



Report to Scrutiny Panel

Name of Scrutiny Panel	Health and Social Care Scrutiny Board	
Meeting Date	11 th . July 2019	
Subject	Continuing Healthcare	
Wards Affected	All	
Report of	Ged Taylor, Interim Assistant Director, Adults Health & Social Care, Calderdale Council Sarah Antemes, Head of Commissioning – Continuing Healthcare/Mental Health and Learning Disability Services, Calderdale Clinical Commissioning Group	
Type of Item (please tick✓)	Review existing policy	
	Development of new policy	
	Performance management (inc. financial)	
	Briefing (inc. potential areas for scrutiny)	
	Statutory consultation	
	Council request	
	Cabinet request	
	Member request for scrutiny (CCFA)	Y

Why is it coming here?
This report is at the request of members of the Health and Social Care Scrutiny Board as part of the Board's work programme for 2019/20.

What are the key points?
<ul style="list-style-type: none"> To provide background information in relation to continuing healthcare To provide the Board with an update on work being undertaken to strengthen joint working in relation to continuing healthcare between Calderdale CCG and Calderdale Metropolitan Borough Council.

Possible courses of action
Panel are asked to: <ul style="list-style-type: none"> Note the contents of the report

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Should this report be exempt?
No

Report to Scrutiny Board

1. Purpose of Report

The purpose of this report is to provide background information in relation to continuing healthcare and to provide the Board with an update on work being undertaken to strengthen joint working in relation to continuing healthcare between Calderdale CCG and Calderdale Metropolitan Borough Council.

2. Recommendations

Members are asked to:

- Note the contents of the report.

3. Background

3.1 NHS continuing healthcare is an ongoing package of health and social care that is arranged and funded solely by the NHS where an individual is found to have a primary health need. Such care is provided to an individual aged 18 or over to meet needs that have arisen as a result of disability, accident or illness.

3.2 NHS continuing healthcare can be provided in a variety of settings outside hospital, such as in a person's own home or in a care home.

3.3 To be eligible for NHS continuing healthcare, an individual is assessed by a multidisciplinary team which will look at that individual's care needs and relate them to:

- what help the person needs
- how complex their needs are
- how intense their needs can be
- how unpredictable they are, including any risks to health if the right care is not provided at the right time

3.4 Eligibility for NHS continuing healthcare depends on assessed needs and not on any particular diagnosis or condition. If an individual's needs change then eligibility for NHS continuing healthcare may change.

3.5 A decision about eligibility for a full assessment for NHS continuing healthcare should usually be made within 28 days of an initial assessment or request for a full assessment.

3.6 If an individual is not deemed to be eligible for NHS continuing healthcare, if they still have some health needs then the NHS may pay for part of the package of support known as a "joint package" of care.

3.7 For most people, there is an initial checklist assessment, (known as a Decision Support Tool or DST) which is used to decide if an individual need a full assessment.

However, if someone needs care urgently – for example, if they are terminally ill –their assessment may be fast-tracked.

4. Initial assessment and decision making for NHS continuing healthcare

- 4.1 The initial checklist assessment can be completed by a nurse, doctor, other healthcare professional or social worker. Depending on the outcome of the checklist, the individual will be informed they do not meet the criteria for a full assessment of NHS continuing healthcare and are therefore not eligible, or they will be referred for a full assessment of eligibility.
- 4.2 Being referred for a full assessment doesn't necessarily mean the individual will be eligible for NHS continuing healthcare. The purpose of the checklist is to enable anyone who might be eligible to have the opportunity for a full assessment.
- 4.3 The professional(s) completing the checklist should record in writing the reasons for their decision and sign and date it.
- 4.4 The assessment will consider the individual's needs under the following headings:
 - breathing
 - nutrition (food and drink)
 - continence
 - skin (including wounds and ulcers)
 - mobility
 - communication
 - psychological and emotional needs
 - cognition (understanding)
 - behaviour
 - drug therapies and medication
 - altered states of consciousness
 - other significant care needs
- 4.5 These needs are given a weighting marked "priority", "severe", "high", "moderate", "low" or "no needs". If an individual has at least one priority need, or severe needs in at least 2 areas, they can usually expect to be eligible for NHS continuing healthcare. They may also be eligible if they have a severe need in one area plus a number of other needs, or a number of high or moderate needs, depending on their nature, intensity, complexity or unpredictability.
- 4.6 In all cases, the overall need and interactions between needs will be taken into account together with evidence from risk assessments, in deciding whether NHS continuing healthcare should be provided.
- 4.7 If an individual is eligible for NHS continuing healthcare, the next stage is to arrange a care and support package that meets their assessed needs.
- 4.8 An individual's needs and support package will normally be reviewed within 3 months and thereafter at least annually. This review will consider whether the existing care and support package meets the assessed needs and if needs have changed and the review will also consider whether the individual is still eligible for NHS continuing healthcare.

