

Title of paper:	Continuing Health Care Operational Policy
Meeting:	Governing Body
Date:	21 st March 2014
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Purpose	To Agree	
	To Advise	
	To Note	

Development

The Operational Policy was consulted on over the period from 18th December 2013 until 11th February 2014, where it was agreed in principle at the Continuing Healthcare Programme Board. Consultation took place with CCGs, Acute Trust and Community Trust Providers, Surrey County Council, Patient and Public involvement officers and service user representatives.

Executive Summary and Key Issues

The Operational Policy for NHS Continuing Healthcare is built around the National Framework for NHS Continuing Healthcare and NHS funded-nursing Care (2012 revised). It incorporates the best practice guidance for delivering the service and clarifies the role and functions of Clinical Commissioning Groups in meeting their statutory obligations.

The Operational Policy clearly states the process from the patient being referred to the service through assessment, eligibility decision process and final placement. The appeals process is also stated for those who are deemed not eligible for NHS Continuing Healthcare funding or are no longer eligible for NHS Continuing Healthcare funding. Appendices to the Policy include the processes for completing the key documents by providers, the NHS Checklist, Fast Track Tool and the Decision Support Tool.

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NHS Continuing Healthcare is a 'whole system' process which requires input from services across the health and social care economy. The need for other services to contribute to the delivery of the NHS Continuing Healthcare service is the basis for ensuring a full and thorough assessment is completed in a timely manner. Training for staff within provider services and the local authority will be delivered by the NHS Continuing Healthcare service as will support to referrers to assist them in completing the necessary documents completely.

The Policy explains the relationship between NHS Continuing Healthcare and other funding streams for NHS funding including Section 117 aftercare, joint funded care packages, Funded Nursing Care and Personal Health Budgets.

Choice and finance responsibilities for the CCG are also covered with the start and stop dates for funding by the NHS clearly stated.

The transition from Children's services to adult services is explained fully with the role of the adult NHS Continuing Healthcare service explicitly stated. Governance and monitoring of the service will be achieved through the Policy includes the standard Key Performance Indicators for a NHS Continuing Healthcare service to ensure that the timeframes stipulated within national guidance are achieved.

Recommendation(s):

The Governing Body is asked to agree the NHS Continuing Healthcare Operational Policy to allow for full implementation with effect from 1st April 2014.

The Policy has a review date of 12 months from approval by the CCG Governing Body with any changes to legislation or practice during this period being agreed as an addendum to the policy pending the full review date being reached. The need for an agreed Policy for NHS Continuing Healthcare approved by the Governing Body of the CCG will ensure clarity and define working practices within NHS Continuing Healthcare across Surrey.

At present Surrey County Council have not agreed the Operational Policy as a Joint Policy however, it is expected that we will work towards this within year one.

Attachments:

NHS Continuing Healthcare Operational Policy.

Implications for wider governance

Quality and patient safety

The Operational Policy once fully implemented will ensure the patients referred for a NHS Continuing Healthcare assessment received a service which is compliant with National Guidance and Best Practice.

Patient and Public Engagement

The Policy has been consulted on with a wide range of stakeholders including Patient and Public Engagement. All further policies and procedures arising from the implementation of the Operational Policy i.e. eligibility panel, appeals panel will be subject to consultation across stakeholders including Patient and Public Engagement and service user representatives and carers organisations.

Equality Duty

The Operational Policy will apply to all adults equally and has been assessed positively for equality impact.

Finance and resources

The introduction of the Operational Policy will ensure due process is followed in line with the National Framework for NHS Continuing Healthcare and NHS funded-nursing Care (2012 revised) and should ensure fiscal management of care packages are more robustly managed. The change from the CCGs paying for up to 56 days following a non-eligibility decision to stopping payment from the date of non-eligibility will have a positive impact on CCGs budgets.

Workforce

The Operational Policy clarifies the role of the NHS Continuing Healthcare service in respect of what they are to provide. Training in the Operational Policy is currently being planned for the service staff and for all provider units.

Information Governance

The CHC team is governed by all the CCG's Information Governance Policies and staff are given mandatory IG training.

Conflicts of interest

The prime area for a conflict of interest is with Surrey County Council as there may be patients/service users who costs move between health and social care and vice versa. The Operational Policy clarifies the responsibility of the CCG and ensures that there is a clear, robust process for eligibility decisions which will include input from Surrey County Council staff.

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Communications Plan

The document once agreed will be placed on the CCG website.

We are planning a launch, once the Policy has been agreed, for senior staff from across the health and social care economy.

Legal or compliance issues

Currently the service is not compliant with the National Framework for NHS Continuing Healthcare and NHS funded-nursing Care (2012 revised). The acceptance of the Operational Policy by the CCGs will ensure that the process is compliant with all statutory and non- statutory requirements for CCGs once fully implemented.

Risk and Assurance

CHC is on the CCG risk register



**SURREY DOWNS CLINICAL COMMISSIONING
GROUP**

**CONTINUING HEALTHCARE OPERATIONAL
POLICY**

POLICIES AND PROCEDURES MANUAL

February 2014

CONTINUING HEALTHCARE OPERATIONAL POLICY

Policy ID	CL05
Version	Final
Date ratified by Governing Body	21/3/2014
Author	Tony Byrne
Date issued	21st January 2014
Last review date	11 th February 2014
Next review date	10 th February 2015

EQUALITY STATEMENT

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

EQUALITY ANALYSIS

This policy has been subject to an Equality Analysis, the outcome of which is recorded below

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race	N	
	• Ethnic origins (including gypsies and travellers)	N	
	• Nationality	N	
	• Gender	N	

	<ul style="list-style-type: none"> • Culture 	N	
	<ul style="list-style-type: none"> • Religion or belief 	N	
	<ul style="list-style-type: none"> • Sexual orientation including lesbian, gay and bisexual people 	N	
	<ul style="list-style-type: none"> • Age 	Y	<p>Document is an operational policy for CHC, which largely supports older persons. Therefore, this pathway has a positive impact where clinical need relates to conditions which increase with age.</p> <p>The pathway provides fast track applications for those near the end of their lives.</p> <p>These procedures do not apply to children.</p>
	<ul style="list-style-type: none"> • Disability - learning disabilities, physical disability, sensory impairment and mental health problems 	Y	<p>This is a positive impact. Eligibility is based on clinical need (both physical and mental health), which is in relation to level of disability.</p> <p>Fast Rack application process also positively supports clinical need.</p> <p>Where mental health/learning health disabilities occur advocacy can be arranged on behalf of an individual.</p>
2.	Is there any evidence that some groups are affected differently?	Y	Positive impact only, based upon clinical need for CHC corresponding with older persons and increased with disability.
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/a.	Discrimination is based on clinical need. Equality of opportunity for all.
4.	Is the impact of the document/guidance likely to be negative?	N	
5.	If so, can the impact be avoided?	N/a.	
6.	What alternative is there to achieving the document/guidance without the impact?	N/a.	
7.	Can we reduce the impact by taking different action?	N/a.	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Jade Brelsford, Communications Manager	12 th March 2014
Justin Dix, Governing Body Secretary	

Document Status	FINAL
Document Author	Tony Byrne
Working Party Members	Karen Parsons, Richard Simon, Kirsty McMurray, Stephanie Isherwood, Jonathan Perrott, Tony Byrne, Nita Hughes
Date Commissioned	9 th December 2013
Date Issued	11 th February 2014 following agreement in principal at the CHC Programme Board. For final CCG sign off.
Date Approved	
Equality Analysis	YES
Compliance with	<p>National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care <i>November 2012 (Revised)</i></p> <p>Incorporating: <i>NHS Continuing Healthcare Practice Guidance</i> <i>NHS Continuing Healthcare Frequently Asked Questions</i> <i>NHS Continuing Healthcare Refunds Guidance</i></p> <p>Surrey Downs Clinical Commissioning Group, Comments, Concerns, Complaints and Compliments Policy (2012)</p>
Key issues raised through consultation	Roles and responsibilities of statutory organisations. Decision and funding timelines for NHS Continuing Healthcare
Recommended Review Period	12 months
Key Words Contained in Document	NHS Continuing Healthcare Long Term Support Funded Nursing Care Joint Funding

Version	Date	Reviewer	Comment
1	10/01/2014	Tony Byrne	Comments from individuals on draft v1 incorporated into draft v2 were appropriate. Draft v1 updated for circulation to wider group for consultation.
2	21/01/2014	Tony Byrne	PHB expanded following comments from PHB lead. Amended on discussion with Nita Hughes lead Nurse CHC.
3	7/02/2014	Tony Byrne	Comments from SCC with a number being incorporated into the final document. Number of areas for further discussion with SCC however does not impact on overall policy
4	11/02/2014	Programme Board	Agreed in principal pending sign off by CCG's Governing Bodies. Paragraph 15.1 amended to change period of CCG funding when patient no longer eligible from 28 days to funding stops from the day of non-eligible decision.

