NHS Continuing Healthcare (CHC) Operational Policy

NHS North, Central and South Manchester CCGs

Document Control/Reader information	
Title	NHS Continuing Healthcare Operational Policy
Category	Policy
Subject	NHS Continuing Healthcare and NHS Funded Nursing Care (CHC/FNC)
Purpose and description	The Operational Policy for NHS Continuing Healthcare is built around the National Framework for NHS Continuing Healthcare and NHS funded-nursing Care (DH 2007 revised 2009, 2012). It incorporates the best practice guidance for delivering the service and clarifies the role and functions of Clinical Commissioning Groups in meeting their statutory obligations.
Consultation	The policy has been peer reviewed by the Continuing Healthcare Commissioners Submitted to CHC Transformational Change Sub Group
Author(s)	Kim Gordon – Deputy Head of Commissioning, Head of CHC
Original held by	NHS Manchester CCG's City-Wide Commissioning & Quality Team
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Equality Impact assessment	The policy is determined to be equitably applied to all patient groups respecting privacy, dignity, culture and race

Version	Date	Reviewer	Comments
1.0	10/07/15	Kim Gordon	Draft: To be submitted to CHC TC Sub Group
1.1	140/8/15	Kim Gordon	Small adjustments
1.2	21/08/15	CHC Transformational Change Sub-Group	Approved. Final version
1.3	07/02/17	CCG Communications Dept	Version formatted for publishing

Links to key documents:

1. National Framework for NHS Continuing Healthcare & NHS funded-nursing care (DH 2007 revised 2009, 2012): www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care-funded-nursing-care

2. The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

3. Copies of the National Framework for NHS Continuing Healthcare and Funded Nursing Care (2012) and the tools below are available from the Department of Health Website at: www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

Copies of:

- NHS Checklist:
- NHS Decision Support Tool
- NHS Fast Track Tool

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

Contents

1. Introduction

1.1 This Operational Policy is the overarching statement of the approach for the delivery of a NHS continuing healthcare service across Manchester. The service will be delivered by NHS Manchester Clinical Commissioning Group's (CCG's) in accordance with detailed policies and procedures.

1.2 The National Framework for NHS Continuing Healthcare and funded Nursing Care (DH 2007, revised 2009, 2012) sets out the principles and processes for the implementation of NHS Continuing Healthcare & NHS funded-nursing care and it provides national tools to be used in assessment applications and for Fast Track cases.

1.3 The Department of Health published the revised National Framework in November 2012, which does not change the basis of eligibility decisions for NHS Continuing Healthcare and NHS funded-nursing care, or the overall principles, but seeks to provide greater clarity in the descriptions within the needs domains of the Checklist and the DST, giving greater clarity about the levels and types of need to be considered, as well as changes to the wider information that needs to be recorded and the Fast Track Pathway Tool.

1.4 This policy describes the processes that will be followed by NHS Manchester Clinical Commissioning Groups and should be read in conjunction with the following documents:

- The National Framework for NHS Continuing Healthcare & NHS funded-nursing care. (Department of Health, revised November 2012)
- NHS Continuing Healthcare Practice Guidance
- Who pays? Establishing the Responsible Commissioner (Department of Health 2013)
- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

2. Purpose and scope

2.1 This policy sets out the roles and responsibilities for health and social care staff for the delivery of the National Framework for NHS Continuing Healthcare & NHS funded-nursing care within NHS Manchester Clinical Commissioning Groups.

2.2 It provides the process for determining eligibility for continuing healthcare funding and the procedures to be followed. The policy also sets out the responsibilities of NHS Manchester Clinical Commissioning Groups in those situations where eligibility for NHS Continuing Healthcare has not been agreed, and for the management of situations that may arise as a result of NHS continuing healthcare eligibility decisions.

2.3 The policy describes the way in which NHS Manchester Clinical Commissioning Groups will commission care in a manner that reflects patient choice and preferences, whilst

balancing the requirement that NHS Manchester Clinical Commissioning Groups keep within the set financial limit allocated to the organisation.

2.4 This policy applies to all NHS continuing healthcare applications for adults 18 years or older who are registered with a Manchester General Practice or who are resident within the area covered by NHS Manchester's Continuing Healthcare Service and are not registered with a General practitioner elsewhere. This includes all care groups including:

- Physically Disabled
- Older People
- Learning Disabilities
- Young people in transition
- People with an organic mental health condition

These procedures do not apply to:

- Children (under 18)

3. Responsibilities

Party	Key responsibilities
Health & Social Care staff assessment of clients for consideration of eligibility	- Ensure consent is obtained prior to completing the CHC Checklist. If individual is unable to consent follow the Mental capacity Act (2005). - Complete the required documentation, Checklist and co-operate in completing the DST within 28 days of completing the Checklist - Ensure that the Fast Track application is fully completed and forwarded to NHS Manchester CCG. - Forward the relevant documentation to NHS Manchester CCG for FNC contributions and responsibility, when placing an individual within a nursing home in Manchester.

Party	Key responsibilities
Continuing Healthcare Team	- Receive Fast Track Tools to ensure the standards required are met and that they indicate eligibility for receipt of service. - Maintain the continuing healthcare data base ensuring all referrals are recorded and that all correspondence is kept for each individual patient - Appoint a Clinical Commissioning Manager (CCM) to oversee, facilitate the assessment process. - Review completed DST to ensure it is completed fully, in accordance with the National Framework, supported by robust clinical evidence and in an appropriate manner and that it has a clearly stated recommendation from the Multi-disciplinary Team who have completed it seeking further clarification as necessary.

	- Ensure appropriate health professionals including a social care practitioner are in attendance at the MDT/DST process. If a social care practitioner is not available to take part this must be recorded in the patient's notes. - Verification of Consent, Checklists, Fast Tracks - Arrange for the DST to be presented to the Continuing Healthcare (CHC) Panel along with any supporting information. - Write to the patient or their representative with the outcome and how to appeal. - If verification of eligibility is given by the panel for 100% continuing healthcare, arrange the package of care based on the needs of the individual and provide costing's of the package of care for approval. - If the individual is not eligible for NHS CHC but is entitled to NHS FNC arrange for the payments to be made to the care home in a timely manner. - Record all panel decisions in individual's case records (panel minutes) and ensure all communication of panel decisions is undertaken in a timely and professional manner - Ensure patient case management arrangements are in place - Ensure reviews are undertaken in line with national policy and at other times as required - Ensure that the CCG is alerted to issues with Care providers which may compromise quality of care

Party	Key responsibilities
Continuing Healthcare Panel	- Consider all applications for continuing healthcare eligibility in a timely and robust manner and verify recommendation - Consider all patients who no longer meet the eligibility for 100% care packages and verify recommendation - Verify the eligibility of a client/patient for a NHS funded package of care - Review recommendation that an individual is no longer eligible for NHS FNC
NHS Continuing Healthcare funding, care package procurement.	- Ensure that an appropriate selection of packages including PHB, are offered to each client/patient based on their individual care plan - Review all complex packages of care ensuring value for money has been considered - Seek assurances that providers are fit and proper organisations to provide care - Ensure that a database of clients and packages is maintained
Contracts and Contract	- Utilise the North West Care Home Framework for patients being placed within a care home with nursing.

