



## **Update on NHS Continuing Healthcare for Adult Services Scrutiny Committee**

### **1. What is NHS Continuing Healthcare?**

1.1 'NHS Continuing Healthcare' is a national system whereby an individual who is deemed to have a primary health need will have all their care needs funded by health. Eligibility for NHS Continuing Healthcare funding is determined through a detailed assessment process involving the multi-disciplinary team (MDT) providing care for the individual coordinated by a specifically training Healthcare Manager/assessor. The MDT professionals may include: GP, district nurse, key worker, social worker. The assessment focuses on a range of domains in which an individual may have a need. In order to be found eligible for NHS Continuing Healthcare funding an individual will have a range of high or severe needs across a range of domains and, in totality, will also have needs that are complex, intense and/or unpredictable to manage. The MDT is responsible for making a recommendation about eligibility which is then submitted to a Continuing Care Panel, which also has members from several disciplines, to be ratified. If the Panel is unable to support the recommendation they will defer the decision and ask for the MDT to gather additional information and reconsider the recommendation in light of this. If an individual or their family or representative is not happy with the final outcome, they have a right of appeal. This would firstly be considered at a local review panel and then ultimately by the Strategic Health Authority.

### **2. Processes**

2.1 Over the past two years, the processes within the Continuing Care Team have been scrutinised in detail and as a result the robustness and consistency of processes has improved. Representatives from Social and Community Services have worked closely with the Continuing Care Team during this period to ensure that the Local Authority view is clearly represented and to satisfy the Local Authority that national guidance is being consistently and accurately applied. Specifically:

- 2.1.1 Considerable work has been done to ensure that sufficiently detailed and specific evidence is being collected by the multi-disciplinary team to support their assessment and recommendation of eligibility.
- 2.1.2 Resources have been targeted to clear a considerable backlog of annual reviews that had built up. This means that by the end of this year, everyone in receipt of Continuing Care funding will have had a review in the past 12 months. A consequence of this work has been that some people who have been receiving Continuing Care for some time, but whose needs have changed have been found no longer eligible.
- 2.1.3 The Continuing Care panel is an established team which has worked together since February 2010. All panel members have received appropriate training and have been closely involved in the programme of reviewing and improving processes. Effective working relationships have been built and cemented between the Continuing Care Team and the Local Authority which has supported the on-going work to improve processes and also to ensure that decisions on individual cases are very rarely disputed between the organisations.

### **3. Audit**

3.1 Over the past two years, the Continuing Health Care team and processes have been subject to ongoing audit.

#### **3.2 Independent audit commissioned by the PCT**

An external auditor has worked with the team to review and refine processes. Further work is planned to agree the external audit process and terms of reference for the forthcoming year.

#### **3.3 PCT internal audit**

Following a complaint from a member of the public to the SHA Chief Executive asked NHS Oxfordshire to give assurance to its board and the SHA that:

- 3.3.1 Continuing healthcare (CHC) policies in Oxfordshire are in line with the national framework, practice guidance and directions
- 3.3.2 The Panel is acting in line with guidance
- 3.3.3 Review/audit outcomes for cases at Multidisciplinary Team (MDT) and Panel

3.4 The overall finding of this audit is that *'Continuing healthcare (CHC) policies are currently in line with the national framework, practice guidance and directions. In addition....the panel is currently acting in line with guidance.'* This audit made four recommendations in relation to process which have been accepted and will be implemented over the coming months.

#### **3.4 Age UK**

3.4.1 Age UK has a contract with the Council to provide independent advocacy for any individual wishing to appeal an MDT decision on CHC eligibility. They produce an annual report on their experiences of the local processes and in 2010, this report raised some concerns, specifically about processes and the implementation of the national guidance. However, the most recent report dated June 2011 states that *"the Continuing Care department has listened to our concerns (and the concerns of others) and Age UK Oxon has noticed significant improvements in the process of assessment and appeal in Oxfordshire over the past nine months"* and *"Overall, Oxfordshire's processes are significantly more robust and transparent, assessments more detailed, decision letters containing less jargon and better rationale, and communication improved. It is fair to say that Oxfordshire's processes are amongst the best in the South Central region. It should be understood however, that the processes can always be improved, none more so than effective and timely communication, which is essential at each stage of the process."*

### **4. Benchmarking and Oxfordshire Results**

4.1 The SHA receives quarterly Continuing Healthcare returns which are collated into national benchmarking figures. They compare numbers funded and costs per 10,000 weighted population for both Continuing Healthcare and Funded Nursing Care. In Oxfordshire these results show:

- 4.1.1 Low CHC activity and cost (ranked 142<sup>th</sup> out of 150 PCTs) - Oxfordshire sits in the South of England cluster and is ranked 7<sup>th</sup> out of 8 in this group. Oxfordshire sits between East Berkshire (6<sup>th</sup>) and West Berkshire (8<sup>th</sup>) two close comparator authorities. Hampshire is closely ranked at 5<sup>th</sup> with similar results. The South of England cluster, by which the Oxfordshire PCT must be guided, is a low ranking group. This is recognised and being discussed at a national level.
- 4.1.2 High Funded Nursing Care (FNC) activity (ranked 9<sup>th</sup> nationally) - This is a set national contribution by the department of health paid by the PCT for every individual in the county in a nursing home bed with nursing needs. Oxfordshire's high ranking represents the very high number of nursing beds in the County per head of population.

- 4.1.3 Shared Care Funding - Oxfordshire ranks the highest in the South of England and currently contributes to approximately 350 packages of care - This is where an individual living in the community is not eligible for CHC, but nevertheless has a range of health needs and their support package is funded jointly by the PCT and the local authority. Oxfordshire was one of the first authorities to implement a Shared Care funding system in 2000.

### **5. Table to show Benchmarking and related costs**

	<b>Clients</b>	<b>Cost</b>
CHC Packages	47	£2,584,429.00
CHC Placements	158	£7,837,336.00
Shared Care delegated health care clients	366	£906,054.00
FNC	1,881	£5,879,103.00
LD	15	*not known

\* The LD budget is separate from CHC budget.

### **6. Conclusion**

6.1 Whilst considerable work has been undertaken to improve processes and this is widely and independently acknowledged, Oxfordshire continues to have low CHC activity and cost. The South of England cluster generally has low activity and cost and this issue is being discussed nationally.

Sarah Walters – Area Service Manager  
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