

Supplement to the agenda for

Adults and wellbeing scrutiny committee

Monday 29 March 2021

2.30 pm

**5. QUESTIONS FROM MEMBERS OF THE PUBLIC / NHS CONTINUING
HEALTHCARE**

This supplement, published on Friday 14 May 2021, contains a briefing paper provided by NHS Herefordshire and Worcestershire Clinical Commissioning Group in response to a request made by the committee, most recently on Monday 29 March 2021, for further information on NHS Continuing Healthcare.

Pages

3 - 12

Continuing Healthcare- Briefing paper Response to Hereford County Council Adults and Wellbeing Scrutiny Committee

Date April 30th, 2021

Report author	Nita Hughes –Interim Associate Director of Quality and Nursing
Recommendation	<ul style="list-style-type: none"> To receive this updated briefing paper
Purpose	Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Approval <input type="checkbox"/> Information/noting <input checked="" type="checkbox"/>

Executive Summary

This briefing paper is to update Herefordshire Council (HC) Adults and Wellbeing Scrutiny Committee regarding several areas of assurance relating to NHS Continuing Healthcare by Herefordshire and Worcestershire Clinical Commissioning Group (CCG).

1. Introduction

The Adults and Wellbeing Scrutiny Committee on the 2nd March 2020 requested that assurance was provided by Herefordshire and Worcestershire CCG in relation to NHS Continuing Healthcare in response to the following areas of enquiry:

- a) To provide a rationale, with data (in numbers), as to why Herefordshire is not achieving the expected levels of NHS Continuing Healthcare when compared with other clinical commissioning group and local authority comparator areas.
- b) To follow up the request from the adults and wellbeing scrutiny committee on the commitment to provide responses to the recommendation set out in the jointly commission Parry report.
- c) To provide details on the numbers of NHS Continuing Healthcare appeals and the number of successful appeals before and since 2016.
- d) To explain how the various discharge pathways can pick up the patients where NHS Continuing Healthcare is deemed, or not deemed, to apply and how further assessments of NHS Continuing Healthcare are triggered.
- e) Where there are changes to services that are likely to impact on the wider system, that partners are engaged in conversations at the earliest opportunity.

2. NHS Continuing Healthcare Data

To provide a rationale, with data (in numbers), as to why Herefordshire is not achieving the expected levels of NHS Continuing Healthcare when compared with other clinical commissioning group and local authority comparator areas.

The data provided for 2019/20 is presented in relation to the NHS England cluster groups from the national bench marking data. The cluster groups designed by Deloitte for NHS England identify CCGs with similar populations and demographics. Historically as an individual CCG, Herefordshire CCG was placed in benchmarking Cluster 2.

The data provided for 2020/21 is based upon Quarter 3 where NHS England cluster groups have been changed due to national mergers of CCGs and the formation Herefordshire and Worcestershire CCG from 1st April 2020, as a CCG we have now been grouped in cluster 4. Quarter 4 benchmarking cannot be provided as the full year figures will not be available for 3 months.

Table 1

Identifies that that in Quarter 4 of 2019/20 that Herefordshire CCG was in the fourth quartile in cluster for the number of individuals eligible for CHC as a snapshot.