Monitoring	- Seek assurances in all cases that the providers have CQC accreditation - Monitor the usage of Personal Health Budgets ensuring quality of provision and value for money - Develop contracts with providers that ensure high quality care delivery and value for money. - Quality monitor all contracts. - Annual quality audits undertaken

4. Definitions

Continuing care	Care provided outside of a hospital to patients with long-term health or social care needs. May include joint health and social care provision or funding
NHS Continuing Healthcare	Care arranged and solely funded by the NHS
Funded Nursing Care	An NHS contribution towards an individuals registered nursing care in a nursing home.
Care packages	Suite of services (nursing, therapies, home care etc) that are designed to match the assessed needs of a client/patient.
Care plan	Plan drawn up by a clinician to meet the needs of a patient/client.
Decision Support Tool (DST)	A standardised needs assessment tool used by clinicians to **a**ssess the needs of a client/patient. The outcome of the DST is to make a recommendation regarding the eligibility of a client/patient to a NHS funded package.
Continuing Healthcare Panel	Joint panel of NHS and Social Care officers that decide the eligibility of clients/patients to funding based on the DST and MDT recommendation.
Clinical Commissioning Manager	Named Professional responsible for: drawing-up a care plan; maintaining contact with the patient, their representatives and relevant professionals, monitoring and reviewing the needs of the clients/patients receiving a care package and assessing the suitability of the package.

5. Principles

5.1 Continuing Care means care provided over an extended period of time to a person aged 18 or over to meet physical or mental health needs which have arisen as a result of disability, accident or illness. NHS Continuing Healthcare means a package of continuing care arranged and funded solely by the NHS. (National Framework for NHS Continuing Healthcare & NHS funded-nursing care (DH 2007, revised 2009, 2012).

5.2 An individual who needs "continuing care" may require services from NHS bodies and/or from Local Authorities. Clinical Commissioning Groups have responsibility to ensure that the assessment of eligibility for continuing healthcare takes place within 28 days from the completion of the continuing care Checklist and in a timely and consistent fashion.

5.3 NHS Manchester Clinical Commissioning Groups and Manchester City Council (MCC) Adult Social Care are committed to working in partnership to achieve these timeframes, together with local provider services.

5.4 The principles underlying this policy are that the residents of Manchester and patients registered with a Manchester GP practice have fair and equitable access to NHS funded continuing healthcare. These principles are:-

- The individual's informed consent will be obtained before starting the process to determine eligibility for NHS continuing healthcare

- If the individual lacks the mental capacity either to refuse or consent, a 'best interests' decision should be taken and recorded in line with the Mental Capacity Act 2005 as to whether to proceed with assessment for eligibility for NHS continuing healthcare. A third party cannot give or refuse consent for an assessment of eligibility for NHS continuing healthcare on behalf of a person who lacks capacity, unless they have valid and applicable Lasting Power of Attorney for Welfare, or have been appointed as a Deputy by the Court of Protection for Welfare only.

- Health and, where appropriate, social care professionals will work in partnership with individual patients/clients and their families throughout the process

- All individual patients and their families will be provided with information to support them to participate fully in the process

- NHS Manchester Clinical Commissioning Groups will support the use of advocacy for individuals through the process of application for NHS continuing healthcare, as in other services where advocacy is required.

- The process for decisions about eligibility for NHS continuing healthcare will be transparent for individual patients and their families and for partner agencies

- Once an individual has been referred for a full assessment for NHS continuing healthcare, following the completion of a Checklist, all assessments will be undertaken by the multi-disciplinary team involved using appropriate documentation, signed and dated, ensuring a comprehensive multi-disciplinary assessment of an individual's health and social care needs are made enabling completion of the DST and application of the Primary Health Test.

- Assessments and decision making about eligibility for NHS continuing healthcare will be undertaken within 28 days of the completion of the continuing healthcare Checklist to ensure that individuals receive the care they require in the appropriate environment and without unreasonable delays.

6. Procedures

6.1 Eligibility for NHS Continuing Healthcare

6.1 The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (DH 2007 revised, 2009, 2012) provides a consistent approach to establishing eligibility for NHS continuing healthcare. This is achieved through the use of the revised National Tools and Guidance developed to assist in making decisions about eligibility for continuing healthcare.

6.2 As a result of the Coughlan Judgement (1999) and the Grogan judgement (2006), under the National Health Service Act 2006, the Secretary of State has developed the concept of a *"primary health need"* to assist in deciding which treatment and other health services it is appropriate for the NHS to provide under NHS continuing healthcare.

6.3 Where a person's *"primary need"* is a health need, they are eligible for NHS continuing healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs from the assessment process. Where an individual has a primary health need, the NHS is responsible for providing all of the health and social care to meet the individual's needs, including accommodation, if that is part of that need.

6.4 Consideration of primary health need includes consideration of the characteristics of need and their impact on the care required to manage the needs. In particular to determine whether the quantity or quality of care is more than the limits of responsibility of Local Authorities (as in the Coughlan judgement).Consideration is given to the following areas:-

- **Nature and type of need**: *the particular characteristics of an individual's needs and the overall effect of those needs on the individual, including the type of interventions required to manage them*

- **Intensity of need:** *both extent (quantity) and severity (degree) of the needs, including the need for sustained care (continuity)*

- **Complexity of need**: *how the needs present and interact to increase the skill required to monitor and manage the care. This may arise with a single condition or the interaction between a number of conditions. It may also include situations where an individual's response to their own condition has an impact on their overall needs*

- **Unpredictability of need**: *the degree to which needs fluctuate, creating difficulty/challenges in managing the need. It also relates to the level of risk to the person's health if adequate and timely interventions/care are not provided*

6.5 To minimise variation in interpretation of the principles and to inform consistent decision making, the NHS Continuing Healthcare DST has been developed for use by practitioners to obtain a full picture of needs and to inform the decision regarding the level of need that could constitute a primary health need. The DST combined with the practitioners own experiences and professional judgement should enable them to apply the primary health needs test in practice in a way which is consistent with the limits on what can be legally provided by a Local Authority.

6.6. Eligibility for NHS continuing healthcare is based on an individual's assessed health and social care needs. The DST provides the basis for decisions on eligibility for NHS funded continuing healthcare. The DST must be completed by the multi-disciplinary team, which must include as a minimum, two professionals from different health disciplines or one professional from a healthcare profession and one who is responsible for undertaking community care assessment (a social care professional). Specialist staff and mental health staff should be involved dependent on the individual's needs.

6.7 The multi-disciplinary team will make recommendations on eligibility of the individual for NHS funded continuing healthcare to the NHS Manchester Clinical Commissioning Groups CHC Panel. The panel meet weekly and reviews the assessments and DST and can make the following decisions with regard to recommendations about eligibility for NHS continuing healthcare:-

- Verify the recommendations of the multi-disciplinary team

- Not verify the recommendations of the multi-disciplinary team where the evidence provided does not support the level of need indicated in the DST. A full written detailed explanation of the decision will be provided to the applicant and/or their representative.

- Not verify the recommendation and defer the decision and request further evidence to support recommendation.

6.8 There may be occasions where a case needs an urgent decision and cannot wait for the next panel, e.g. this may be due to extreme pressure on acute beds during the winter period or for someone living alone at home with no support who is at risk.

6.9 For these exceptional cases a Chair's Action can be requested by contacting the Continuing Healthcare Clinical Lead at:

NHS Continuing Healthcare
Citywide Commissioning & Quality Team
North, Central & South Manchester CCGs
2nd Floor Parkway One
Parkway Business Centre
Princess Road
Manchester
M14 7LU
Tel: 0161-765-4126

6.10 This should only happen on very rare occasions in an emergency and bypassing the proper panel process will not be undertaken lightly.

6.11 If health or social care staff consider that a Chair's Action is absolutely necessary they must discuss the matter with their line manager who in turn should discuss this with the Chair of the CHC Panel or their nominated officer/s, and justify exactly why a Chair's Action is required and why the matter cannot wait until the next panel meeting.

