To update the Committee

Herefordshire and Worcestershire Clinical Commissioning Group

Herefordshire Council

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

Date February 15th, 2022

Report author	Jane Lodwig –Associate Director of Quality and Nursing
Recommendation	To receive this updated briefing paper
Purpose	Assurance ☒ Decision ☐ Approval ☐ Information/noting ☒

Executive Summary

This briefing paper is to update Herefordshire Council (HC) Adults and Wellbeing Scrutiny Committee regarding NHS Continuing Healthcare. Delivery of CHC is a statutory requirement for Herefordshire and Worcestershire CCG (HWCCG), working in partnership with WCC (Worcestershire County Council) and Herefordshire Council (HC). This report focuses on the delivery in Herefordshire but does include national data including Worcestershire. The CCG is required to report to NHSE as a system as HWCCG so the cluster data included is all HWCCG data.

1. Introduction

The Adults and Wellbeing Scrutiny Committee previously requested (March 2020, March 2021 and August 2021) that assurance was provided by Herefordshire and Worcestershire CCG in relation to NHS Continuing Healthcare and in response to several areas of enquiry. Whilst there has been a report (March 2021) and a presentation (August 2021) to Scrutiny Panel, there were still some outstanding issues and it is hoped that this report will address these.

Please note that the outstanding issue with regards to the future of the Minor Injuries Unit (MIU) will be addressed separately to this report by the CCG.

This report has been completed in liaison with Herefordshire Council, in recognition that a new approach and partnership working was required to provide assurance that Herefordshire citizens have appropriate access to CHC funding.

2. NHS Continuing Healthcare Data

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.*

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. From 1st April 2020, HWCCG are now been grouped in cluster 4. Herefordshire has always performed, and continues to perform, within the expected range for NHSE benchmarking- whether in cluster 4 or cluster 2. The cluster groups are decided by NHSE and are a way of benchmarking CHC with comparable CCGs. As HWCCG is one system from an NHSE perspective, it isn't possible to extract the benchmarking data for Herefordshire only but this provides a level of assurance that HWCCG as a whole is performing well and there are no concerns identified.

Checklists: Table 1

Positive Referrals			
	2019/20	**2020/21**	**2021/22 (Qtr 1-3)**
Hereford data only	264	200	251

2019/20 is pre-merger. 2020/21 data should be reviewed in the context that not every Covid-funded case had a checklist. 2021/22 is for Q1-Q3 only The CCG received an average of 30 Herefordshire checklists per month. Checklist numbers have risen since 2018.

Eligibility: Table 2

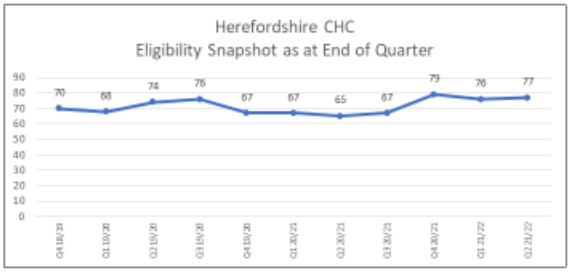
CHC Eligibility Snapshot

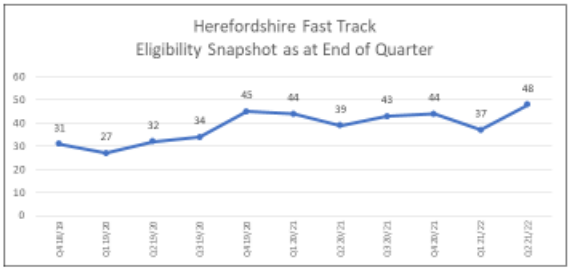
Snapshot data – number of open cases on the specified date as per Funded Care Report.

Decline in CHC eligible cases in 2020 coincides with an increase in Fast Track eligible cases.

Increase in Fast Track is in line with the national picture.

Total funded patients across Fast Track and CHC has increased from 101 to 125 from 31/03/19 to 30/09/21.

