

Item:

Report to:	Committees in Common
Date of Meeting:	17 April 2019
Title of Report:	NHS Funded Care/NHS Continuing Healthcare
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STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The attached report details the application of the increased resource required to address patient safety concerns and cross organisation reputational risks in relation to the delivery of the Continuing Healthcare (CHC) process.

The attached report also sets out the next steps in relation to the ongoing review of the local NHS Funded care pathway.

Hull CCG has agreed to make available an annual budgetary provision of £362,339.00 to address the requirement.

The proposal is to apply £253,746.00 to fund CHC adult social care capacity at Hull City Council and £108,593.00 to provide capacity at City Health Care Partnership through a variation to their contract to fund ongoing activity at a safe level until a full review of the process and pathway can be completed and an agreed Standard Operating Procedure is implemented.

It is expected that the additional resource is invested to ensure NHS Hull CCG is fully compliant with National frameworks.

RECOMMENDATIONS:

- To agree to apply the available funds to provide reoccurring financial resource to deliver the management of Continuing Healthcare, of which £253,746.00 to be applied fund CHC adult social care capacity at Hull City Council and £108,593.00 to provide capacity at City Health Care partnership.

- To support the proposed application of the additional resource as set out in the attached report; and support the next steps in improving the local NHS funded care pathway.
- To agree funding will be invested in administration of the pathway including Case management, Brokerage, invoicing and payments.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, detail grounds for exemption

NHS-NHS-CCG STRATEGIC OBJECTIVE

Integrated Commissioning

Delivery of statutory duties

Hull place based plan

Short summary as to how the report links to the -NHS-CCG's strategic objectives

The delivery of the NHS funded care function is a statutory duty of NHS Hull CCG. The delivery of local NHS funded care is a primary driver for joint working between the CCG, allied health professionals and LA partners.

This proposal is directly aligned to the strategic objectives detailed in the Hull 2020 vision; 'integration and maximising opportunities as a city to do things differently in order to meet the needs of the local population'.

This is particularly pertinent in sight of the strong agenda for personalisation that is at the core of health and social care delivery.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	Finance implications are further explored within the accompanying report and the overall programme of NHS funded care is a key priority within local integrated financial planning. The additional recurring resource is in line with wider Strategic Transformation Plan (STP) financial planning.
HR	No HR implications identified for the NHS-CCG with regards to the implementation of the proposed interim proposals.
Quality	The additional funding allocation serves to improve quality and patient experience during the transfers between health and social care; and provide clarity regarding case management responsibilities.
Safety	Safety risks are characterised by; inconsistent information, inconsistent representation and poor system co-ordination that has impact throughout the CHC process. These issues, impact on people being correctly identified as being eligible for CHC and therefore, has a real term impact on their needs being met appropriately and in line with the CHC Framework. Subsequently there is also a real risk for each of the three organisations involved in

CHC delivery from a, financial, reputational and legal perspective.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

The NHS funded care steering group has been made up representatives from the CCG, the provider (CHCP) the LA Adult Social Care department (including finance) and Children Young People and Family services. (CFS)

The steering group have been reviewing and identifying options for the future regarding the NHS Funded Care pathway from start to finish; the outcome of their findings are set out in the attached report.

The review has finished and all of the information and data provided is being used to produce a Standard Operating Procedure (SOP) which will encapsulate the responsibilities and duties of all organisations and set out the relevant policies and approaches to delivering the NHS Funded care pathway.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

The National Framework for NHS Continuing Care and NHS Funded Care were revised in 2018/19 and the new National Framework was put in place 1st October 2018. The Revised National framework places greater emphasis on Integrated pathways paying particular attention to delivering on the personalisation agenda for people.

The Health and Social Care Act 2012 sets out the powers for the NHS Funded Care process which is underpinned by The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 and by The NHS Continuing Healthcare (Responsibilities of Social Services Authorities) Directions 2013.

The detail of the process is set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2012 (Revised 18) (the National Framework). NHS England's Operating Model for NHS CHC (2015) clearly states that NHS-CCG's have a statutory duty to follow the National Framework.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of NHS-NHS-CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or NHS-NHS-CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

There are seven key principles that guide the NHS in all that it does. This report supports some of these principles:

1. The NHS provides a comprehensive service, available to all. The NHS Funded Care and support ensure the NHS provides a comprehensive service which includes Care and Support where the Service User has a primary health need or needs above which the Local Authority is unable to legally meet.
2. Access to NHS services is based on clinical need, not an ability to pay. NHS Funded Care is not means tested, whereas social care is. This ensures healthcare services are free.
5. The NHS works across organisational boundaries and in partnership with other organisations.

