

Leicester City Clinical Commissioning Group
Continuing Healthcare and Settings of Care update

Continuing care terminology

1. Health and social care professionals use these terms to describe support from the NHS and local authority social services department. Continuing NHS and Social Care is an on-going care involving free NHS and means-tested social care services. It is often called a 'joint package of care'. NHS continuing healthcare (CHC) is a complete package of NHS and social care support, arranged and funded by the NHS, where it has been identified that there is a primary health need, as set out in the national Framework. Such care is provided to meet health and associated social care needs arising because of a disability, accident or illness.
2. A patient can receive NHS CHC in any setting. Whether a patient lives at home or in a residential setting such as a care home, the NHS funds a health and social care package it decides is appropriate to meet the patient's assessed health and personal care needs.

Continuing Healthcare policy developments

Background

3. There have been a number of national and local policy developments over the past 12 months in relation to Continuing Healthcare (CHC) and the process for agreeing jointly funded packages of care between Leicester City Clinical Commissioning Group and Leicester City Council.
4. In February 2018 the Equity and Choice Policy was ratified. This policy superseded the former Settings of Care Policy and emphasised the promotion of independence and choice for patients.
5. In April 2018 a locally and collaboratively developed joint funding request process was introduced across Leicester, Leicestershire and Rutland (LLR) to improve the consistency and comprehensiveness of requests for health funding where a CHC Decision Support Tool had identified a patient as not eligible for CHC, but where the multidisciplinary team (MDT), or the Adult Social Care professional present at the MDT, deemed there to be an unmet health need.
6. In August 2018 the LLR NHS Continuing Healthcare Inter-agency Disputes Policy was introduced to ensure the swift resolution of disputes arising from the determination of eligibility, for any patient, for CHC. This includes issues of interpretation of the Framework between a CCG and Council, and joint funding splits. There are four levels of escalation within this disputes policy. These are:
 - a. Stage 1 – MDT level
 - b. Stage 2 – Clinical Lead and Social Care Team Leader level
 - c. Stage 3 - Services Heads level
 - d. Stage 4 – CCG Director level

7. In October 2018 the revised National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care was published which mandates the offer of Personal Health Budgets to optimise independence and choice for patients.
8. A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). It isn't new money, but a different way of spending health funding to meet the needs of an individual.
9. Personal health budgets are seen as one way to give people with long term health conditions and disabilities more choice and control over the money spent on meeting their health and wellbeing needs.
10. Processes for determining eligibility for CHC remain unchanged in the revised Framework.

Impact on policy development for patients of Leicester City

11. As the processes for determining eligibility for CHC remain unchanged in the revised Framework, there has been no impact on the numbers of patients who are deemed eligible for CHC.
12. In the past 12 months (Feb 2018 to Feb 2019) there have been 27 requests for joint funding (with costs apportioned between the CCG and local authority). Of these, 18 requests were approved and a funding split agreed, while eight were concluded to have no evidence of unmet health needs.
13. The remaining request for joint funding has, in the last week, been escalated to Stage 3 of the Disputes Policy (for resolution with Heads of Service).
14. No cases have required escalation to level 4, for resolution by the CCG. All previous disputes have been resolved at either Stage 1 (MDT level) or Stage 2 (Clinical Lead and Social Care Team Leader level).
15. This is a reflection of the improved, close working relationships between the Nursing and Quality Team within Leicester City CCG; Midlands and Lancashire Commissioning Support Unit (which administers the CHC process) and colleagues within Adult Social Care within Leicester City Council.
16. In addition to the business as usual joint funded cases described above, on the 24th September 2018 the Managing Director of Leicester City CCG wrote to the Strategic Director of Adult Social Care within Leicester City Council to inform him of a backlog of a cohort of patients who were deemed to have a combination of health and social care needs that may require joint funding arrangements.
17. It was agreed that a series of panel reviews, made up of both CCG and Council staff, facilitated by the LLR CCG's hosted CHC Team, should take place to review the cases and agree a funding split. The process would align to the Disputes Policy.
18. It was reported at the CCG's Provider Performance Assurance Group on the 28th February 2019 that the reviews are on track to conclude by the end of the March 2019.

Settings of Care

Background

19. Where patients receive care is called a 'setting of care'. This could be care at home, in a care home or elsewhere. When a person has been assessed as eligible for CHC funding their care needs are set out in a care plan and then this is then discussed with them and/or their family and carers.
20. A policy is in place, historically called the Settings of Care Policy, which is used to help in those discussions by making it clear when CCGs will support individual choice of care setting for people receiving CHC funding. It also guides the level of funding for providing care and includes criteria which ensure individual circumstances are taken in to account.
21. In July 2017 the Leicester City (LC) CCG and West Leicestershire (WL) CCG Governing Bodies reviewed the draft version of the revised 2011 Leicester, Leicestershire and Rutland (LLR) Settings of Care Policy. The 2011 policy had been updated by East Leicestershire and Rutland CCG, as they are the CCG responsible for the hosted CHC team in LLR. The main change to the 2011 policy was to recommend a change to the Settings of Care threshold from 25% to 10% as a result of the consultation process across LLR.
22. The proposed changes were discussed at all three CCG Governing Bodies and, following these discussions, Leicester City CCG and West Leicestershire CCG Governing Bodies requested further examination of the potential impact of the proposed revised policy on patients.
23. A review panel, led by the Chief Nurses of Leicester City and West Leicestershire CCGs, found that packages of care were informed by patient choice and that the application of the principle of exceptionality was consistently and reasonably applied. As a result, the panel concluded that the proposed change of funding threshold would not affect the outcome in the majority of individual cases and therefore agreed to retain the existing 25% setting of care threshold.
24. It was agreed that the wording around exceptionality should be strengthened to reflect the fact that exceptionality should be considered on a case by case basis and should not be prescriptive in terms of what should or should not be included. No other changes were made.
25. The Policy was retitled Equity and Choice to better reflect its purpose; this was consistent with other CCGs' Policies identified through a review of other such policies elsewhere in the country.
26. The revised Equity and Choice Policy was ratified by Leicester City CCG in February 2018

Process for determining settings of care

27. Patients who are deemed to be high risk, or those who have complex needs, have their case presented by a Continuing Healthcare Clinical Assessor to a panel of Senior Nurses, chaired by a Lay Member, for discussion around the appropriateness of a package of care. This is principally to determine that a package of care is safe, meets a patient's needs and that resources are allocated equitably.

28. Where a proposed package exceeds the 25% setting of care threshold a discussion around exceptionality takes place and is documented. For rare occasions where exceptionality has not been identified, a discussion would take place with a patient and their family/carer to explore alternative provision. This process remains unchanged since the introduction of the Equity and Choice Policy.

Impact of the Equity and Choice Policy

29. As the principles and thresholds within the Equity and Choice Policy remain unchanged from the previous Settings of Care Policy, there has been no evidence of adverse impact on patients and no complaints have been received referencing its application.