

READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR FOR SOCIAL CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	22 OCTOBER 2020	AGENDA ITEM:	11
TITLE:	CONTINUING HEALTHCARE (CHC) FUNDING (April 2018 - December 2019)		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN AND CLLR JONES	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides the ACE committee with an update on Continuing Healthcare applications (CHC), steps taken and progress with regard to the application of the CHC Framework and eligibility criteria for residents of Reading Borough Council (RBC).

This report follows on to provide an update from a previous report on Continuing Healthcare which was presented to Adult Social Care, Children's Services and Education Committee in July 2018.

It is worth noting that this paper was originally scheduled for a previous committee but was delayed due to Covid-19. Therefore, it should be viewed as a retrospective review of CHC activity from April 2018 through to the 3rd Quarter of 2019-20.

- 1.2 NHS Continuing Health Care (CHC) is a package of ongoing care that is arranged and solely funded by the NHS where the individual has been assessed and found to have a primary health need as set out in the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care - March 2018.
- 1.3 Whilst this report represents work carried out in collaboration with colleagues from the Berkshire West Clinical Commissioning Group (CCG), it does also reflect some local information pertinent to Adult Social Care in Reading Borough Council. Specifically, this is information relating to local performance and activity across Reading.
- 1.4 The report highlights areas of improvement and challenge since the last report and looks at next steps and best practice going forward.

2. RECOMMENDED ACTION

- 2.1 That the performance in relation to Continuing Healthcare between CCG and RBC staff be noted;
- 2.2 That the proposed actions to further improve the pathway with regard to ensuring a fair and transparent process for CHC applicants across the Borough be noted.

3. POLICY CONTEXT

- 3.1 NHS Continuing Healthcare is a package of care for people who have been assessed as having a Primary Health need as set out in the NHS CHC Framework. It is arranged and funded by the NHS. If you receive care in your own home then the NHS will cover the costs of the support you need from health professionals and the costs of personal care which include everyday tasks such as washing and getting dressed.

For individuals living in a care home then the NHS will pay the care home fees of that individual.

Eligibility for NHS Continuing Healthcare is not based on a particular health condition. An individual has a primary health need if, having taken into account of all of their needs (following completion of the Decision Support Tool), it can be said that the main aspects or majority part of the care they require is focused on addressing and/or preventing health needs.

- 3.2 In terms of the eligibility process for CHC, this starts with the completion of a checklist by a nurse or a social worker who have been trained to complete it. This checklist serves to identify what the individual needs are and whether this will progress to a full NHS continuing healthcare Multi-Disciplinary Team (MDT) assessment. A subsequent full MDT assessment will lead to evidence being collected from all relevant health and social care professionals about the individual's physical, mental health and social care needs.

Following this a multi-disciplinary team of health and social care professionals will meet to review this evidence and make a recommendation on eligibility to the CCG. This recommendation is then passed to the Clinical Commissioning Group (CCG) who are then responsible for ratifying and agreeing the recommendation. If the Individual is eligible for CHC the CCG are responsible for care planning and the funding of the care package to meet eligible needs.

Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' for immediate provision of NHS Continuing Healthcare. The intention of the Fast Track Pathway is that it should identify individuals who need to access NHS Continuing Healthcare quickly, with minimum delay, and with no requirement to complete a Decision Support Tool (DST). This ensures that the individual receives the right care at the right time.

- 3.3 The CHC Framework was updated and implemented in October 2018, the Framework:
- a) Details the principles and process of CHC
 - b) Ensures consistency of application for eligibility for CHC funding - there was no change in the eligibility criteria
 - c) Ensures quality of application and process
 - d) Implements and maintains good practice.
- 3.4 The Clinical Commissioning Group (CCG) is responsible and accountable for system leadership for CHC within the local health and social care economy. The CCG is responsible for:
- a) Ensuring delivery and compliance with the National Framework for CHC;
 - b) Promoting awareness of CHC;
 - c) Establishing and maintaining governance arrangements for CHC eligibility processes and commissioning CHC packages;
 - d) Ensuring that assessment mechanisms are in place for CHC across relevant care pathways, in partnership with the local authority as appropriate. The Standing

Rules require CCGs to consult, so far as is reasonably practicable, with the relevant social services authority before deciding on a person's eligibility for CHC funding.

- e) Making decisions on eligibility for CHC funding;
- f) Identifying and acting on issues arising in the provision of CHC funding;
- g) Commissioning arrangements, both on a strategic and individual basis.