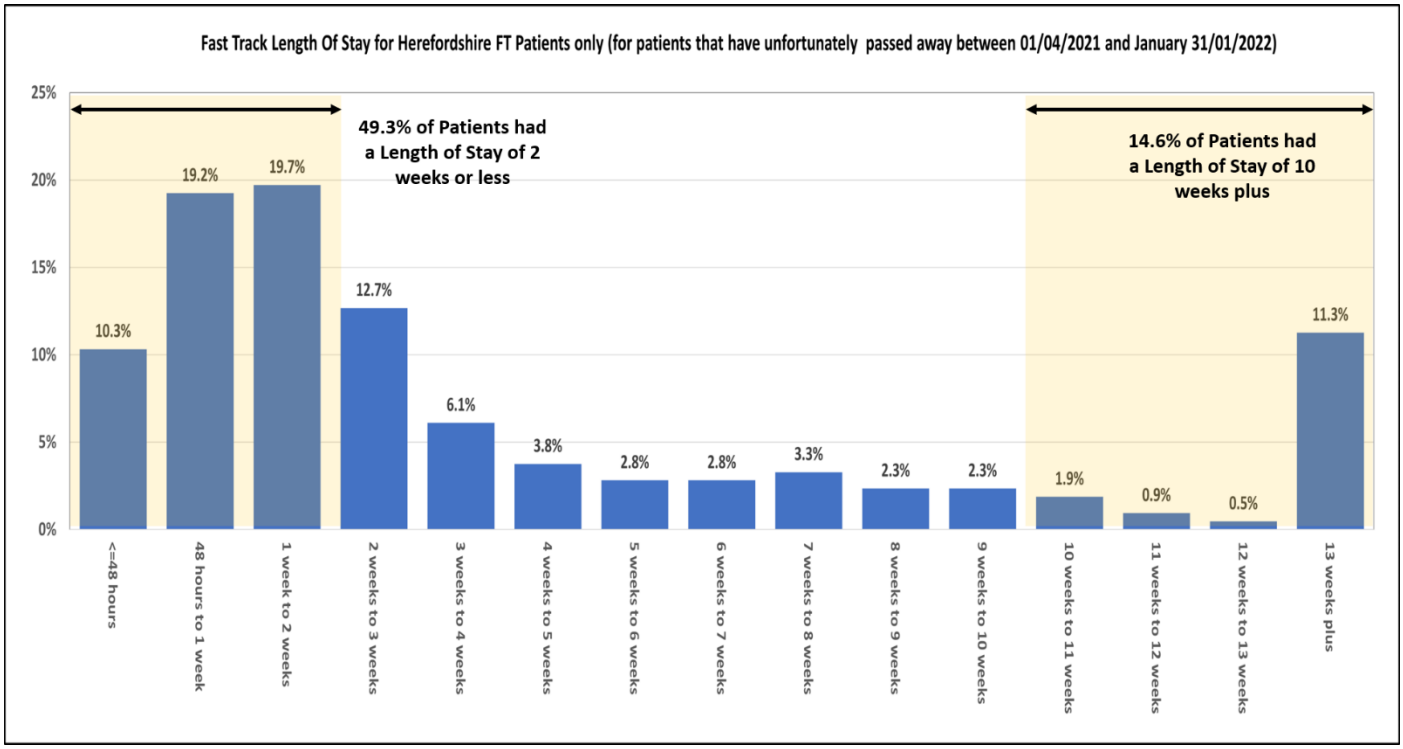




Due to the Covid pandemic, NHS CHC work was deferred between 19 March and 31 August 2020 which meant there was a significant reduction in checklists and no CHC assessment processes (eligibility or reviews). CHC was replaced by an interim arrangement to support individuals who required discharge from hospital. Routine NHS CHC referrals recommenced from 1 September 2020 and, over the following 12 months, the backlogs of routine referrals were addressed and completed.

The table below demonstrates that Fast track referrals are appropriate.