Links to key documents:

1. National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012): www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care
2. The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
3. Copies of the National Framework for NHS Continuing Healthcare and Funded Nursing Care (2012) and the tools below are available from the Department of Health Website at: www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

Copies of:

NHS Checklist:

NHS Decision Support Tool

NHS Fast Track Tool

Available from below

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

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1 Introduction

This Operational Policy is the overarching statement of the approach for the delivery of a NHS continuing healthcare service across the Surrey County. The service will be delivered by Surrey Downs Clinical Commissioning Group in accordance with detailed policies and procedures on behalf of the following Clinical Commissioning Groups under formal agreement;

East Surrey CCG

Guildford and Waverley CCG

North West Surrey CCG

Surrey Heath CCG

North East Hampshire and Farnham CCG (only patients registered with Farnham GPs)

The National Framework for NHS Continuing Healthcare and funded nursing care (revised 2012) sets out the principles and processes for the implementation of NHS Continuing Healthcare & NHS funded-nursing care and it provides national tools to be used in assessment applications and for Fast Track cases.

The Department of Health published the revised National Framework in November 2012, which does not change the basis of eligibility decisions for NHS Continuing Healthcare and NHS funded-nursing care, or the overall principles, but seeks to provide greater clarity in the descriptions within the needs domains of the Checklist and the DST, giving greater clarity about the levels and types of need to be considered, as well as changes to the wider information that needs to be recorded and the Fast Track Pathway Tool.

This policy describes the processes that will be followed in NHS Surrey Downs Clinical Commissioning Group and should be read in conjunction with the following documents:

- The National Framework for NHS Continuing Healthcare & NHS funded-nursing care. (Department of Health, 2012, revised)
- NHS Continuing Healthcare Practice Guidance
- Who pays? Establishing the Responsible Commissioner (Department of Health 2013)
- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

2 Purpose and scope

This policy sets out the roles and responsibilities for health and social care staff for the delivery of the National Framework for NHS Continuing Healthcare & NHS funded-nursing care within the Surrey Clinical Commissioning Groups including, East Surrey, Surrey Downs, Guildford and Waverley, North West Surrey, Surrey Heath and North East Hampshire and Farnham. It provides the process for determining eligibility for continuing healthcare funding and the procedures to be followed. The policy also sets out the responsibilities of NHS Surrey Clinical Commissioning Groups in those situations where eligibility for NHS Continuing Healthcare has not been agreed, and for the management of situations that may arise as a result of NHS continuing healthcare eligibility decisions.

The policy describes the way in which NHS Surrey Clinical Commissioning Groups will commission care in a manner that reflects patient choice and preferences, whilst balancing the requirement that NHS Surrey Clinical Commissioning Group's keep within the set financial limit allocated to the organisation.

This policy applies to all NHS continuing healthcare applications for adults 18 years or older who are registered with a Surrey or Farnham General Practice or who are resident within the area covered by NHS Surrey Downs Continuing Healthcare Service and are **not** registered with a General practitioner elsewhere. This includes all care groups including:

- Physically Disabled
- Older People
- Learning Disabilities
- Young people in transition
- People with an organic mental health condition

These procedures do not apply to:

- Children

3. Responsibilities

Party	Key responsibilities
Health & Social Care staff referring clients for consideration of eligibility	<ul style="list-style-type: none">• Complete the required documentation, Checklist, Fast Track fully, and co-operate in completing the DST within 28 days of the CCG receiving the Checklist.

Party	Key responsibilities
<p>Continuing Healthcare Team</p>	<ul style="list-style-type: none"> • Receive, review all Checklists and Fast Track Tools to ensure the standards required are met and that they indicate eligibility for receipt of service or further assessment for eligibility • Maintain the continuing healthcare data base ensuring all referrals are recorded and that all correspondence is kept for each individual patient • Appoint a case co-ordinator to oversee the assessment process. • Review completed DST to ensure it is completed fully, in accordance with the National Framework, supported by robust clinical evidence and in an appropriate manner and that it has a clearly stated recommendation from the Multi-disciplinary Team who have completed it seeking further clarification as necessary. • Where appropriate, invite a social care practitioner to be part of the MDT/DST process. If a social care practitioner is not available to take part this must be recorded in the patient's notes. • Verification of Checklists, Fast Tracks • Arrange for the DST to be presented to the Eligibility Panel along with any supporting information and invite the Co-ordinator of the DST to the panel • Write to referrer and patient or their representative with the outcome and how to appeal. • If verification of eligibility is given by the panel for 100% continuing healthcare, arrange the package of care based on the needs of the individual and provide costing's of the package of care for approval. • If the individual is not eligible for NHS CHC but is entitled to NHS FNC arrange for the payments to be made to the care home in a timely manner. • Record all panel decisions in individual's case records and ensure all communication of panel decisions is undertaken in a timely and professional manner • Ensure patient case management arrangements are in place • Ensure reviews are undertaken in line with national policy and at other times as required • Undertake regular audit to ensure service is meeting agreed KPIs including patient, staff and customer feedback • Ensure CCGs are alerted to issues with Care providers which may compromise quality of care

Party	Key responsibilities
Continuing Healthcare Panel	<ul style="list-style-type: none"> • Consider all applications for continuing healthcare eligibility in a timely and robust manner and verify recommendation • Consider all patients who no longer meet the eligibility for 100% care packages and verify recommendation • Verify the eligibility of a client/patient for a NHS funded package of care • Review recommendation that an individual is no longer eligible for NHS FNC or a change from High Band RNCC to the flat rate FNC payment
NHS Continuing Healthcare funding, care package procurement.	<ul style="list-style-type: none"> • Ensure that an appropriate selection of packages including PHB, are offered to each client/patient based on their individual care plan • Review all complex packages of care ensuring value for money has been considered • Approve the placing of contracts for packages up to the manager's delegated limit • Seek assurances that providers are fit and proper organisations to provide care • Seek waivers to Standing Financial Instructions where this is necessary • Ensure that a database of clients and packages is maintained • Authorise invoices up to the manager's delegated limit • Agree the cost of the NHS share of joint funded packages • Approve one-off payments up to the manager's delegated limit
Contract Team	<p>Technical Commissioning:</p> <ul style="list-style-type: none"> • Maintain a database of accredited providers • Seek assurances that the providers on the list have CQC accreditation • Negotiated prices and terms and conditions for services offered by providers on the list • Monitor the usage of Personal health Budgets ensuring quality of provision and value for money • Develop contracts with providers that ensure high quality care delivery and value for money. • Monitor all contracts. <p>Finance/resources:</p> <ul style="list-style-type: none"> • Forecast likely spend for each year based on historic trends
Finance Director/COO	<ul style="list-style-type: none"> • Periodically review delegated limits for managers working in this area • Review and approve requests for waivers from Standing Financial Instructions • Periodically authorise counter-fraud audits

4 Definitions

Continuing care	Care provided outside of a hospital to patients with long-term health or social care needs. May include joint health and social care provision or funding.
NHS Continuing Healthcare	Care arranged and solely funded by the NHS
Care packages	Suite of services (nursing, therapies, home care etc) that are designed to match the assessed needs of a client/patient.
Care plan	Plan drawn up by a clinician to meet the needs of a patient/client.
Decision Support Tool (DST)	A standardised needs assessment tool used by clinicians to assess the needs of a client/patient. The outcome of the DST is to make a recommendation regarding the eligibility of a client/patient to a NHS funded package.
Continuing Healthcare Panel	Joint panel of NHS and Social Care officers that decide the eligibility of clients/patients to funding based on the DST and MDT recommendation.
Funding Panel	Panel of commissioners and finance officers monitoring expenditure and ensure financial governance and SFI's are assured
Case manager	Named Professional responsible for: drawing-up a care plan; maintaining contact with the patient, their representatives and relevant professionals, monitoring and reviewing the needs of the clients/patients receiving a care package and assessing the suitability of the package.
Budget holder	Person responsible under the scheme of delegation for authorising the release of NHS resources

5 Principles

Continuing Care means care provided over an extended period of time to a person aged 18 or over to meet physical or mental health needs which have arisen as a result of disability, accident or illness. NHS Continuing Healthcare means a package of continuing care arranged and funded solely by the NHS. (National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012 revised))

An individual who needs "continuing care" may require services from NHS bodies and/or from Local Authorities. Clinical Commissioning Groups have responsibility to ensure that the assessment of eligibility for continuing healthcare takes place within 28 days from the completion of the continuing care Checklist and in a timely and consistent fashion.