4. THE PROPOSAL

4.1 Current Position - Continuing Healthcare in Reading

4.1.1 The process of attaining CHC for residents of Reading Borough Council follows the pathway set out in 3.2 above.

If there is a dispute with regard to eligibility following the Multi-Disciplinary Process then the case is referred to the Continuing Healthcare Panel. The panel itself is made up of a variety of professionals from Health and Social Care who will work through the Decision Support Tool (DST) to determine eligibility.

In law the CCG is the decision maker in respect of CHC eligibility and if the CHC Panel is unable to agree the eligibility outcome, the CCG Panel Chair will make an eligibility decision on behalf of the CCG. The Council then has 28 days if it wishes to dispute the eligibility decision and if so, the Locality Manager for Adult Social Care will complete a position statement in order to dispute the decision.

4.1.2 Targeted measures that have been taken in Reading Borough Council to support staff with CHC applications since October 2018 are as follows:

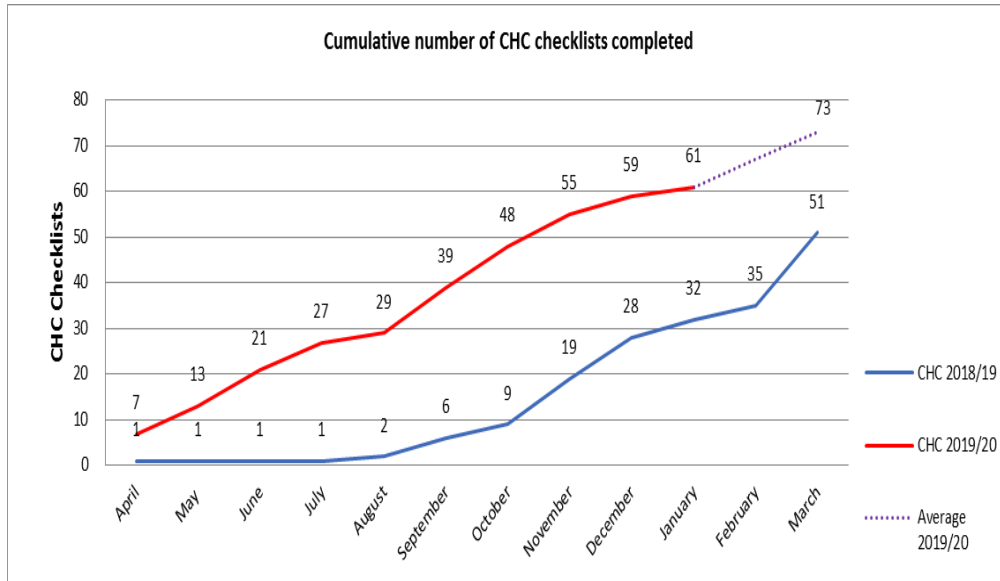
- Workshops have been commissioned and delivered by Michael Mandelstam, national expert in Legal & Continuing Healthcare training. A module titled, 'Law and Practice' was delivered in September & October 2018, 65 staff members attended from operational services including the Executive Director. The purpose of the training was to further support knowledge and understanding of the CHC Framework and its application.
- The Locality Manager for Reading is the strategic lead for CHC who reviews and authorises the submission of CHC checklists completed by staff, advising on areas to highlight within the decision support tool to evidence the needs of people in the 11 domains of the Framework.
- A CHC workflow has been created within the Directorate's Client Record System, which outputs CHC activity in relation to RBC.
- Further to this there have been Senior level meetings with colleagues from the CCG to discuss CHC performance and in particular any issues with regard to the application of protocols and guidance.

4.2 Performance in Reading - Information from April 2018 - December 2019

4.2.1 Performance data is recorded by operational staff on the ASC Electronic Case Recording System and reported monthly at the Reading Integration Board.