**NHS CONTINUING HEALTHCARE (CHC)
The NHS Funded Care Pathway**

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1. EXECUTIVE SUMMARY

- 1.1 NHS funded care is taken to include all provision of long term 'care and support,' which is funded by NHS Hull CCG. This includes NHS Continuing Healthcare (NHS-CHC), Funded Nursing Care (FNC), Joint Packages of Care and Children and Young People's Continuing Care (NHS-CC). People considered under Section 117 of the Mental Health Act, and people requiring community Neuro-rehabilitation as a result of Stoke or Acquired Brain Injury.

The purpose of the report is to seek endorsement to support NHS Hull CCG's decision to provide; additional reoccurring financial resource to assure the operational delivery of the NHS Funded Care Pathway.

The additional resource proposed will enable the recommendations made by the NHS Funded Care steering group's review process. The steering group made particular reference to required changes in the; assessment, case management, quality assurance and financial administration from a resource allocation perspective.

- 1.2 The provision of NHS Funded Care is determined by statutory guidance known as the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (FNC). There is a separate National Framework for Children and Young People's Continuing Care (CC) which is currently under review.

NHS Hull CCG currently has two separate contracts with the CHC & CC provider; City Health Care Partnership (CHCP) to deliver both functions.

The Continuing HealthCare (CHC) framework and Children and Young people's Continuing Care (CC) respectively, requires the collaboration of both Clinical and Social Care practitioners to support the eligibility processes.

This report acknowledges that there are elements of the pathway which are either; not currently delivered or not within a service specification or agreement, particularly with regards to the role and activity of case management which is having an effect on individual patients whether they are young or old.

- 1.3 The patient's experience of safe transfers of care and support is therefore, at risk throughout the CHC and CC process; and it is exacerbated most during transition from the CC framework to the CHC.

It is proposed that additional resource is invested into the pathway (both the CHC provider CHCP and Hull City Council ASC) to ensure NHS Hull CCG is fully compliant with the National Frameworks and ensure the patients experience of the NHS Funded Care pathway is safeguarded and legally compliant with the national frameworks expectations.

- 1.4 Over the last year the NHS Funded Care strategic review has identified a number of gaps and risks in the current pathway and has made a number of recommendations.

To ensure the recommendations that have been set out are implemented a Standard Operating Procedure (SOP) is being developed as a local operational manual for the delivery of the NHS Funded Care pathway. The SOP is currently under development and will be shared with the Steering Group prior to sign off.

2. BACKGROUND

- 2.1 A transformation programme for NHS funded care commenced in January 2018 with the intention of reviewing the existing service specifications for; NHS Continuing Care (children and young people) and NHS Continuing Healthcare (adults).

Recent discussions, however, have identified the need to develop a Standard Operating Procedure, to provide clarity and direction to all parties involved in the Operational delivery of the NHS Funded Care pathway. Were a specification be required it will make recommendation that the provider work in line with the SOP and its subsequent review and update.

- 2.2 Quality assurance has been a continued focus; increasingly review of patient care following a DST has continued to demonstrate that the quality of experience and safety of the patient is being affected by the fragmented structure within the current NHS Funded Care pathway.

The current process includes a number of steps and the interventions of a number of different agencies/organisations, all of which are currently experiencing significant resource pressures against a back drop of continued strategic change.

- 2.3 Key activity is the recording and access to operational data/case management systems, the current delivery model relies on the interaction between several different parties. There is currently no single point of co-ordination and the 'hand off' parts of the process between the organisations are a cause for concern with regards to patient data safety.

It is important to recognise, that the current model in terms of data management and system fragmentation was not developed by strategic design, it has manifested as a result of the magnitude of local operational changes across the Health and Social Care sector over the last four or so years.

- 2.4 The National Framework for NHS Continuing Healthcare (CHC) and NHS Funded Nursing Care (FNC) were revised in 2018/19 and the new National Framework was put in place on the 1st of October 2018. The revised National Framework places greater emphasis on integrated pathways and approaches, paying particular respect to delivering on the personalisation agenda for patients.

