

Policy Title: Continuing Healthcare Operational Policy

Policy Number: SWLCCG/CL10

	Name	Role and Organisation	Date
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Approved By	South West London Alliance Senior Management Team
Applies To	Governing Body Members, Committee Members and all staff and services working for, or on behalf of NHS South West London CCG

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Controlled Document

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Target Audience	Governing Body Members, Committee Members and all staff working for, or on behalf of NHS South West London CCG
Brief Description	This policy supports the delivery of NHS Continuing Health Care (CHC) service across south west London in line with guidelines in the NHS Continuing Healthcare Regulations (revised October 2018)
Action Required	Ensure that the contents of this Policy are shared at all Team Meetings.

Continuing Health Care Operational Policy

Contents

1.	Introduction	3
2.	2Policy Statement	3
3.	Legal, Statutory, Mandatory, and Best Practice Requirements.....	3
4.	Scope	3
5.	Definitions	3
6.	Responsibilities.....	5
6.1.	Lead Manager.....	5
6.2.	All Staff	5
6.3.	All Line Managers	6
6.4.	Senior Responsible Officer	6
7.	Continuing Healthcare Operational Policy.....	6
7.1.	Training and Development.....	6
7.1.1.	The NHS CHC Checklist Training for professionals	6
7.1.2.	On- line training	6
7.2.2	Disputed recommendations.....	10
7.2.3	Disputed recommendations.....	10
7.3.	Fast Track referrals.....	12
8.	After an assessment of eligibility for NHS Continuing Healthcare	13
9.	Review.....	14
10.	Templates/Forms	14
11.	Internal and External References.....	14
11.1.	Internal References	14
11.2.	External References	14
12.	Monitoring	15
13.	Equality Impact Assessment	15
14.	Change History	15
15.	Appendix 1 - Equality Impact Assessment	16

Continuing Health Care Operational Policy

1. Introduction

- 1.1. This policy supports the delivery of NHS Continuing Health Care service across south west London in line with guidelines in the NHS Continuing Healthcare Regulations (revised October 2018).

2. Policy Statement

- 2.1. The purpose of this policy is to ensure that staff or commissioned services acting on behalf of NHS SWL CCG understand the principles and processes including National Practice Guidance tools that are outlined in the NHS Continuing Healthcare Framework

3. Legal, Statutory, Mandatory, and Best Practice Requirements

- National Framework for NHS Continuing Healthcare and NHS funded-nursing care (revised, October 2018)
- “The NHS Constitution for England”, NHS Choices. 27 July 2015
- The NHS Commissioning Board and Clinical Commissioning Group (Responsibilities and Standing Rules) Regulations 2012

4. Scope

- 4.1. This policy applies to adult aged 18 and above and young people in transition. A separate policy will be developed for children and younger people receiving Continuing Care funding.
- 4.2. The policy will support the work of the NHS South West London CCG and the associated Health and Care Partnership (HCP) to implementation of principles and processes in the NHS Continuing Healthcare Framework.
- 4.3. This policy applies to all individuals working for, or on behalf of SWL CCG including those employed on permanent or fixed term contracts, interims, self-employed contractors, Governing Body Members, Clinical Leads, Locality Leads, and volunteers.

5. Definitions

NHS Continuing Healthcare	A package of ongoing care arranged and funded solely by the NHS, where an individual has been assessed and found to have a “primary health need” as set out in the National Framework.
Care Packages	A combination of care and support and other services designed to meet an individual’s assessed needs.