6.12 If the Eligibility Panel Chair, or their nominated officer/s, agrees to make a decision in the interim, the full set of documentation, including DST with MDT recommendation must be presented to the next panel meeting for further discussion and ratification. Outcome will be recorded in the Panel minutes.

6.13 The use of Chair's Actions will be closely monitored by NHS Manchester Clinical Commissioning Groups to ensure that this procedure is only used on an exceptional basis and not routinely.

7. Application for eligibility process

7.1 The first step in the process for the majority of people will be the screening process using the NHS Continuing Healthcare Checklist. The purpose of the Checklist is to encourage proportionate assessments so that resources are directed towards those people who are most likely to be eligible for NHS continuing healthcare. Consent as described above must be gained in the first instance.

7.2 Before applying the Checklist, it is necessary to ensure that the individual and their representative, where appropriate, understand that the Checklist does not indicate the likelihood that the individual will be found eligible for NHS continuing healthcare, only that they are entitled to *consideration* for eligibility. At this stage, the threshold is set deliberately low to ensure that all those who require a full consideration of their needs get the opportunity.

7.3 A nurse, doctor or other qualified healthcare professional or social care practitioner can apply the Checklist to refer individuals for a full consideration of eligibility from within the community or hospital setting. Whoever applies the Checklist will have to be familiar with, and have regard to, the National Framework for NHS Continuing Healthcare & NHS funded-care (Department of Health 2007, revised 2009, 2012) and the Decision Support Tool.

7.4 Following completion of the CHC Checklist, the process should be completed within 28 days and monitoring of timelines and activity takes place.

7.5 In a hospital setting, before an NHS body gives notice of an individual's case to a Local Authority in compliance with section 2 (2) of the Community Care (Delayed Discharges) Act 2003, it must take all reasonable steps to ensure that an assessment for NHS Continuing Healthcare is carried out in all cases where it appears to the body that the patient may have need for such care. The Checklist should therefore be applied, where relevant, as part of the discharge process.

7.6 Where the Checklist has been used as part of the process of discharge from an acute hospital, and has indicated a need for full assessment of consideration of eligibility, consideration must be given to the person's further potential for rehabilitation and for independence to be regained, and how the outcome of any treatment or medication may affect on-going needs.

7.7 If completion of the screening Checklist indicates that the individual patient is entitled to a full assessment to determine their eligibility for NHS Continuing Healthcare, the DST must be completed and a recommendation made to the CCG CHC panel for verification.

7.8 The DST must be completed and provides practitioners with a framework to bring together and record the various needs in the 'domains' specified within the Tool. The multi-disciplinary team use the DST to apply the primary health needs test, ensuring that the full range of factors which have a bearing on the individual's eligibility are taken into account in making their recommendation.

7.9 The DST cannot directly determine eligibility, but it provides the basis from which decisions are made exercising professional judgement and in consideration of the primary health need criteria. Once the multi-disciplinary team has completed the DST they will make their recommendation on eligibility, record on the DST and present to the NHS Manchester Clinical Commissioning Groups Continuing Healthcare panel.

7.10 NHS Manchester Clinical Commissioning Groups Continuing Healthcare Panel reviews the applications they receive to ensure consistency and quality of decision making processes and to ensure governance of the decision making on eligibility. This process ensures equity of access to NHS funded continuing healthcare and consistent decision making for all applications.

7.11 A person only becomes eligible for NHS continuing healthcare once a recommendation regarding eligibility has been verified by NHS Manchester Clinical Commissioning Groups Continuing Healthcare Panel, informed by the completed DST or Fast Track Tool. Prior to that decision being made, any existing arrangements for the provision and funding of care should continue, unless there is an urgent need for adjustment.

7.12 Where individuals are found to be eligible for NHS funded continuing healthcare, funding will be agreed from the date of the panel decision on eligibility or from day 29 from the date of the Checklist, (if there has been an unreasonable delay on verification of eligibility), whichever is the earlier. Fast Track applications will be funded from the introduction of the agreed package of care.

8. Fast Track Applications

8.1 The Fast Track application is there to ensure that individuals who have a *"rapidly deteriorating condition, which may be entering a terminal phase"* get the care they require as quickly as possible. No other test is required.

8.2 The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (DH 2007, revised 2009, 2012) provides the Fast Track Tool for use in these circumstances. The Fast Track Tool needs to be completed by an 'appropriate clinician' described in the National Framework as:

"someone responsible for an individual's diagnosis, treatment or case as a registered medical practitioner or registered nurse. These can include senior clinicians employed in the voluntary and independent sectors that have a specialist role in end of life needs and the organisations services are commissioned by the NHS".

8.3 Others involved in supporting those with end of live needs, including those in the voluntary and independent sector organisations may identify the fact that the individual has needs for which use of the Fast Track Tool would be appropriate - they should contact the appropriate clinician.

8.4 NHS Manchester Clinical Commissioning Groups supports the direct involvement of hospital staff in this process to ensure the timely discharge for these patients, supporting end of life care decisions and providing clear accountability for decision making.

8.5 The NHS Continuing Healthcare Team currently operates Monday to Friday only. The procedure for Fast Track applications covering Monday to Friday is set out in Appendix 1, and ensures that same day decisions about eligibility for NHS funded continuing healthcare can be made to support the preferred priorities of the individual for their end of life care.

8.6 Use of Fast Track applications will be closely monitored by NHS Manchester Clinical Commissioning Group and action taken where it is suspected that improper use of the process has occurred.

9. Management of Appeals

9.1 The decisions of NHS Manchester Clinical Commissioning Groups CHC Panel are communicated in writing to the individual patients, or their representative, and lead health and social care professionals making the application, giving a brief rationale for the decision.

9.2 Where an individual has been found not eligible for NHS Continuing Healthcare or NHS Funded Nursing Care, they or their representative can appeal NHS Manchester CCGs decision within **6 months** of the notification of eligibility decision. When an appeal is received this is acknowledged and the evidence is reviewed by the Continuing Healthcare Review and Restitution Clinical Lead. If the appeal is not resolved at this stage an offer of an informal stage 1 local resolution meeting with the individual patient or their representative is made to go through the process of the MDT recommendation and Panel decision.

NHS Manchester CCGs have an established local resolution process supported by a local resolution panel policy. This will be available should the process be activated.

9.3 If following the informal stage 1 local resolution meeting the patient or their representative remains unhappy with the CCG's decision a panel hearing will be arranged of the NHS Manchester Clinical Commissioning Groups Continuing Healthcare Special Review Panel (SRP). The members of the SRP will be independent of the initial Continuing Healthcare Panel that reviewed the eligibility application.

9.4 The individual patient, or their representative, will be asked to complete a questionnaire and submit this on why they disagree with the Continuing Healthcare Panel's decision and to specify those areas of disagreement. Families and individuals are encouraged to attend the SRP meetings to participate in the discussions.

9.5 Where an individual remains dis-satisfied by the SRP outcome they can request an Independent Review by writing to NHS England (NHSE);

Independent Review Panel
NHS England
3 Piccadilly Place
Manchester
M1 3BN

An Independent Review Panel's (IRP) key tasks are, at the request of the Board, to conduct a review of the following:

a) the procedure followed by a CCG in reaching a decision as to that person's eligibility for NHS continuing healthcare; or
b) the primary health need decision by a CCG. and to make a recommendation to the Board in the light of its findings on the above matters.

