Agenda Item No: 6

NHS CONTINUING HEALTHCARE (CHC) 'DEEP DIVE'

To:	**Adults Committee**
Meeting Date:	**15 November 2018**
From:	**Charlotte Black** **Service Director: Adults and Safeguarding**
Electoral division(s):	**All**
Forward Plan ref:	**N/A** *Key decision:* **No**
Purpose:	**To provide an overview of NHS Continuing Healthcare (CHC) and the County Councils responsibilities in relation to this process.** **To summarise plans to improve performance and customer experience.**
Recommendation:	**To consider the report and provide comments on the proposed developments.**

Officer contact:		***Member contacts:***	
Name:	Kimberley O'Leary	Names:	Cllr Anna Bailey
Post:	Strategic Continuing Healthcare Manager	Post:	Chair
Email:	kimberley.o'leary@cambridgeshireshire.gov.uk	Email:	annabailey@hotmail.co.uk
Tel:	01223 703550	Tel:	01223 706398

1.0 BACKGROUND

1.1 The purpose of this report is to provide 'a deep dive' into NHS Continuing Healthcare (NHS CHC) in Cambridgeshire.

1.2 What is NHS Continuing Healthcare and how is eligibility determined?

1.2.1 *'NHS Continuing Healthcare means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the individual has been assessed and found to have a primary health need as set out in the National Framework. Such care is provided to an individual aged 18 or over, to meet health and associated care needs that have arisen as a result of disability, accident or illness' (DH, 2018).*

1.2.2 The process to determine eligibility for NHS CHC has two parts, which should be completed within 28 days, from the point when a Clinical Commissioning Group (CCG) receives a positive NHS CHC Checklist.

1.2.3 **Part 1:** The NHS CHC Checklist is completed (Appendix 1). If the outcome is positive, determined by the levels agreed in the 11 domains, the individual will proceed to stage 2 of the process. If the outcome is negative the process ends. Where an individual is entering a nursing home, this should be recorded on the checklist so that the financial contribution for the nursing care (Funded Nursing Care. FNC) can be recovered from the NHS.

1.2.4 **Part 2:** A multidisciplinary team (MDT) will complete the decision support tool (DST) (Appendix 2) and make a recommendation to the CCG on whether the individual is eligible for NHS CHC Funding. Once the recommendation is made, if the person is not recommended as eligible, but is entering a nursing home, this should be recorded to enable access to the FNC.

1.2.5 The minimum composition of the MDT, is two professionals from different health backgrounds or one professional who is from a healthcare profession and one person who is responsible for assessing persons who may have needs for care and support under part 1 of the Care Act 2014.

1.2.6 In Cambridgeshire only social workers and adult support co-coordinators who have been trained to complete NHS CHC checklists and participate in the MDT can be involved in this process.

2.0 NATIONAL AND LOCAL PERFORMANCE

2.1 Eligibility per 50,000 population

2.1.1 In Quarter 4 2017/18, the CCG's ranking improved to 73 out of 209 as the number of people being awarded NHS CHC increased to 48.2 per 50,000. This improvement reflects the efforts that have been made by the CCG and the Council to improve compliance with the National Framework and achieve better outcomes for local people.

2.2 Assessments exceeding 28 day time frame.

2.2.1 Approximately 50% of the 209 CCGs in England have a backlog of assessments exceeding the 28 day time limit. Nationally statistics show that as of the last day of Quarter 1 2018/2019 there were 4,910 assessments exceeding the 28 day timeframe.

Of these:

- 790 exceeded by up to 2 weeks
- 510 exceeded by more than 2 weeks and up to 4 weeks
- 1,012 exceeded by more than 4 weeks and up to 12 weeks
- 893 exceeded by more than 12 weeks and up to 26 weeks
- 1,705 exceeded by more than 26 weeks

2.2.2 At the end of September 2018, Cambridgeshire and Peterborough CCG had a backlog of 348 assessment of cases exceeding the 28 day time limit, with three cases waiting over three years. This is a significant improvement on the position in January 2018 when the backlog stood at 928 with longest wait dating back to July 2015.

2.2.3 The County Council's contribution to clearing the backlog was to employ two social workers with considerable experience NHS CHC. The funding for these posts came from the Better Care Fund.

2.2.4 The Council is paying the care costs of 67 Cambridgeshire residents who are waiting to have their eligibility for NHS CHC determined. The full-year effect of this on the Council is dependent on the outcome of the assessment and the level of care being funded. There are 196 people who has passed away before their assessment was completed. These cases will be resolved as part of the backlog programme. While there will be no in-year financial consequence for the Council from these cases, we will ensure that, where the deceased is eligible for NHS CHC, the client contribution will be reimbursed to the person's estate.

3.0 Performance against the 28 day timeframe

3.1 80% of NHS CHC cases with a positive NHS CHC Checklist, must have a decision on eligibility made within 28 days.

