

TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE - 13 FEBRUARY 2017

CONTINUING HEALTH CARE (CHC) REPORT

REPORT OF INTERIM ASSISTANT DIRECTOR: EARLY HELP AND SUPPORT

1.0 PURPOSE

- 1.1 To enable the Health and Adult Social Care Scrutiny to receive the up to date operational position in respect of Continuing Health Care across Telford and Wrekin and Shropshire Council.

2.0 RECOMMENDATIONS

- 2.1 That the Committee consider the report and agree any recommendations or further actions.

3.0 INTRODUCTION

3.1 NHS Continuing Healthcare refers to a package of on-going care for adults that is arranged and funded solely by the NHS where the person has a 'primary health need'. This care is provided to meet needs that have arisen as a result of disability, accident or illness. NHS Continuing Healthcare provision might take the form of a care home placement, or a package of care in the individual's own home or elsewhere.

Assessment of eligibility

3.2 In order for someone to receive NHS Continuing Healthcare funding, they have to be assessed according to a legally prescribed decision-making process to determine whether they have a 'primary health need'. The Health and Social Care Act 2012 sets out the powers for this process which is underpinned by The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 and by The NHS Continuing Healthcare (Responsibilities of Social Services Authorities) Directions 2013. The process has to be followed by every CCG, meaning that there should be no variation in access, and the assessment process should be consistent across the NHS. The detail of the process is set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2012 (Revised) (the National Framework)

Assessment Eligibility Process

3.3 The assessment process takes place at the interface between health and social care; setting out funding responsibilities. Currently, health and social care systems are underpinned by a number of different legal frameworks and funding systems. Social care is subject to means tested charges. If an individual's health needs change, responsibility for

funding their care and support may also change. This is unique within the NHS and it must be ensured that frontline staff has the skills, knowledge and experience to ensure that individuals are treated fairly within the assessment process.

3.4 Following a holistic assessment of the individual's needs, deciding whether someone has a 'primary health need' practitioners are required to use a national Decision Support Tool which records an individual's needs across 12 areas, known as domains:

- Behaviour.
- Cognition.
- Psychological and emotional needs.
- Communication.
- Mobility.
- Nutrition.
- Continence.
- Skin integrity.
- Breathing.
- Drug therapies and medication.
- Altered states of consciousness.
- Any other significant care needs.

3.5 Consideration is given to the nature, intensity, complexity and unpredictability of their needs and therefore whether any of these factors are beyond local authority powers. Eligibility for NHS Continuing Healthcare is based on needs, and therefore eligibility is not based on a specific condition or diagnosis. The NHS' responsibility to commission, procure or provide care, including NHS Continuing Healthcare, is not indefinite, as needs could change. This should be made clear to the individual and their family. Regular reviews are built into the process to ensure that the care package continues to meet the person's needs. If the NHS is commissioning, funding or providing any part of the care, a case review should be undertaken three months after the initial eligibility decision, in order to reassess care needs and eligibility for NHS Continuing Healthcare, and to ensure that those needs are being met. Reviews should then take place annually, as a minimum.

4.0 KEY INFORMATION

4.1 The CHC process is currently managed across two Clinical Commissioning Groups (CCG) these being Shropshire and Telford and Wrekin, this was previously not the case and the benefits of one manager overseeing the process was a consistent and robust approach. A meeting has taken place with the CHC lead for Telford and Wrekin in order to understand how the CCG administer determining eligibility which includes having a panel to discuss the finding of the CHC decision making tool. In Telford and Wrekin the CCG hold a panel which includes only the nurse and social worker who together make the decision based on the information gathered and this decision is sent to the CHC lead for ratification. The Department of Health Guidance does not dictate to CCG's how they implement their panels but in other areas they hold multi disciplinary panels who discuss and debate the case and come to a decision. A potential flaw with the existing model is one of the skill and the expertise of the social worker in being confident to challenge when necessary but it has been confirmed that the CHC lead would intervene if it was felt an unfair decision has been made.

A meeting is being arranged with the CHC lead for Shropshire to discuss their approach but

informal information gathered would suggest they have the same approach.

4.2 Currently work is being undertaken with the CHC lead in updating the internal pathway process for social work staff, there is a degree of confusion regarding the interpretation of this which needs to be clarified. There was a draft document in place but it is not fit for purpose and had not been circulated for comment and sign off.

4.3 Reference is made in the guidance to ensuring that staff are trained and competent to identify when a person may be eligible for CHC and confident in understanding what information should be contained within the decision making tool. Further training has been arranged for the 21st February 2017 and future training dates identified to accommodate changes in staffing. A document has also been circulated to staff to help them with this process – it is a national tool and has been found to be very successful in supporting practitioners.

4.4 Information is now received from the CHC lead for Telford and Wrekin each month on numbers of those in receipt of CHC and this will be cross referenced with our data base to ensure that Adult Social Care no longer fund the placement. There will also be reference to a person being subject to CHC funding within the Adult Social Care First IT system to alert staff to this information..

5.0 FINANCIAL/VALUE FOR MONEY IMPACT

Not applicable for this report

6.0 LEGAL ISSUES

Not applicable for this report

7.0 ACTIONS TO ADDRESS

To note the content of this report and actions taken to date.

Report prepared by Jo Taylor Palmer Interim Service Delivery Manager -01952 381212