9.6 An NHS England Independent Review Panel (IRP) public information booklet is provided to patients and / or their representatives with the local resolution panel outcome letter and minutes, as follows:

- CHC Guide for IRPs
- Supplementary Leaflet – NHS England's Role

It is particularly important that, before an IRP is convened, all appropriate steps have been taken by the relevant CCG to resolve the case informally.

9.7 MCC and their employees are not able to appeal against a decision made by NHS Manchester Clinical Commissioning Groups Continuing Healthcare Panel on behalf of an individual. Appeals may only be made by individual applicants themselves or their duly appointed representative.

10. Complaints

10.1 If an individual patient or their representative is dissatisfied with the manner in which the overall process has been conducted rather than specifically the outcome regarding eligibility for NHS continuing healthcare, they may make a complaint to NHS Manchester Clinical Commissioning Groups through the NHS Complaints Procedure.

Complaints should be sent to:-

NHS Greater Manchester Commissioning Support Unit (GMCSU)
Patient Services Team
St James's House,
Pendleton Way,
Salford
M6 5FW

Or email: patientservices.gmcsu@nhs.net

11. Disputes raised by the Local Authority

11.1 Manchester City Council (MCC) Adult Social Care are represented on all NHS Manchester Clinical Commissioning Groups Continuing Healthcare Panels and are frequently part of the assessment and decision making process.

11.2 However MCC may dispute a decision that is made by NHS Manchester Clinical Commissioning Groups Continuing Healthcare Panel, in respect of an application for NHS continuing healthcare. This also applies to other Local Authorities that may have submitted an application to NHS Manchester Clinical Commissioning Groups Continuing Healthcare Panel.

11.3 In these circumstances the NHS Manchester Clinical Commissioning Groups and the MCC procedure for the Resolution of Disputes for NHS Continuing Healthcare funding should be implemented.

11.4 NHS Manchester Clinical Commissioning Groups and MCC subscribe to the principle that there should be no delay in the provision of services due to disagreements or disputes on the assessment recommendation or outcome of eligibility. Should such situations arise, the National Framework for NHS Continuing Healthcare & NHS funded-nursing care (DH 2007, revised 2009, 2012) is explicit in stating that any existing funding arrangements cannot be unilaterally withdrawn without a joint assessment being carried out and alternative funding arrangements put in place.

11.5 Therefore anyone in their own home, or care home funded by the Local Authority must continue to be financially assisted by the Local Authority until the dispute is resolved. Similarly, anyone in hospital, or funded by the NHS must remain funded by the NHS until the dispute is resolved.

11.6 NHS Manchester CCG and MCC agree to adopt a "*without prejudice"* approach to such situations whereby the final outcome of the dispute will be backdated to the time of the Eligibility Panel date of decision on eligibility. (Annex F: Guidance on responsibilities when a decision on NHS Continuing Healthcare eligibility is awaited or is disputed, National Framework 2012).

12. Discharge Planning

12.1 In a hospital setting, before an NHS trust, NHS foundation trust or other provider organisation gives notice of an individual's case to a Local Authority, in accordance with section 2(2) of the Community Care (Delayed Discharges etc.) Act 2003, it must take reasonable steps to ensure that an assessment for NHS continuing healthcare is carried out in all cases where it appears to the body that the patient may have a need for such care. This should be in consultation, as appropriate, with the relevant Local Authority.

Completion of the screening Checklist, and the DST, where relevant, should be undertaken as part of the assessment and care planning process for discharge arrangements for individual patients. This should be commenced as early as possible once the patient is being considered for discharge to reduce inappropriate placements.

13. Joint Working Agreement (JWA)

13.1 Background

Manchester CCG's, Manchester's Acute Trusts and Manchester City Council work closely together to implement the national framework and review existing business processes and working practices to deliver framework compliant services. They developed joint working arrangements that have been agreed to date to aide some aspects of the implementation and standardise interpretation of the framework guidance so that staff have clarity about roles and responsibilities. (see Joint Working Agreement doc. March 2015). The Joint Working Agreement will be subject to annual review by the CHC Transformational Change Sub Group (CHCTCSG), sub-committee of the Joint Clinical Commissioning Committee (JCCC) and will be amended to take account of developing practice and any emergent challenges.

13.2 JWA Process

NHS Trusts and Clinical Commissioning Groups (CCG) are required to take reasonable steps to ensure that individuals are assessed for NHS Continuing Healthcare in all cases where it appears to them that there may be a need for such care.

The screening process in an acute hospital setting (the Checklist)

- For patients in an acute hospital setting, the Checklist should only be completed once the patient's care and treatment has reached the stage where their needs on discharge are clear.

- Before completing the Checklist, practitioners should consider whether the patient would benefit from other NHS-funded care (e.g. rehabilitation or intermediate care) in order to maximize their abilities and provide a clearer view of their likely longer term needs. If interim services could be provided, they should continue in place until the determination of eligibility for NHS continuing healthcare has taken place.

- Where NHS-funded care / interim services are the next appropriate step after discharge from hospital, the responsibilities under the Community Care (Delayed Discharges etc) Act 2003 are not triggered.

- **Screening should only be completed once the patient's needs have stabilised and when all recovery and rehabilitation options have been considered and exhausted.** If a patient requires a period of stabilisation post-discharge from hospital to help to

facilitate a more appropriate screening to be completed based on their needs, then this should be discussed with the patient/representative.

- The patient can be transferred out of the hospital to a nursing home or an agreed placement prior to screening. Approval request and notification to the Commissioning Continuing Healthcare Team should be completed prior to discharge and once agreed screening will need to be considered in the community for that particular patient.

- If the patient insists that screening should be done prior to discharge and in the hospital setting, this must be facilitated and the JWA discharge would no longer be an option. There will always be the occasion when the patient has had all of their recovery and rehabilitation options considered and explored and they are within a stable position in relation to their health needs. On these occasions, if the patient/representative insists, screening should be done within the hospital setting.

- It will be appropriate to complete the Checklist within the hospital setting in situations where it is possible to accurately identify a patient's longer-term support needs at that time and there is sufficient time to identify an appropriate placement / package of care / support that fully takes into account the patient's views and preferences.

- In all cases the Continuing Healthcare Team will be responsible for informing patients/relatives in writing if there is to be a delay in the 28 day process.

The following are extracts from The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care November 2012 (revised) illustrating the recognized process regarding screening.

Eligibility Consideration p23

Section 64
Assessment of Eligibility for NHS continuing healthcare can take place either in hospital or non-hospital settings. It should always be borne in mind that the assessment of eligibility that takes place in an acute hospital and may not reflect the individuals' capacity to maximize the potential. This could be because with appropriate support, that individual has the potential to recover in the near future. It could also be because it is difficult to make an accurate assessment of an individuals needs whilst they are in an acute service environment. Anyone who carries out an assessment of eligibility for NHS continuing healthcare should always consider whether there is further potential for rehabilitation or for independence to be regained and how the outcome of any treatment or medication may effect ongoing needs.

Section 65
In order to address the issue and ensure that unnecessary stays in acute wards are avoided, there should be consideration of whether the provision of further NHS funded services is appropriate. This may include therapy or rehabilitation, if that could make a difference to the potential of the individual in the following few months. It might also include intermediate care or interim package of support in an individuals own home or in a care home. In such situations, assessment of eligibility for NHS continuing healthcare should usually be deferred until an accurate assessment of future needs can be made.

Section 66
Where NHS funded care other than an acute ward is the next appropriate step, this does not trigger the responsibility under Community Care Delayed Discharged Act 2003.

