused on short-term injections of cash to support those at the end of life.**

2. There has been an increase in people on Fast Track CHC losing their eligibility

- The number losing eligibility for Fast Track CHC has increased by 35% since 2017/18.
- **Individuals who do not die as quickly as had been expected are at increasing risk of having their CHC funding removed**, even if they remain profoundly ill and their needs are unchanged.

3. There is enormous geographical variation in your chances of being awarded CHC funding

- The proportion of assessments for CHC that result in a person being found eligible varies from 3.4% to 57.9%, depending on where you live.
- This **extreme postcode lottery** brings into question the idea that CHC is a rules-based system which is not influenced by the state of local NHS finances.

The implications for older people and their families

The implications of the current system for older people and their families are wide-ranging and deeply damaging:

- **The quantity and quality of care a person is able to receive can be hugely impacted by CHC eligibility decisions**, making the battle to receive funding all the more difficult.
- **Funding decisions have a huge potential impact on people's finances**, given that an older person applying for CHC is likely to require intensive, and costly, social care support.
- **The current system is a recipe for deepening inequalities**, since more advantaged families are much better able to fight for their rights than others.
- **Periodic CHC reviews that follow an award have become occasions to be worried about and even feared**, with more people on Fast Track CHC losing eligibility.
- **Older people with ongoing chronic health problems, and associated high levels of social care need, are unfairly losing out** as CHC funding is increasingly directed towards people nearing end of life.

What older people are telling us

Older people have described the current process as opaque and unfair, causing them enormous additional stress at a time when they are already coping with the physical and emotional toll of being close to someone who is extremely unwell or dying. Here's what some of them told Age UK:

"It was the attitude of the 'Assessors', who treated us with no respect at all and made us feel as though we were asking for something we didn't deserve for her. They had obviously been instructed to refuse cases wherever possible. It left us feeling devastated and very upset."

"When my husband was desperately unwell and I, with paid carers, was looking after him at home, I went through all the procedures of CHC to no avail. Only when the hospital [where] he was admitted cast him aside to die did they fund a nursing home for three months, then cancelled - as he was still alive! He died eight months later, after paying huge fees."

What Age UK would like to see

The current CHC funding regime is just one of many manifestations of a social care system that is failing to meet the needs of our growing older population.

This apparent shift in the use of CHC is happening without any public debate and in contravention of the spirit and sometimes the wording of the law and guidance. This is unacceptable, and it is also destructive, not least because it undermines public trust in the NHS.

CHC must be reformed as part of a fundamental review and refinancing of the social care system more generally.

What can Parliamentarians do now?

- Meet with us to discuss CHC in more detail and explore how Age UK can support your work in this area. Please contact publicaffairs@ageuk.org.uk to arrange a meeting.
- Write to the Minister of State for Care, Stephen Kinnock MP, highlighting issues with the current CHC funding regime and pushing for Government action to address them.
- Use your platform in Parliament to raise the issues outlined in this briefing. Age UK is happy to support with drafting written or oral questions.

If you have any questions or would like to meet to discuss the issues outlined in this briefing further, please contact publicaffairs@ageuk.org.uk.