MANAGEMENT ACTION PLAN

26/09/2023

CONTINUOUS HEALTH CARE

This audit review is linked to the following Council priority(ies) and corporate risk(s):

- Protecting and enhancing the lives of vulnerable adults and children
- Promoting health, education, culture, and wellbeing

Assurance Opinion		Identified Recommendations	
Limited Assurance		**Priority 1**	0
		Priority 2	4
		Priority 3	0
Date of last review:	N/A	**Direction of travel**	↔

Distribution List

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1. BACKGROUND

1.1 NHS England, Integrated Care Boards (ICBs), and local authorities must comply with their responsibilities, aet out in the Standing Rules and Care Act legislation, as appropriate, about NHS Continuing Healthcare. The national framework for NHS continuing healthcare and NHS-funded nursing care sets out the principles and processes for deciding eligibility.

1.2 NHS continuing healthcare is an ongoing package of health and social care that is arranged and funded solely by the NHS when an individual is found to have a primary health need. Such care is provided to an individual aged 18 or over to meet needs that have arisen because of disability, accident, or illness.

1.3 The Council commissioned a project in 2022/23 to review a range of existing cases that were thought to be potentially eligible for CHC funding, the costs for which may be shared through the joint funding arrangement.

2. OBJECTIVES AND SCOPE OF THE AUDIT

2.1 The purpose of this audit was to provide assurance that the Council's practice and processes around continuous health care fit with its responsibilities under the national framework for 'NHS Continuing Healthcare and NHS-funded Nursing Care' and that the Council worked collaboratively with the CCGs when reviewing processes. The audit objectives will be to: -

- Ensure there are robust procedures and processes in place for reviewing and monitoring the assessment status of CHC.
- Ensure records were held to substantiate the approvals of CHC entitlement.
- Ensure CHC costs are recuperated where appropriate.

3. CONCLUSIONS

3.1 We have issued a 'limited' assurance opinion, although we are satisfied that the Council is progressing with the CHC project initiated in December 2022 to help ensure its systems are improved to avoid the cost responsibilities of the NHS. This is because, there are still areas that require improvements, and these reasons are summarised as follows.

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3.2 Due to a lack of information, a cohesive tracking system, and available analytics, the Council's monitoring systems are currently ineffective in determining how or if it is contributing to the low levels of CHC that were approved by the NHS West Berkshire Integrated Care Boards during 2022/23, which was raised as a concern by the LGAs Peer Review of CHC between the NHS and its partnering local authorities.

3.3 Although the Council is proactively redeveloping its procedures and processes to ensure people are appropriately assessed before a claim for CHC is submitted to the NHS, we found that despite the support systems in place, there is a risk that social workers will bypass the Council's peer-review of the application before it is submitted for a decision.

3.4 It is important to emphasize that the time taken between the checklist being received by the ICB and a CHC funding decision being made, should not exceed 28 days. If the timeframe is longer than this, then funding should be met by the NHS whilst a decision on eligibility is made. It is in both the Council's and the service users' best interest to submit a CHC application at the earliest opportunity.

3.5 Although the Council should learn from the outcomes of the NHS's appeals process, there are no controls in place for analyzing the Multi-Discipline Team's reasons for refusing a claim for CHC funding, advocated by the Council and despite having a copy of the decision letter on file. An analysis of the reasons could mitigate the risk of incorrect/incomplete claims and the family's disappointment if refused, provide a more efficient process in terms of social worker time and resources, and prevent the erosion of professional trust due to poor compliance with the CHC guidance, provided by the Department of Health and Social Care.

3.6 Although there are good separations of duties in place between the assessment and recovery, better communications are required to reduce the silo working practices currently in place.

3.7 The methodology for monitoring and reporting upon the assessment and approval status of the project and general CHC caseload needs to be standardised and consolidated under a common DASH board. This is currently uncoordinated and excludes confirmation on the closure of care packages on Mosaic and the recovery action. This is exacerbated by a lack of documented procedures clarifying the responsibilities and the methodology for calculating and ensuring the debt is paid and not disputed by the NHS. A better management accounting code structure needs to be developed to improve the transparency on the level of shared CHC funding and CHC costs that are being recuperated so that this can be monitored more effectively within the budget program and strengthen the accounting for any budget savings.