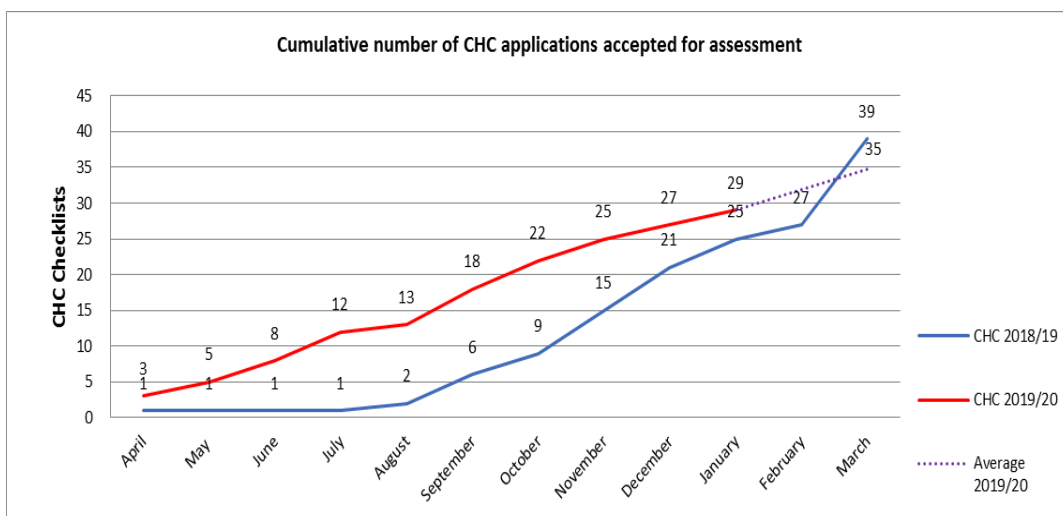
4.2.2 The following table (Table one) sets out the monthly activity within a 12 month period with regard to 2018/19 & 2019/20. It shows that the number of CHC checklists being completed has increased significantly in 2019/20 due to increased awareness and understanding of CHC and when an individual could be deemed as having eligible

healthcare needs. There is still further work to do in order to increase this number and make sure that these are recorded accurately.



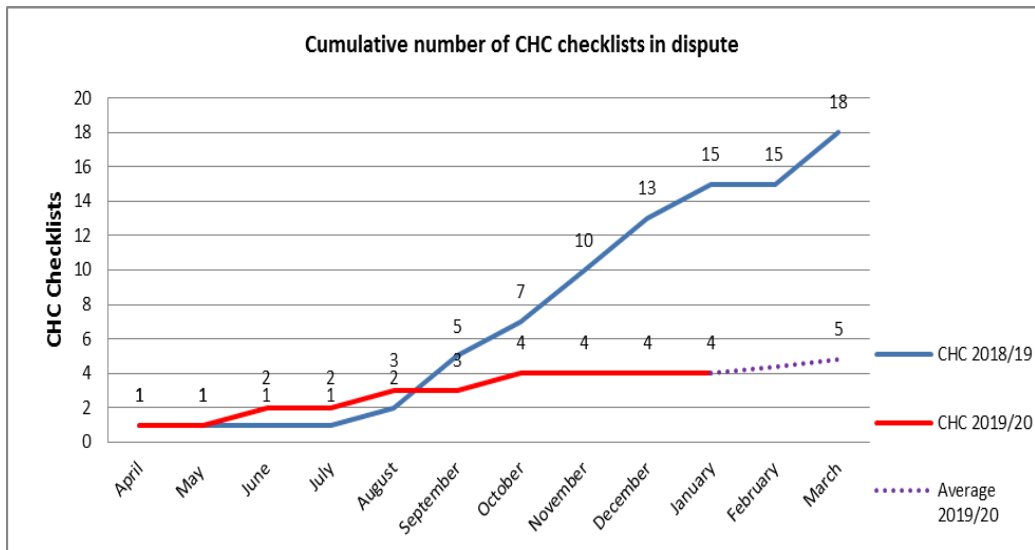
Source: Reading Borough Council Performance Team (Table one)

4.2.3 Following on from this the cumulative number of CHC applications that are accepted for assessment have remained at a steady number in comparison to previous years (Table Two). This reflects that these cases did not progress to the Multi-Disciplinary Team MDT(Health and Social Care Professionals) due to them not meeting the CHC threshold. These could also relate to resubmitted checklists for people that had previously been found to be ineligible for funding at MDT. In these cases, the feedback was that there had not been a change in need since the initial MDT therefore could not progress as per the framework.



