

Continuing Healthcare

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 7th February 2017

Author:	Project Manager, Swindon CCG
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update on Continuing HealthCare.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

Introduction

- 3.1 NHS Continuing Healthcare is defined as a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a “primary health need”. Available to individuals aged 18 or over, the care is designed to meet needs that have arisen as a result of disability, accident or illness.
- 3.2 NHS Funded Nursing Care is the funding provided by the NHS to homes providing nursing to support the provision of nursing care by a registered nurse.
- 3.3 Individuals who need ongoing care/support may require services arranged by CCGs and/or Local Authorities (LA's). CCGs and LA's therefore have a responsibility to ensure that the assessment of eligibility for care/support and its provision takes place in a timely and consistent manner.

4. Background

- 4.1 Since the latest NHS reforms in 2012, and the establishment of Clinical Commissioning Groups, local responsibility for the delivery of Continuing Health Care Assessments and management of the service has been hosted by Swindon Borough Council (SBC) through the Section 75 agreement. In 2015, SBC gave the CCG notice that they did not wish to continue to provide the service, and as a result, responsibility would transfer to the CCG.

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- 4.2 In preparation for this transfer SCCG initiated a procurement exercise to secure the expertise required to perform this function. Care Home Selection (CHS) was awarded a one-year contract commencing on 1 April 2016.
- 4.3 Over the last 9 months, CHS have established a team of 7.7 w.t.e of Assessors and Administrative Staff sourced from a wide range of skill sets and enabling the provision of a comprehensive evidence based service that meets with the national guidance on Continuing Health Care. In addition to the Core Team in Swindon, support is provided by clinical staff from across the CHS footprint including administratively from Staffordshire and additional clinical support from Dorset, Bedford, Devon and Cheshire. This enables a consistent approach to the application of national process and the option to source clinical expertise most suited to individual case management.
- 4.4 The CHC team have established both administrative and clinical referral assessment and decision making processes that reflect compliance with the national framework for CHC and Fast Track referrals.
- 4.5 To improve record keeping and maintenance of an effective database of the patients considered and receiving CHC funding, CHS have introduced their Care Track system and the CCG's Finance Team are using this database to support their forecasting on CHC expenditure.
- 4.6 The CHC team also provides a quality assurance check on all completed checklist referrals and DSTs from the local health and care economy, ensuring that the CHC panel process only considers those cases which are robust, compliant with guidance and of a consistent standard. This is facilitating an improved timescale in which the outcome of the assessment is made known to the individual and their families, as well as reducing the number of deferred cases which had historically been an issue.
- 4.7 As a result of the introduction of these new processes and procedures, the number of cases being considered for Continuing Health Care has fallen since April 2016:

CHC (excl Fast Track)	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016
Number of new checklist referrals for consideration	31	16	16	11	4	8	7

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- 4.8 In addition to this operational role, the CHC Team have embarked on a comprehensive training programme to a wide range of health and social care professionals across the local health economy, providing updated awareness of national guidance and the practical application of Continuing Health Care. Staff from Great Western Hospital Foundation Trust, Hospice Services, Community Services, Social Care and Care Homes have all been offered training and to date over 57 staff have been on either group sessions or 1 to 1 training. Plans are in hand to encourage attendance from Avon and Wiltshire Mental Health Trust and to embed education as a rolling feature of service delivery.
- 4.9 To ensure that the Team operates within the national framework, and that the CCG and SBC can be assured that we are compliant with all relevant regulations, the CHC Lead has reviewed existing policies and developed a suite of Continuing Health Care Policies, providing a robust foundation upon which the service is delivered. Engagement with relevant staff from SBC on the development of these policies and processes has been integral, and continued collaboration will be facilitated by the recently established CHC Programme Board where the two organisations, with representatives from the CHC Team, Finance and Quality will meet on a 6 weekly basis to discuss issues, policies and processes concerning the provision of CHC in Swindon and Shrivenham.

Activity to date

5. CHC

- 5.1 To provide some practical context, the table below summaries the new activity delivered and managed by the CHC Team to date (April 2016 – October 2016).

