



Reference: FOI.ICB-2526/215

Subject: Continuing Healthcare Fees

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION				RESPONSE					
with a relevant frame Note: If your MEAN / MEI Registered Coplace, please CHC Rate CHC Rate	a single rate ant to this ra work rate fo ICB offered DIAN / LOW Dider Person	, and confirm te, and confir or the period 2 I a range of ra EST / HIGHE	the rate and m the uplift a 2025/26. ates, please of EST uplifts of omes (<i>If this</i>	outline the fered to tage	BNSSG ICB	does not ope	erate a CHC fra	nmework with	ı a single rate.
Uplift									
2. If your ICB places CHC residents outside of a CHC framework with a single rate, please confirm the rates and any criteria relevant to this rate, and confirm the uplift applied to this rate for the period 2025/26.					BNSSG ICB a basis.	agrees rates	with care hom	e providers o	on an individual
annlia	ad to thic rot								





Note: If your ICB offered a range of rates, please outline the MEAN / MEDIAN / LOWEST / HIGHEST uplifts offered to Registered Older Persons Nursing Homes (<i>If this rate differs by place, please add additional rows to reflect each place</i>):					CHC care home placement weekly	£1,307	£1,269	£969	£1,699	
	Mean	Median	Lowest	Highest	cost.					
CHC Rate					The ICB offer 3.5%. This wa		•		aximum uplift of providers.	
CHC Uplift										
İ	 Please provide a copy of any letter template sent to care providers communicating CHC uplifts made by your ICB (please attach as a separate document). 					Please find enclosed the draft sample letter.				
4. As of 31 March 2025, how many individuals were your ICB funding for CHC in Registered Older Persons Nursing Homes?				As of 31 March 2025, BNSSG ICB were funding 192 patients in Older Persons Nursing Homes. (This excludes Fast Track Patients).						
	Regarding the NHSE Payment Scheme Principle that the ICB's approach must:				The ICB's bu	dget and uplif	t allocations	are determin	ed nationally.	
'promote transparency and good data quality to improve accountability and encourage the sharing of best practice'				Across our services, the ICB received a general uplift of 4.15%, which is offset by an 2% efficiency target, resulting in a new increase of 2.15%.						
Please share the calculations, or methodology used by the ICB to outline how this principle is being met.				There is no additional funding available, and any higher uplifts for specific services would require reductions in other areas.						



	A maximum uplift of 3.5% was applied across our CHC and D2A care home and domiciliary care providers:
	 CHC Providers: 3.5% uplift was offered to the majority of care home providers, with lower increases for a minority of providers that have benchmarked outside specific pricing ranges. D2A Providers: A 2.15% uplift has been applied in Bristol and South Gloucestershire, as D2A costs in these areas are slightly above CHC rates. North Somerset D2A Beds: These beds are contracted by the Council on the ICB's behalf, and have received a 3.5% uplift, reflecting that D2A bed costs in North Somerset are now comparable with CHC rates.
	The ICB liaised with the three BNSSG Local Authorities (LA) in setting these uplifts, recognising the statutory role that Local Authorities play in care market management and sustainability. The care home ICB uplifts are comparable with Bristol and South Gloucestershire LAs. In North Somerset, where the ICB follows a joint commissioning approach, we have historically aligned with North Somerset Council's (NSC) uplift. While NSC has typically applied higher uplifts, than BCC (Bristol City Council) and SGC (South Gloucestershire Council), due to lower regional and national average prices. This year's 3.5% uplift aligns with Bristol and South Gloucestershire, as CHC and D2A care home costs are now comparable across BNSSG.
Regarding the NHSE Payment Scheme Principle that the ICB's approach must: 'engage constructively with each other when trying to agree payment approaches'	Please note above response that provides clarity for this question.





Please outline how providers were engaged in t resulted in an annual review or uplift.	ne decision that
7. Please provide a copy of your 2025 to 20 letter that was sent to care providers.	A draft letter has been provided as requested in question 3.
8. Please confirm the date when the ICB ag the decision to proceed with the fee uplift providers for the 2025/26 financial year.	

The information provided in this response is accurate as of 22 October 2025 and has been approved for release by Rosi Shepherd, Chief Nursing Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.





Sent via email

NHS Bristol, North Somerset and South Gloucestershire ICB Floor 2, North Wing 100 Temple Street Bristol BS1 6AG

Email: bnssg.fcbandq@nhs.net

XXXXXX 2025

Dear Provider

Uplift to Bristol and South Gloucestershire Funded Packages of Care/Placements for the 2025/26 Financial Year

I am writing to update you on several areas of the ICB's work, including the ICB's approach to uplifts for care providers for 2025/26.

Firstly I am pleased to confirm that the ICB is able to uplift your care rates by xx% for 2025/26 financial year. This uplift has been applied from 1 April 2025 and your invoices can be adjusted accordingly.

Please note that the ICB will not be offering an uplift on any enhanced care (such as 1:1 or 2:1) this financial year.

I appreciate that this may not be at the level that your organisation was hoping to receive, but in making this decision we have liaised closely with our partner local authorities in Bristol, North Somerset and South Gloucestershire, who have a statutory role in maintaining the care sector. Our uplift approach aligns closely with each of the local authorities and aims to balance a recognition of the importance of the care sector, with the challenging financial picture that our organisations face.

In the event that you have invoiced for all, or part of April already, please provide a separate invoice containing only the backdated uplift amount per period already charged. I.e. if you have already submitted two invoices for April, please submit two separate invoices per service user with the backdated costs. Failure to do so may result in delay in payment.

Additional information

Please note the following:

• The existing CHC reference numbers provided to you within current service users' Individual Placement Agreements will remain the same.



- Any patient identifiable information on invoices will result in them needing to be amended and reissued, which will cause a delay in the invoices being processed.
- If invoices are received in excess of the agreed uplift rate they will not be processed. If this occurs, we will be asking for invoices to be reissued potentially causing a delay in payment.

Thank you for your continued support. We look forward to working with you throughout 2025/26.

Please acknowledge receipt of this email by emailing bnssg.fcbandq@nhs.net by Friday 13 June 2025.

Yours faithfully,

flhiM

Lee Colwill

Senior Lead for Business and Commissioning Bristol, North Somerset and South Gloucestershire ICB