<p>Decision Support Tool (DST)</p>	<p>A national tool which has been developed to support practitioners in the application of the National Framework. The tool is a means of bringing together information from the assessment of needs and applying evidence in a single practical format. This includes documentation of identified needs which have an inter-relationship of the assessed care domains. This is to help facilitate consistent evidence-based recommendations and decision making regarding eligibility for NHS CHC.</p>
<p>Multi-disciplinary Team (MDT) in the context of NHS CHC</p>	<p>A team consisting of at least two professionals who are from different healthcare professions, or one professional who is from a healthcare profession and one person who is responsible for assessing a persons who may have needs for care and support under part 1 of the Care Act 2014.</p> <p>The MDT should usually include both health and social care professionals, who are knowledgeable about the individual's health and social care needs and, where possible, have recently been involved in the assessment, treatment or care of the individual.</p>
<p>Care Plan</p>	<p>A plan drawn up with oversight of a clinician and in conjunction with the client and family around the identified health needs of the individual. The CHC Team will monitor the quality of care provider documentation at review.</p>
<p>Ratification Panel</p>	<p>Panel of NHS clinicians and social care colleagues that considers the eligibility of clients based on the DST MDT recommendation. Decisions include eligibility for full CHC, FNC and identification of where joint funding may be appropriate.</p>
<p>Budget Holder</p>	<p>Person responsible under the scheme of delegation for authorising the release of NHS resources.</p> <p>A duty nurse can approve care cost packages per client per week which is under £1000.</p>
<p>Primary Health Need</p>	<p>A concept developed by the Secretary of State to help determine which health service is appropriate for the NHS to provide under the NHS Act (2006) and to distinguish between those and the services that the</p>

	local authorities may provide under the Care Act 2014. The assessment process detailed in the National Framework assist to determine whether an individual has a primary health need. Where an individual has a primary health need and is therefore eligible for NHS Continuing Healthcare, the NHS is responsible for providing all of that individual's assessed health and associated social care needs, including accommodation, if that is part of the overall need.
Appeal of a CHC Decision	Challenge made by an individual or their representative to the CCG regarding the decision of NHS CHC eligibility. This is following an assessment of eligibility for NHS CHC. The National Framework specifies a 6-month timeframe from the date of the decision letter in which an appeal can be made.
Dispute of a CHC Process	Challenge made by a Local Authority regarding the application of the NHS CHC assessment or decision process.

6. Responsibilities

6.1. Lead Manager

The SWL Head of Continuing Healthcare will take the lead for monitoring compliance with the Continuing Healthcare Operational Policy across south west London Continuing Healthcare Teams.

The Heads of Continuing Healthcare and Commissioning Leads within the SWL CCG Place Teams will ensure that NHS Continuing Healthcare packages are commissioned in a manner which reflects the choice and preferences of individuals as far as is reasonably possible, ensuring patient safety, quality of care and making best use of resources. Cost must be balanced against other factors in each case, such as a patient's desire to live at home.

Patient safety will always be paramount in planning a care package and will not be compromised.

6.2. All Staff

All individuals working for, or on behalf of the organisation(s) listed within Scope, including those employed on permanent or fixed term contracts, interims, self-employed contractors, Governing Body Members, Clinical Leads, Locality Leads, and volunteers are responsible for complying with this Policy.

Continuing Health Care Operational Policy

6.3. All Line Managers

All Line Managers are responsible for ensuring that their teams comply with this Policy.

6.4. Senior Responsible Officer

The Alliance Accountable Officer is accountable for this Policy, and for supporting the implementation thereof.

7. Continuing Healthcare Operational Policy

7.1. Training and Development

7.1.1. The NHS CHC Checklist Training for professionals

Checklists cannot be completed by health and social care professionals in SWL CCG unless they have completed the training sessions and have their allocated attendance number, or the completed Checklist is countered by their manager who has attend the training.

There is expectation that professionals such as End of Life, district nurses, mental health, and social workers completing the checklist will be trained. SWL CCG through the Place Teams will run rolling training for NHS Checklist. Each CHC Place Team will maintain a register of trained professional. Include unique number.