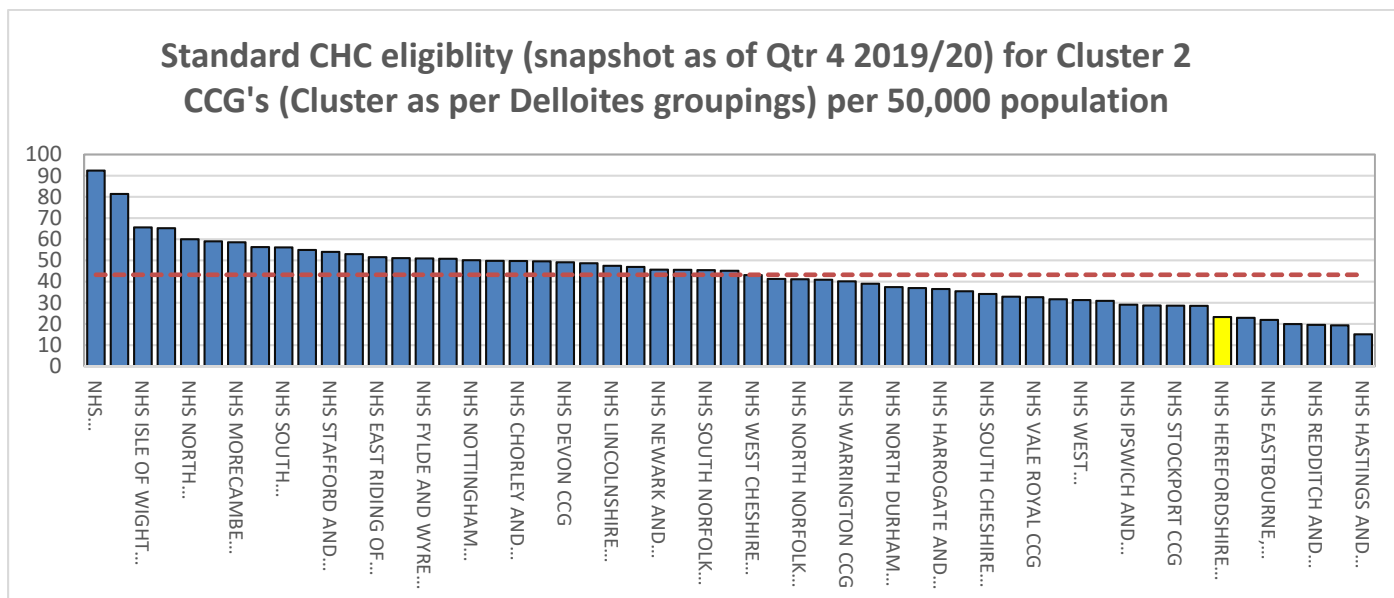


Table 2

Identifies that in Quarter 4 of 2019/20 that Herefordshire CCG was mid table for the number of Fast Track CHC Eligible individuals as a snapshot.