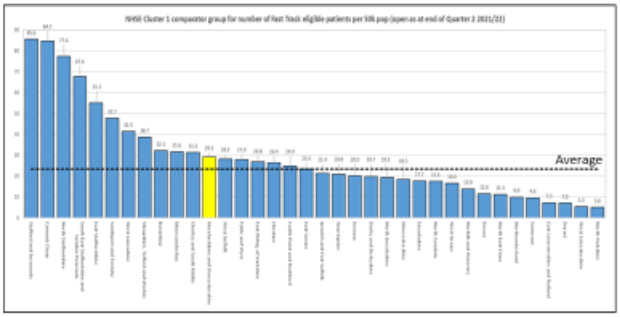
Table 3 (Fast track outcomes)



NHSE Cluster Group per 50k Population: FT & CHC Eligible patients

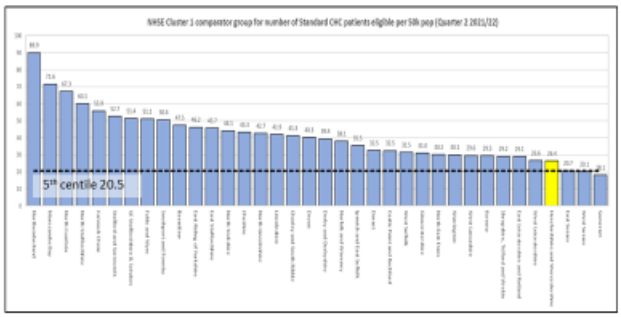
Number of Fast Track Eligible patients per 50k population, as at the end of Quarter 2 2021/22.

The 5th centile is 6.6 and 95th centile 79.2, H&WCCG is within the expected range at 29.1.



Number of CHC eligible patients per 50k population across Herefordshire and Worcestershire CCG.

The 5th centile is 20.5, H&WCCG is within the expected range at 26.4.



Fast track: Table 4

Fast Track Referrals

Fast Track referrals by the top 6 referral sources.

Referrals received from the Community Nursing Team have been steadily increasing.

Referral conversion rate remains at 99% (% of newly eligible cases of total referrals concluded).

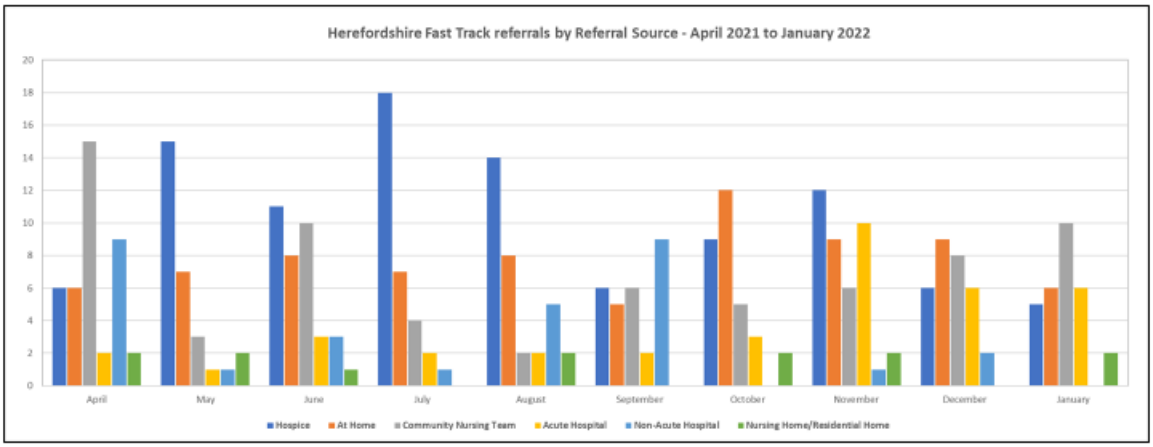


Table 5:

NHSE Cluster Groups per 50k Population: Fast Track Referrals Received HWCCG

At 46.7 H&WCCG are towards the higher end of the expected range. Ongoing audit of Fast Track referrals to ensure appropriateness.