7.1.2. On- line training

The tool kits below should be accessed initial on employment within the NHS in SWL CCG or the SWL Borough Councils if the practitioner is expected to be a member of a multidisciplinary team prior to completing or participating in the assessment process within SWL CCG. They should be included in the induction programme for staff in the identified organisations. NHS England NHS CHC e-learning training toolkit:

- NHS staff - www.e-lfh.org.uk
- LA staff - <http://nhscontinuinghealthcare.e-lfh.org.uk>

7.2. Assessment of eligibility for NHS Continuing Healthcare

7.2.1. Process for the Assessment of Adults with Potential Primary Health Need for Continuing Healthcare Funding

Identification

Individual is identified as having a change in care need potential Primary Health Need requiring Continuing Healthcare Care assessment.



Assessment process and Scheduling of DST Meeting

Route 1: If assessment requirement identified by Community Nurses (Community Services) Contact the Locality Duty team for allocation of a Social Care Practitioner. Community Services and the Social Care Practitioner arrange a joint meeting to complete the Consent form and Checklist with the individual and NOK.



Route 2: If assessment requirement identified by Social Care Practitioner Unknown/ Known to the Community Nurses and other clinical teams

Unknown the Social care practitioner will complete the Consent form and Checklist with the individual and NOK.

Known Social care practitioner will refer to District Nurses or Clinical Specialist Health Teams (whichever is appropriate) and jointly complete the Consent form and Checklist. Both parties identify areas where evidence will be required (see evidence below).



Evidence.

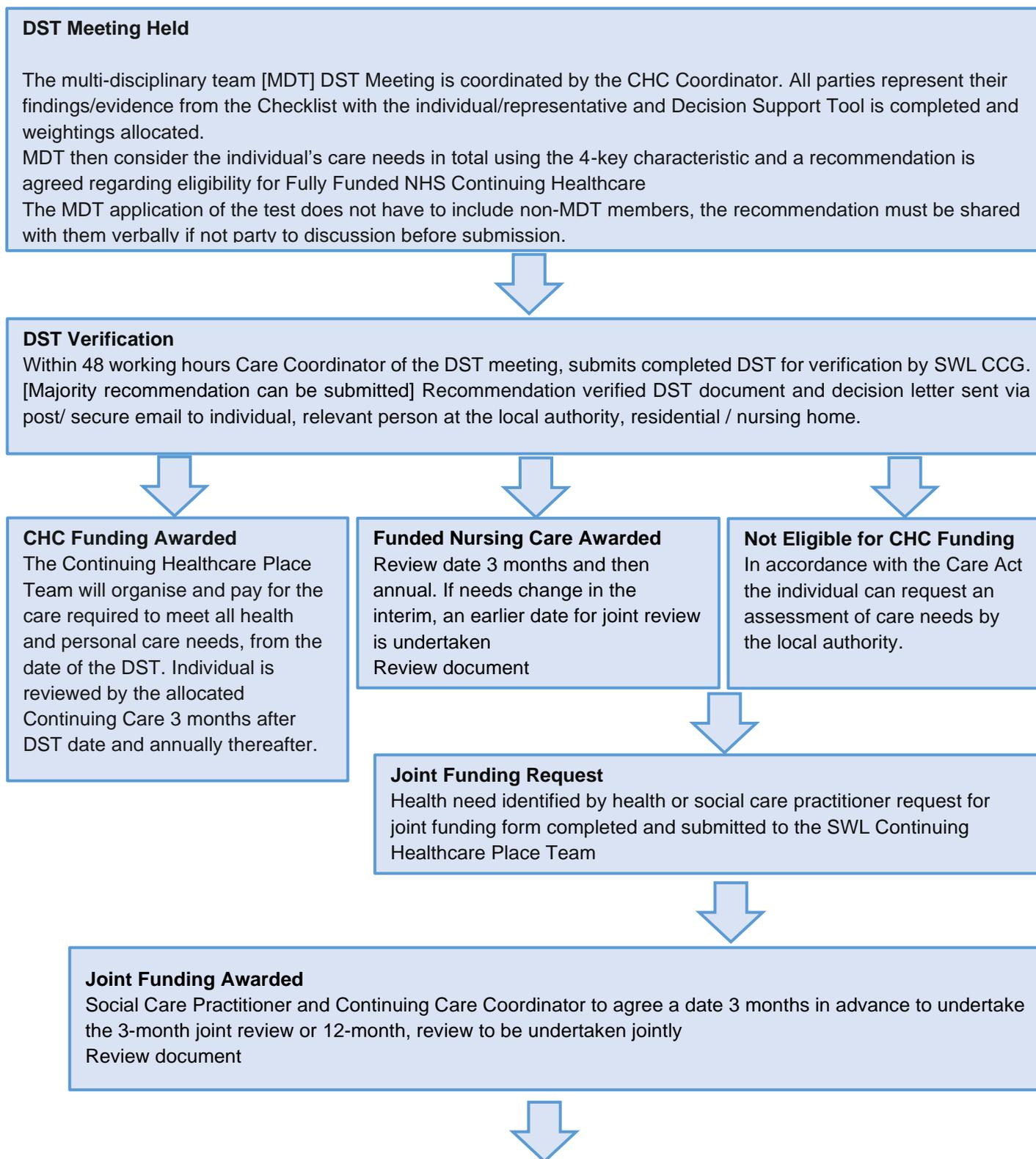
All evidence must be within 6 months e.g. GP summary, SALT, Dietician, Behavior, Epilepsy reports. 2-week daily recordings of specific behaviors are requested if appropriate. If treatment is identified as required, Checklist not to be completed until therapy input is complete. The Continuing Care Coordinator will identify which evidence is required if not submitted with the Checklist and will liaise with the refer to discuss what further evidence is required