NHS Surrey Downs Clinical Commissioning Group and SCC Adult Social Care are committed to working in partnership to achieve these timeframes, together with local provider services.

The principles underlying this policy are that the residents of Surrey and patients registered with a Surrey GP practice have fair and equitable access to NHS funded continuing healthcare. These principles are:-

- The individual's informed consent will be obtained before starting the process to determine eligibility for NHS continuing healthcare
- If the individual lacks the mental capacity either to refuse or consent, a 'best interests' decision should be taken and recorded in line with the Mental Capacity Act 2005 as to whether to proceed with assessment for eligibility for NHS continuing healthcare. A third party cannot give or refuse consent for an assessment of eligibility for NHS continuing healthcare on behalf of a person who lacks capacity, unless they have valid and applicable Lasting Power of Attorney for Welfare, or have been appointed as a Deputy by the Court of Protection for Welfare only.
- Health and, where appropriate, social care professionals will work in partnership with individual patients/clients and their families throughout the process
- All individual patients and their families will be provided with information to support them to participate fully in the process
- NHS Surrey Downs Clinical Commissioning Group will support the use of advocacy for individuals through the process of application for NHS continuing healthcare, as in other services where advocacy is required.
- The process for decisions about eligibility for NHS continuing healthcare will be transparent for individual patients and their families and for partner agencies
- Once an individual has been referred for a full assessment for NHS continuing healthcare, following the completion of a Checklist, all assessments will be undertaken by the multi-disciplinary team involved using the Health Needs Assessment form or Single Assessment Process, ensuring a comprehensive multi-disciplinary assessment of an individual's health and social care needs, following the procedure for completion of the DST.
- Assessments and decision making about eligibility for NHS continuing healthcare will be undertaken by Surrey Downs Clinical Commissioning Group within 28 days of the completion of the continuing healthcare Checklist to ensure that individuals receive the care they require in the appropriate environment and without unreasonable delays.

6 Procedures

6.1 Eligibility for NHS Continuing Healthcare

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (revised, 2012) provides a consistent approach to establishing eligibility for NHS continuing healthcare. This is achieved through the use of the revised National Tools and Guidance developed to assist in making decisions about eligibility for continuing healthcare.

As a result of the Coughlan Judgement (1999) and the Grogan judgement (2006), under the National Health Service Act 2006, the Secretary of State has developed the concept of a "primary health need" to assist in deciding which treatment and other health services it is appropriate for the NHS to provide under NHS continuing healthcare.

Where a person's "primary need" is a health need, they are eligible for NHS continuing healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs from the assessment process. Where an individual has a primary health need, the NHS is responsible for providing all of the health and social care to meet the individual's needs, including accommodation, if that is part of that need.

Consideration of primary health need includes consideration of the characteristics of need and their impact on the care required to manage the needs. In particular to determine whether the quantity

or quality of care is more than the limits of responsibility of Local Authorities (as in the Coughlan judgement). Consideration is given to the following areas:-

- **Nature and type of need:** the particular characteristics of an individual's needs and the overall effect of those needs on the individual, including the type of interventions required to manage them
- **Intensity of need:** both extent (quantity) and severity (degree) of the needs, including the need for sustained care (continuity)
- **Complexity of need:** how the needs present and interact to increase the skill required to monitor and manage the care. This may arise with a single condition or the interaction between a number of conditions. It may also include situations where an individual's response to their own condition has an impact on their overall needs
- **Unpredictability of need:** the degree to which needs fluctuate, creating difficulty/challenges in managing the need. It also relates to the level of risk to the person's health if adequate and timely interventions/care are not provided

To minimise variation in interpretation of the principles and to inform consistent decision making, the NHS Continuing Healthcare DST has been developed for use by practitioners to obtain a full picture of needs and to inform the decision regarding the level of need that could constitute a primary health need. The DST combined with the practitioners own experiences and professional judgement should enable them to apply the primary health needs test in practice in a way which is consistent with the limits on what can be legally provided by a Local Authority.

Eligibility for NHS continuing healthcare is based on an individual's assessed health and social care needs. The DST provides the basis for decisions on eligibility for NHS funded continuing healthcare. The DST must be completed by the multi-disciplinary team, which must include as a minimum, two professionals from different health professions or one professional from a healthcare profession and one who is responsible for undertaking community care assessment (a social care professional). Specialist staff and mental health staff should be involved dependent on the individual's needs.

The multi-disciplinary team will make recommendations on eligibility of the individual for NHS funded continuing healthcare to the NHS Surrey Downs Clinical Commissioning Group Eligibility Panel. **The panel meets twice weekly and reviews the assessments and DST** and can make the following decisions with regard to recommendations about eligibility for NHS continuing healthcare:-

- Verify the recommendations of the multi-disciplinary team
- Not verify the recommendations of the multi-disciplinary team where the evidence provided does not support the level of need indicated in the DST. A full written detailed explanation of the decision will be provided to the applicant and/or their representative.
- Not verify the recommendation and defer the decision and request further evidence to support recommendation.

There may be occasions where a case needs an urgent decision and cannot wait for the next panel, e.g. this may be due to extreme pressure on acute beds during the winter period or for someone living alone at home with no support who is at risk.

For these **exceptional** cases a Chair's Action can be requested by contacting the Chair of the Panel or their nominated officer/s at:

NHS Continuing Healthcare Service
Cedar Court
Guildford Road
Leatherhead

KT22 9AE
Tel: 01372 201 645

This should only happen on very rare occasions in an emergency and bypassing the proper panel process should not be undertaken lightly.

If health or social care staff consider that a Chair's Action is absolutely necessary they must discuss the matter with their line manager who in turn should discuss this with the Chair of the Eligibility Panel or their nominated officer/s, and justify exactly why a Chair's Action is required and why the matter cannot wait until the next panel meeting.

If the Eligibility Panel Chair, or their nominated officer/s, agrees to make a decision in the interim, the full set of documentation, including DST with MDT recommendation must be presented to the next panel meeting for further discussion and ratification. Outcome will be recorded in the Panel minutes.

The use of Chair's Actions will be closely monitored by NHS Surrey Downs Clinical Commissioning Group to ensure that this procedure is only used on an exceptional basis and not routinely

6.2 Application for eligibility process

The first step in the process for the majority of people will be the screening process using the NHS Continuing Healthcare Checklist. The purpose of the Checklist is to encourage proportionate assessments so that resources are directed towards those people who are most likely to be eligible for NHS continuing healthcare.

Before applying the Checklist, it is necessary to ensure that the individual and their representative, where appropriate, understand that the Checklist does not indicate the likelihood that the individual will be found eligible for NHS continuing healthcare, only that they are entitled to consideration for eligibility. At this stage, the threshold is set deliberately low to ensure that all those who require a full consideration of their needs get the opportunity.

A nurse, doctor or other qualified healthcare professional or social care practitioner can apply the Checklist to refer individuals for a full consideration of eligibility from within the community or hospital setting. Whoever applies the Checklist will have to be familiar with, and have regard to, the National Framework for NHS Continuing Healthcare & NHS funded-care (Department of Health 2012) and the DST.

All completed NHS continuing healthcare Checklist should be sent to the Continuing Healthcare Team at:

NHS Continuing Healthcare
Cedar Court
Guildford Road
Leatherhead
Surrey
KT22 8AE

Secure email: referrals.surrey@nhs.net

Receipt of the Checklist is the start of the 28 day target for eligibility decisions and will ensure that monitoring of timelines and activity takes place.

In a hospital setting, before a NHS body gives notice of an individual's case to a Local Authority in compliance with section 2 (2) of the Community Care (Delayed Discharges) Act 2003, it must take all reasonable steps to ensure that an assessment for NHS Continuing Healthcare is carried out in

all cases where it appears to the body that the patient may have need for such care. The Checklist should therefore be applied, where relevant, as part of the discharge process.

Where the Checklist has been used as part of the process of discharge from an acute hospital, and has indicated a need for full assessment of consideration of eligibility, consideration must be given to the person's further potential for rehabilitation and for independence to be regained, and how the outcome of any treatment or medication may affect on-going needs.

If completion of the screening Checklist indicates that the individual patient is entitled to a full assessment to determine their eligibility for NHS Continuing Healthcare, the DST must be completed and a recommendation made to the CCG for verification..