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Control Objective	Ensure there are robust procedures and processes in place for reviewing and monitoring the assessment status of CHC.

Risk	The Council could be incurring CHC costs which is the responsibility of the NHS.		
Rec No	1	**Risk Priority**	2

Audit Recommendation

A single DASH Board is required for monitoring the CHC status. Audit supports both the redesign and use of a single CHC tracker and the confirmation of the methodology for confirming the accuracy of data, monitoring the processes for identifying, assessing, and the transfer of responsibilities to the NHS for CHC. Consideration should also be given to: -

- Confirming the monitoring and reporting requirements for monitoring the timetable for the decision-making process, having regard to the expectation that decisions should usually be made within 28 calendar days of the ICB being notified of the need for a full assessment of eligibility for NHS Continuing Healthcare.
- Confirming whether an application was reviewed by the CHC Team, CHC Champion or through the weekly CHC Surgery.
- Confirming the monitoring (analysing), and reporting the reasons for MDT/ICB decisions, to ensure both the Council's and NHS assessments are completed in compliance with the National Framework and NHS CHC Guidance.
- The assessment and approval status for the existing CHC caseload should be confirmed and progressed where appropriate.
- In conjunction with recommendation 3, ensure the ICB confirms the CHC effective date, and the date received of the CHC Checklist or Decision Support Tool that was used for the full assessment in the acceptance letter.

Management Response	**Responsible person**
Action: Development of a Reading ASC CHC Process a. Outlining the CHC decision making arrangements b. Interface with NHS CHC c. Recording of decisions d. Escalation processes e. Recharge processes	Sunny Mehmi Assistant Director **Target date** **November 2023**

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Control Objective	Ensure records were held to substantiate the approvals of CHC entitlement.

<table>
<tr><td>Risk</td><td colspan="3">If the audit trails for notifying the completion of key stages and the respective substantiations of key documents are poor, there's a risk that the Council could continue to incur CHC costs which is the responsibility of the NHS.</td></tr>
<tr><td>Rec No</td><td>2</td><td>Risk Priority</td><td>2</td></tr>
<tr><td colspan="4">Audit Recommendation</td></tr>
<tr><td colspan="4">Although the workflow processes are being developed to improve the audit trails for substantiating the completeness of key records that should be held on Mosaic, the following recommendations should be considered: -

• Ensuring key documents are consistently named/referenced protocols e.g., making sure MDT outcomes are NOT security protected or just attached to the email notification.

• Electronic / Service email action and information notifications ensure the appropriate services are kept informed e.g., Ensure NHS uses CHC Service email, debtor/brokerage system notifications, etc.

• Confirm that key documents are held for each of the process stages for all of the CHC caseload e.g., CHC Checklist, DST & MDT Decision.</td></tr>
<tr><td colspan="3">Management Response</td><td>Responsible person</td></tr>
<tr><td colspan="3" rowspan="3">Action:
Development of a Reading ASC CHC Process
a. Outlining the CHC decision making arrangements
b. Interface with NHS CHC
c. Recording of decisions
d. Escalation processes</td><td>Sunny Mehmi
Assistant Director</td></tr>
<tr><td>Target date</td></tr>
<tr><td>November 2023</td></tr>
</table>

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Control Objective	Ensure CHC costs are recuperated where appropriate.

<table>
<tr><td>Risk</td><td colspan="3">Currently, there is no monitoring of the status of each workflow process for confirming the closure of care packages, calculating the cost to be recovered, confirming the CHC invoice has been raised on the debtor invoice, and paid.</td></tr>
<tr><td>Rec No</td><td>3</td><td>Risk Priority</td><td>2</td></tr>
<tr><td colspan="4">Audit Recommendation</td></tr>
<tr><td colspan="4">The procedures and processes for closing and confirming the recovery of all agreed CHC costs should be confirmed. This should verify: -

• The basis, authorisation and methodology for calculating the re-charge.