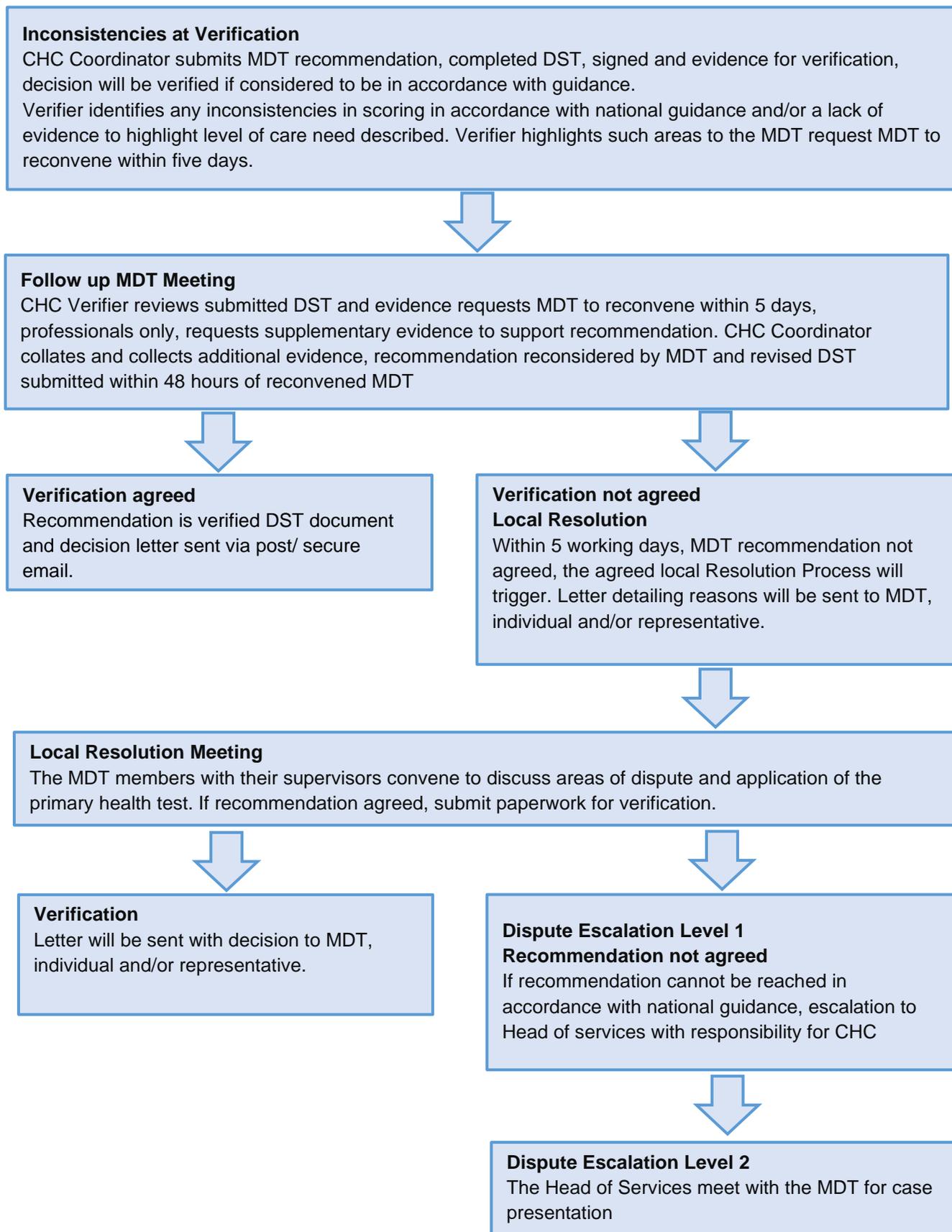


Negative Checklist: The completed Consent form and Negative Checklist is submitted to the Place Team Continuing Healthcare email address. Negative checklist must be verified for eligibility and logged on the system and sent out with a decision letter to the individual