Section 74
Where the checklist has been used as part of a process or discharge from an acute hospital and has indicated a need for full assessment and eligibility (or where a checklist is not used, a full assessment of eligibility would otherwise take place), a decision may be made at this stage first to provide other services and then to carry out a full assessment of eligibility at a later stage. This should be recorded. The relevant CCG should ensure that full assessment of eligibility is carried out once it is possible to make a reasonable judgment about the individual's ongoing needs. This full consideration should be completed in the most appropriate setting - whether another NHS institution, the individuals home or some other care setting. In the interim, the relevant CCG retains responsibility of funding of appropriate care.

13.3 The working practices of the joint agreement and the operational model must take into consideration the information contained above and also have absolute regard for the patient's wishes and therefore screening should not be refused or delayed to the benefit of the Local Authority or NHS if it has a detrimental effect to the patient.

14. Section 117 Aftercare

14.1 Under section 117 of the Mental Health Act 1983 (Section 117), CCGs and LAs have a duty to provide after-care services to individuals who have been detained under certain provisions of the Mental Health Act 1983, until such time as they are satisfied that the person is no longer in need of such services. Section 117 is a freestanding duty to provide after-care services for needs arising from their mental disorder and CCGs and LAs should have in place local policies detailing their respective responsibilities, including funding arrangements.

14.2 Responsibility for the provision of Section 117 services lies jointly with LAs and the NHS. Where a patient is eligible for services under Section 117 these should be provided under Section 117 and not under NHS continuing healthcare. It is important for CCGs to be clear in each case whether the individual's needs (or in some cases which elements of the

individual's needs) are being funded under Section 117, NHS continuing healthcare or any other powers, irrespective of which budget is used to fund those services.

14.3 It is not, therefore, necessary to assess eligibility for NHS continuing healthcare if all the services in question are to be provided as after-care services under Section 117. However, a person in receipt of after-care services under Section 117 may also have ongoing care/support needs that are not related to their mental disorder and that may, therefore, not fall within the scope of section 117.

14.4 A person may be receiving services under Section 117 and then develop separate physical health needs (e.g. through a stroke) which may then trigger the need to consider NHS continuing healthcare only in relation to these separate needs, bearing in mind that NHS continuing healthcare should not be used to meet section 117 needs. Where an individual in receipt of Section 117 services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase, consideration should be given to the use of the Fast Track Pathway Tool.

15. Deprivation of Liberty Safeguards (DoLs)

15.1 The Mental Capacity Act 2005 contains provisions that apply to a person who lacks capacity and who, in their own best interests, needs to be deprived of their liberty in a care home or a hospital, in order for them to receive the necessary care or treatment. The fact that a person needs to be deprived of his/her liberty in these circumstances does not affect the consideration of whether that person is eligible for NHS continuing healthcare.

16. Requests for previously unassessed periods of care

16.1 On 15 March 2012 the Department of Health made an announcement regarding eligibility for continuing healthcare and previously unassessed periods of care. The announcement introduced a single national process, to determine whether an assessment should be carried out for previously unassessed periods of care. It also introduced set timescales for people to notify the NHS that they should have been assessed for eligibility for NHS CHC funding with respect to that care.

16.2 The Department of Health required Primary Care Trusts to ensure that this process was followed. This responsibility passed to CCGs on 1 April 2013.

16.3 The Department of Health has issued guidance on dealing with requests for assessments of previously un-assessed periods of care. This includes details of who is authorised to request an assessment on behalf of another, including where they lack capacity to make the request themselves, or where they are deceased. The same authorisation is required where a request for a late assessment is made on behalf of another person.

16.4 The Department of Health has set out deadlines by which requests for CHC retrospective reviews must be requested, as follows:-

Period of care	Deadline for request for retrospective review
1 April 2004 to 31 March 2011	30 September 2012
1 April 2011 to 31 March 2012	31 March 2013

16.5 The deadline for requests for assessments for periods prior to 1 April 2004 was November 2007.

16.6 The deadline for requests for assessments for previously unassessed periods of care after 31 March 2012 is 12 months from the date an episode of care occurred.

16.7 A request for assessment made after these Department of Health deadlines must be accompanied by evidence of "exceptional circumstances".
Where such evidence is not provided, the CCG will consider all the evidence provided by the applicant and any records it already holds in relation to assessments for CHC when coming to its decision.

16.8 The deadlines for registering for a review of unassessed periods of care during this time period have now passed.

16.9 NHS Continuing Healthcare is for individuals who have been assessed as needing health care which can be provided in a range of settings, including residential care homes, (with or without nursing), or their own homes. When eligibility is agreed, NHS funding provides the entire individual's assessed needs.

16.10 Where a retrospective review of eligibility for NHS funded continuing healthcare is approved, appropriate arrangements will be made for financial recompense in accordance with the Department of Health Guidance for Continuing Care Redress (2007, Department of Health). Pension and benefits payments will also be taken into account in any calculation of sums reimbursed.

16.11 Calculation of interest payments will be in line with National Guidance and CCG policies.

17. Commissioning of Care Packages

17.1 It is the responsibility of NHS Manchester CCGs to:

- Plan strategically
- Specify outcomes
- Procure services

- Manage demand
- Manage provider performance for all services that are required to meet the needs of all individuals who qualify for NHS continuing healthcare
- Manage provider performance for the healthcare component of joint packages of care.

17.2 The services commissioned will include on-going case management for all those entitled to NHS Continuing Healthcare, as well as for the NHS elements of joint packages of care, including the assessment and review of individual patient needs.

17.3 As well as service contracts, NHS Manchester CCGs as a commissioning body is responsible for monitoring quality, access and patient experience within the context of provider performance.

17.4 NHS Manchester CCGs take a strategic as well as an individual approach to fulfilling their NHS continuing healthcare commissioning responsibilities within the context of quality, innovation, prevention and productivity agenda (QIPP).

17.5 Care packages will ordinarily only be commissioned from care homes, where an NHS contract is in place for continuing healthcare provision and for domiciliary care, providers from nursing agencies approved by NHS Manchester CCGs. When a care package is commissioned by Manchester CCGs Continuing Healthcare team, where there is no agreement in place, an NHS Standard Contract will be implemented to ensure that there are quality standards in place to meet the regulatory requirements for the provision of NHS services.

17.6 Care will not be commissioned from those care providers where there are concerns raised about the quality of the care provided or where they are known not to meet the Care Quality Commission minimum standards for care homes. Manchester Continuing Healthcare service will work in partnership with MCC to ensure the quality of care in care homes meets the required standards.

17.7 Where concerns about standards are raised, the owners of the care home provider will be informed that commissioning arrangements for NHS funded continuing healthcare will be suspended until improvements have been made to achieve the Care Quality Commission minimum standards of care and the quality standards within the NHS contract. Where care is already commissioned for patients in a care setting, a contract query notice may be issued to the provider and a remedial action plan formulated. All funded patients will be reviewed in partnership with the individual patient and their family. The team will undertake random visits to the home at intervals as part of the continual and close surveillance process.

18. De-commissioning of care packages

18.1 When a patient is no longer eligible for NHS Continuing Healthcare, NHS funding will cease from the date the CCG verifies the MDT recommendation of "no longer eligible". The CHC service will notify the Local Authority that the patient is no longer eligible for NHS funding and may require a community care assessment.

18.2 If the individual declines a community care assessment or following a community care assessment is not eligible for local authority funding e.g. because they are responsible for funding their own care, the CCG will continue to fund care costs for a maximum of 14 days from the individual receiving formal notification of the CCG decision.

19. Choice

19.1 The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (DH 2007 revised 2009, 2012) states:-

"Where a person qualifies for NHS continuing healthcare, the package to be provided is that which the CCG assesses is appropriate to meet all of the individual's assessed health and associated social care needs."