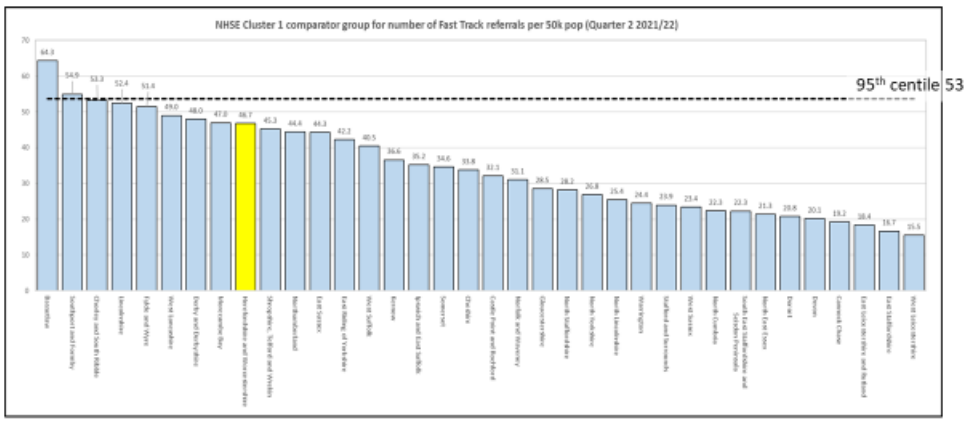


Table 6:

NHSE Cluster Group per 50k Population: CHC and Fast Track Eligibility combined

At 48.1 H&WCCG are towards the higher end of the expected range.

Total CHC Eligibility puts H&WCCG at the higher end of the cluster group, compared to individual CHC and Fast Track eligibility.

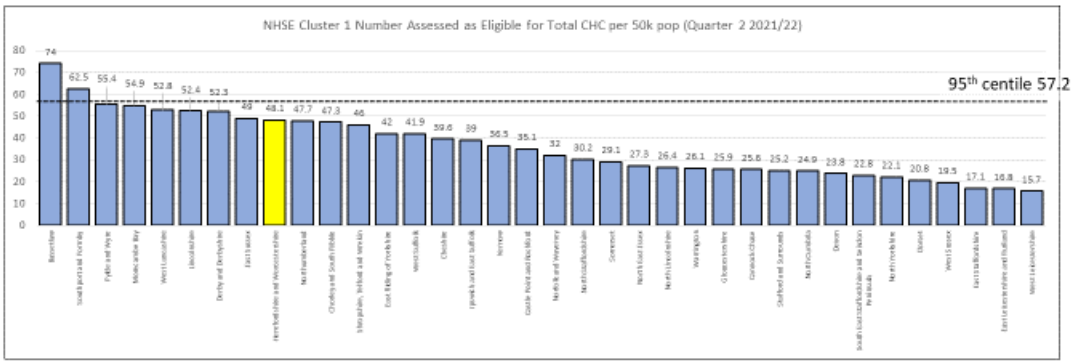


Table 7: the outturn is adjusted for comparison purposes, and, where applicable, the expenditure reflects adjustments for S117 packages, Covid related costs and QIPP savings.

HEREFORDSHIRE CHC SPEND 2018/19 to 2021/22

	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000
Adult CHC	9,626	10,888	13,667	15,947
Children's CHC	608	1,116	1,652	1,392
Adjusted Annual Spend for Comparison Purposes	**10,234**	**12,004**	**15,320**	**17,339**

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 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. HWCCG are a very different organisation from the time when the Parry report was commissioned. In addition, the data behind this report is no longer comparable with current benchmarking. Current data and benchmarking, significant evidence of partnership working and progress demonstrates just how far we have come as a system and how we are striving to meet the needs of the people of Herefordshire. Many of the actions from the Parry report are embedded into everyday service delivery and the CCG and HC continue to work together to deliver joint programmes of work. We have ambitious programmes of work planned within CHC, End of Life and Palliative Care, Children's Continuing Care and Hospital Discharge- all of which are collaborative and involve partners from all agencies. These programmes of work are managed through the Partnership Board. This work will lay the foundation for our joint working as the CCG plans to move into an Integrated Care System in July 2022.