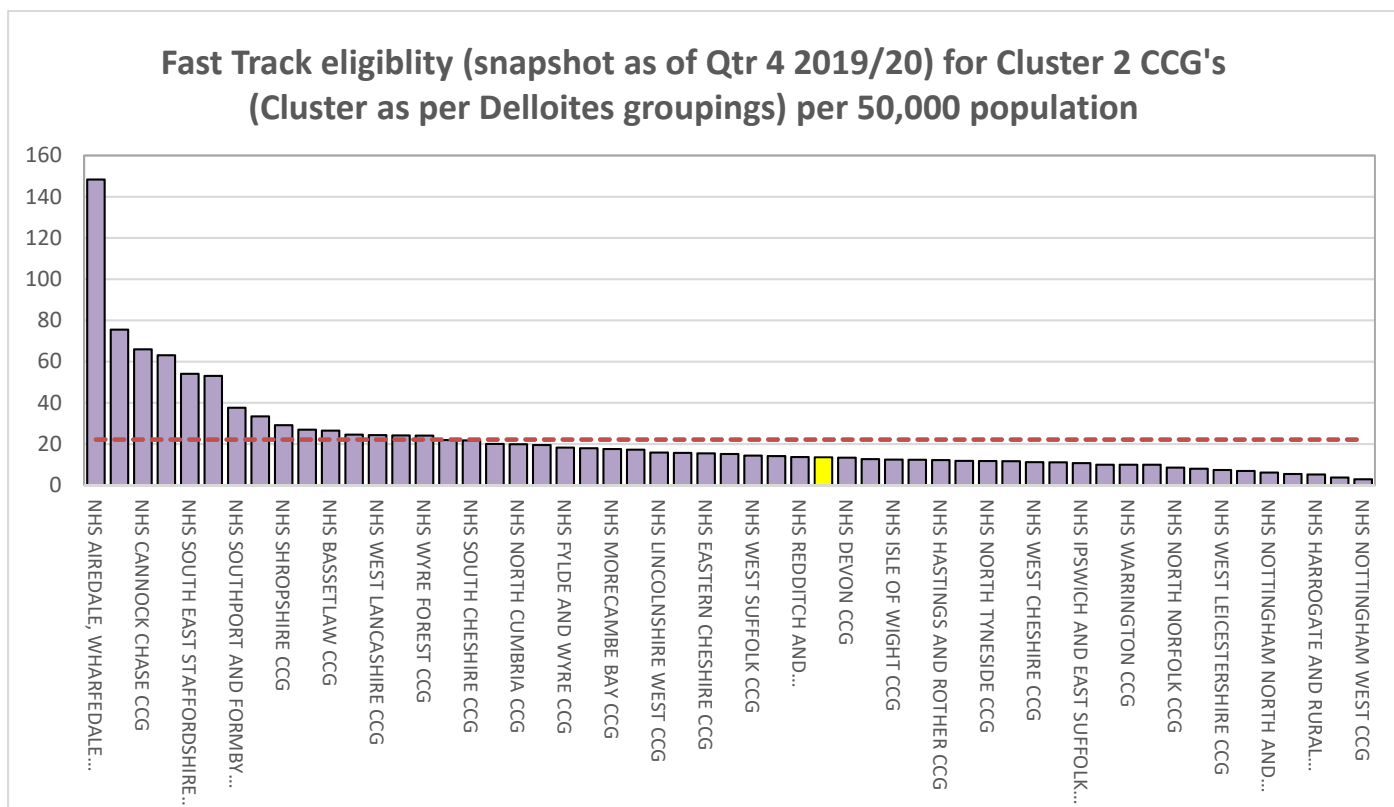


Table 3

Identifies that the Combined CHC eligibility in Quarter 4 was in the fourth quartile as a snapshot.

