

CONTINUING HEALTHCARE - AUGUST 2019

1. Introduction and context

- 1.1. NHS Continuing Healthcare (CHC) is the name given to a package of ongoing care that is arranged and funded solely by the NHS for people who are not in hospital who have complex ongoing healthcare needs.
- 1.2. A person must be assessed and found to have a 'primary health need' as set out in the National framework for NHS Continuing Healthcare and NHS-funded nursing care.
- 1.3. 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.
- 1.4. Eligibility for NHS Continuing Healthcare is not determined by the setting in which the package of support can be offered or by the type of service delivered.

2. National criteria and responsibilities

- 2.1. The eligibility criteria are set nationally, by the Department for Health and Social Care. The National Framework for NHS Continuing Healthcare and Funded Nursing Care provides the details on eligibility for Continuing Healthcare and how it is implemented.
- 2.2. Responsibility for implementing the CHC criteria belongs to Clinical Commissioning Groups (CCGs). NHS Southampton City CCG is responsible for implementing the policy for patients registered with a Southampton GP practice.
- 2.3. Eligibility for Continuing Healthcare is the demonstration of a primary health need. This means that a person's health needs are deemed to be more than what would reasonably be expected to be part of social care support, as outlined below.

3. The definition of a primary health need

- 3.1. A primary health need is a concept developed by the Department of Health and Social Care. It is designed to assist CCGs in deciding when an individual's primary need is for healthcare (which is appropriate for the NHS

to provide under the 2006 Act) rather than social care (which the Local Authority may provide under the Care Act 2014).

- 3.2. To determine whether an individual has a primary health need, there is an assessment process, which is detailed in the National Framework for NHS Continuing Healthcare and NHS-funded nursing care (October 2018). When an individual has a primary health need and is therefore eligible for NHS Continuing Healthcare, the NHS is responsible for providing for all of the individual's assessed health and associated social care needs, including accommodation, if that is part of the overall need.
- 3.3. Determining whether an individual has a primary health need involves looking at the totality of their relevant needs. An assessment of eligibility must be undertaken by a multidisciplinary team (MDT), which must use the national Decision Support Tool (DST).
- 3.4. An individual has a primary health need if, having taken account of all their needs (following completion of the Decision Support Tool), it can be said that the main aspects or majority part of the care they require is focused on addressing and/or preventing health needs. Having a primary health need is not about the reason why an individual requires care or support, nor is it based on their diagnosis; it is about the level and type of their overall actual day-to-day care needs taken in their totality.
- 3.5. Each individual case has to be considered on its own facts in accordance with the principles outlined in this National Framework.
- 3.6. Therefore, the 'primary health need' test should be applied, so that a decision of ineligibility for NHS Continuing Healthcare is only possible where, taken as a whole, the nursing or other health services required by the individual:
 - are no more than incidental or ancillary to the provision of accommodation which local authority social services are, or would be but for a person's means, under a duty to provide; and
 - are not of a nature beyond which a local authority whose primary responsibility it is to provide social services could be expected to provide.

4. Eligibility

- 4.1. Eligibility is the same for all individuals, whether their needs are being met in their own home or in care home accommodation. Certain characteristics of need – and their impact on the care required to manage them – may help determine whether the ‘quality’ or ‘quantity’ of care required is more than the limits of a local authority’s responsibilities.
- 4.2. The eligibility criteria for Continuing Healthcare has 12 care domains:
- 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
- 4.3. These needs are given a weighting marked "priority", "severe", "high", "moderate", "low" or "no needs". If a person 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.
- 4.4. If an individual is not eligible for Continuing Healthcare it may be appropriate to consider if their needs are best met by a joint social care and health funded package of care. This is where the CCG agrees to pay for a proportion of the package of care, and the other proportion may be paid for by the local authority.
- 4.5. In some cases, a person may have potential for rehabilitation; this must be fully explored by professionals before NHS-funded Continuing Healthcare can be considered.

5. Decision-making process / application

- 5.1. The CCG has a specialised team of nurse assessors, social workers, commissioning managers and admin staff who work within our NHS Continuing Healthcare team. This team processes applications for Continuing Healthcare funding and provides case management for individuals who receive this funding.
- 5.2. Financial issues are not considered as part of the decision on an individual's eligibility for NHS Continuing Healthcare.
- 5.3. There are two stages in the application process:

5.3.1. Step 1 - Checklist

For most people the first step is to have an assessment with a health or social care professional using a screening tool called the Checklist.

This may be:

- part of the discharge pathway from hospital;
- introduced by a GP or nurse who may use it in an individual's home OR
- social workers or care managers may use it when carrying out a community care assessment.

This list is not exhaustive, and in some cases it may be appropriate for more than one person to be involved.

If the Checklist concludes a patient may be eligible for NHS Continuing Healthcare, a full assessment of their needs will be arranged using a tool called the Decision Support Tool.

If it concludes the patient is not suitable for the NHS Continuing Healthcare process, they will not proceed to the next stage. However if their circumstances change they may request another Checklist to be undertaken.

The patient or their representative will be fully involved in the assessment and decision-making process, and their views about their needs for care and support will be taken into account.

5.3.2. Step 2 - Decision Support Tool

If the Checklist indicates that the patient needs a full assessment, then a Decision Support Tool (DST) needs to be completed and submitted to the CCG with supporting evidence demonstrating the intensity, complexity, unpredictability and nature of needs and care provision. The DST has been developed nationally to aid consistent decision making and cannot be altered.