3.2 In August 2018, 71% of people with a NHS CHC Checklist had a decision on eligibility made within 28 days. Performance has deteriorated from 91% in May 2018.

3.3 The barriers to achieving the target include:

- Family refused to continue with multidisciplinary meeting as the professionals they were familiar with could not attend.
- CCG did not verify recommendations on time- various reasons
- Decision Support tool was not written up on time- various reasons
- Social worker did not sign/return signature to meet 28-day timeframe
- Staff sickness resulting in cancellation of appointment (nurses and social worker)
- Multidisciplinary team cannot agree the recommendation to the CCG

- Person with Lasting Power of Attorney could not attend appointment until outside 28 days.

3.4 The recurring themes are operational capacity in the CCG and the Council.

3.5 In April 2018 officers introduced a referral tracking system to enable the monitoring of requests for assistance from the CCG in determining a person's eligibility for NHS CHC. This has enabled us to monitor performance against the 80% target and understand the barriers to achieving it. It has been agreed locally that County Council staff will aim to respond to requests to attend MDTs in 2 days. Current performance is 2.5 days. The County Council has also agreed that we will aim to attend MDT and contribute to making a recommendation on eligibility if we are given seven days' notice.

3.6 The benefits of the tracker are:

- To monitor whether the response times are being achieved
- Mitigate the risk of the backlog increasing

To enable us to understand the workforce capacity needed to achieve the national targets.

4.0 Outcome of the NHS CHC process

4.1 National data indicates that 30% of people with a positive NHS CHC checklist are determined to be eligible NHS CHC funding. Analysis of the backlog cases that have been assessed indicates that approximately 27% of Cambridgeshire cases with a positive checklist received NHS CHC funding.

5.0 ACTIONS TAKEN BY THE COUNCIL TO IMPROVE THE NHS CHC PROCESS

5.1 The following actions have been taken to improve practice and customer experience:

- Recruited a strategic Lead for NHS CHC
- Employed dedicated social workers to support with clearing backlog and act as mentors for less experienced staff
- CHC clinics within the teams to assist staff with CHC queries
- Internal training programme to support social care staff and improve understanding of the process, practice the customer experience
- Reflective practice learning and development sessions for managers and senior practitioners
- Development of practitioner fact sheets and sharing examples of good practice
- Developed system to improve financial control and monitoring
- Participation in Complex Case Panels across all adult client groups and Children's Services.
- Systems in place to track the workflow which will be embedded in MOSAIC
- Working to improve relationships with partners in the CCG

6.0 NATIONAL PROGRAMME TO IMPROVE PERFORMANCE AND INDIVIDUAL EXPERIENCE

6.1 In April 2017, NHS England commenced a two year programme at how NHS CHC could be improved. The programme incorporates 23 projects ranging from commissioning, to workforce training and competency frameworks. The Council's Strategic Lead for NHS CHC is participating in the workshops.

6.2 NHS England, also now has a weekly conversation with the CCG to monitor local performance against clearing the backlog and achieving the 28 day standard.

6.3 Roles and responsibilities of the Local Authority

6.3.1 For Local Authorities, there are six requirements set out in the National Framework For NHS Continuing Healthcare and Funded Nursing Care (2018).

1. Where it appears that a person may be eligible for NHS Continuing Healthcare, the local authority must refer the individual to the relevant CCG.

2. Local authorities must, as far as is reasonably practicable, provide advice and assistance when consulted by the CCG in relation to an assessment of eligibility for NHS Continuing Healthcare. This duty applies regardless of whether an assessment of needs for care and support under section 9 of the Care Act 2014 is required. Where the local authority has carried out such an assessment of needs it must (as far as it is relevant) use information from this assessment to assist the CCG in carrying out its responsibilities.

3. A local authority must, when requested to do so by the CCG, co-operate with the CCG in arranging for a person or persons to participate in a multidisciplinary team. Local authorities should:
   - respond within a reasonable timeframe when consulted by a CCG prior to an eligibility decision being made:
   - Respond within a reasonable timeframe to requests for information when the CCG has received a referral for NHS Continuing Healthcare.

4. It is also good practice for local authorities to work jointly with CCGs in the planning and commissioning of care or support for individuals found eligible for NHS Continuing Healthcare wherever appropriate, sharing expertise and local knowledge (whilst recognising that CCGs retain formal commissioning and care planning responsibility for those eligible for NHS Continuing Healthcare).

5. Regulations state that local authorities must nominate individuals to be appointed as local authority members of independent review panels where requested to do so by NHS England. This duty includes both nominating such individuals as soon as is reasonably practicable and ensuring that they are, so far as is reasonably practicable, available to participate in independent review panels.

6.3.2 Nationally and locally there is an emphasis on partnership working and a joint commitment to improve the NHS CHC process for individuals.

