

Wiltshire Council

Health and Adult Social Care Select Committee

17 May 2012

Continuing Healthcare Working Group

Final Report

Executive summary

The Health and Adult Social Care Select Committee at its meeting held on 12 January 2012 considered a report on the work undertaken by Wiltshire Council and NHS Wiltshire to support people who need, or may need, continuing healthcare.

Whilst noting the developments already made in respect of Continuing Healthcare (CHC) and joint packages of care between NHS Wiltshire and the Council, it was recognised that future working arrangements continued to be developed in light of the National Framework that was revised in 2010. With this in mind, the Committee resolved to establish a non-executive Joint Working Group (between Wiltshire Council and NHS Wiltshire) to review NHS CHC and the Council's partnership working arrangements with NHS Wiltshire for both CHC and joint packages of care.

The following report provides details of the work undertaken by the Group.

Proposal

That the Health and Adult Social Care Select Committee approve the recommendations outlined on pages 8 and 9 of the report.

Reason for proposal

To strengthen the working arrangements between NHS Wiltshire and Wiltshire Council in relation to CHC and joint working.

Author:

Sharon Smith
Democratic Services Officer, Wiltshire Council
Contact details: sharonl.smith@wiltshire.gov.uk
Tel: 01225 718378

Continuing Healthcare (CHC) Working Group

Final Report

Purpose of report

1. To inform the Health and Adult Social Care Select Committee of the work undertaken by the CHC Working Group.

Background

2. The Health and Adult Social Care Select Committee considered a report on NHS Continuing Healthcare at its meeting held on 12 January 2012 at the request of the Cabinet member for Adult Social Care.
3. The report provided details of the work being undertaken between Wiltshire Council and NHS Wiltshire to ensure appropriate support was being delivered to people who needed, or may need, NHS Continuing Healthcare.
4. Following consideration of the report, the Committee resolved to form a Joint Working Group to review NHS CHC and the Council's partnership working arrangements in respect of both NHS CHC and joint packages of care.
5. The Committee agreed that the Joint Working Group should include representatives from both NHS Wiltshire and Adult Social Care and be advised by those involved in the decision making process.
6. The Committee also agreed that non-executive members from NHS Wiltshire should be invited to participate in the exercise.
7. The membership of the Working Group was as follows:

Cllr Desna Allen

Cllr Peter Colmer

Sue Geary (Adult Social Care)

John Holden (non executive director – NHS Wiltshire)

Cllr Peter Hutton

Peter Lucas (non executive director – NHS Wiltshire)

Kath Norton (Adult Social Care)

Cllr Sheila Parker

Cllr Pip Ridout - (part involvement)

Julie-Anne Wales/Deborah Gray (NHS Wiltshire)

Dina Lewis (NHS Wiltshire) – (part involvement)

8. The Working Group held its first meeting on 24 February 2012 where it was asked to identify the main issues and establish a programme of work for future meetings.
9. To assist members of the Working Group the following documentation was provided:
 - Minute arising from the HASC Select Committee meeting held on 12 January
 - NHS CHC report presented to the HASC Select Committee on 12 January
 - NHS Continuing Healthcare 'Patient Experience' flowchart

Links to the following background documentation were also provided:

- The National Framework for NHS Continuing Healthcare and NHS funded nursing care
 - NHS Continuing Healthcare – Frequently Asked Questions
10. As a guide to review whether the joint working arrangements between NHS Wiltshire and Wiltshire Council were working effectively the Group agreed to follow the 'Patient Experience' flowchart compiled by NHS Wiltshire for the Working Group. By following the 'Patient Experience' the Group would also be able to gain an understanding on how the process was for those seeking CHC.

Information Taken into Consideration

11. During 2011 Wiltshire Council and NHS Wiltshire reviewed working arrangements, policies and processes to improve joint working which resulted in the following:
 - Joint training and awareness raising in relation to the application of the national practice guidelines;
 - A dispute resolution protocol (this has led to a reduction in the number of new disputes);
 - The review of some outstanding disputes;
 - Plans to co-locate the NHS Wiltshire and Council CHC teams (May/June 2012); and
 - Joint commissioning of Help to Live at Home services (from October 2011).
12. This work was undertaken based on the following principles:
 - That partnership working between the Council and the PCT should be to the benefit of individual patients/customers;
 - Decision-making was robust and based on well-evidenced assessment of the individual's needs; and
 - Funding and care management responsibilities should lie with the most appropriate agency.
13. CHC eligibility was tested against new practice guidelines issued by the Department of Health (the **National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care**) in 2009. This Framework provided guidance on the process to be followed to ascertain eligibility.