• The responsibilities for notifying, calculating, producing, checking, and authorisation of the charge being raised.

• Monitoring and reporting process non-compliance e.g., pushback and feedback on those social workers that operate outside of Mosaic.

• The responsibilities for notifying and checking the closure of the care package provided by the Council.

• Recording and evidencing the commitment balance of purchase orders prior to closure to ascertain the ‘avoidance cost’ saving.

• The responsibilities and the process for monitoring the recovery status and resolving any payment disputes (delinquent arrears on the accounts receivable).</td></tr>
<tr><td colspan="3">Management Response</td><td>Responsible person</td></tr>
<tr><td colspan="3" rowspan="3">Action
• Ensure Reading ASC CHC Process – above - includes processes around recovery and roles of operations, PBST and Accounts Receivable.

• Processes for recovery of agreed CHC costs to be built into Mosaic workflow (this has already been planned with Mosaic Adults Support).</td><td>Lara Fromings
Head of Commissioning</td></tr>
<tr><td>Target date</td></tr>
<tr><td>Mosaic changes 31st March 24?</td></tr>
</table>

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<table>
<tr><td>Risk</td><td colspan="3">The council is unable to accurately measure the level of CHC costs is carrying on behalf of the NHS.</td></tr>
<tr><td>Rec No</td><td>4</td><td>Risk Priority</td><td>2</td></tr>
<tr><th colspan="4">Audit Recommendation</th></tr>
<tr><td colspan="4">Although cases are closed on Mosaic once the full responsibility for CHC has been confirmed by the NHS, the following should be considered to help account for and quantify the level of CHC support provided by the Council: -

• A Mosaic field should be created to confirm the percentage and equivalent value of the Council's agreed shared CHC cost. Shared funding cases may require priority monitoring on the basis that there's a risk that they might need full NHS funding in the future.

• To help quantify the level of 'partnering' financial support provided by the Council on CHC, consideration should be given to introducing an expenditure code to account for any agreed CHC shared costs. This cost should be reconciled to the proportion of shared funding recorded on Mosaic.

• To help quantify the total level of costs recovered, an 'income code' should be created on the Accounts Receivable for CHC.

• Use of the existing 'invoice type' SPU, SPV descriptor on the Accounts Receivable system could be used to further account for CHC or FNC.</td></tr>
<tr><th colspan="3">Management Response</th><th>Responsible person</th></tr>
<tr><td colspan="3" rowspan="3">Action

Explore options with Mosaic Systems and Finance Teams for inclusion of percentage split in mosaic workflow and separate budget codes for S117 and CHC (currently 8101).</td><td>Lara Fromings
Head of Commissioning</td></tr>
<tr><th>Target date</th></tr>
<tr><td>November 2023</td></tr>
</table>

4. FINDINGS

4.1 ENSURE THERE ARE ROBUST PROCEDURES AND PROCESSES IN PLACE FOR REVIEWING AND MONITORING THE ASSESSMENT STATUS OF CHC

4.1.1 The Berkshire West Integrated Care Board (WBICB) is a sub-locality of the NHS Buckinghamshire, Oxfordshire, and West Berkshire Integrated Care Board (BOB ICB) which works in partnership with Reading, Wokingham, and West Berkshire councils to provide better-coordinated health and social care for residents.

4.1.2 For context, our analysis of the quarterly statistics published by the NHS for 2022/23 shows the approval rate of CHC funding by the WBICB is substantially lower than those that form BOB ICB: -

- The CHC Peer Review undertaken by the Local Government Association dated 27/9/2022 covering the BOB ICB, reported concern about the partnering governance relationships between WBICB and its partnering agencies, the serious impact this may have had on the individuals at the centre of these, and the number of CHC decisions being approved.