The DST must be completed and provides practitioners with a framework to bring together and record the various needs in the 'domains' specified within the Tool. The multi-disciplinary team use the DST to apply the primary health needs test, ensuring that the full range of factors which have a bearing on the individual's eligibility are taken into account in making their recommendation.

The DST cannot directly determine eligibility, but it provides the basis from which decisions are made exercising professional judgement and in consideration of the primary health need criteria. Once the multi-disciplinary team has completed the DST they will make their recommendation on eligibility, recorded on the DST and pass, to the NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare panel.

NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel reviews the applications they receive to ensure consistency and quality of decision making processes and to ensure governance of the decision making on eligibility. This process ensures equity of access to NHS funded continuing healthcare and consistent decision making for all applications.

A person only becomes eligible for NHS continuing healthcare once a recommendation regarding eligibility has been verified by NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel, informed by the completed DST or Fast Track Tool. Prior to that decision being made, any existing arrangements for the provision and funding of care should continue, unless there is an urgent need for adjustment.

Where individuals are found to be eligible for NHS funded continuing healthcare, funding will be agreed from the date of the panel decision on eligibility or from day 29 from the date of the Checklist, if there has been an unreasonable delay on verification of eligibility, whichever is the earlier. Fast Track applications will be funded from the introduction of the agreed package of care.

6.3 Fast Track Applications

The Fast Track application is there to ensure that individuals who have a **“rapidly deteriorating condition, which may be entering a terminal phase”** get the care they require as quickly as possible. No other test is required.

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012. Department of Health) provides the Fast Track Tool for use in these circumstances. The Fast Track Tool needs to be completed by an 'appropriate clinician' described in the National Framework as:

“someone responsible for an individual's diagnosis, treatment or case as a registered medical practitioner or registered nurse. These can include senior clinicians employed in the voluntary and independent sectors that have a specialist role in end of life needs and the organisations services are commissioned by the NHS”.

Others involved in supporting those with end of life needs, including those in the voluntary and independent sector organisations may identify the fact that the individual has needs for which use of the Fast Track Tool would be appropriate. They should contact the appropriate clinician.

NHS Surrey Downs Clinical Commissioning Group supports the direct involvement of hospital staff in this process to ensure the timely discharge for these patients, supporting end of life care decisions and providing clear accountability for decision making.

The NHS Continuing Healthcare Service currently operates Monday to Friday only. The procedure for Fast Track applications covering Monday to Friday is set out in Appendix 1, and ensures that same day decisions about eligibility for NHS funded continuing healthcare can be made to support the preferred priorities of the individual for their end of life care.

Use of Fast Track applications will be closely monitored by NHS Surrey Downs Clinical Commissioning Group and action taken where it is suspected that improper use of the process has occurred.

7 Management of Appeals

7.1

The decisions of NHS Surrey Downs Clinical Commissioning Group Eligibility Panel are communicated to the individual patients, or their representative, the original referrer and to lead health and social care professionals making the application. The decision is communicated in writing together with copies of the relevant extract of the minutes of the meeting that provide the rationale for the Panel's decision within 5 working days of the Panel meeting (Appendix 4). The patient, or their representative, the original referrer and the lead health and social care professionals making the application can be informed verbally or by secure email following the Panel meeting, if they have not been present, pending receipt of the formal notification.

7.2

Where an individual has been found not eligible for NHS Continuing Healthcare or NHS Funded Nursing Care, they or their representative can appeal Surrey Downs CCG decision within **6 months** of the notification of eligibility decision. When an appeal is received this is acknowledged and the evidence is reviewed by a senior Lead Nurse who has not previously been involved with the assessment of the individual and if the appeal is not resolved at this stage an offer of an informal resolution meeting with the individual patient or their representative is made to go through the process of the Panel decision

Appeals in the first instance should be sent to:-

Continuing Healthcare Service
Cedar House
Guildford Road
Leatherhead
Surrey
KT22 8AE

Tel: 01372 201645

Email: referrals.surrey@nhs.net

7.3

If following the informal resolution meeting the patient or their representative remains unhappy with the CCG's decision a hearing will be arranged of the NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Appeals Panel. The members of the Appeals Panel will be independent of the initial Continuing Healthcare Panel that reviewed the eligibility application.

7.4

The individual patient, or their representative, will be asked to submit evidence on why they disagree with the Continuing Healthcare Panel's decision and to specify those areas of disagreement. Families and individuals are encouraged to attend Appeal Panel meetings to participate in the discussions.

7.5

Where an individual remains dis-satisfied by the Appeals Panel outcome they can request an Independent Review by writing to the NHS Commissioning Board at:

NHS England
York House
18-20 Massetts Road
Horley
Surrey
RH6 7DE

An Independent Review Panel's (IRP) key tasks are, at the request of the Board, to conduct a review of the following:

- a) the procedure followed by a CCG in reaching a decision as to that person's eligibility for NHS continuing healthcare; or
- b) the primary health need decision by a CCG.

and to make a recommendation to the Board in the light of its findings on the above matters.

It is particularly important that, before an IRP is convened, all appropriate steps have been taken by the relevant CCG to resolve the case informally, in discussion with the NHS Commissioning Board where necessary. The Board should have a named contact, who is the first point of contact for queries from partner organisations for the relevant locality. For Surrey Continuing Healthcare Service this will be:

Sian Carter
Head of Continuing Healthcare
Surrey Downs CCG
Cedar Court
Guildford road
Surrey
KT22 8AE

No individual should be left without appropriate support while they await the outcome of the review and any package of care in place must remain effective while the outcome of the independent review is awaited.

7.6

The County Council and their employees are not able to appeal against a decision made by NHS Surrey Clinical Commissioning Group Continuing Healthcare Panel on behalf of an individual. Appeals may only be made by individual applicants themselves or their duly appointed representative.

8 Complaints

If an individual patient or their representative is dissatisfied with the manner in which the overall process has been conducted rather than specifically the outcome regarding eligibility for NHS

continuing healthcare, they may make a complaint to NHS Surrey Clinical Commissioning Group through the NHS Complaints Procedure.

Complaints should be sent to:-

Surrey Downs CCG
Patient Experience Service
Cedar Court
Guildford Road
Leatherhead
Surrey
KT22 9AE
Telephone: 01372 201685

Email: feedback@surreydownsccg.nhs.uk

Website: www.surreydownsccg.nhs.uk

All complaints will be addressed following the **Surrey Downs Clinical Commissioning Group, Comments, Concerns, Complaints and Compliments Policy (2012)**.

9 Disputes raised by the Local Authority

9.1

Surrey County Council Adult Social Care are represented on all NHS Surrey Downs Clinical Commissioning Group continuing healthcare panels and are frequently part of the assessment and decision making process.

9.2

However Surrey County Council may dispute a decision that is made by NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel, in respect of an application for NHS continuing healthcare. This also applies to other Local Authorities that may have submitted an application to NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel.

9.3

In these circumstances the NHS Surrey Downs Clinical Commissioning Group and the Surrey County Council policy for the Resolution of Disputes for NHS Continuing Healthcare funding should be implemented.

9.4

NHS Surrey Downs Clinical Commissioning Group and Surrey County Council subscribe to the principle that there should be no delay in the provision of services due to disagreements or disputes on the assessment recommendation or outcome of eligibility. Should such situations arise, the National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012, Department of Health) is explicit in stating that any existing funding arrangements cannot be unilaterally withdrawn without a joint assessment being carried out and alternative funding arrangements put in place.

9.5

Therefore anyone in their own home, or care home funded by the Local Authority must continue to be financially assisted by the Local Authority until the dispute is resolved. Similarly, anyone in hospital, or funded by the NHS must remain funded by the NHS until the dispute is resolved.

9.6

NHS Surrey Downs Clinical Commissioning Group and Surrey County Council agree to adopt a **“without prejudice”** approach to such situations whereby the final outcome of the dispute will be backdated to the time of the Eligibility Panel date of decision on eligibility. **(Annex F: Guidance on**

responsibilities when a decision on NHS Continuing Healthcare eligibility is awaited or is disputed, National Framework 2012). This means if Surrey County Council has continued to fund an arrangement that was subsequently decided to be NHS Continuing Healthcare, NHS Surrey Downs Clinical Commissioning Group funding should be backdated to the date that the eligibility decision was made or day 29 following the date of the original Checklist if there has been an unreasonable delay in the CCG verifying a MDT recommendation.

9.7

Where NHS Surrey Downs Clinical Commissioning Group has continued to fund an arrangement that subsequently is decided to have been a Local Authority responsibility, Surrey County Council will reimburse NHS Surrey Downs Clinical Commissioning Group to the date of notification.