19.2 NHS Manchester CCGs will commission the provision of NHS funded continuing healthcare 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 has to be balanced against other factors in each case, such as a patient's desire to live at home.

19.3 Patient safety will always be paramount in planning a care package and will not be compromised. Therefore in circumstances where there are concerns about the quality of care in a care home and/or other facility NHS Manchester CCGs cannot commission care at that time, NHS Manchester CCGs will work with individuals and their families to commission an alternative package of care elsewhere.

19.4 NHS Manchester CCGs are required to balance the patient's preference alongside safety and value for money, consequently patients will have a choice from amongst providers that have a contract with NHS Manchester CCGs and have agreed NHS Manchester CCGs quality and pricing structure. This applies equally to Home Care packages of care.

19.5 NHS Manchester CCGs Choice Policy can be accessed by following the link below:

Equity and Choice Policy

20. Case Reviews

20.1 When the NHS is commissioning, funding or providing any part of an individual's care, a case review should be undertaken to reassess that their care needs are being met and to the agreed standard. NHS Manchester CCGs have a robust process in place for case reviews in for both NHS funded continuing healthcare and NHS funded nursing care.

20.2 Case reviews will be undertaken for individual's no later than three months following the eligibility decision and thereafter on an annual basis or as directed by the CHC Eligibility Panel. This will ensure that individual patients are receiving the care they need and that they remain eligible for NHS continuing healthcare funding. NHS continuing healthcare funding may be withdrawn should a review show that the patient no longer meets the criteria and is therefore no longer eligible for NHS continuing healthcare funding. In these circumstances the CCG will refer to the local authority to complete a community care assessment in order to identify the appropriate on going funding arrangements.

20.3 It is the responsibility of the MDT facilitator and clinical commissioning manager to ensure that the patient and their family/carer are made aware that these reviews will occur and that NHS continuing healthcare funding may be removed should the patient's level of health need change. The facilitator or social worker should, as a minimum, provide the patient and their family/carer with the NHS Continuing Healthcare and NHS Funded nursing care: Information Leaflet.

www.gov.uk/government/publications/nhs-continuing-healthcare-and-nhs-funded-nursing-care-public-information-leaflet

21. Jointly Funded Packages of Care

21.1 The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (DH 2007 revised 2009, 2012) states that if a person does not qualify for NHS continuing healthcare fully funded care, the NHS may still have a responsibility to effectively contribute to that person's health needs. This is known as a *'joint package of care'.* The usual way in which this is provided is by means of the NHS funded nursing care (FNC), in a nursing home setting.

21.2 Joint packages of care may also be provided through the provision of mainstream NHS services such as District Nursing and community physiotherapy for example, referred to as universal or normal service provision. A joint package of care with the Local Authority will only involve joint funding where there is a particular identified health need requiring an identified care package to be commissioned. In these circumstances NHS Manchester CCGs will fund the care costs for the identified health element of the package.

22. Personal Health Budgets

22.1 With effect from 1st April 2014 CCGs are required to be able to offer personal health budgets (PHB) to people in receipt of Continuing Healthcare funding, in order to give patients better flexibility, choice and control over their care. A PHB enables people to get the services they require for their assessed needs, to achieve their agreed health and wellbeing outcomes (agreed between the patient and clinician). Financially, PHB's can be managed in a number of ways, including:

- A notional budget held by the CCG commissioner
- A budget managed on the individual's behalf by a third party, and
- A cash payment directly to the individual (a 'healthcare direct payment').

22.2 From September 2014, people in receipt of Continuing Healthcare funding have the right to a PHB if they choose.

22.3 People newly in receipt of Continuing Healthcare funding for home care packages will be introduced to the concept of PHB's before or during their 3-month CHC Review. If they would like to investigate the potential benefits of a PHB further, the PHB Lead Commissioner will manage the relationship. Based on the outcome of the individual's DST, an indicative budget will be produced and shared with the patient during an introductory meeting to explain the PHB process.

22.4 The PHB Lead Commissioner will work with the individual and/or their carer's and representatives to agree health and wellbeing outcomes. They will then also work with the individual to think creatively about how they could best make use of their available budget to meet their health and wellbeing outcomes.

22.5 The PHB Lead Commissioner will then create a final budget and care/support plan. Going forward, the approval will be carried out by the Head of Continuing Healthcare and Craig Harris, Executive Nurse & Director. Should there be anything in the care plan which suggests an unacceptable risk to the patient, an unacceptable financial risk, or where the final budget is greatly above or below the indicative budget it is likely the support plan will not be agreed and will need further negotiation. Once a care plan has been agreed, the PHB Lead Commissioner will work to put the care/support plan in place. Support services/brokerage services are available to help people with direct payments, and support and advice will be provided for those wishing to employ personal assistants directly.
Care plans will be reviewed as per the National Framework guidance – at 3 months after the care package has been put in place and a minimum of every 12 months thereafter.

22.6 NHS Manchester CCGs will encourage the PHB approach when an individual who was previously in receipt of a Local Authority direct payment begins to receive NHS continuing healthcare to avoid unnecessary changes of provider or of the care package.

23. Transition from Children's Services to Adult Continuing Healthcare Services

23.1 The National Framework for NHS Continuing Healthcare & funded-nursing care (DH 2007 revised 2009, 2012) and the supporting guidance and Tools only applies to people aged 18 years or over. It is important that both the Adult and the Children's Frameworks consider transition.

23.2 NHS Manchester CCGs will ensure that it is actively involved in the strategic development and oversight of the local transition planning processes with their partners, and that their representation includes those who understand and represent adult NHS continuing healthcare. NHS Manchester CCGs will ensure that adult NHS continuing healthcare is appropriately represented in all transition planning meetings regarding individual young people whenever the individual's need suggest that there may be potential eligibility.

23.3 NHS Manchester CCGs recognise as best practice that future entitlement to adult NHS continuing healthcare should be clarified at as early a stage as possible in the transition planning process, especially when the young person's needs are likely to remain at a similar level until adulthood. Professionals responsible for children's transition into adult NHS continuing healthcare, should identify those young people for whom it is likely that NHS continuing healthcare will be necessary, and should notify NHS Manchester CCGs Continuing Healthcare Team, or whichever NHS organisation will be have responsibility for them as adults. This should occur when a young person reaches the age of 14. This should be followed up by a formal referral for screening at age 16 to the adult NHS Continuing Healthcare Team.

24. Training

24.1 Regular training will be provided to all hospital staff, community staff and adult social care staff involved in the implementation and application of the National Framework of NHS Continuing Healthcare & funded-nursing care. Training will be provided in the use of the National Tools, the identification of a 'primary health need', the application process and the timescales for completion of assessments.

24.2 Training is delivered by the Continuing Healthcare Team in a planned programme on request and in various venues. The Continuing Healthcare Team will be responsible for keeping a record of numbers of staff trained for audit purposes and for ensuring the training is in line with any changes to regulations relating to NHS Continuing Healthcare and NHS funded nursing care.

24.3 All those applying the Checklist and DST must have been trained in the use of these documents. A link to e-learning for NHS continuing healthcare is provided which all staff can

use to gain greater understanding of the process. http://www.e-lfh.org.uk/projects/nhscontinuinghealthcare/

25. Governance

25.1 Implementation and delivery of the requirements of the National Framework for NHS Continuing Healthcare & NHS funded-nursing care (DH 2007 revised 2009, 2012) will be monitored through performance reports to NHS Manchester CCG Joint Clinical Commissioning Committee, NHS Manchester CCGs Continuing Health Care Transformational Change Sub Group (CHC TCSG) and the three Manchester CCG Boards.