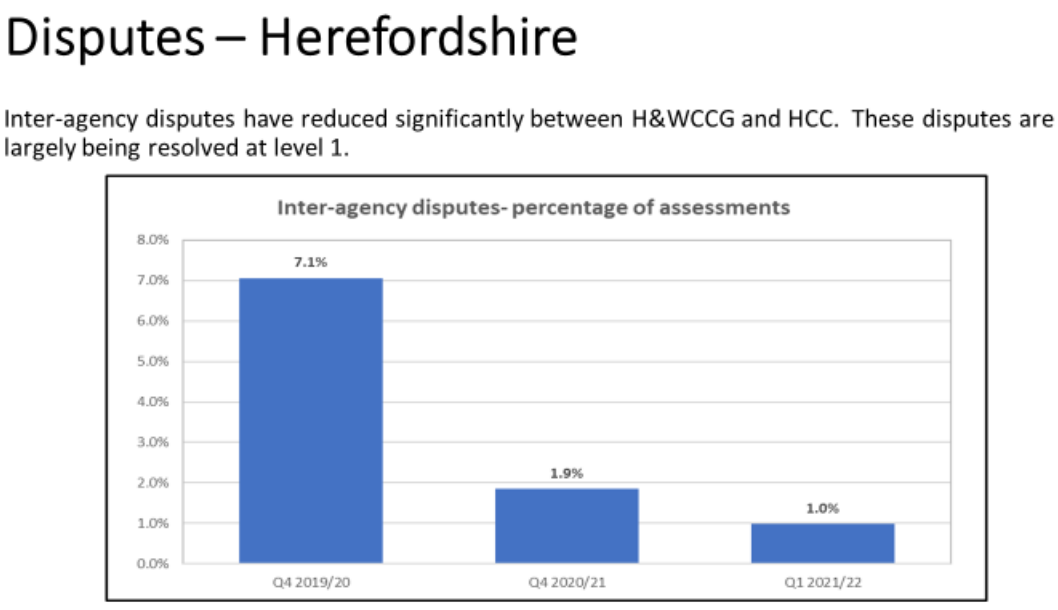
c) *To provide details on the numbers of NHS Continuing Healthcare appeals and the number of successful appeals before and since 2016.*

Herefordshire Appeals

Pre-merger data is not available as Disputes were being externally managed. Since CCG merger in April 2020: 48 appeals have been closed, of those 7 were fully eligible for the appeal period and 7 were partially eligible for the review period. There are 18 Hereford current appeals with a plan in place to appropriately review and finalise all of these before July.

Table 8:
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. These are a clear indication of the consistency and appropriateness of decision making with only 2 cases being overturned in 4 years by NHS England.

	2017/2018		2018/2019		2019/2020		2020/2021	
Type	Eligible	Not Eligible	Eligible	Not Eligible	Eligible	Not Eligible	Eligible	Not Eligible
No of cases	1	3	0	2	1	3	0	1



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.

CHC assessment is always triggered through a CHC Checklist, in line with the NHS CHC National Framework following the identification of a potential need for NHS CHC. Checklist screening should take place at the right time and location for the individual and be undertaken by a professional individual who has been trained to do so (usually representatives from the Local Authority, Community Nursing teams, Hospice teams, Discharge teams, Mental Health teams and/or 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 CHC 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.

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 were amended in 2021 (4 weeks) and are due to end from April 1st 2022.

The process in place is 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 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 commence.

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 the CHC assessment process can commence.

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 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.

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 or checklist? 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.

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.*

The CCG and HC continue to work in partnership across all elements of CHC- through the Partnership Board, comprehensive CHC Stakeholder review and all of the daily operational discussions and meetings which are part of our normal practises. We will continue to work together to develop local services and to monitor and evaluate those services in response to challenges and changes.

- CHC partnership board: now well established and overseeing the transformation of the CHC programme. Attended by representatives from HC, HWCCG and WCC with effective partnership working, improved working relations and a commitment to continue to work together on the improvement journey ahead.
- Stakeholder group: Has commenced work on the planned comprehensive end-to-end review of CHC from referral consent right through the process and including audit and training. Stakeholders include HC, HWCCG, WCC, hospital and community partners from both Herefordshire and Worcestershire.
- Operational group – development/ production of the whole customer journey standard operating procedures.
- Staff training: Some system wide training has commenced with a view to develop a sustainable programme of training for CHC which involves all partners.
- H&WCCG has restructured and recruited to strengthen CHC practice.
- Herefordshire Council has strengthened the recording and reporting process enabling improved follow through of cases. The development of a new team to respond to hospital discharge flow including CHC cases are all new steps which will support joined up working with the CCG.

3. 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 positive relationships and working practices that have been formed over recent months, HC & HWCCG are keen to take forward CHC work within the county positively & practically.