The NHS Continuing Care (CC) National Framework is currently being reviewed by the Department for Health and Social Care with anticipation that firmer guidance is provided in how the framework is to be applied and personalisation is expected to be at the forefront.

- 2.5 NHS England (NHS-E) have established a strategic improvement programme for CHC which has a number of work streams including digital solutions, workforce development, leadership, and contracting with care and support providers. The strategic improvement programme has identified that integrated approaches to case management and care planning is essential to the delivery of effective and efficient CHC service.
- 2.6 The NHS-E strategic improvement programme has found that on average CCGs invest 4% of the NHS funded care budget into delivering the NHS funded care function. The endorsement to support the financial resource position would address NHS Hull CCG being currently considered as an outlier in terms of how it proportions funds in relation to the service delivery elements of the NHS Funded Care function.
- 2.7 The NHS Funded Care transformation programme highlighted that there is a mixture of case management between the CHC team and the LA depending on the tenure of the long-term care that is being commissioned, namely a contracted provision through ASC and Personal Health Budget through CHCP. There are also a number of legacy cases were out of area service is invoiced via CHCP and direct to the CCG.
- 2.8 To support the case management function, resource was allocated to the CHCP budget to enable the recruitment of Social Workers into the CHC team back in 2014. Recruitment was un-successful this led to three LA social care staff being seconded into the CHCP team. Feedback was largely successful.

The arrangement was short lived and ended after a year, since 2015 the LA has continued to provide the case management function; however, financial resource remained allocated to CHCP and was diverted to support the Preciously Unassessed Periods of Care (PUPoC) in line with NHS E guidance.

3. INFORMATION

- 3.1 The NHS funded care transformation programme has identified elements of the pathway which has already begun to shape opportunities where integrated commissioning and integrated delivery can improve the effectiveness and efficiency of the pathway.

There are elements of the service which cannot be delegated and must always be performed by the CCG. The current service specification (Circa 2014-2019) made reference to a number of roles and responsibilities these include:

- 3.1.1 Financial administration of payments to care and support providers. Providers directly invoice the CCG, CHCP and the LA currently with limited co-ordination via recording or systems.
- 3.1.2 Case management of patients eligible for CHC. Currently there is no agreement in place between Hull CCG and Hull City Council regarding resource to carry out the provision of case management for patients eligible for CHC. There is also an acknowledgement that the resource in terms of available staff and expertise is lacking within the existing CHCP structure.
- 3.1.3 Care planning; again no fixed agreements were in place as to who would be responsible, this has left inconsistency in approach, making the process confusing for the person as they are not always clear on who is their main point of contact were changes to the persons care and support plan are required.
- 3.2 The City Manager for Adult Social Care has previously instructed social care professionals to transfer case management to the CHC team as a result of the resource pressures the department has incurred.
- 3.3 NHS Hull CCG will continue to ensure its statutory responsibilities regarding NHS funded care are met by retaining the final decision making responsibility regarding eligibility. The Head of NHS Funded Care provides a quality assurance function regarding assessment and care planning to ensure compliance with the National Frameworks.
- 3.4 Steps have already been taken to integrate the CHC and CC team, they have now moved into a shared location at The Calvert Lane Health Centre as of the 1st of January 2019. Operational management meetings have started to take place to consider opportunities for further integration regarding decision making and systems.

4. PRIORITISATION REQUEST

- 4.1 The CCG received a draft prioritisation request to agree additional financial resource to assure the operational delivery of the NHS Funded Care process on a reoccurring basis. The additional investment totals approx. £362,339.00 p.a.
- 4.2 There are two key elements of delivery which require the application of immediate resource to assure patient experience is compliant with the national frameworks and taking into account the impact of the PHB right to have.
 - 4.2.1 The first relates to adequate financial resources for the current provider; CHCP, to ensure it maintains compliance with the relevant national frameworks. (*See Appendix 1*)
 - 4.2.2 The second relates to financial resource to support the LA ASC responsibilities in line with the existing specification; Case

management, financial administration and brokerage functions. (See *Appendix 2*)

(NB) The proposed structures of how the additional resource is to be deployed will be reviewed in line the introduction of the SOP.