National guidelines on continuing care packages

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

http://www.networks.nhs.uk/networks/news/nhs-continuing-healthcare-faqs-published

Appendix 1: NHS Manchester Procedure for Continuing Healthcare Assessment
NHS Continuing Healthcare Checklist

The process for referral to a full continuing healthcare assessment is identified within the National Framework for NHS Continuing Healthcare and NHS-funded Nursing care, November 2012 (revised).

The Checklist is to help practitioners identify people who need a full continuing healthcare assessment, although referral for a continuing healthcare assessment does not in itself indicate eligibility for continuing healthcare.

The Checklist is based on the NHS Continuing Healthcare DST, which is used for full continuing healthcare assessment, in line with the National Framework for NHS Continuing Healthcare & NHS Funded Nursing Care guidance.

NHS Continuing Healthcare Checklist

1. Any health or social care professional can use the Checklist to refer individuals for full consideration of eligibility for NHS Continuing Healthcare from a community, residential care home or hospital setting. Staff completing the Checklist must be familiar with, and have regard to the DST.

2. The Checklist must be completed with the full understanding of the process explained to the individual or their representative, who should be invited to fully participate in the process and to express their views. It should be explained to the patient and their family that the completion of a checklist will not result in eligibility for NHS CHC. A copy of the DH information leaflet should be given to patient and/or representative.

3. Informed consent should be obtained before the process of completing the Checklist begins. Consent for the process, or action taken due to lack of consent for the process to take place, should be recorded clearly on the Checklist.

4. In the acute hospital setting, NHS staff are required to consider someone's continuing healthcare needs before giving notice of an individual's case under the Delayed Transfer of Care regulations and should involve the Local Authority's Department of Adults, Health and Wellbeing in such an assessment. Given that a hospital setting can sometimes poorly represent an individual's capacity to maximise their potential, the hospital should consider whether additional NHS-funded therapy or rehabilitation elsewhere may be appropriate. All staff should be aware of this requirement, and if additional therapy or rehabilitation is arranged, NHS Continuing Healthcare needs should be assessed at the end of these interventions. (see Joint Working Agreement arrangements section 12.2)

5. Where a Checklist has been completed and indicates that the individual does not require a full continuing healthcare assessment, the Checklist should be forwarded to the

Continuing Healthcare Team for monitoring purposes and for future reference should the individual be referred at a later date.

6. If the individual is eligible for NHS Funded Nursing Care (FNC) within a nursing home, it is the responsibility of the practitioner to forward the completed CHC Checklist, Consent form and nursing assessment to ensure that NHS Manchester CCGs accept responsibility and can arrange payments to be made to the nursing home in a timely manner. Failure to provide this information will result in delay in payments or payments not being made to the care home.

7. Should the practitioner place the patient in a nursing home out of borough, the same documentation as above needs to be forwarded to NHS Manchester CCGs, to ensure that they are handed over to the responsible commissioning CCG for FNC payments to be made.

8. The NHS Continuing Healthcare Checklist can be obtained from:

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

1. Process

1.1 The person completing the Checklist will ensure that consent is agreed and that the Checklist is completed fully in line with points 1 to 4 above.

1.2 If there is a concern that the individual may not have capacity to give consent, this should be determined in accordance with the Mental Capacity Act 2005 and the associated code of practice.

1.3 If the Checklist indicates the need for full consideration of eligibility for continuing healthcare, then completion of a DST indicating full social and health assessments needs to be completed. **Timescale for completion of the full assessment requires a decision by panel within 28 days from the continuing healthcare team receiving the Checklist.**

1.4 Full consideration of eligibility is indicated where:

- Two or more ticks in column A; or
- Five or more ticks in column B, or
- One tick in A and four in B; or
- One tick in column A which has an asterisked domain.
  [Asterisked domains are those which carry a Priority level in the DST. Behaviour; Breathing; Drug Therapies and Medication-symptom control; Altered States of Consciousness.]

NB This section is due to be revised September 2015

Appendix 2: NHS Manchester Clinical Commissioning Groups, NHS Continuing Healthcare, Procedure for completion of DST

1. The Decision Support Tool (DST)

1.1 The function of the DST is to summarise key information from the Multidisciplinary Team (MDT) assessment across the 11 domains and to consider the impact of the nature, intensity, complexity or unpredictability of health needs. The DST remains an aid to decision-making and is not a substitute for professional judgement.

1.2 The MDT in the context of NHS continuing healthcare is described as;

- *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 individuals for community care services under section 47 of the National Health Service and Community Care Act 1990*

1.3 NHS Manchester CCGs requires all MDT's and therefore all DSTs to have Adult Social Care input and for the completed DST's to indicate this. The MDT recommendation should be signed by the social care practitioner involved in the assessment and if it is not for an explanation to be provided as to why not.

1.4 NHS Manchester CCGs welcome the attendance and participation of the patient and / or patient representation at the MDT. The patient and / or patient representation will leave the meeting prior to the consideration of the four characteristics of need, Nature, Intensity, Complexity and Unpredictability to allow professionals to deliberate the recommendation.

1.5 The DST to be used in all cases is the national DST form; this is a Department of Health requirement. At the current time this is the version issued in November 2012.

1.6 The CHC Panel will reject consideration of a DST if any of the following apply:

- 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

- Where the recommendation would result in either authority acting unlawfully

1.7 It is recommended that the MDT initially consider each domain in turn and record tentative levels of need on the DST. The MDT should then consider the impact of nature, intensity, complexity or unpredictability (see 1.11 below) and then review the levels on the DST, amending these where necessary prior to completion.

1.8 The DST must contain all of the information used to decide on the scoring of each 'domain', clearly recorded within each section. This information must correlate with the MDT recommendation.

1.9 The DST must contain a recommendation regarding eligibility and this section must be completed, signed on behalf of the MDT, including the rationale for the recommendation. If there is no signed recommendation and rationale it will be automatically rejected by Panel and returned to the MDT for further work.

1.10 Should the CHC Panel require further information on the content of a DST or the MDT recommendation, the issues should be clearly identified and returned to the MDT with a full explanation of the relevant areas to be addressed. Where there is an urgent need for care/support to be provided, the CCG (and the LA where relevant) should make appropriate interim arrangements without delay.

Nature, Intensity, Complexity and Unpredictability

1.11 Completion of the DST requires consideration of the four characteristics of need, Nature, Intensity, Complexity and Unpredictability. Guidance on the application of these characteristics are outlined in table 1 below.

1.12 The MDT having considered fully these characteristics as part of their discussions, determine whether someone is eligible for CHC due to having a 'Primary Health Need'.

1.13 Once completed the DST and all supporting evidence will be made available at the scheduled CHC Panel.

Table 1

Nature
This is about the characteristics of the individual's needs. Ask yourself questions such as: - How would you describe the needs? (Rather than the medical condition leading to them)? What adjectives would you use? - What is the impact of the need on overall health and wellbeing? - What types of interventions are required to meet the need? - Is there particular knowledge/skill required to anticipate and address the need? Could anyone do it without specific training? Is the individual's condition deteriorating / improving?