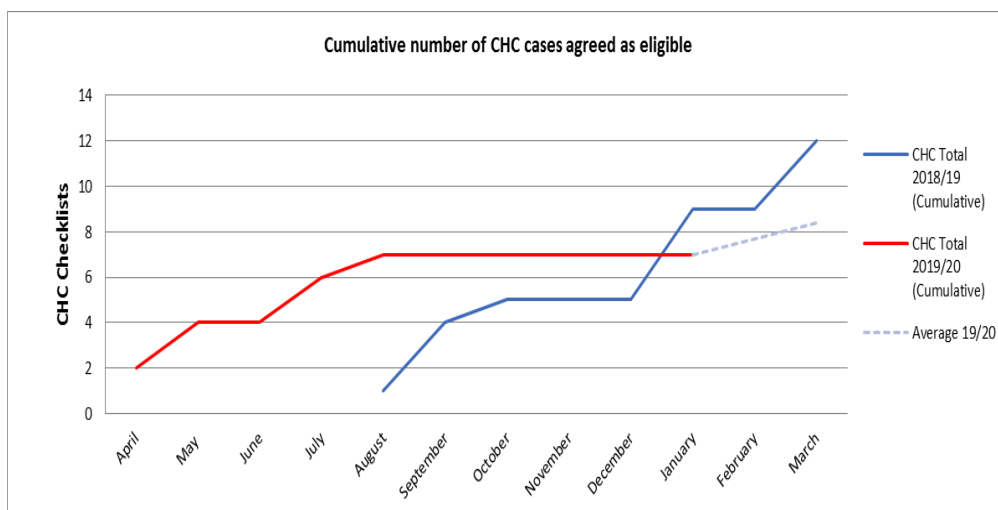
Source: Reading Borough Council Performance Team (Table two)

4.2.4 The third table (Table three) shows the numbers of CHC checklists which have resulted in dispute. This shows an improved picture with less disputes cumulative across 2019-20 as opposed to 2018-19. This reflects better joint working and understanding of the CHC framework between Health and Social Care colleagues.



Source: Reading Borough Council Performance Team (Table three)

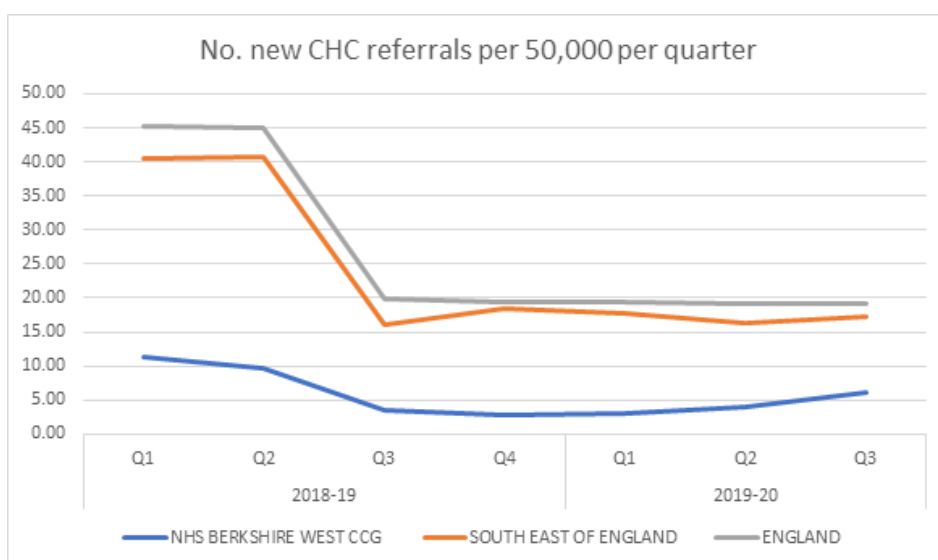
4.2.5 The fourth table (Table four) shows the total number of CHC cases that have been agreed across an 18-month period between Reading Borough Council and CCG. This totals 19 individuals since August 2018. With increased awareness and higher numbers of checklists it is expected that this will rise further through the year, however there is no definitive way of measuring this as the eligibility threshold will ultimately determine the overall numbers.



Source: Reading Borough Council Performance Team (Table four)