- CHC statistical information is published on the area responsibilities of the BOB ICB and excludes any breakdown of council activity because CHC may be instigated by health practitioners outside of a council, albeit these should be supported by a social worker.

- As a comparison, the WBICB approved the funding for a total of 70.1 CHC applications per head of 50,000 population, against an average of 118.2 for the BOB ICB (see below), 140.3 for the Southeast Region, and 162.1 for England.

- Other BOB ICBs: NHS Oxfordshire and NHS Buckinghamshire approved 137.2 and 139 CHC applications respectively per head of 50,000 population in 2022/23.

4.1.3 A joint 'Adult Shared Policy' Agreement between BOB ICB, Reading Borough Council, West Berkshire Council, and Wokingham Borough Council dated March 2023, with effect from 1/4/2023 sets out the protocol and responsibilities for managing those adults who are not eligible for NHS Continuing Health Care funding (arranged and solely funded by the NHS) but who have specific health needs beyond the powers of the Local Authority to meet on its own. The agreement confirms the process for assessing and reviewing whether full, part, or no funding is agreed upon and ensures CHC is an integral part of the combined care review.

4.1.4 Because NHS statistics report that WBICB, which is a sub-locality of the BOB ICB, has provided some of the lowest levels of CHC funding for residents when

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compared to the rest of the country, the Council (Adult Social Care) initiated a project[1] in December 2022 to review its internal operations and practices for identifying and monitoring CHC, and to ensure this is managed appropriately in conjunction with the Adult Shared Policy agreement and legislation. We would comment that this should help evidence how robust the Council's and ICB's reviews are in comparison to other local authorities and ICBs.

4.1.5 A CHC project was commissioned by the Assistant Director for Operations, Adult Social Care to seek CHC funding for ASC-funded cases that were thought to be potentially eligible for CHC funding. The project team, which is comprised of the Interim Service Head (ISH), Social Care Business Systems Manager, Business Support Manager, and the Senior Commissioning Transformation Project Manager are also currently in the process of updating the existing CHC Mosaic workflow so that this can be approved for implementation in Autumn 2023, once all the testing has been successfully concluded and agreed.

4.1.6 As a control aide to Mosaic, from 2022 an Excel spreadsheet (CHC Tracker) is used to monitor both the review, application status, and funding agreement outcomes for CHC. Although the CHC Administrator carries out update checks, reliance is placed upon the caseworker and the ICB to inform them of any changes to ensure the information is accurate (See 4.2). An examination of the spreadsheet dated 15/6/23 records a separate review of 125 people for CHC, some dating back to July 2022, found: -

- The time taken between the application completion, review, and approval of the CHC is not measured, even though there may be circumstances that require a specific deadline under the 'National Framework for NHS Continuing Healthcare and NHS funded Nursing Care' guidance dated July 2022 e.g., the ICB will normally make a decision about eligibility for NHS CHC within 28 days of getting the completed CHC checklist or request for a full assessment (DST), unless there are circumstances beyond the NHS's control.

- There are 54 (47%) out of 116 people recorded on the "general" tab still waiting for a decision from the Multi-Discipline Team (MDT) that requires further inquiry to confirm the decision outcome.

- A separate tab is used to monitor the decision status for 9 people from mid-2022 that were assigned to two caseworkers. The MDT decision is recorded as outstanding for 6 (67%) people, although the 'work completed' status is recorded as 'not applicable for 1 person, 'blank' for 2 people, 'yes' for 2

[1] The CHC Project Initiation Document (PID) stated: *"This results in potentially higher costs for DACHS as we are funding packages that should attract health funding; and has implications for the residents*

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people, and 'in progress' for 1 person, even though the MDT date recorded for 5 out 6 people.

- There are 2 adults who are unknown to ASC recorded on the spreadsheet, which demonstrate applications for CHC are instigated independently of the council.