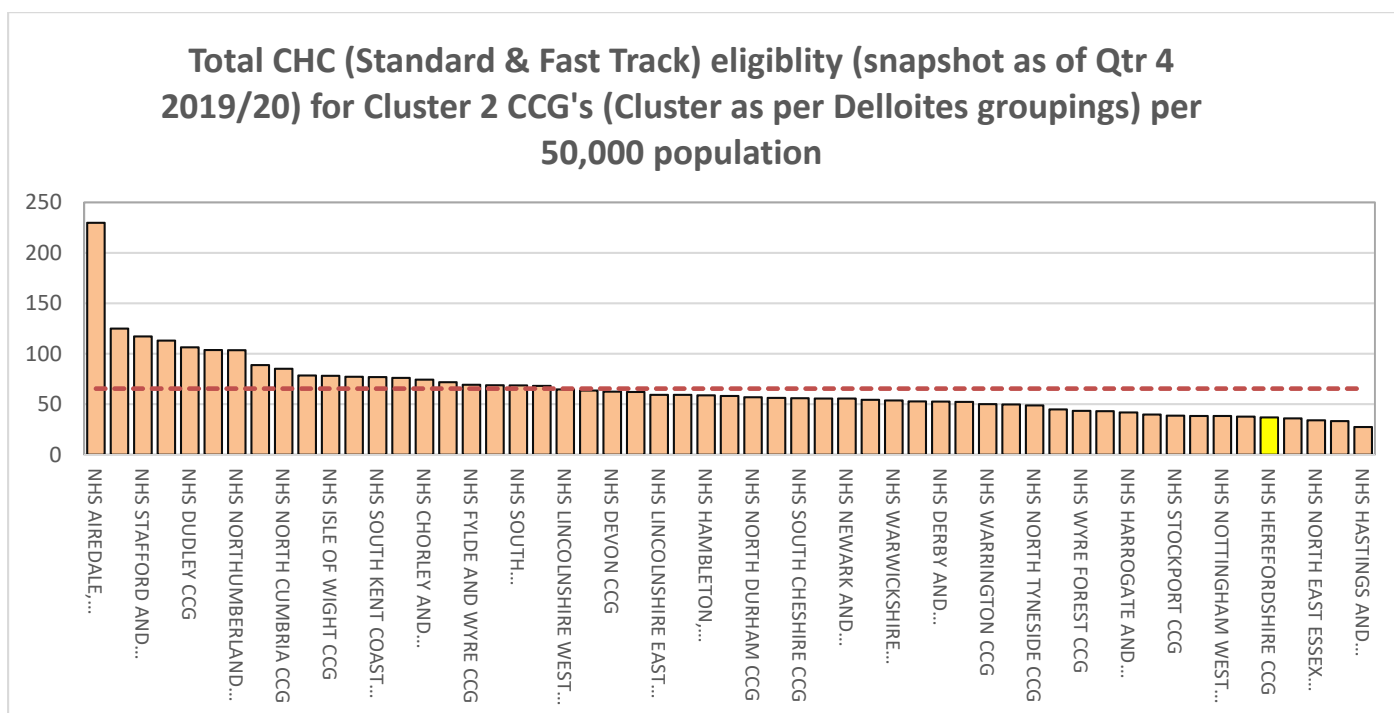


Table 4

Identifies that the number of individuals eligible for NHS Funded Nursing Care (FNC) is in the upper quartile in the Q4 snapshot.

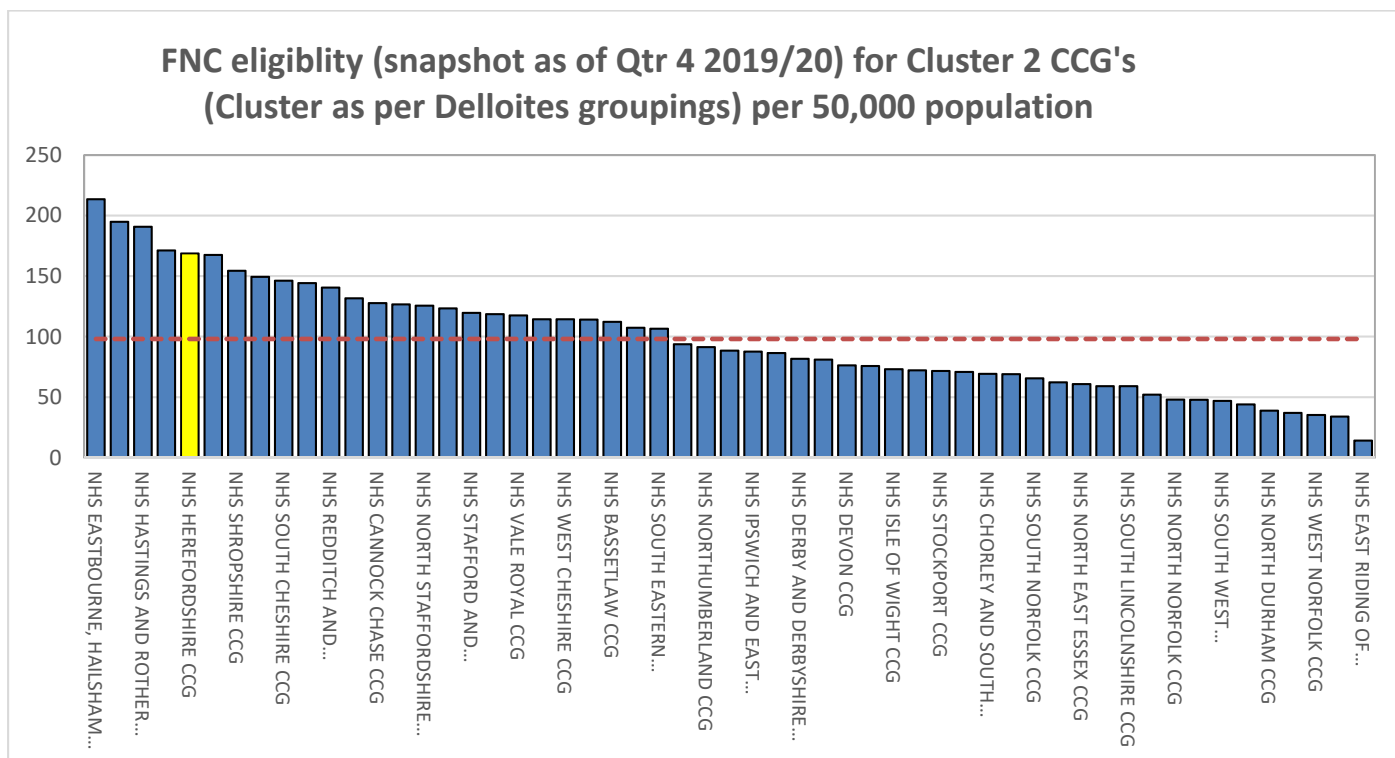


Table 5

Identifies that Herefordshire and Worcestershire CCG are in the third quartile for the number of individuals eligible for CHC per 50,000 population as of quarter 3 for the new NHS England Bench Marking cluster 4