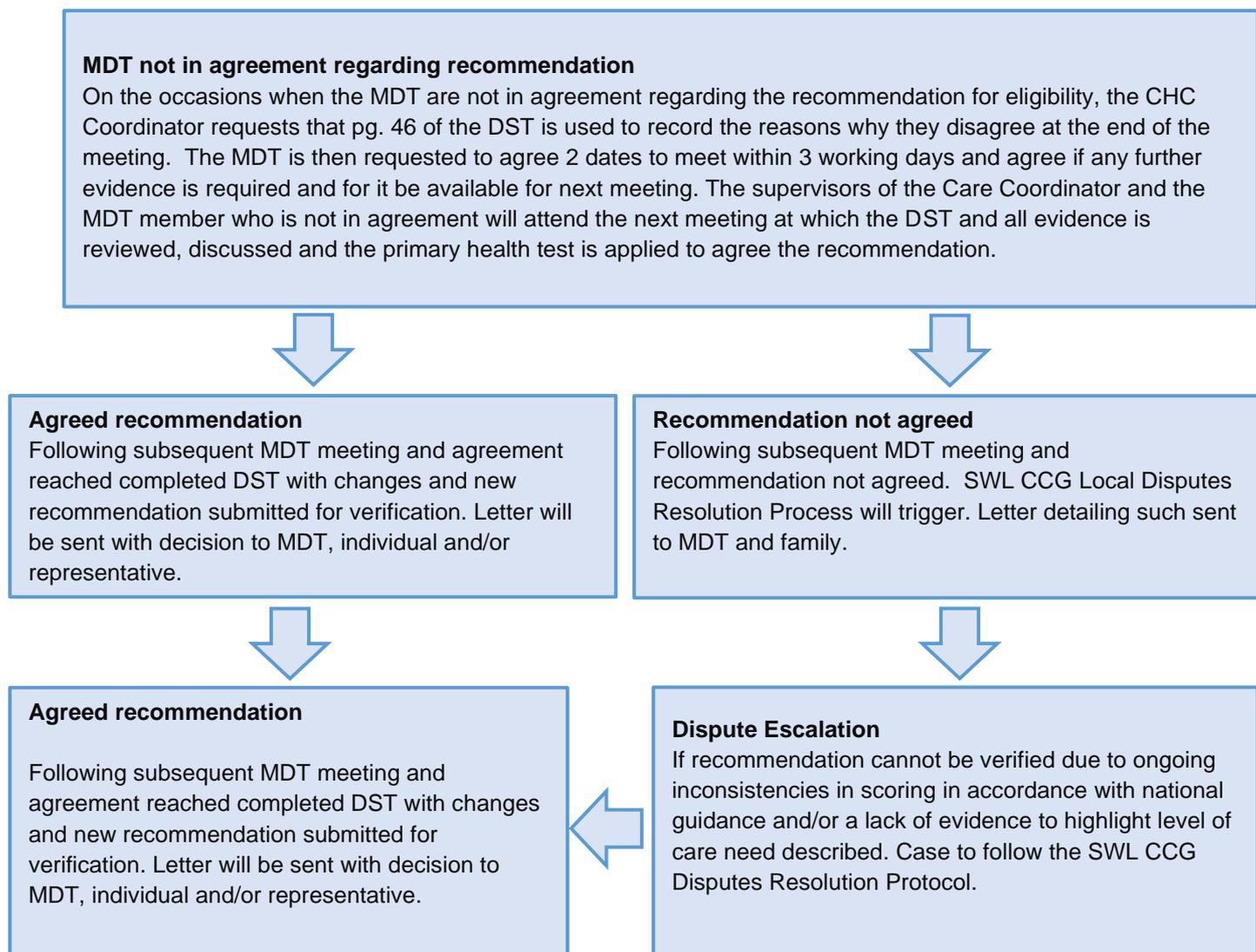
Positive Checklist: Two dates and times are agreed between all parties that are suitable for the individual and/or representative between day10 and18 of the 28-day timeframe commencing from the date of referral to CCG.

