

**NHS CONTINUING HEALTH CARE**

*To:* **Adults Committee**

*Meeting Date:* **3 November 2016**

*From:* **Wendi Ogle-Welbourn  
Interim Executive Director: Children, Families and Adults**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**      *Key decision:* **No**

*Purpose:* **To consider the quarterly report into NHS Continuing Health Care**

*Recommendation:* **To support the actions being taken by the Service Lead for Continuing Health Care**

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## **1.0 BACKGROUND**

- 1.1 NHS Continuing Health Care (CHC) is a package of care or provision of a placement which should be totally funded by the NHS. It is for people aged 18 or over from any 'care group' who have been assessed as meeting the eligibility criteria set out within the National Framework for Continuing Health Care (revised November 2012). The framework for applying the criteria consists of a multi-disciplinary process of Health and Social Care assessments culminating in the completion of a Decision Support Tool (DST). The process is led by the NHS and comes under the accountability of the local Clinical Commissioning Group (CCG). If it is decided by the person's multi-disciplinary team that they are eligible for CHC, the NHS pays for and commissions the totality of their assessed care needs, once the Clinical Commissioning Group have ratified their recommendation.
- 1.2 Historically, take-up of Continuing Health Care in Cambridgeshire has been low and there have been delays in NHS processes in progressing applications. There have also been areas of dispute between the Council and the Clinical Commissioning Group relating to both policy and practice. Peterborough City Council has experienced similar difficulties. The County Council has, therefore, been working with the Clinical Commissioning Group and Peterborough City Council to resolve these issues. The Clinical Commissioning Group has acknowledged that there is a problem and have agreed to meet with the Councils to find a resolution.

## **2.0 MAIN ISSUES**

- 2.1 The interventions of the County Council's Continuing Health Care Manager, along with a stronger operational and strategic focus from the Council, has led to progress in agreeing further cases for both full and joint NHS funding. This has been through a combination of direct intervention in individual cases, negotiation with the Clinical Commissioning Group to improve and speed up the assessment process and bespoke training for County Council staff members.
- 2.2 The Council's Continuing Health Care Manager has ensured an accurate record of outstanding cases and issues and this has been shared on a regular basis with the Clinical Commissioning Group so that we can agree the priority for progress on the cases with the highest clinical need.
- 2.3 There remain some significant unresolved issues, which are presenting operational and financial challenges for the Council and for individual service users. Matters that have been raised with the Clinical Commissioning Group include the disputes process, appeals and joint funding processes. While some progress has been made on trialling a new disputes resolution panel, there remain additional process issues that need to be resolved. The Council is working with the CCG to ensure that these are addressed.

- 2.4 The Council is continuing to raise all of these concerns strategically at the highest levels within the CCG and to invest in training for its own staff members to be able to increase awareness and challenge at an operational level. The Council is also working closely with Peterborough City Council- to resolve the outstanding issues with the Clinical Commissioning Group.

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

- 3.1.1 There are no significant implications for this priority.

#### **3.2 Helping people live healthy and independent lives**

- 3.2.1 Eligibility for Continuing Health Care is a right set out within both legislation and regulation. It is intended to support the most clinically vulnerable members of society who have complex health needs, including “end of life” care. Ensuring that all eligible citizens receive this support is a duty of both the County Council and the Clinical Commissioning Group. The Care Act re-enforces the need “to consider the question of Continuing Health Care” prior to undertaking a social care assessment.

#### **3.3 Supporting and protecting vulnerable people**

- 3.3.1 The report sets out the implications in paragraphs 2.1 and 3.2.1.

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

- 4.1.1 Resource implications are described in Appendix 1.

#### **4.2 Statutory, Risk and Legal Implications**

- 4.2.1 The report sets out the implications in paragraphs 2.3 and 3.2.1.

#### **4.3 Equality and Diversity Implications**

- 4.3.1 There are no significant implications for this priority.

#### **4.4 Engagement and Consultation Implications**

- 4.4.1 There are no significant implications for this priority.

#### **4.5 Localism and Local Member Involvement**

- 4.5.1 There are no significant implications for this priority.

#### **4.6 Public Health Implications**

- 4.6.1 Ensuring that individuals who are eligible for Continuing Health Care are identified at the earliest opportunity will ensure that they receive the most appropriate care to meet their needs in a timely manner.

Source Documents	Location
National Framework for NHS Continuing Health Care.	<a href="#"><i>National framework for NHS continuing health care and NHS funded nursing care - Publications - GOV.UK</i></a>

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: T Kelly (Adults)
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Fiona McMillan
Are there any Equality and Diversity implications?	Yes: Charlotte Black
Have any engagement and communication implications been cleared by Communications?	Yes Simon Cobby
Are there any Localism and Local Member involvement issues?	Yes Charlotte Black
Have any Public Health implications been cleared by Public Health	No