- 4.3 The Brokerage team in Adult Social Care have captured activity regarding care planning for CHC funded patients over the last year. In June/July 2018 there were on average 69 cases per month that required a new service procuring, this included support planning activity, brokering of care and support services, entering agreements on to the system and the completion of the necessary CF011 form in order to enable payment.

In 2017/18 there were 313 new standard CHC patients and 681 fast-track CHC funded cases, the current quarterly activity figures continue to reflect that activity remains at this level. Although, there is a significant variance between the level of adult social care input required for each case, 994 cases per year represents significant input which sets the fundamental basis for the additional resource allocation.

5. RECOMMENDATIONS

- 5.1 It is recommended that approval is given to support the provision of additional reoccurring financial resource to assure the operational delivery of the NHS Funded Care pathway.
- 5.2 To do nothing is not an option, there is a credible risk to Hull CCG that failure to invest the necessary resource will impact on its ability to ensure the CCG is able to meet its statutory duties.

Without the identified increase in resources; the NHS funded care service would be unable to undertake eligibility reviews in a timely manner or support quality monitoring activity in care providers; and the LA will not have the capacity to provide ongoing case management, brokerage or financial administration without it. The requirement to provide PHB's as a default offer by the 1st of April will also be at risk, placing the CCG under increased NHS-E scrutiny.

Appendix 1

CHCP Prioritisation bid for the delivery of the CHC and CC service delivery.

The total amount of approx. **£108,593.00** has been identified as required investment in order to assure the current NHS funded care CHC and CC assessment service to deliver a safe; seven day a week service.

The assessment service scope has also been extended to include, the case management of specialist community Neuro-rehabilitation cases which attract interim CHC funding. (Non-contract physical healthcare delivered out of area) and provide a quality monitoring function to support the quality and contracts monitoring function of Hull City Council.

The following information sets out the additional CHCP staff that will be required to deliver the NHS Funded Care pathway.

CHC adults' team;

Band 6 – Assessors'	1.92 fulltime equivalent
Band 5 – Audit	0.50 fulltime equivalent

Continuing Care Children and Young People's team;

Band 6 – Assessor	0.60 fulltime equivalent
Band 3 – Administrator	0.43 fulltime equivalent

Appendix 2 LA ASC financial resource allocation

The total investment of approx. **£253,746.00** p.a. reoccurring; is required to enable the case management, support planning and financial administration functions to be provided by the LA.

The arrangement set out in this appendix confirms the resource allocation to be made to the LA ASC department to fulfil these activities.

The details of the staff allocation and roles have been set out below with a breakdown of grade and cost for each required staff member. This proposal is to recommend that the financial arrangement is made from the 1st of January 2019.

- **X1 Grade 9 Social Worker** – complex case management to include but not be limited to; instances were Deprivation of Liberty (DoL) and Court of Protection (CoP) and, cases currently managed by the Humber Teaching Foundation Trust (HTFT) Community Team for learning Disability (CTLD) which meet NHS-CHC eligibility. It is also anticipated that the Grade 9 Social worker will provide professional practice supervision to the Grade 8 social workers.
£43,547.00 Per annum
- **X2 Grade 8 Social Worker(s)** – to prepare, co-ordinate and support community DST's, and provide ongoing case management responsibilities including review for cases eligible for NHS funded care including; fast track and FNC.
£39,152.00 - 2 staff = £78,304.00 Per annum
- **X2 Grade 7 brokerage officer(s)** – Support planning, commissioning of care and support provision, service agreement recording supporting the financial administration process. This will include CHC activity which is commissioned directly or through PHB. The brokerage officer role will also support the co-ordination between social care and the CHC/CC team at a much earlier stage with respect to transition cases.
£34,695.00 - 2 staff = £69,390.00 Per annum
- **X1 Grade 3 administrator** to support the data/validation and payment (CF011 recording process) to ensure the integrity of financial recording. The role will also provide regular reporting of data to enable the much needed audit functionality working with the Band 5 CHC audit role.
£22,505.00 Per annum
- **Up to £40k** per annum is also required to support the LA to fully resource CIVICA with regards to managing all of the CHC financial administration and payments. The details of the post are still to be confirmed at the time of writing.

Appendix 3 Example of the current PB/PHB pathway