The Positive Checklist and Consent Form are then sent to PLACE Team Continuing Healthcare Team via secure email. Evidence (as described below), POA documents and Social Care report accompanies the referral





7.2.2 Disputed recommendations - MDT unable to agree recommendation



7.2.3 Disputed recommendations - What are the ‘exceptional circumstances’ under which SWL CCG might not accept an MDT recommendation regarding eligibility for NHS continuing healthcare?

Exceptional circumstances where the MDT recommendations may not be accepted by the CCG during verification are referenced in the National Framework as

- where the DST is not completed fully (including where there is no recommendation)
- where there are significant gaps in evidence to support the recommendation
- where there is an obvious mismatch between evidence provided and the recommendation made
- where the recommendation would result in either authority acting unlawfully.

In these such cases the DST is returned to the MDT with a full explanation of the relevant matters to be addressed and MDT requested to reconvene within 5 working days, care coordinator responsible for agreeing date, time and venue.



Reconvened MDT reconsiders the evidence and DST considering the relevant matters to be addressed and looks for further evidence and reconsiders relevant weightings and applies the primary healthcare test to agree recommendation



Agreed recommendation

Care coordinator revises the DST with changes and new recommendation submits for verification.



Recommendation verified by CCG, outcome letter to individual and/or representative and Local Authority



Recommendation not agreed

Following subsequent MDT meeting and recommendation not agreed. SWL CCG's Disputes Resolution Process will trigger.



Dispute Escalation

If recommendation cannot be verified due to ongoing inconsistencies in scoring in accordance with national guidance and/or a lack of evidence to highlight level of care need described. Case to follow the SWL CCG Disputes Resolution Protocol.



7.3. Fast Track referrals

Aim of a Fast Track and identification

Individual is identified by the clinician (referrer) as having a rapidly deteriorating condition and maybe entering a terminal phase. The intention of the Fast Track pathway is that individuals who need access to NHS Continuing Healthcare quickly with minimum delay to enable immediate provision of care.



Assessment

Applicant's capacity is assessed, and consent is obtained for the Fast Track utilising CHC Consent Form The appropriate clinician completed the Fast Track tool and Fast Track care plan in accordance with The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care October 2018 (Revised) providing detailed evidence of the individual's clinical needs e.g. symptoms of an individual who is dying.