10 Discharge Planning

10.1

In a hospital setting, before an NHS trust, NHS foundation trust or other provider organisation gives notice of an individual's case to a Local Authority, in accordance with section 2(2) of the Community Care (Delayed Discharges etc.) Act 2003, it must take reasonable steps to ensure that an assessment for NHS continuing healthcare is carried out in all cases where it appears to the body that the patient may have a need for such care. This should be in consultation, as appropriate, with the relevant Local Authority.

Completion of the screening Checklist, and the DST, where relevant, should be undertaken as part of the assessment and care planning process for discharge arrangements for individual patients. This should be commenced as early as possible once the patient is being considered for discharge to reduce inappropriate placements, multiple patient moves and minimal need for interim funding and associated administration costs.

10.2

Where eligibility for NHS continuing healthcare should be considered but for whatever reason this has not been possible, or NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel has not yet reviewed the application for eligibility and the patient is ready for discharge from hospital, the discharge of the patient from hospital should not be delayed. In these circumstances the CCG will provide NHS funded interim services to facilitate discharge

10.3

In order to progress discharge arrangements for individuals in the circumstances, where a decision has not yet been made on eligibility for NHS funded continuing healthcare, agreement for NHS Surrey Downs Clinical Commissioning Group to fund the care arrangements must be agreed with the NHS Surrey Downs continuing healthcare lead, or nominated deputy, as soon as possible.

11 Section 117 Aftercare

11.1

Under section 117 of the Mental Health Act 1983 (Section 117), CCGs and LAs have a duty to provide after-care services to individuals who have been detained under certain provisions of the Mental Health Act 1983, until such time as they are satisfied that the person is no longer in need of such services. Section 117 is a freestanding duty to provide after-care services for needs arising from their mental disorder and CCGs and LAs should have in place local policies detailing their respective responsibilities, including funding arrangements.

11.2

Responsibility for the provision of Section 117 services lies jointly with LAs and the NHS. Where a patient is eligible for services under Section 117 these should be provided under Section 117 and not under NHS continuing healthcare. It is important for CCGs to be clear in each case whether the individual's needs (or in some cases which elements of the individual's needs) are being funded

under Section 117, NHS continuing healthcare or any other powers, irrespective of which budget is used to fund those services.

11.3

It is not, therefore, necessary to assess eligibility for NHS continuing healthcare if all the services in question are to be provided as after-care services under Section 117. However, a person in receipt of after-care services under Section 117 may also have ongoing care/support needs that are not related to their mental disorder and that may, therefore, not fall within the scope of section 117.

11.4

A person may be receiving services under Section 117 and then develop separate physical health needs (e.g. through a stroke) which may then trigger the need to consider NHS continuing healthcare only in relation to these separate needs, bearing in mind that NHS continuing healthcare should not be used to meet section 117 needs. Where an individual in receipt of Section 117 services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase, consideration should be given to the use of the Fast Track Pathway Tool

12 Deprivation of Liberty Safeguards

12.1

The Mental Capacity Act 2005 contains provisions that apply to a person who lacks capacity and who, in their own best interests, needs to be deprived of their liberty in a care home or a hospital, in order for them to receive the necessary care or treatment. The fact that a person needs to be deprived of his/her liberty in these circumstances does not affect the consideration of whether that person is eligible for NHS continuing healthcare.

13 Retrospective Reviews of Care and Continuing Healthcare Redress

13.1

NHS Surrey Downs Clinical Commissioning Group can only consider requests for retrospective reviews where it is satisfied that one or more of the following grounds for the review exist:

- NHS Surrey Downs Clinical Commissioning Group failed to carry out an assessment of the claimant's eligibility for NHS continuing healthcare funding when requested to do so
- Family request for a retrospective review for periods of unassessed care.

13.2

In the absence of evidence of any of the above, NHS Surrey Downs Clinical Commissioning Group is not obliged to and will not undertake a retrospective review of claimant's eligibility for such funding.

13.3

Where a retrospective review of eligibility for NHS funded continuing healthcare is approved, appropriate arrangements will be made for financial recompense in accordance with the Department of Health Guidance for Continuing Care Redress (2007, Department of Health). Pension and benefits payments will also be taken into account in any calculation of sums reimbursed.

13.4

Calculation of interest payments will be in line with National Guidance and CCG policies.

14 Commissioning of Care Packages

14.1

It is the responsibility of NHS Surrey Clinical Commissioning Group's to:

- Plan strategically
- Specify outcomes
- Procure services
- Manage demand
- Manage provider performance for all services that are required to meet the needs of all individuals who qualify for NHS continuing healthcare
- Manage provider performance for the healthcare component of joint packages of care.

14.2

The services commissioned will include on-going case management for all those entitled to NHS Continuing Healthcare, as well as for the NHS elements of joint packages of care, including the assessment and review of individual patient needs.

14.3

As well as service contracts, Surrey Clinical Commissioning Group's as commissioners are responsible for monitoring quality, access and patient experience within the context of provider performance.

14.4

Surrey Clinical Commissioning Group's take a strategic as well as an individual approach to fulfilling their NHS continuing healthcare commissioning responsibilities within the context of quality, innovation, prevention and productivity agenda.

14.5

Care packages will ordinarily only be commissioned from care homes, domiciliary care providers and from nursing agencies where a NHS contract is in place for continuing healthcare provision. When a care package is commissioned by Surrey Continuing Healthcare service, where there is no agreement in place, a spot contract purchasing arrangement will be agreed in order to ensure that there are quality standards in place to meet the requirements of the provision of NHS services.

14.6

Care will not be commissioned from those care providers where there are concerns raised about the quality of the care provided or where they are known not to meet the Care Quality Commission minimum standards for care homes. Surrey Continuing Healthcare service will work in partnership with Surrey County Council to ensure the quality of care in care homes meets the required standards.

14.7

Where concerns about standards are raised, the owners of the care home provider will be informed that commissioning arrangements for NHS funded continuing healthcare will be suspended until improvements have been made to achieve the Care Quality Commission minimum standards of care and the quality standards within the continuing healthcare spot purchasing contract. Where care is already commissioned for patients in a care setting, a risk assessment will be undertaken in partnership with the individual patient and their family to ensure appropriate controls are in place to assure the individual's safety and the quality of care provided.

15 De-commissioning of care packages

15.1

When a patient is no longer eligible for NHS Continuing Healthcare, NHS funding will cease from the date the CCG verifies the MDT recommendation of "no longer eligible". The CHC service will

notify the Local Authority that the patient is no longer eligible for NHS funding and may require a community care assessment.

15.2

If the individual declines a community care assessment or following a community care assessment is not eligible for local authority funding e.g. because they are responsible for funding their own care, the CCG will continue to fund care costs for a maximum of 28 days from the individual receiving formal notification of the CCG decision.

16 Choice

16.1

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012, Department of Health) states:-

“Where a person qualifies for NHS continuing healthcare, the package to be provided is that which the CCG assesses is appropriate to meet all of the individual’s assessed health and associated social care needs.”

16.2

NHS Surrey Downs Clinical Commissioning Group will commission the provision of NHS funded continuing healthcare in a manner which reflects the choice and preferences of individuals as far as is reasonably possible, ensuring patient safety, quality of care and making best use of resources. Cost has to be balanced against other factors in each case, such as a patient’s desire to live at home.

16.3

Patient safety will always be paramount in planning a care package and will not be compromised. Therefore in circumstances where there are concerns about the quality of care in a care home and NHS Surrey Downs Clinical Commissioning Group cannot commission care in that home at that time, NHS Surrey Downs Clinical Commissioning Group will work with individuals and their families to commission an alternative package of care elsewhere.

16.4

NHS Surrey Downs Clinical Commissioning Group is required to balance the patient’s preference alongside safety and value for money, consequently patients will have a choice from amongst providers that have a contract with NHS Surrey Clinical Commissioning Group and has agreed NHS Surrey Clinical Commissioning Group quality and pricing structure. This applies equally to Home Care packages of care.

17 Case Reviews

17.1

When the NHS is commissioning, funding or providing any part of an individual’s care, a case review should be undertaken to reassess that their care needs are being met and to the agreed standard. NHS Surrey Downs Clinical Commissioning Group has a robust process in place for case reviews in for both NHS funded continuing healthcare and NHS funded nursing care reviews.

17.2

Case reviews will be undertaken for individual’s no later than three months following the eligibility decision and thereafter on an annual basis. This will ensure that individual patients are receiving the care they need and that they remain eligible for NHS continuing healthcare funding. NHS continuing healthcare funding may be withdrawn should a review show that the patient no longer meets the criteria and is therefore no longer eligible for NHS continuing healthcare funding. . In these circumstances the CCG will refer to the local authority to complete a community care assessment in order to identify the appropriate on going funding arrangements.