A lead professional will be appointed and will coordinate the assessment collation to complete the DST. The DST is completed in a meeting with at least two health and / or social care professionals and the person or their representative present. The professionals (or Multi-disciplinary team) will then make a recommendation on eligibility and send the application to the Continuing Healthcare team for ratification. The lead professional will also keep the applicant and their family or representative informed of the process.

The DST is designed to ensure that the full range of factors that have a bearing on an individual's eligibility are taken into account in reaching the decision, irrespective of client group or diagnosis. The tool provides practitioners with a method of bringing together and recording the various needs in 12 'care domains', or generic areas of need. Each domain is broken down into a number of levels.

The levels represent a hierarchy from the lowest to the highest possible level of need (and support required) such that, whatever the extent of the need within a given domain, it should be possible to locate this within the descriptors provided.

5.4. CCG Panel Process

If the CCG Continuing Healthcare team is unable to ratify the eligibility decision made by the multidisciplinary team completing the DST or if that team recommend that the person is not eligible for Continuing Healthcare but indicate that they may have a health need above the level that can reasonably be expected to be met by the local authority, the case is referred to the CCG CHC Panel. The CCG CHC Panel is convened weekly and has senior decision maker representation from Adult Social Care, the CCG CHC Team and is chaired by an Independent Chair. The Panel is supported by advisors from Adult Social Care and provider Health Services. The Panel considers all the evidence available to support the DST and decides if the individual is in fact eligible for CHC or if a joint funded

package of care is indicated or if there is no indication for funding from the CCG.

The CCG administrators support the Panel and ensure that the lead professional for the DST and the individual and or their family or representative as appropriate is informed of the outcome of the Panel. A detailed Panel report is shared with the individual following the Panel meeting.

6. Reviews

- 6.1. Eligibility for NHS Continuing Healthcare is not awarded for life and is reviewed at the three month point after the initial decision. After this eligibility is reviewed annually.
- 6.2. The CCG is responsible for the case management of individual Continuing Healthcare support packages, including monitoring the quality of care and arranging regular reviews. This can be through joint arrangements with Social Services where applicable.

7. Appeals

- 7.1. If a patient does not agree with the decision on their eligibility for Continuing Healthcare, then they may appeal. Depending on the nature and extent of the appeal, this may either be resolved by meeting with the patient or taking their case to a local panel which is multi-professional and objective of the process that has been undertaken. The panel will review the domain weightings and the evidence, in order to make an eligibility decision or request more information regarding conditions and symptoms.

If the dispute cannot be agreed locally through panel within the CCG, the patient may appeal the decision with NHS England. NHS England will compile a panel that will review the decision, the process and the evidence as appropriate to the appeal. If the decision made at this panel is not satisfactory for the patient or their representative, then they may complain to the Parliamentary and Health Service Ombudsman.

8. Redress payments

- 8.1. Individuals can be reimbursed for care during periods they were eligible for, but did not receive, continuing healthcare support. This is known as a redress payment.

9. Choice and equity

- 9.1. In light of the need to balance personal choice alongside safety and effective use of finite resources, the CCG has a Choice and Equity Policy in place. This was updated in 2019, following approval from the CCG's governing body.
- 9.2. It is necessary to have a policy which supports consistent and equitable decisions about the provision of care regardless of the person's age, condition or disability. These decisions need to provide transparency and fairness in the allocation of resources.
- 9.3. Application of this policy ensure that decisions about care will:
- be robust, fair, consistent and transparent
 - be based on the objective assessment of the person's clinical need, safety and best interests
 - have regard for the safety and appropriateness of care to the individual and staff involved in the delivery
 - involve the person and their family/representative wherever possible
 - support choice to the greatest extent possible in view of the above factors.
- 9.4. In addition to a person's assessed needs, the CCG may have to take into account its own resources when deciding upon which package of care to commission.

Furthermore, we support people's right to live independently and take our obligations and duties towards this very seriously.

10. Local information

- 10.1. The CCG must follow the nationally mandated processes and criteria as laid out in the National Framework for NHS Continuing Healthcare and NHS funded nursing care (October 2018). Failure to do so, for example by not fully involving social care in decision making would leave the CCG open to challenge as part of the local and national appeal processes.
- 10.2. In Southampton we have 211 clients receiving CHC funding. This figure does not include joint funded care packages with Southampton City Council.

- 10.3. In the last year, the CCG has continued to focus on delivering significant improvements to the quality of care provided whilst obtaining best value for money. We work with University Hospital Southampton NHS Foundation Trust and Southampton City Council to ensure assessments for long term care needs are completed in the community setting rather than the acute hospital. During the last five months only one full CHC assessment has been completed in hospital. Completing assessments in the community delivers a better experience and outcomes for the majority of people.
- 10.4. We have also started a process of integration with Southampton City Council's Adult Social Care teams. The CHC learning disabilities team is now co-located with the council team for learning disabilities, working to one jointly appointed line manager. It is anticipated this integration work will progress further during 2019/20.
- 10.5. We also actively participate, as one of the development partners, in the National Strategic Improvement programme for CHC, supporting and contributing to national work that seeks to improve the consistency of outcomes and experience for everybody involved in the CHC process.
- 10.6. We have revised and updated a number of procedures relating to CHC in line with new national guidance and have purchased a new database system to manage the caseload which went live on 1 April 2019.

11. Useful resources

- 11.1. The full CHC national framework can be found at:

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

- 11.2. A helpful video, outlining the process for patients, families and carers can be found at <https://www.youtube.com/watch?v=9xE2oGVRqvY>

12. Conclusion

The CCG requests the Panel notes this report and considers the information presented at the meeting.