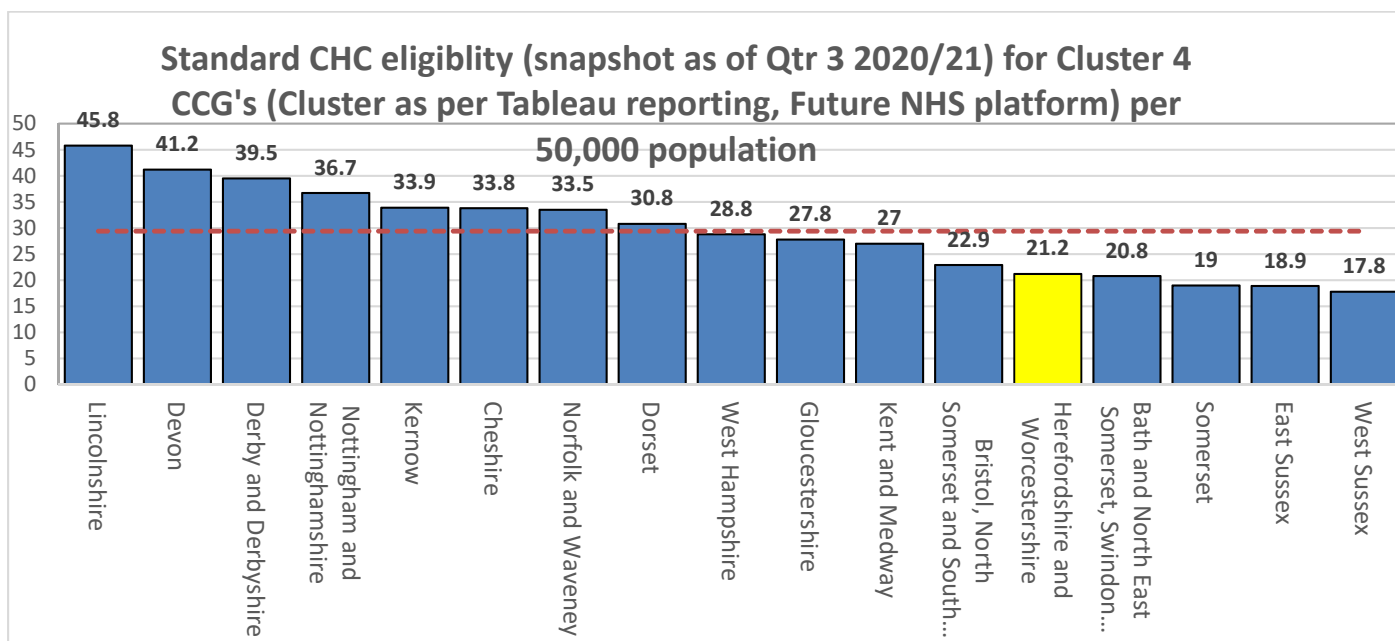


Table 6

The table Identifies the number of NHS Continuing Healthcare eligible individuals as of the 31st March 2019/20 compared to the same date in 2020/21, which has shown a 16% increase in the 2 year period.

Hereford CCG	Snapshot of CHC and Fast Track Eligible Patients as of 31st March
2019/2020	114
2020/2021	133

Table 7

Identifies the referral source for applications for CHC and evidence that 50% of referrals are from Social Services and 50% are from the full array of Health Services, Nursing and Residential Homes. It is of note that there is a low number of referrals coming from Nursing and Residential Homes which would be expected to be higher given the high number of individuals in receipt of FNC.