4.1.7 Another Excel spreadsheet (CHC master list V1) dated 22/2/22 is used by the CHC project team to monitor the assessment delivery status of a further 97 people who were considered to be potentially eligible for CHC at the time of the project. It was agreed with the CHC project lead that these cases need to be reviewed and merged with the main CHC tracker:

- The MDT outcome status is completed for 40 (41%) people, with funding agreed for 11 (27%) people.
- There are 20 (21%) people whose assessments are still works in progress which need to be followed up.
- A CHC assessment has not been started for 26 (27%) people even though the RAG status shows that the work for 3 of these is complete.

See Recommendation 1

4.2 ENSURE RECORDS WERE HELD TO SUBSTANTIATE THE APPROVALS OF CHC ENTITLEMENT

4.2.1 Because ASC does not have a CHC team, reliance is placed upon individual caseworker's awareness and training to identify if any people receiving care should be further assessed for CHC.

4.2.2 To help check the reasonableness of a CHC application, the ISH is available to critique the completion of the 'NHS continuing healthcare checklist' before it is assessed further through the DST and the MDT process. However, there are concerns that social workers bypass this 'stage' because there is no defined process within Mosaic to ensure the assessment submitted is substantiated beforehand, which involves the social worker acting as the client's advocate. The risks for this are: -

- The application might not be progressed by the social worker although CHC could be justified. Although the family could decide it wouldn't want to pursue a claim for CHC, we were informed that there are circumstances where ASC needs to consider whether this was in their best interest.

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- The CHC application fails because it was either incorrect/incomplete, couldn't be substantiated, or simply required a different perspective/justification to advocate the case e.g., a check and balance process provided by the completion of the CHC checklist as it is supported by an independent professional. It is Internal Audit's opinion that shared funding normally arises where there is a lack of definitive evidence, but it is agreed there is some mutual acceptance of responsibilities.

4.2.3 The CHC checklist is a screening tool to help health and care professionals rapidly assess whether an individual should have a full assessment, which is also referred to as the 'Decision Support Tool' (DST). According to Beacon CHC[2], the initial CHC checklist should be completed by a nurse, doctor, social worker, or other qualified healthcare professional. The following should be noted: -

- Although CHC champions and surgeries have been established to help advise and peer review cases where CHC may be required, there is no current requirement or workflow that enforces managerial sign-off, which means there is a risk that either health concerns won't be appropriately assessed before being submitted to MDT by the social worker or left as pending.

- Although CHC is operated under a national framework a procedural "crib" note will be produced for social workers by the ISH before leaving the Council.

- To prevent a CHC application from being rejected by the NHS on the basis that it had not been completed by a CHC-trained person, ASC needs to ensure social workers complete the local NHS's CHC training course, even though this may have been completed with another area ICB.

- As witnessed by attending the CHC Surgery, the ISH commented that although CHC awareness and identification is a key part of the social services work, there's a risk that the social worker may not refer the case or seek advice. Support by a social worker with CHC experience and training should help mitigate the risk of incorrectly/incomplete CHC applications being submitted and improve the justification presented.

4.2.4 An examination of the CHC Tracker and CHC Master lists found the CHC Checklist had been completed for only 27 of the 213 people recorded on the spreadsheets. Both these lists exclude any record of the assessments scoring 'outcome', whether a DST (full assessment) was required and/or completed, and what the outcomes of this were.

[2] Beacon CHC | Free advice & expert representation - Beacon CHC

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4.2.5 A random sample of 12 MDT decisions (9 assessed as eligible ad 3 as non-eligible) from the CHC Tracker for 2023/24 found that most decisions were supported by an MDT decision letter although some document access restrictions and missing documents on Mosaic meant the decision outcomes on the CHC Tracker could not be verified. We also noted the NHS was inconsistent in confirming why outcomes were successful as opposed to unsuccessful: -

- The return dates on the CHC Tracker and the Mosaic 'MDT Monitoring' status tab matched against the supporting MDT decision letter held on Mosaic for 2 non-eligible applications. The letters satisfactorily recorded the reasons for the decision. However, we were unable to review the MDT decision letter held for the third non-eligible application because it had been password protected on Mosaic.