The completed Consent Form and Fast Track care plan and Fast Track Tool are then sent to SWL CCG Continuing Healthcare Place Team via secure email. Essential: Refers contact name and contact and NOK full details are included on document including name, address, telephone number and details of POA.



Within 48 hours the Continuing Care department will approve the Fast Track. The refer and NOK will be contacted by telephone to confirm approval of Fast Track. The Package of Care or Placement will be agreed with individual/ NOK (considering Best Interest if individual doesn't have capacity). If within the community setting, the Fast Track will be sent to the District Nursing team.



Route 1: Placement: The NOK will be given a minimum of 2 placement options to view within 48 hours, once identified the placement will undertake their assessment and admission date agreed

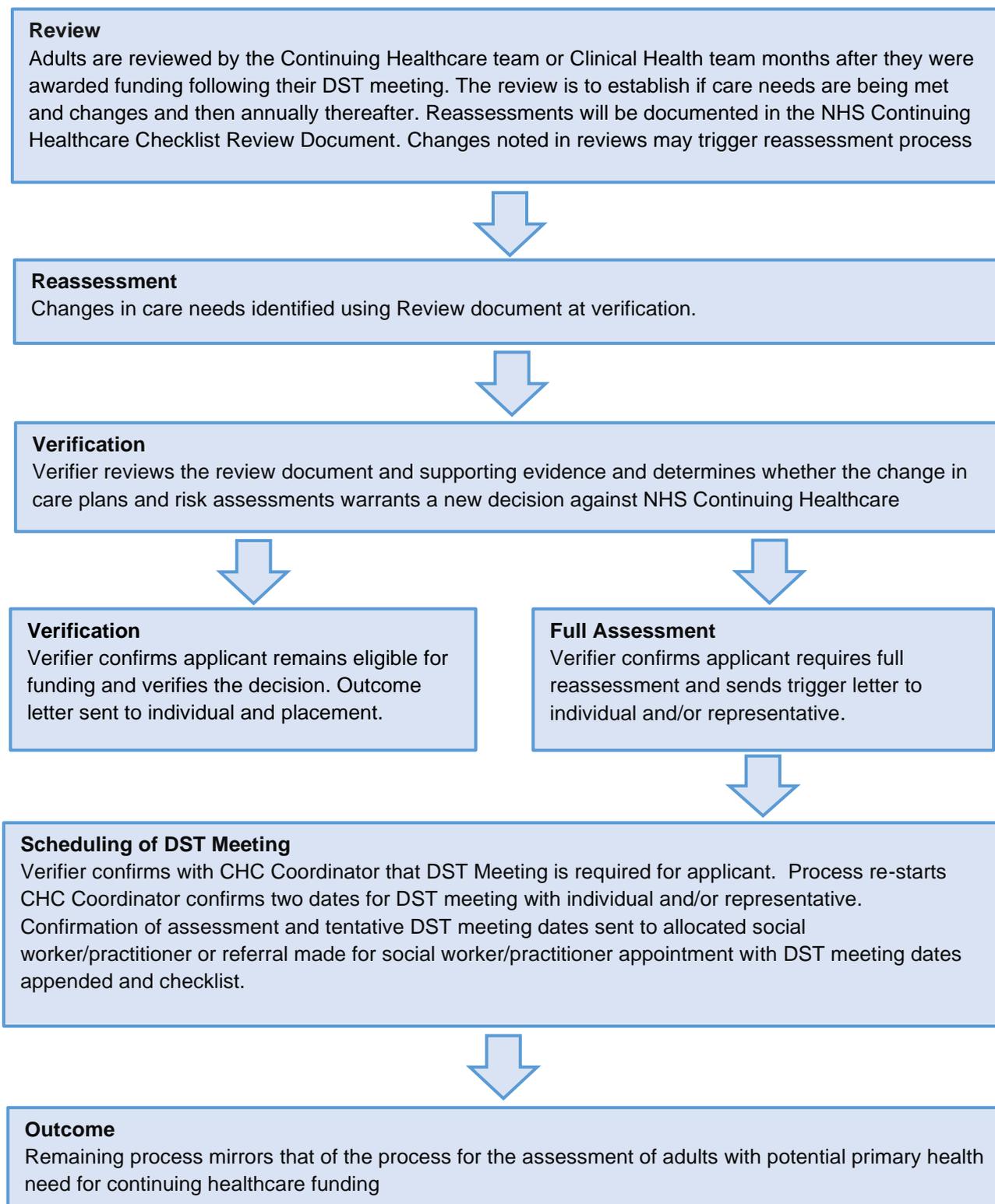


Route 2: Community setting/ Care Package: A Care agency will be identified and start date and time confirmed. All contact details of the District Nurses / Care agency will be given to each service including the NOK



The Continuing Care department will review the package of care / placement at 2 weeks 3-month review, please refer to the review process

8. After an assessment of eligibility for NHS Continuing Healthcare



Continuing Health Care Operational Policy

9. Review

The policy will be reviewed after one year initially, and every three years thereafter, though updates will be made beforehand as and when significant changes to practice are required.

10. Templates/Forms

The following templates and forms to be used to implement the Policy will be centrally stored on SharePoint, so that they are easily accessible to users.

- SWL Continuing Healthcare Decision Support Tool
- SWL Continuing Healthcare Fast Track Review Form
- SWL Continuing Healthcare Review Form

11. Internal and External References

11.1. Internal References

- SWL Continuing Healthcare Disputes Resolution Protocol
- SWL Continuing Healthcare Choice and Equity Policy
- SWL Patient Choice Policy

11.2. External References

- Assessments - <https://app.box.com/s/2mz3tpyn2a25qaydc17zv7atqkpz1oyy>
- Independent review panel - <https://vimeo.com/240460129>