- 4.9 If someone is not eligible for NHS continuing healthcare but is assessed as requiring nursing care in a care home (a care home that is registered to provide nursing care) the individual will be eligible for NHS-funded nursing care.
- 4.10 This means that the NHS will pay a contribution towards the cost of the nursing care. NHS-funded nursing care is available irrespective of who is funding the rest of the care home fees.

5. National Framework for NHS Continuing Healthcare

- 5.1 A revised National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care was published in March 2018 and revised in October 2018. The revised 2018 National Framework sets out the principles and processes of NHS Continuing Healthcare and NHS-funded Nursing Care and replaces the previous version of the National Framework, published in November 2012.
- 5.2 It includes practice guidance to support staff delivering NHS Continuing Healthcare and in addition to the 2018 revision of the National Framework, there is also an update to the Practice Guidance and a number of annexes which accompany the Framework.
- 5.3 The revised framework reflects legislative changes since the 2012 National Framework was published, primarily to reflect the implementation of the Care Act 2014 and clarifies a number of policy areas, including:
- a) Setting out that the majority of NHS Continuing Healthcare assessments should take place outside of acute hospital settings. This will support accurate assessments of need and reduce unnecessary stays in hospital.
 - b) Providing additional advice for staff on when individuals do and do not need to be screened for NHS Continuing Healthcare in order to reduce unnecessary assessment processes, in response to a call for greater clarity on this.
 - c) Clarifying that the main purpose of three and 12 month reviews is to review the appropriateness of the care package, rather than reassess eligibility. This should reduce unnecessary re-assessments.
 - d) Introducing new principles for CCGs regarding the local resolution process for situations where individuals request a review of an eligibility decision. The aim is to resolve such situations earlier and more consistently.
 - e) Providing clearer guidance, including dedicated sections, on: the roles of CCGs and local authorities, NHS-funded Nursing Care, inter-agency disputes, well-managed needs, and the Fast Track Pathway Tool.
- 5.4 None of the 2018 amendments and clarifications to the National Framework, Practice Guidance, annexes or National Tools are intended to change the eligibility criteria for NHS Continuing Healthcare.

6. Joint Review of CHC in Calderdale

6.1 In the light of the revised framework and as part of the commitment of further integrating the commissioning activities of Calderdale CCG and CMBC, dialogue has been taking place on strengthening the local approach and processes associated with continuing healthcare. The benefits of such an approach are:

- A more joined up approach to providing care and maximising outcomes
- Transparency of process and pathways – leading to better experiences for people in receipt of CHC and their families and carers
- Improved communication and information provided to individuals and their families
- Consistency of practice and application of criteria
- Opportunities to optimise business processes – making the best use of the capacity and capability in both organisations
- Opportunities for efficiency and ensuring the best use of the Calderdale pound

6.2 Senior managers in both organisations have mapped the current pathway for the end to end process for continuing healthcare including the assessment and review of a person's care needs. This is the first time that the two organisations have collectively reviewed their processes. This has provided the opportunity to identify:

- + Where parts of the process are unclear
- + Where there may be inconsistencies in assessments and use of the decision making tools
- + What actions are needed to resolve issues or disagreements
- + What communication is needed both within the organisations and with those in receipt of continuing healthcare care and their families/carers.
- + Identifying opportunities for streamlining and areas for transformation.

7. Next Steps

7.1 The mapping identifies a number of actions which need to be taken. An action plan setting out clear milestones for delivery is currently being developed as an output from the mapping exercise.

7.2 The key actions that have emerged are:

- + **Communication & Information** - consistent and clear information to individuals and their families and guidance for relevant professionals
- + **Decision Making** - Clear and transparent recommendations and appeals process
- + **Management of disputes** – to be timely with joint Council/CCG approach/panel
- + **Individualised care commissioning** - Ensure personalised care and appropriate decisions re: care packages/placements – Helping Individuals and relatives to understand that needs may change and this could affect ongoing eligibility.
- + **Professional Practice** - Training and skill development of relevant staff to ensure consistency of practice
- + **Contracting and service specifications** – ensuring care over and above the standard service specification is personalised
- + **Clear process and oversight** - ensure evidence at review informs any changes to package/placements
- + **Reviews** - joint approach between the CCG/LA in relation to changes of need that may have implications for funding and current placement/care packages

7.3 Oversight of operational delivery of the work is through the Integrated Commissioning Executive (ICE) Operations Group and joint governance through the Integrated Commissioning Executive, through to the Health & Wellbeing Board.

7.4 It is anticipated that as part of their forward work programme, the Health and Social Care Scrutiny Board may wish to be updated on progress in developing and implementing the joint action plan.

8. Conclusions

It is recommended that the Board note the progress being made in relation to the joint review of the current continuing healthcare framework in Calderdale and the intention to develop a joint action plan.