17.3

It is the responsibility of the initial referrer, case co-ordinator and case manager to ensure that the patient and their family/carer are made aware that these reviews will occur and that NHS continuing healthcare funding may be removed should the patient's level of health need change. The initial referrer should, as a minimum, provide the patient and their family/carer with the NHS Continuing Healthcare and NHS Funded nursing care: Information Leaflet.

(www.gov.uk/government/publications/nhs-continuing-healthcare-and-nhs-funded-nursing-care-public-information-leaflet)

18 Jointly Funded Packages of Care

18.1

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012, Department of Health) states that if a person does not qualify for NHS continuing healthcare fully funded care, the NHS may still have a responsibility to effectively contribute to that person's health needs. This is known as a 'joint package of care'. The most obvious way in which this is provided is by means of the NHS funded nursing care, in a nursing home setting.

18.2

Joint packages of care may also be provided through the provision of NHS services such as District nursing and community physiotherapy for example. A joint package of care with the Local Authority will only involve joint funding where there is a particular identified health need requiring an identified care package to be commissioned. In these circumstances NHS Surrey Downs Clinical Commissioning Group will fund the care costs for the identified health element of the package.

19 Personal Health Budgets

19.1

With effect from 1/4/14 CCGs are required to be able to offer personal health budgets to people in receipt of Continuing Healthcare funding, in order to give patients better flexibility, choice and control over their care. A personal health budget helps people to get the services they need to achieve their agreed health and wellbeing outcomes (agreed between the patient and clinician). Financially, personal health budgets can be managed in a number of ways, including:

- A notional budget held by the CCG commissioner
- A budget managed on the individual's behalf by a third party, and
- A cash payment directly to the individual (a 'healthcare direct payment').

19.2

From September 2014, people in receipt of Continuing Healthcare funding will have the right to a personal health budget if they choose.

19.3

People newly in receipt of Continuing Healthcare funding for home care packages will be introduced to the concept of personal health budgets before or during their 3-month CHC Review. If they would like to investigate the potential benefits of a personal health budget further, they will then be assigned a nurse co-ordinator who will manage the relationship. Based on the outcome of the individual's DST, an indicative budget will be produced and shared with the patient during an introductory meeting to explain the personal health budget process.

The case co-ordinator or case manager will work with the individual and/or their carer's and representatives to agree health and wellbeing outcomes. They will then also work with the individual to think creatively about how they could best make use of their available budget to meet their health and wellbeing outcomes.

The case co-ordinator or case manager will then create a final budget and care plan which will be reviewed (for the first 20 patients, and then by exception only) by the Risk Panel. Going forward, the approval will be carried out by a Surrey Continuing Healthcare Service Lead Nurse, unless there is anything in the care plan which suggests an unacceptable risk to the patient, an unacceptable financial risk, or where the final budget is greatly above or below the indicative budget. In this case, the care plan will be reviewed by the Risk Panel. The patient and their representatives will be invited to take part in the Risk Panel meeting. Once a care plan has been agreed the nurse co-ordinator (or other commissioned organisation) will work to put the care plan in place. Support services will be provided to help people with direct payments, and support and advice will be provided for those wishing to employ personal assistants directly. Care plans will be reviewed as per the National Framework guidance – at 3 months after the care package has been put in place and a minimum of every 12 months thereafter.

NHS Surrey Clinical Commissioning Group will encourage this approach when an individual who was previously in receipt of a Local Authority direct payment begins to receive NHS continuing healthcare to avoid unnecessary changes of provider or of the care package.

20 Transition from Children’s Services to Adult Continuing Healthcare Services

20.1

The National Framework for NHS Continuing Healthcare & funded-nursing care (2012, Department of Health) and the supporting guidance and Tools only applies to people aged 18 years or over. It is important that both the Adult and the Children’s Frameworks consider transition.

20.2

NHS Surrey Downs Clinical Commissioning Group will ensure that it is actively involved in the strategic development and oversight of the local transition planning processes with their partners, and that their representation includes those who understand and represent adult NHS continuing healthcare. NHS Surrey Downs Clinical Commissioning Group will ensure that adult NHS continuing healthcare is appropriately represented in all transition planning meetings regarding individual young people whenever the individual’s need suggest that there may be potential eligibility.

20.3

NHS Surrey Downs Clinical Commissioning Group recognise as best practice that future entitlement to adult NHS continuing healthcare should be clarified at as early a stage as possible in the transition planning process, especially when the young person’s needs are likely to remain at a similar level until adulthood. Professionals responsible for children’s transition into adult NHS continuing healthcare, should identify those young people for whom it is likely that NHS continuing healthcare will be necessary, and should notify NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Team, or whichever NHS organisation will be have responsibility for them as adults. This should occur when a young person reaches the age of 14. This should be followed up by a formal referral for screening at age 16 to the adult NHS Continuing Healthcare Team.

21 Training

21.1

Training will be provided to all hospital staff, community staff and adult social care staff involved in the implementation and application of the National Framework of NHS Continuing Healthcare & funded-nursing care. Training will be provided in the use of the National Tools, the identification of a ‘primary health need’, the application process and the timescales for completion of assessments.

21.2

Training is delivered by the Continuing Healthcare Team in a planned programme and in various venues. The Continuing Healthcare Service will be responsible for keeping a record of numbers of

staff trained for audit purposes and for ensuring the training is in line with any changes to regulations relating to NHS Continuing Healthcare and NHS funded nursing care.

21.3

All those applying the Checklist and DST must have been trained in the use of these documents. A link to e-learning for NHS continuing healthcare is provided below which all staff can use to gain greater understanding of the process.

<http://www.e-lfh.org.uk/projects/nhscontinuinghealthcare/>

22 Governance

22.1

Implementation and delivery of the requirements of the National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012, Department of Health) will be monitored through performance reports to NHS Surrey Downs Clinical Commissioning Group Board and the Collaborative CCGs Committees.

23 Monitoring

What standards / key performance indicators will you use to confirm this document is working / being implemented	Method of monitoring/target	Monitoring information prepared by	Minimum frequency of monitoring	Monitoring reported to
% of eligibility decisions reached within 28 days of receipt of the Checklist	90% achieved	CHC Service	quarterly	Governing Body/Programme Board
% Fast Track patients with provision in place within 48 hours of completed Fast Track Tool	90% achieved	CHC Service	quarterly	Governing Body/Programme Board
% of patients in receipt of service provision with a completed 3 month review after eligibility decision	80% achieved	CHC Service	quarterly	Governing Body/Programme Board
% of patients in receipt of service provision with a completed 12 month review	80% achieved	CHC Service	quarterly	Governing Body/Programme Board
Number of patients in receipt of Personal Health Budgets	Total number	CHC Service	quarterly	Governing Body/Programme Board
% of appeals upheld	90%	CHC Service	quarterly	Governing Body/Programme Board
% Checklist completed within 14 days of request	90%	CHC Service	quarterly	Governing Body/Programme Board
Number of incomplete referrals awaiting completion of a Checklist	Total number	CHC Service	quarterly	Governing Body/Programme Board
% of completed MDT referrals carried out jointly by health and social care professionals	80% achieved	CHC Service	quarterly	Governing Body/Programme Board
Number of pre 01/04/2013 retrospective applications with an outcome reached in period	Total number	CHC Service	quarterly	Governing Body/Programme Board
Number of post 01/04/2013 retrospective applications with an outcome reached in period	Total number	CHC Service	quarterly	Governing Body/Programme Board
% of spot purchased placements as a proportion of all current placements	10%	CHC Service	quarterly	Governing Body/Programme Board
% Current spot (NCA) placements out of area	5%	CHC Service	quarterly	Governing Body/Programme Board
% of Fast Track patients still in receipt of provision at 3 months	20%	CHC Service	quarterly	Governing Body/Programme Board

Forecast year end spend against budget	Finance report	Finance support staff	quarterly	Governing Body/Programme Board
Staff turnover rate	Number + %	CHC Service	quarterly	Governing Body/Programme Board

National guidelines on continuing care packages

http://www.dh.gov.uk/en/PublicationsandDSTstatistics/Publications/PublicationsPolicyAndGuidance/DH_103162

<http://www.networks.nhs.uk/networks/news/nhs-continuing-healthcare-fags-published>

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Appendix 1:

**NHS Surrey Downs Clinical Commissioning Group Referral Procedure for Continuing Healthcare Assessment
NHS Continuing Healthcare Checklist**

The process for referral for continuing healthcare assessment is identified within the National Framework for NHS Continuing Healthcare and NHS-funded Nursing care, November 2012 (revised).