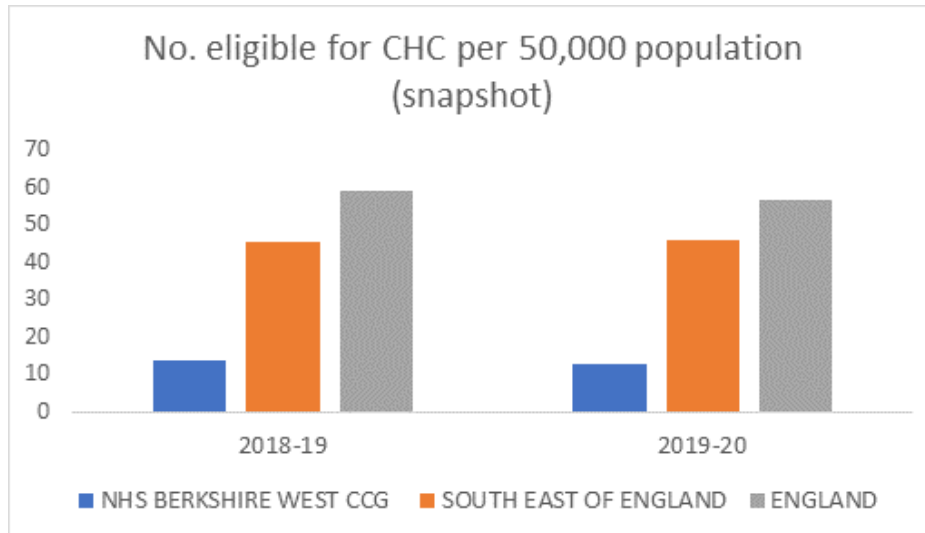
4.3 National Trends

- 4.3.1 A National dataset on CHC is produced by NHS England based on data collected from each CCG. This data is published Quarterly and is reported at the Care Commissioning Group (not Local Authority) Level.
- 4.3.2 Prior to 2018-19 we were able to report on CHC benchmarking at a local level for the 2 CCGs in Reading. However, since the reorganisation of the Care Commissioning Group into Berkshire West, this data is only available at the Berkshire West level and therefore includes Reading, Wokingham and West Berkshire Local Authorities.
- 4.3.3 Table 5 shows the number of CHC referrals per 50,000 people in West Berkshire when compared to the South East of England and England as a whole. Since Quarter 3 in 2018-19 there has been a slow increase in referrals across the region although this number, whilst increasing, is still significantly below the national average and this is something that managers and practitioners are working hard to increase where appropriate. The graph also shows a significant drop in CHC referrals for both national and regional referrals. This reflects the work that has been done nationally to ensure appropriate checklisting of individuals for CHC assessments.



Source: NHS Digital
(Table five)

- 4.3.4 Finally Table 6 shows the overall number of people per 50,000 of population who are eligible for CHC. This clearly shows that the numbers across Berkshire West are significantly lower than those across the South East as a region, which in turn are below the average numbers for England. This reflects the lower number of checklists that are received by the CHC service from Reading which have historically continued to be low across West of Berkshire. There are plans in place to address this, which are seen in the 'next steps' below.



Source: NHS Digital
(Table six)

4.4 Next Steps

4.4.1 There continues to be a collective drive between the Local Authority and CCG to ensure that greater awareness of Continuing Healthcare and application of eligibility is sustained, and the following were areas of practice that were agreed in partnership and started prior to the completion of this Report in November 2019:

- Reviews of residents in Nursing Homes continued, ensuring that individuals who have a high level of need would be considered for a checklist at the point of their review if necessary. This is not only to ensure that needs are met appropriately, but also that residents are not charged for their care through Client Contributions where they are entitled to free healthcare.
- The CCG offered CHC training to all nursing home staff across Reading and West Berkshire and Reading Borough Council staff ensured that this was encouraged through their frequent 'Care Quality' and 'provider liaison' visits.
- The Operations Manager for Reading Borough Council held quarterly sessions with Managers and staff to ensure that they were confident in following process and completing checklists.
- These practice enhancements will now be reinstated following the continuation of CHC following the pause in CHC assessments during Covid-19.

4.5 Other Options Considered

Non Applicable

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The proposals contained in this report are in line with the overall direction of the Council by meeting the following Corporate Plan priorities:

1. To protect and enhance the lives of vulnerable adults and children
2. Ensuring the Council is fit for the future

5.2 The recommendations also contribute to the following strategic aims.

1. To promote equality, social inclusion and a safe and healthy environment for all

6. ENVIRONMENTAL IMPLICATIONS

6.1 These have been considered but were not seen to be significant with regard to this work.

COMMUNITY ENGAGEMENT AND INFORMATION

7.1 The options proposed relates to internal processes which have been discussed with colleagues across adult social care. The Continuing Health Care Framework is National Guidance and therefore its implementation does not require consultation with the community.

8. EQUALITY IMPACT ASSESSMENT

8.1 The options proposed in this report are not considered to impact equality.

9. LEGAL IMPLICATIONS

9.1 The CHC Framework is National Guidance; it sits within Section 1 and 3 of the NHS Act 2006. A Local Authority is prohibited from providing anything that the NHS is required to provide under sections 18-20 of the Care Act 2014.

10. FINANCIAL IMPLICATIONS

10.1 The Director of Adult Care and Health Services has responsibility to ensure that funding for Care and Support needs is allocated appropriate based on the Care Act Assessment. Ensuring that there is a robust process for deciding whether a person's care is Local authority funded, CCG funded or split funded is a key element of meeting our responsibilities as a Health and Social Care system.

11. BACKGROUND PAPERS

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

The Care Act 2014.