Intensity

This is about quantity, severity and continuity of needs.
Ask yourself questions such as:

- How severe is this need?
- How often is intervention required?
- How much care?
- How many carers are required?
- For how long is the care needed for each time?
- Does the care relate to needs over several domains?
-

Complexity

This is about the level of skill/knowledge required to address an individual need or the range of needs.
Ask yourself things like:

- How difficult is it to manage the need(s)?
- Are the needs interrelated?
- Do they impact on each other to make the needs even more difficult to address?
- How much knowledge is required to address the need(s)?
- How much skill is required to address the need(s)?
- How does the individual's response to their condition make it more difficult to provide appropriate support?
-

Unpredictability

This is about the degree to which needs fluctuate and thereby create challenges in managing them.
Ask yourself questions such as:

- Are you able to anticipate when the need(s) might arise?
- Does the level of need often change?
- Is the condition unstable?
- What happens if you don't address the need when it arises? How significant are the consequences?
- To what extent is professional knowledge/skill required to respond spontaneously and appropriately?
- What level of monitoring/review is required?

2. Time frame for completion of the DST.

2.1 The National Framework for NHS Continuing Healthcare and Funded Nursing Care states the following:

"The time that elapses between the Checklist (or were no Checklist is used, other notification of potential eligibility) being received by the CCG and the funding

decision being made should, in most cases, not exceed 28 days. In acute services, it may be appropriate for the process to take significantly less than 28 days if an individual is otherwise ready for discharge. CCGs can help manage this process by ensuring that potential NHS continuing healthcare eligibility is actively considered as a central part of the discharge planning process, and also by considering whether it would be appropriate to provide interim or other NHS-funded services.
Where there are valid and unavoidable reasons for the process taking longer, timescales should be clearly communicated to the person and (where appropriate) their carer's and/or representatives".

2.2 The timeline for completion of a continuing healthcare assessment is described for guidance only in table 2 below. Different phase times may apply to individual cases, however the 28 day timeline is the specified target;

Table 2

Phase of the continuing care process	Stage of care pathway	Summary of key actions	Timescales	Cumulative timescales
Assessment phase	Identify	Adult with potential continuing healthcare needs. Fast Track Tool (set up care) or Checklist	1 working day	1 working day
	Assess	If full eligibility assessment is indicated a facilitator is identified and commences gathering information from appropriate professionals for inclusion in the DST	8 working days	9 working days
Decision phase	Recommend	MDT considers the information gathered and makes a recommendation which is recorded in the completed DST.	14 working days	23 working days
	Decide	The panel considers the MDT recommendation and makes a decision	5 working days	28 working days
Provision phase	Inform	Patient/referrer/family notified of decision verbally then in writing		5 working days
	Deliver the package of	CHC team identify provider/s for package of care based on care plan	Dependent on	

	care	to meet needs and ensure care package is in place	complexity of package this may take time which the patient should be kept informed of.	
	Review	Review and reassessment of patient's on going care needs and package		3 months following eligibility decision 12 monthly thereafter or where there is a significant change to care needs or as directed by CHC panel

2.3 The need for assessments to be completed within this timeframe requires joint working across the whole system of health and social care. The timeframe identified is a key performance indicator for NHS continuing healthcare and therefore is not optional. Delays and the reasons for delays in meeting this target will be required to be presented at panel when the eligibility consideration takes place and will be closely monitored and recorded.

2.3 The DST can be found at:

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

Appendix 3: NHS Manchester Clinical Commissioning Groups Referral Procedure for Continuing Healthcare Assessment - Fast Track Pathway Tool

The process for referral for continuing healthcare assessment is identified within the National Framework for NHS Continuing Healthcare and NHS-funded Nursing care, 2012 (revised).

The Fast Track Pathway Tool.
The Fast Track Pathway Tool is used to gain immediate access to NHS continuing healthcare funding where an individual needs an urgent package of care/support. This Tool bypasses the need for the Checklist and should only be used for individuals who may have a primary care need through a rapidly deteriorating condition that may be entering a terminal phase.

Completion of the Fast Track Tool
The Framework makes it clear that the Fast Track Pathway Tool can only be completed by an *'appropriate clinician'*, and the Responsibilities Directions define an *'appropriate clinician'* as a person who is:

- *Responsible for the diagnosis, treatment or care of a person in respect of whom a Fast Track Pathway Tool is being completed*

- *Diagnosing, or providing treatment or care to, that person under the 2006 Act, and*

- *A registered nurse or is included in the register maintained under section 2 of the Medical Act 1983.*

Thus those completing the Fast Track Pathway Tool could include NHS consultants, registrars, GPs and registered nurses. This includes relevant clinicians (registered nurses and doctors) working in end of life care services within independent and voluntary sector organisations if their organisation is commissioned by the NHS to provide the service.

Whoever the clinician is, registered nurse or doctor, completing the Fast Track Pathway Tool, they should be knowledgeable about the individual's health needs, diagnosis, treatment or care and be able to provide reasons why the individual meets the conditions required for the fast tracking decision.

The use of the Fast Track Pathway Tool and Care Plan is compulsory when an individual requires an urgent package of continuing healthcare due to a rapidly deteriorating condition that may be entering a terminal phase. No variations on the Tool should be used. It is only when the Fast Track Pathway Tool has been used that a CCG is required by the Responsibilities Directions to decide immediately that the person is eligible for NHS continuing healthcare.

Procedure: Fast Track Pathway Tool

1. Process

1.1 Referrer

Where a patient has a rapidly deteriorating condition which maybe entering into the terminal phase and requires an urgent care package to be set up then the following must happen:

- The 'Appropriate clinician' (registered nurse or doctor) completes the Fast Track Pathway Tool setting out how their knowledge and evidence about the patient's needs leads them to consider that the patient has a rapidly deteriorating condition, which may be in a terminal phase with an increasing level of dependence

- Any necessary evidence should be included, together with a completed care plan developed as part of the individual's end of life care pathway that describes the immediate needs to be met, and the patient's preferences, including those set out in any advance care plan.

- The completed Fast Track Pathway Tool should then be sent via secure email to the Continuing Healthcare Team.
  Secure email: CMCCG.CHC@nhs.net

- An urgent referral should also be made to the Local Authority or Hospital Social Work Team

1.2 Continuing Healthcare Team

The Continuing Healthcare Team is responsible for ensuring the Fast Track Tool has been completed correctly and that there is sufficient evidence that the patient meets eligibility for continuing healthcare funding. Fully completed Fast Track Tools will be agreed upon receipt.

Upon receipt of a completed Fast Track Pathway Tool, the CCG must decide that a person is eligible for NHS Continuing Healthcare. Therefore, where a recommendation is made for an urgent package of care via the fast-track process, this should be accepted and actioned immediately. It is not appropriate for individuals to experience delay in the delivery of their care package while disputes over recommendations from completed Fast Track Tools are resolved.

- Continuing Healthcare Clinical Commissioning Manager will ratify the referrer's recommendation for Fast Track

- If the patient requires a hospital or hospice placement the continuing healthcare team in collaboration with the local authority, if appropriate will arrange for the care

package to be set up and agree a date and time for discharge to the placement with the patient and family.

- If the patient requires a Community placement, the continuing healthcare service will agree a suitable care package / nursing home placement to commence as soon as possible

- If Registered Nurses or Health Support Workers with additional skills, e.g. management of nebulisers, CPAP, complex medication regime is required, the continuing healthcare service will ensure this is arranged as soon as possible

1.3 Out of Hours
The current service does not include out of hours services.

1.4 Review
All patients placed on continuing healthcare following the application of a Fast Track Pathway Tool will be reviewed no later than 6 weeks from the start of the care package by the continuing healthcare team.

1.5 Monitoring
All Fast Track applications will be monitored to ensure compliance with the guidance and appropriate use of the Fast Track Tool to address any specific concerns with clinicians, teams and organisations as a separate matter to arranging the service provision in the individual case.

1.6 Fast Track Tool can be accessed here:

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

Appendix 4: Referral and Process Flowchart

Figure 2. The statutory process to determine and review eligibility for CHC