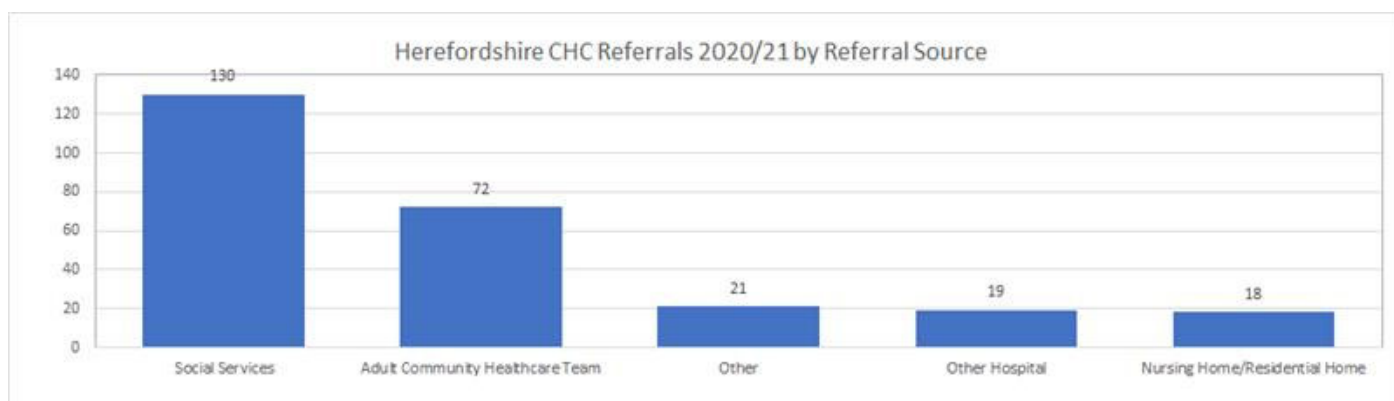


Table 8

Identifies the referral origin for CHC applications in 3 CCGs (for which data is available as this is not gathered as a national benchmark). This suggests that the number of referrals from the Local Authority is significantly higher as a percentage than referrals from Health Care Services and Nursing/Residential Homes when compared with other CCG areas of which Kernow CCG is in the Cluster 4 benchmarking group with Herefordshire and Worcestershire CCG.

Referral Origin	Herefordshire CCG	Surrey Downs CCG	Kernow CCG
Local Authority Referrals	50%	35%	11%
NHS Referrals and NH/RHs	50%	65%	89%

Table 9

Identifies the CCG spend for CHC and FNC 2019- 2021 which demonstrates 14% increase in NHS funding to CHC and FNC eligible individuals.

Finance	2019/20	2020/21
CHC	£13,692,705	£14,507,760
Children's CC	£1,116,151	£2,482,261
FNC	£4,655,856	£5,268,144
Total	£19,464,712	£22,258,365

Data Summary

Herefordshire and Worcestershire CCG have moved to the 3rd Quartile in 2020/21 for the number eligible for CHC per 50,000 population. The CCG has seen a 14% increase in expenditure on CHC and FNC in 2021.

It has been identified that a disproportionate number of checklist referrals are received from the Local Authority in comparison with the number received from both NHS services and Nursing /Residential Homes. A review of this variance was underway however was suspended due to Covid 19 restrictions and the suspension of CHC, however this is now one of several areas of renewed focus as part of the reintroduction of CHC in Herefordshire.

Due to the lower number of referrals from NHS services and Nursing and Residential Homes there is potential that a number of individuals entitled to an assessment for NHS Continuing Healthcare due to a change in need, may not have been identified unless they are funded by the Local Authority. It is **not** estimated that this will be large numbers of cases, however an increase of relatively few cases would place the CCG closer to the centre of Benchmarking Table in Cluster 4.

3. The Parry Report Actions

To follow up the request from the adults and wellbeing scrutiny committee on the commitment to provide responses to the recommendation set out in the jointly commissioned Parry report.