The use of the Fast Track Pathway Tool for NHS Continuing Healthcare and the NHS Continuing Healthcare Checklist will be the only acceptable routes into the continuing healthcare service within Surrey Clinical Commissioning Group's. The hospitals may proceed straight to a DST if there is evidence that the individual would checklist above the threshold, however must notify the NHS Continuing Healthcare Team that they are doing so as soon as possible.

The Checklist is to help practitioners identify people who need a full continuing healthcare assessment, although referral for a continuing healthcare assessment does not in itself indicate eligibility for continuing healthcare.

The Checklist is based on the NHS Continuing Healthcare DST, which is used for full continuing healthcare assessment, and the National Framework for NHS Continuing Healthcare & NHS Funded Nursing Care guidance.

NHS Continuing Healthcare Checklist (Referrers)

1. Any health or social care professional can use the Checklist to refer individuals for full consideration of eligibility for NHS Continuing Healthcare from a community, care home

or hospital setting. Staff completing the Checklist must be familiar with, and have regard to the DST

2. The Checklist must be completed with the full understanding of the process explained to the individual or their representative, who should be invited to fully participate in the process and to express their views. It should be explained to the patient and their family that the completion of a checklist will not result in eligibility for NHS CHC. A copy of the DH information leaflet should be given to patient and/or representative.
3. Informed consent should be obtained before the process of completing the Checklist begins. Consent for the process, or action taken due to lack of consent for the process to take place, should be recorded clearly on the Checklist. If it is not recorded the Checklist may be returned to the referrer for further completion.
4. In the acute hospital setting, NHS staff are required to consider someone's continuing healthcare needs before giving notice of an individual's case under the Delayed Transfer of Care regulations and should involve the Local Authority's Department of Adults, Health and Wellbeing in such an assessment. Given that a hospital setting can sometimes poorly represent an individual's capacity to maximise their potential, the hospital should consider whether additional NHS-funded therapy or rehabilitation elsewhere may be appropriate. All staff should be aware of this requirement, and if additional therapy or rehabilitation is arranged, NHS Continuing Healthcare needs should be assessed at the end of these interventions.
5. Where a Checklist has been completed and indicates that the individual does not require a full continuing healthcare assessment, the Checklist should still be forwarded to the Continuing Healthcare Team for monitoring purposes and for future reference should the individual be referred at a later date.

Completed Checklists should be sent by:

Secure email: referrals.surrey@nhs.net

Procedure: Completion of the Checklist

The NHS Continuing Healthcare Checklist can be obtained from:

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

1 Process

1.1 Referrer

The referrer will ensure that consent is agreed and that the Checklist is completed fully in line with points 1 to 4 above.

1.2

If there is a concern that the individual may not have capacity to give consent, this should be determined in accordance with the Mental Capacity Act 2005 and the associated code of practice.

The referrer will email the completed Checklist to the Continuing Healthcare Team on:

Secure email: referrals.surrey@nhs.net

2.1 Continuing Healthcare Team

The Continuing Healthcare Team will review the Checklist and enter receipt onto the continuing healthcare database. The Continuing Healthcare Team will check with the Local Authority whether the individual is known to them.

It should be noted that for the purposes of calculating the time taken that may be taken to assess eligibility for NHS Continuing Healthcare, a Checklist referral is to be deemed as received from the date on which the Checklist was received by the Surrey Continuing Healthcare Service

If the Checklist indicates the need for full consideration of eligibility for continuing healthcare, then the Continuing Healthcare Team will notify the referrer that the completion of a DST indicating full social and health assessments needs to be completed. **Timescale for completion of the full assessment requires a decision by panel within 28 days from the continuing healthcare team receiving the Checklist.**

Full consideration of eligibility is indicated where:

- Two or more ticks in column A; or
- Five or more ticks in column B, or one tick in A and four in B; or
- One tick in column A which has an asterisked domain. Asterisked domains are those which carry a Priority level in the DST. (Behaviour; Breathing; Drug Therapies and Medication-symptom control; Altered States of Consciousness)

2.2 If the Continuing Healthcare Team agree a full consideration for NHS Continuing Healthcare is not required, this decision, together with the reasons for it will be communicated clearly to the referrer, individual and their carer's and/or their representatives. A written copy of this communication will be placed on file. **Timescale for decision 2 working days**

2.3 If the Continuing Healthcare Team agree a full consideration for NHS Continuing Healthcare is required the result and the reasons for it will be communicated clearly to the referrer, individual and/or their representatives. The **individuals should be given a copy of the completed Checklist.** A written copy of this communication will be placed on file. **Timescale for decision 2 working days.** The individuals will be given details of their right to ask the CCG to reconsider the decision in the event that they disagree with the outcome, although there is no appeals procedure for a Checklist.

2.4 The Continuing Healthcare Team Leader will be responsible for ensuring that a full assessment by the multi-disciplinary team using the DST, takes place in line with the process set out within the guidance and within the timescales identified should the Checklist indicate this is required.

Appendix 2

NHS Surrey Downs Clinical Commissioning Group NHS Continuing Healthcare Procedure for completion of DST

1. The Decision Support Tool (DST)

1.1 The function of the DST is to summarise key information from the Multidisciplinary Team (MDT) assessment across the 11 domains and to consider the impact of the nature, intensity, complexity or unpredictability of health needs. The DST remains an aid to decision-making and is not a substitute for professional judgement.

1.2 The MDT in the context of NHS continuing healthcare is described as;

- Two professionals who are from different healthcare professions, or
- One professional who is from a healthcare profession and one person who is responsible for assessing individuals for community care services under section 47 of the National Health Service and Community Care Act 1990

1.3 NHS Surrey Downs Clinical Commissioning Group requires all DSTs to have Adult Social Care input and for the completed DST's to show this. The MDT recommendation should be signed by the social care practitioner involved in the assessment and if it is not for an explanation to be provided as to why not.

1.4 A Coordinator will be appointed to oversee the DST assessment. A key duty of the Coordinator is to ensure the MDT makes a clear recommendation. There must be an appropriate separation between the co-ordinator role and those responsible for making a final decision on eligibility for CHC.

1.4 The DST to be used by everyone is the national DST form, this is a Department of Health requirement. At the current time this is the version issued in November 2012.

1.5 As the Eligibility Panel will reject consideration of a DST if any of the following apply, it is essential that these potential circumstances are noted by the MDT;

- Where the DST is not completed fully (including where there is no recommendation)
- Where there are significant gaps in evidence to support the recommendation
- Where there is an obvious mismatch between evidence provided and the recommendation
- Where the recommendation would result in either authority acting unlawfully

1.6 It is recommended that the MDT initially consider each domain in turn and record tentative levels of need on the DST. The MDT should then consider the impact of nature, intensity, complexity or unpredictability (see 1.11 below) and then review the levels on the DST, amending these where necessary prior to completion.

1.7 The DST must contain all of the information used to decide on the scoring of each 'domain', clearly recorded within each section. This information must correlate with the MDT recommendation.

1.8 The DST must contain a recommendation regarding eligibility and this section must be completed, signed on behalf of the MDT, including the rationale for the recommendation. If there is

no signed recommendation and rationale it will be automatically rejected by Panel and returned to the MDT for further work

1.9 The Continuing Care Team based at Cedar Court are available to provide support and guidance with CHC assessments and DST completion.

1.10 It is good practice for the Co-ordinator signing the DST on behalf of the MDT to attend Panel to discuss the case (see separate Panel procedures document).

1.11 Should the Eligibility panel require further information on the content of a DST or the MDT recommendation, the issues should be clearly identified and sent back to the MDT with a full explanation of the relevant areas to be addressed. Where there is an urgent need for care/support to be provided, the CCG (and the LA where relevant) should make appropriate interim arrangements without delay.

Nature, Intensity, Complexity and Unpredictability

1.12 These four elements continue to be an important part of the guidance and descriptors are included in the national framework.