7.0 Shared priorities and actions with the CCG

7.1 A joint CCG Complex Case Team and Local Authority Working Group was established July 2018 as a forum to agree joint priorities and areas of development. The ambition of this group is to clear the backlog and ensure that reviews are completed on time with active case management in the community. It is recognised that having a co-located team would significantly improve communication and build effective relationships between the partners and this is being explored

7.2 Both organisations agree that current processes and practice with regard to dispute resolution and joint funding tools require improvement. The aim is to complete these tasks by December 2018 and January 2019 respectively.

7.3 Since October 2017, the Council's CHC workers have worked with the CCG to resolve 116 disputes. There has been a reduction in disputes from August to October 2018 due to partnership working.

7.4 A joint approach will be developed to enhance knowledge and competence of practitioners across the system about NHS CHC. The current priority is the joint delivery of briefings on the updated National Framework which came into operation on the 1 October 2018.

7.5 In 2017, the CCG introduced a discharge to assess approach, known as 4Q, to reduce the number of NHS CHC cases being completed in acute hospitals. Results from the pilot indicate that this is achieving the national target (less than 15% being completed in acute hospitals). The CCG is leading a review of the 4Q process and developing a business case, jointly with the Council and Peterborough City Council to resource the revised model.

7.6 A priority of the Working Group is to improve communication about the NHS CHC process and what people can expect from it. The Working Group also want to ensure that the outcome of the process is communicated clearly in a timely way. The CCG has revised its website in consultation with Health Watch. The Council is reviewing information on the CCC website to compliment information provided the CCG. Officers have also worked with the CCG on two articles for the Carer's magazine on NHS CHC and have attended the Carer's Board to help answer questions in response to concerns raised by the Carers' Trust.

7.7 The CCG is currently re-organising the Complex Cases Team to improve stability, improve communication, accountability and increase capacity. The Council, with Peterborough City Council, will be considering options to compliment the capacity building by the CCG to enable the ambition of the Working Group to be realised. In the next phase of Adult Services re-organisation we will consider our organisational arrangements and the option of creating a small team, with Peterborough City Council, to focus solely on NHS CHC to be collated with health colleagues. The Commissioning Directorate is developing a joint brokerage function with the CHC Complex Cases Team which will result in a single point of contact and purchasing for all residential and nursing placements which will include placement made by the CCG for NHS CHC.

8.0 LEARNING DISABILITIES

8.1 In Cambridgeshire there is a Section 75 pooled budget for individuals supported by the Learning Disabilities Partnership (LDP). The County Council has delegated authority for managing the LDP budget. This budget included funding for people eligible for NHS CHC. Currently 39 people are in receipt of NHS CHC funding. Where an individual is not eligible for NHS CHC, but has needs that are of a nature and type that exceed the limit set out in Section 22 of the Care Act 2014, they are eligible for joint funding (which may include needs outside Funded Nursing Care (FNC). Currently 635 individuals are in receipt of joint funding.

8.2 A recent review of the budget indicated that the existing funding arrangements are not adequate to cover the needs of people with learning disabilities and the budget requires revision. As part of this work, an audit is being planned to begin in October 2018.

9.0 CONCLUSION

9.1 In a financially challenged health and social system determining how the costs of care and support for people with the most complex needs are met should be subjected to a high level of scrutiny. In this system partners are collaborating to address a shared understanding of the challenges and risks that impact on our ability to deliver the requirements of the National Framework for NHS CHC in an open, fair and competent way that also offers a person centred experience.

10.0 ALIGNMENT WITH CORPORATE PRIORITIES

10.1 Developing the local economy for the benefit of all

10.1.1 There are no significant implications for this priority.

10.2 Helping people live healthy and independent lives

10.2.1 The report above sets out the implications for this priority in **sections 1-5.**

10.3 Supporting and protecting vulnerable people

10.3.1 There are no significant implications for this priority.

11.0 SIGNIFICANT IMPLICATIONS

11.1 Resource Implications

11.1.1 The report above sets out details of significant implications in **section 1 and 4.**

11.2 Procurement/Contractual/Council Contract Procedure Rules Implications

11.2.1 There are no significant implications within this category.

11.3 Statutory, Legal and Risk Implications

11.3.1 The report above sets out details of significant implications in

11.4 Equality and Diversity Implications

11.4.1 There are no significant implications within this category.

11.5 Engagement and Communications Implications

11.5.1 There are no significant implications within this category.

11.6 Localism and Local Member Involvement

11.6.1 There are no significant implications within this category.

11.7 Public Health Implications

11.7.1 There are no significant implications within this category.

Source Documents	**Location**
None	

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Tom Kelly
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer: **N/A**
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer: **N/A**
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer: **N/A**
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer: **N/A**

Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer: **N/A**
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer: **N/A**