The actions in response to issues raised in the Parry Report (June 2018) were jointly agreed by Herefordshire Council and Herefordshire CCG following the publication of the report. Whilst the council and CCG met on a regular basis to review progress against this action plan, meetings stopped taking place from June 2019. The Chief Nursing Officer of Hereford CCG left the organisation in August 2019. Since then, several changes have taken place including the formation of Herefordshire and Worcestershire CCG effective from April 2020 and a system response to the national pandemic required from March 2020.

Many of the actions from the 'Parry' report are now embedded into everyday service delivery, the remaining actions from the 'Parry' report will be reviewed together by Hereford Council and the CCG and for the few outstanding actions, where relevant these will be incorporated into a jointly agreed workplan, that both Hereford Council and the CCG have committed to jointly produce. A copy of this new jointly agreed workplan will be shared with the Scrutiny Committee once completed.

4. NHS Continuing Healthcare Appeals

To provide details on the numbers of NHS Continuing Healthcare appeals and the number of successful appeals before and since 2016.

Table 10

Identifies the number of CHC Appeals which have been completed by NHS England through the Independent Review Process (IRP) and the outcome of these appeals. Data is only available from 2017 as before this the service was operated by a Commissioning Support Unit and data is not obtainable.

Herefordshire CCG IRPs 2017/2018 to 2019/2020						
	2017/2018		2018/2019		2019/2020	
Type	Eligible	Not Eligible	Eligible	Not Eligible	Eligible	Not Eligible
No of cases	1	3	0	2	1	3

These are a clear indication of the consistency and appropriateness of decision making with only 2 cases being overturned in 3 years by NHS England.

5. Discharge Pathways

To explain how the various discharge pathways can pick up the patients where NHS Continuing Healthcare is deemed, or not deemed, to apply and how further assessments of NHS Continuing Healthcare are triggered.

CHC assessments are triggered through the completion of a CHC checklist. Checklists should be undertaken in line with the national Framework for CHC where the referrer identifies the potential need for NHS CHC. Checklist screening should take place at the right time and location for the individual.

Checklist referrals are generally undertaken by the Local Authority, Community Nursing Teams, Hospice teams, Discharge Teams, Mental Health teams and on admission to a nursing home (where the nursing home has notified the CCG of an admission), by CHC Nurse Assessors or at the request of an individual or their representative.

Once a positive checklist is received the team has 28 days in which to assess and communicate CHC eligibility. The assessment is scheduled by the scheduling team to include a nurse assessor and LA representative and the individual or their representative and staff from their current care setting. Assessments have been taking place remotely during the Covid pandemic and supporting evidence is obtained prior to the assessment.

During Covid patients in hospital were discharged from hospital onto pathways 1,2 and 3 and these pathways were fully funded up to a period of 6 weeks. These arrangements remain in place currently, however, are currently being reviewed.

Health and Social Care partners are undertaking a review of our discharge processes, this review includes the checklist process for CHC at the point of discharge by trusted professionals. The long-term discharge to assess model will be reported to Adult Wellbeing and Scrutiny Committee well before the current funding arrangements of discharge to assess finishes on the 31st of September 2021.

The process in place as follows:

Pathway 1 – Individuals will receive support to recover at home and are supported at home by health/social care or commissioned services.

Where it is clear an individual still requires support from week 7 and has potential CHC needs a checklist will be completed by the LA/ Community Nursing service either at discharge or the soonest possible point afterwards so that the CHC assessment process can be concluded within 6 weeks.

Where an individual is living in the community but may require NHS CHC, the checklist referral will need to be made by the community nursing teams, LA's and or other clinical teams at the soonest point after discharge so that assessments can be concluded within 6 weeks.

Pathway 2- People will require rehabilitation or short-term care in a 24 -hour bedded care setting or community hospital.

Where the individual is stepped down into a community hospital but has a potential need for CHC funding once their long term needs are known, the CHC checklist will be completed in the community hospital setting and a full assessment will take place where a positive checklist is indicated. Where an individual meets the criteria for CHC, the CHC team will co-ordinate and commission an appropriate placement. Where the individual is placed in a LA commissioned bed the time frame required for checklist and DST is the same as pathway 1.

Pathway 3- People will require ongoing 24-hour nursing care and long term care may be required (nursing home).