- NHS England public information film about CHC- <https://www.youtube.com/watch?v=DdTqGTPSRb8>
- **Department of Health National Framework** resources - <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>
- NHS Choices – to establish where a GP is registered www.nhs.uk/Service-Search/GP/LocationSearch/4
- **Beacon** – advice service for the public about NHS CHC funded by NHS England (alongside Beacon’s paid advocacy service) www.beaconchc.co.uk
- **Alzheimer’s Society** booklet about evaluating the emotional and psychological needs of people

Continuing Health Care Operational Policy

12. Monitoring

This policy will be monitored by annual audit and reported to the Governance Committee who will be responsible for this and for enhancing the policy as a result.

If you have any suggestions for the improvement of this Policy, please contact the Alison Roberts, Deputy Director – alison.roberts@swlondon.nhs.uk with your suggestions, for consideration.

13. Equality Impact Assessment

An Equality Impact Assessment has been completed for this Policy (Appendix 1), and no negative impact upon persons with protected characteristics has been identified.

14. Change History

Policy Number	Effective Date	Significant Changes
SWLCCG/CL10	01/04/2020	

15. Appendix 1 - Equality Impact Assessment

	Mandatory Questions	Yes/No/NA	Comments
1.	Does the Policy affect any group less or more favourably than another on the basis of:		
	Age?	No	
	Disability?	No	
	Gender?	No	
	Gender identity?	No	
	Marriage or civil partnership?	No	
	Pregnancy and maternity or paternity?	No	
	Race?	No	
	Religion or belief?	No	
	Sexual orientation?	No	
2.	Is there any evidence that any groups are affected differently by the Policy and if so, what is the evidence?	No	
3.	Is any impact of the Policy likely to be negative?	No	
4.	If any impact of the Policy is likely to be negative, can the impact be avoided and if so, how?	NA	
5.	If a negative impact can't be avoided, what, if any, are the reasons the Policy should continue in its current form?	NA	
6.	Where relevant, does the Policy support the FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy?	Yes	

If you have identified a potential discriminatory impact of this Policy, please contact the Chief of Staff.