1.13 Completion of the DST requires consideration of the four characteristics of need, Nature, Intensity, Complexity and Unpredictability. Guidance on the application of these characteristics are outlined below:

<p>Nature This is about the characteristics of the individual's needs. Ask yourself questions like:</p> <ul style="list-style-type: none"> ➤ How would you describe the needs (rather than the medical condition leading to them)? What adjectives would you use? ➤ What is the impact of the need on overall health and wellbeing? ➤ What type of interventions are required to meet the need? ➤ Is there particular knowledge/skill required to anticipate and address the need? Could anyone do it without specific training? ➤ Is the individual's condition deteriorating/improving? 	<p>Intensity This is about quantity, severity and continuity of needs. Ask yourself things like:</p> <ul style="list-style-type: none"> ➤ how severe is this need? ➤ How often is intervention required? ➤ How much care? ➤ How many carers are required? ➤ For how long is the care needed for each time? ➤ Does the care relate to needs over several domains?
<p>Complexity This is about the level of skill/knowledge required to address an individual need or the range of needs. Ask yourself things like:</p> <ul style="list-style-type: none"> ➤ How difficult is it to manage the need(s)? ➤ Are the needs interrelated? ➤ Do they impact on each other to make the needs even more difficult to address? ➤ How much knowledge is required to address the need(s)? ➤ How much skill is required to address the need(s)? ➤ How does the individual's response to their condition make it more difficult to provide appropriate support? 	<p>Unpredictability This is about the degree to which needs fluctuate and thereby create challenges in managing them. Ask yourself things like:</p> <ul style="list-style-type: none"> ➤ Are you able to anticipate when the need(s) might arise? ➤ Does the level of need often change? ➤ Is the condition unstable? ➤ What happens if you don't address the need when it arises? How significant are the consequences? ➤ To what extent is professional knowledge/skill required to respond spontaneously and appropriately? ➤ What level of monitoring/review is required?

1.14 The MDT having considered fully these characteristics as part of their discussions, determine whether someone is eligible for CHC due to having a 'Primary Health Need'.

1.15 Once completed the DST and all supporting evidence must be sent to the CHC Team for review and quality check. The CHC Team will arrange for the case to be scheduled for the Eligibility Panel.

2. Time frame for completion of the DST.

2.1 The National Framework for NHS Continuing Healthcare and Funded Nursing Care states the following:

“ The time that elapses between the Checklist (or were no Checklist is used, other notification of potential eligibility) being received by the PCT and the funding decision being made should, in most cases, not exceed 28 days. In acute services, it may be appropriate for the process to take significantly less than 28 days if an individual is otherwise ready for discharge. CCGs can help manage this process by ensuring that potential NHS continuing healthcare eligibility is actively considered as a central part of the discharge planning process, and also by considering whether it would be appropriate to provide interim or other NHS-funded services. Where there are valid and unavoidable reasons for the process taking longer, timescales should be clearly communicated to the person and (where appropriate) their carer's and/or representatives”.

2.2 The timeline for completion of a continuing healthcare assessment is described for guidance only below. Different phase times may apply to individual case's, however the 28 day timeline is the specified target;

Phase of the continuing care process	Stage of care pathway	Summary of key actions	Timescales	Cumulative timescales
Assessment phase	Identify	Adult with potential continuing healthcare needs. Referred using Fast Track Tool (set up care) or Checklist to CHC Team	1 working day	1 working day
	Assess	If full eligibility assessment is indicated a care coordinator is identified and commences gathering information for inclusion in the DST	8 working days	9 working days
Decision phase	Recommend	MDT considers the information gathered and makes a recommendation which is recorded in the completed DST. The completed DST is sent to the CHC Team for review quality check.	14 working days	23 working days
	Decide	The panel considers the MDT recommendation and makes a decision	5 working days	28 working days
Provision phase	Inform	Patient/referrer/family notified of decision verbally then in writing		5 working days
	Deliver the package of care	CHC team identify provider/s for package of	Dependent on	

2.3		care based on care plan to meet needs and ensure care package is in place	complexity of package this may take time which the patient should be kept informed of.	
	Review	Review and reassessment of patient's on going care needs and package		3 months following eligibility decision 12 monthly thereafter or where there is a significant change to care needs

The need for assessments to be completed within this timeframe requires joint working across the whole system of health and social care. The timeframe identified is a key performance indicator for NHS continuing healthcare and therefore is not optional. Delays and the reasons for delays in meeting this target will be required to be presented at panel when the eligibility consideration takes place and will be closely monitored and recorded.

Appendix 3

NHS Surrey Downs Clinical Commissioning Group Referral Procedure for Continuing Healthcare Assessment Fast Track Pathway Tool

The process for referral for continuing healthcare assessment is identified within the National Framework for NHS Continuing Healthcare and NHS-funded Nursing care, 2012 (revised).

The use of the Fast Track Pathway Tool for NHS Continuing Healthcare and the NHS Continuing Healthcare Checklist will be the **only** acceptable routes into the continuing healthcare service within NHS Surrey Downs Clinical Commissioning Group.

The Fast Track Pathway Tool.

The Fast Track Pathway Tool is used to gain immediate access to NHS continuing healthcare funding where an individual needs an urgent package of care/support. This Tool bypasses the need for the Checklist and should only be used for individuals who may have a primary care need through a rapidly deteriorating condition that may be entering a terminal phase.

Completion of the Fast Track Tool

The Framework makes it clear that the Fast Track Pathway Tool can only be completed by an 'appropriate clinician', and the Responsibilities Directions define an 'appropriate clinician' as a person who is:

- i. Responsible for the diagnosis, treatment or care of a person in respect of whom a Fast Track Pathway Tool is being completed*
- ii. Diagnosing, or providing treatment or care to, that person under the 2006 Act, and*
- iii. A registered nurse or is included in the register maintained under section 2 of the Medical Act 1983.*

Thus those completing the Fast Track Pathway Tool could include consultants, registrars, GPs and registered nurses. This includes relevant clinicians (registered nurses and doctors) working in end of life care services within independent and voluntary sector organisations if their organisation is commissioned by the NHS to provide the service.

Whoever the clinician is, registered nurse or doctor, completing the Fast Track Pathway Tool, they should be knowledgeable about the individual's health needs, diagnosis, treatment or care and be able to provide reasons why the individual meets the conditions required for the fast tracking decision.

The use of the Fast Track Pathway Tool and Care Plan is compulsory when an individual requires an urgent package of continuing healthcare due to a rapidly deteriorating condition that may be entering a terminal phase. No variations on the Tool should be used. It is only when the Fast Track

Pathway Tool has been used that a CCG is required by the Responsibilities Directions to decide immediately that the person is eligible for NHS continuing healthcare.

Procedure: Fast Track Pathway Tool

1 Process

1.1 Referrer

Where a patient has a rapidly deteriorating condition which may be entering into the terminal phase

and requires an urgent care package to be set up then the following must happen:

- The 'Appropriate clinician' (registered nurse or doctor) completes the Fast Track Pathway Tool setting out how their knowledge and evidence about the patient's needs leads them to consider that the patient has **a rapidly deteriorating condition, which may be in a terminal phase with an increasing level of dependency**
- Any necessary evidence should be included, together with a completed care plan developed as part of the individual's end of life care pathway that describes the immediate needs to be met, and the patient's preferences, including those set out in any advance care plan.
- The completed Fast Track Pathway Tool should then be faxed/secure emailed to the Continuing Healthcare Team
Secure email: referrals.surrey@nhs.net
- An urgent referral should also be made to the Local Authority Adult Social Care Team or the Hospital Social Work Team

1.2 Continuing Healthcare Team

The Continuing Healthcare Team is responsible for ensuring the Fast Track Tool has been completed correctly and that there is sufficient evidence that the patient meets eligibility for continuing healthcare funding. Fully completed Fast Track Tools will be agreed upon receipt.

Upon receipt of a completed Fast Track Pathway Tool, the CCG must decide that a person is eligible for NHS Continuing Healthcare. Therefore, where a recommendation is made for an urgent package of care via the fast-track process, this should be accepted and actioned immediately. It is not appropriate for individuals to experience delay in the delivery of their care package while disputes over recommendations from completed Fast Track Tools are resolved

- Continuing Healthcare service will ratify the referrer's recommendation for Fast Track
- If the patient requires a hospital or hospice placement the continuing healthcare service will arrange for the care package to be set up and agree a date and time for discharge to the placement with the patient and family
- If the patient requires a Community placement, the continuing healthcare service will arrange the package of care to commence as soon as possible
- If Registered Nurses or Health Support Workers with additional skills, e.g. management of nebulisers, BiPIP, complex medication regime is required, the continuing healthcare service will ensure this is arranged as soon as possible.

1.3 Out of Hours

The current service does not include out of hours services.

1.4 Review

All patients placed on continuing healthcare following the application of a Fast Track Pathway Tool will be reviewed no later than 6 weeks from the start of the care package by the continuing healthcare service

1.5 Monitoring

All Fast Track applications will be monitored to ensure compliance with the guidance and appropriate use of the Fast Track Tool to address any specific concerns with clinicians, teams and organisations as a separate matter to arranging the service provision in the individual case.

REFERRAL AND PROCESS FLOWCHART