14. As a result of joint working in Wiltshire the number of people in receipt of CHC had reduced (from a peak of 405 during the first quarter of 2010/11 to 259 in the fourth quarter of 2012). A proportion of those cases assessed as not eligible for CHC were eligible for support from Adult Social Care which translated to circa 47 individuals, representing an in-year cost of approximately £600k to Wiltshire Council. Also attributing to this reduction were 186 RIP's (i.e. those that have passed away) across 2010/11 and 2011/12 which demonstrated the dynamic nature of the cohort or clients in receipt of CHC funding.
15. It was explained that the significant reduction of CHC cases was due to a more evidenced based approach being taken by NHS Wiltshire in partnership with Adult Social Care during the assessment process in line with the National Framework.
16. NHS Wiltshire was undertaking a programme of reviews of current CHC funded patients with the participation of the Council to test eligibility against the NHS Continuing Healthcare Guidance (2009) and following recent training of staff. It is estimated that of the cases reviewed a proportion will be judged as no longer eligible for CHC and that of these cases approximately 30% are likely to become the funding responsibility of the Council.
17. Funded Nursing Care was the annual level of the NHS contribution towards the costs of a place in a care home with nursing for those people assessed as requiring the help of a registered nurse. This amounts to £108.70 per week standard rate. When NHS-funded nursing care was introduced in October 2001, the Department of Health made a commitment to regularly reassess the payment these are reviewed annually in line with nurses' pay.
18. The Council and NHS Wiltshire were developing a Joint Resourcing and Joint Funding Protocol to ensure that individuals were provided for and handled in the most appropriate way.
19. For individuals eligible for CHC 100% of the costs were met by NHS Wiltshire. This was not the case for those outside of the criteria (i.e. those identified as in need of either joint care or social care). In these cases alternative funding streams applied dependant on the individual circumstances. The Group considered the Wiltshire Council flowchart which highlighted the steps taken during this process.
20. Of the individuals not eligible for CHC some had significant health needs that may still require continued funding from NHS Wiltshire. There were also individuals whose care needs would need to be met by both NHS Wiltshire, Primary Care and Wiltshire Council.
21. The CHC team worked towards a challenging 28 day turnaround period as set by the National Framework in following the process although it was recognised that this was not achievable in most circumstances. In quarter 3, NHS Wiltshire achieved an 88% success rate in achieving this target, with neighbouring PCTs in the range of approximately 60-98%. There were fast-track referrals that fell outside of this (primarily for patients whose health was deteriorating rapidly).

These were usually undertaken by clinicians with decisions predominantly made within 24 hours.

22. Of the checklists completed during the screening process only an estimated 10% proceeded to CHC assessment. At this stage the Decision Support Tool (DST) was completed and evidence obtained to inform and complete the assessment with the patient/patient representative and other professionals as appropriate.
23. The Checklist is normally completed by a primary care practitioner (District Nurse or CPN) and the Decision Support Tool (DST) is completed by a Multidisciplinary Team (MDT). Members of the Group were provided with copies of both to aid them in discussion.
24. The completed information, including recommendation, was presented to the Joint Decision Meeting (JDM) for decision in line with National Framework guidance. The JDM, (consisting of representatives from both NHS Wiltshire and Wiltshire Council) were able, by exception, to make a decision which differed to the MDT recommendation made.
25. To understand the process, Cllr Peter Colmer (Chairman of the Group) and Cllr Sheila Parker attended a JDM to observe. An induction exercise was held for both Cllr Peter Colmer and Cllr Sheila Parker prior to the observation.
26. Patient/patient representatives were informed in writing of the JDM's decision on whether, following assessment, they were considered eligible for CHC funding. For those patients assessed as ineligible, information on how to appeal the decision was included in the correspondence to allow patients/patient representatives the opportunity to request a review where felt appropriate.
27. An appeals panel, which included nurse assessors and social services representatives, considered these cases. The appeals were chaired by one of three NHS non-executive directors and included representatives who had not been involved in the initial decision.
28. For individuals seeking future care arrangements from the Adult Social Care team, a separate assessment was required to determine need/eligibility need. However, information provided for the CHC assessment was used where possible to minimise duplication for the individual concerned.
29. The Group considered an example case study which demonstrated the fluidity of care needs. In the case provided the individual was assessed as non-eligible following review, although initially entitled to CHC.
30. In line with Framework requirements the following domains were included within the assessment process:

Behaviour
Cognition
Psychological and Emotional
Communication
Mobility

Nutrition
Contenance
Skin
Breathing
Drug therapies and medication: symptom control
Altered State of Consciousness
Other significant needs

31. At each stage the nature, intensity, complexity and unpredictability of each domain were considered.

Observations of the Working Group

32. Significant progress had been made since the review of working arrangements, policies and processes undertaken in 2011. However, joint working arrangements prior to the review were not as effective as both parties would have liked.
33. The decision making process for NHS CHC was complex and sensitive. Although the National Framework was reviewed in 2009 to provide clearer guidance on the process to be followed resulting in a reduction in the variation of interpretation across the country and within Wiltshire itself, it was recognised that the process could still be open to interpretation, specifically in relation to 'close call' decisions. As a result decisions were seen as a professional judgement and not formulaic.
34. Clear and robust processes continued to be developed between NHS Wiltshire and Wiltshire Council to ensure joint working arrangements remained consistent and fit for purpose. This included a Joint Resourcing and Joint Funding Protocol which was currently in draft form. Although in its infancy scrutiny of the Protocol at an appropriate stage would provide a further quality assurance to the process.
35. To ensure consistency in decision making the Group felt there was an ongoing need for independent quality assurance of the JDM process.
36. There was also concern with regards to the weighting of the appeals panel. It was essential that the process reflected an independent review to ensure a robustness of the decision made.
37. The 'Patient Experience' compiled for use by NHS Wiltshire for the Groups consideration could be adapted for use by members of the public to allow a simple overview of the process to supplement, at a local level, guidance already provided by the Department of Health. This could also be adapted for use by both NHS Wiltshire and Wiltshire Council for staff involved in the CHC process as further guidance on working arrangements.
38. A similar flowchart had been compiled by the Adult Social Care team for cases classified as not eligible for CHC to aid the Group's deliberations. Again it was felt that this could also be adapted for use by both the public and staff at both NHS Wiltshire and Wiltshire Council.

39. The arrangements for CHC funding applied to adults only with the service provision for children dealt with via a separate team. However, the transition of information for children reaching the age of 18 could be further improved and should be taken into consideration as part of the Disabled Children and Adults Review underway.
40. All group members agreed that the process should be as seamless as possible for the individual irrespective of which agency provided it to ensure the service remained patient focused.
41. Reviewing arrangements at periodic intervals within the next year would be beneficial in maintaining a quality assurance check bearing in mind that from April 2013 Clinical Commissioning Groups would be taking responsibility for CHC.

Conclusion

42. The Working Group acknowledged that a great deal of work had been undertaken by both NHS Wiltshire and Wiltshire Council to achieve better partnership working and there was a real commitment to strengthening joint working arrangements in the future.
43. The Group expressed that the review of CHC had been productive and had highlighted a positive demonstration of partnership working between NHS Wiltshire and Wiltshire Council to strengthen the assessment and subsequent care services provided.
44. Both NHS Wiltshire and Wiltshire Council acknowledged that changes needed to be made in respect of working practices in relation to CHC and joint packages of care and had already undertaken steps to address this.

Recommendations:

- 1) That a protocol is developed to ensure the Joint Decision Meeting (JDM) process within the assessment of CHC remains robust to include appropriate quality assurance checks.**
- 2) That consideration be given to the weighting of the appeals panel to reflect an independent review of the process to ensure robustness of the decision made.**
- 3) That clearer guidance on CHC and joint packages of care should be developed for use by members of the public including that the draft 'Patient Experience' flowchart compiled for the Working Group's benefit be further developed to provide simplified guidance for members of the Public and as a reminder tool of the process for those working within CHC.**
- 4) To acknowledge the existing work already undertaken in relation to training of staff and that a continual improvements programme be implemented to ensure consistency for all those involved with CHC.**

- 5) **To ask that the Committee make a recommendation to the Children's Services Select Committee to request that information about CHC is considered as part of the Disabled Children and Adults Review.**
- 6) **That the HASC Committee via a joint scrutiny exercise, review the Joint Resourcing and Joint Funding Protocol prior to consideration by Cabinet and the NHS Board.**
- 7) **That an update report is presented to the HASC Committee on developments made in approximately 6 months from the Executive response to this report.**

Cllr Peter Colmer – Chairman, CHC Working Group

Report author: Sharon Smith, Democratic Services Officer

Tel: (01225) 718378

E-mail: sharonl.smith@wiltshire.gov.uk