This table excludes the 209 cases inherited by CHS from SBC at the beginning of the financial year:

CHC Category	Number
CHC Negative Checklist	27
Undergoing Assessment	27
New Retrospective	7
Inherited Appeal	1
Responsible Commissioner Challenge	1
No outcome	29
Number of DST's presented to panel	68

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Closed (RIP or information incomplete)	18
Total CHC cases	178

- 5.2 Of the 68 DSTs presented to the CHC Panel for consideration, 62% were found not eligible for CHC funding.
- 5.3 An assessment of the new cases reported on Care Track received since April 2016 indicates an average length of time from date of checklist being received by the CCG and a funding decision being made of 19 days. This represents a good performance against the 28-day standard. For those cases inherited from SBC, however, there is further work being undertaken including validation, and as a result there are some cases where the average length of time is up to 101 days. The CCG fully recognises the need to improve on this current performance and therefore work continues to validate the Care Track system and ensure that all members of staff involved within the CHC process (including assessment and procurement of appropriate packages of care) are trained and update the system appropriately and accurately, so that monitoring of progress on cases can be regularly reviewed and actions implemented to mitigate any issues with delays in the process.

6. **Fast Track**

- 6.1 Occasionally individuals with a rapidly deteriorating condition who are entering a terminal phase of their life will require fast tracking for the immediate provision of CHC so that they can be supported in their preferred place of care as quickly as possible, without waiting for the full CHC eligibility process to be completed. CHS ensure that this is a streamlined process where enough information to support the need for fast tracking and to agree an appropriate package of care is secured.
- 6.2 The number of Fast Track Applications received since April 2016 to end of October 2016 and approved are detailed within the table below:

Fast Track Referrals	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Subtotals
Number of new Fast Track applications	17	23	21	20	15	20	18	134

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Number of approved Fast Track applications	17	22	20	18	15	19	18	129
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- 6.3 Decision making on Fast Track applications is time critical, and on average, using data on Care Track, the time taken is 2.8 days with most taking just 1 day.

7 Appeals and Complaints

- 7.1 In terms of appeals received, since April 2016 to October 2016, there were 9 appeals. Of these, one appeal case for an assessment carried out during 2015/16 has been found eligible for NHS CHC funding following a resolution meeting and taking additional evidence back to Panel. Another case considered by NHSE has had the CHC decision upheld.
- 7.2 As part of the work detailed above on processes and procedures, the Appeals process has been reviewed and an information leaflet is now available for individuals and their families.
- 7.3 Action is currently in hand to address the remaining 7 appeals involving engagement with families and arranging resolution meetings.
- 7.4 There have been seven complaints over the period, all of which have been resolved within the recommended time frame.

8. Financial Overview

- 8.1 As at October 2016, information from Care Track indicates that CHC expenditure is forecast for a year end position of £10,741,615.00. It should be noted that there is a need to recognise that this position is changing regularly due to the constant validation of the information recorded on Care Track. Action is in hand through the improved processes and procedures to ensure that each stage of the assessment and brokerage process in securing a care package for an individual is accurately recorded on this database to enable effective monitoring of progress and robust forecasting of expenditure.

9. Conclusion

- 9.1 Since April 2016, significant progress has been made in establishing a CHC Team within the CCG with an emphasis on continuing the close working relationship with SBC as a key partner in the delivery of this essential service.
- 9.2 The introduction of improved processes and procedures, coupled with the delivery of a significant training programme has enabled the CHC service to

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improve its response times to individuals and ensure a consistent approach is implemented across the health and social care economy. There is further work to do in embedding these processes and ensuring that individuals requiring a continuing health care assessment are managed in a timely manner, and both the CCG and SBC are committed to improving the arrangements surrounding the assessment and brokerage phases of the service.

10. Alternative Options

10.1 None

11. Implications, Diversity Impact Assessment and Risk Management

11.1 Legal and Human Rights Implications

The CCG has a legal duty and responsibility to ensure the provision of continuing health care within Swindon and Shrivenham is delivered and discharged in accordance within relevant standing rules and guidance including the National Framework.

11.2 All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

The delivery of an effective and efficient CHC service necessitates the employment of specialist trained staff to ensure that the service is delivered in compliance with the National Framework. In addition, sustainability of the service is currently ensured by the ability of CHS to secure appropriately skilled and trained staff from a wider geographical footprint for specific areas of CHC to support service delivery.

11.3 Diversity Impact Assessment

All patients within Swindon and Shrivenham who are eligible for CHC funding are included. There are no exclusions.

11.4 Risk Management

The management of risk is included within all policies and processes developed by the CHC Team.

12. Consultees

Not applicable as an update to the Health Overview and Scrutiny Committee.

13. Background Papers

13.1 None.

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14. Appendices

14.1 None.