- The return dates on the CHC Tracker and the Mosaic 'MDT Monitoring' status tab for 6 out of 9 approved CHC applications were supported by an MDT decision letter held on Mosaic, although the reasons for this were not provided by the NHS. We were able to confirm the effective date of transfer for 5 out of 6 approvals, which was taken as the date of the letter.

- We were unable to confirm the decisions for the 3 remaining successful applications because a copy of the letter for 2 people could not be located on Mosaic, and 1 because it was password protected. Although we noted an unprotected version of the passworded version is sometimes held as well, that was not the case on this occasion.

- 9 out of 12 CHC decision letters were certified by the Assistant Director for Berkshire West NHS Continuing Healthcare (Adults & Children).

See Recommendation 2

4.3 ENSURE CHC COSTS ARE RECUPERATED WHERE APPROPRIATE

4.3.1 The NHS guidance advises if the ICB decides a person is "eligible but takes longer than 28 days to decide this, from receipt of the application, and the delay is unjustified" the NHS should refund any care costs from the 29th day until the date of their decision.

4.3.2 Unless part funded, care support funded by the Council is closed on Mosaic when the NHS has confirmed it will fund a CHC. The Financial Support Charging Officer[3] (PBST) responsible for raising the recharge invoice on the debtor system to recover its respective costs highlighted there are several control issues that

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[3] Commissioning Personal Budget Support Team

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could undermine the completeness, accuracy, and timeliness of the charge being raised to the NHS which require confirmation: -

- There is a lack of formal or written procedures to confirm the basis for calculating the CHC recharge and recovery e.g., Accounts Receivable invoice type[4], rebate of contributions, management of care home recharges.

- Although social workers should complete the 'charge task' on Mosaic to instruct the Direct Payments Team to raise the recharge invoice on the debtor system, this is bypassed, and notifications are mainly received by being copied into an email sent to a personal email account instead of a central team email.

- It isn't always clear from the information provided by the social worker (if not confirmed in the NHS's approval letter) what the effective date is for calculating the relevant period for the recharge because the NHS CHC funding letter is not always uploaded onto Mosaic. The date of the letter is sometimes taken, although we can confirm that most of the MDT letters provide an 'effective date'.

- The PBST is responsible for reviewing and closing any care packages on Mosaic, although we note this action is not recorded on either of the CHC monitoring spreadsheets.

4.3.3 The same subjective code is currently used for NHS income relating to CHC and s.117. Better use of accounting codes would improve the Council's ability to quantify the levels of each. The following should be noted: -

- Fusion 'Accounts Receivable' records the net recovery of £777,320.75 relating to CHC and S117[5] for 2022/23. The breakdown of each can only be identified and manually calculated from the 'description' field.

- All invoices are raised against BOB ICB using the client's Mosaic reference, as a sub-reference but are listed under the common SP8 invoice type (See footnote 4) instead of using existing SPV and SPU invoice types.

4.3.4 A comparison of the information recorded on the CHC trackers against the Fusion 'accounts receivable' report, produced to support the recharges to the NHS for 2022/23, found there is a lack of audit trails to confirm the completeness of the recharge for CHC. Although the reason for recharge and a breakdown of the charge is recorded in the Fusion description field, we found:

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[4] SPV – Recharge of CHC, SPU FNC (nursing care) or SP8 self directed support contribution charge

[5] gov.uk/government/publications/mental-health-aftercare-in-england-and-wales

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- The CHC tracker does not record the agreed CHC recharge to be recovered for each person, and the total CHC saving is not calculated either.
- There are 4 transactions for 1 person totalling £1,435.92 on Fusion recording the joint funding of 50%, which was not listed on either the CHC tracker or the CHC Master list (Ref 158018).
- There are 16 transactions relating to 3 people totalling £123,009.58 that were included in the recharge which was not described as CHC but was on the CHC tracker. It is unknown if these values relate to S117 eligibility instead.

See Recommendations 1, 2, 3 & 4