Where individuals transfer into a Discharge to Assess nursing home setting and have a potential need for CHC funding, a CHC checklist will be completed during week 1 of the transfer and a CHC assessment will be arranged. Any delays from week 7 will be funded by either the LA or CCG depending on the cause of the delay. Where there is a disputed CHC eligibility decision, the placement will be funded on a 50/50 without prejudice basis.

Where individuals require a more complex placement or have end of life care needs which meet the Fast-Track criteria which the LA would not normally commission because the individual has complex or intense health needs then the CCG will source and fund the DTA placement for up to 6 weeks.

Community Based Care

Where it is clear that individuals living in their own accommodation may have continuing healthcare needs, the checklist referral needs to be made by the Community Nursing Teams, LA's and or other clinical teams involved in that persons care for example, Parkinson's Nurse, other Nurse specialist).

On Admission to a Nursing Home

Once an individual is admitted to a nursing home, the nursing home will normally notify the CCG of that patient's admission. Once notification has been received the CHC Team will check whether a CHC assessment has taken place prior to the admission. If CHC has not been considered, then a checklist should be undertaken in line with the current framework before FNC eligibility is awarded.

Where an individual has been assessed for CHC and has no eligibility but at a later date their needs change which may result in them requiring CHC funding, the nursing home will be expected to send a change in need notification form which will trigger consideration for CHC.

These approaches are reliant on nursing homes supplying this information and there are risks to this approach as identified in the referral data above. In response to this a new CHC FNC Team is in place from April 2021 to focus on individuals placed in nursing homes to ensure that.

- 1) The processes set out in the national framework are followed in terms of assessing for FNC and considering CHC
- 2) FNC 3 month and annual reviews are undertaken which may also trigger CHC consideration where this is indicated.
- 3) Provide support and information to nursing home staff about CHC/ FNC funding.

The LA also place individuals into nursing homes who may not trigger a full assessment for CHC but meet the criteria for FNC and a process for this needs to be agreed by LA/CCG to prevent any potential delays to individuals requiring nursing care. .

6. Joint Working

Where there are changes to services that are likely to impact on the wider system, that partners are engaged in conversations at the earliest opportunity.

The CCG and the Local Authority have undertaken a significant programme of joint work following the Parry Report which has supported the joint working in relation to the Covid Pandemic significantly. This has placed both organisations in a position where there are regular and consistent opportunities moving forward to work in a collaborative manner in the area of CHC, FNC and other joint funding streams such as Discharge to Assess, Joint funding 117 aftercare.

At present there is clear joint working in the following areas:

- Monthly CHC/LA meeting to discuss service developments/changes as well as individual cases.
- Joint plan to resolve Health and Social Care disputes in relation to CHC decisions in a timely manner.
- Joint resource planning to ensure timely assessment of individuals.
- CHC Communication group engaging all stakeholders including 3rd sector and patient/carer groups.
- Development of new website content for CHC available from April 2021
- Review of patient information and correspondence for CHC has been completed.
- Joint CHC training plan
- Joint planning for the Funded Nursing Care audit and reviews, CHC team established, from the 1 April 2021.
- Joint review of the Action Plan written in response to the Parry report.

7. Conclusion and Recommendations

Herefordshire Council (HC) & Herefordshire & Worcestershire Clinical Commissioning Group (H&W CCG) would like to thank the Adults & Wellbeing Scrutiny Committee for its support in taking forward developments for Continuing Healthcare within Herefordshire.

Building on the momentum of Scrutiny's challenge, as well as the increasingly strong working practices that have been formed during the Covid-19 period, HC & HWCCG are keen to take forward CHC work within the county positively & practically. We therefore make the following proposal for Scrutiny to consider as a way forward:

- An agreed joint working plan will be developed, which takes in to account the "Parry" recommendations, as well as any other development opportunities not included within the "Parry" report.
- Progress against the development plan be reported, in person, by senior managers from both organisations to Scrutiny. The frequency of reporting would be agreed with Scrutiny.
- Front-line practitioners from both organisations will attend Scrutiny updates to provide feedback on working practices.
- Updates will, where relevant, include activity levels and national benchmarking data.

