NHS
North Tyneside
Clinical Commissioning Group

Adult Social Care:
Health and Wellbeing
Sub-committee
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North Tyneside CCG Continuing Healthcare Annual Report 2017-2018

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1. Purpose of the report

The purpose of this report is to provide the Adult Social Care Health and Wellbeing Sub-Committee with a year-end position for 2017-18 in respect of "Continuing Healthcare" and its associated processes in North Tyneside.

2. Context

2.1 **NHS Continuing Healthcare (CHC):** means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. Care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. Eligibility for NHS continuing healthcare places no limits on the settings in which the package of support can be offered or on the type of service delivery (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care *November 2012: Revised).*

2.2 **NHS-Funded Nursing Care (FNC):** is the funding provided by the NHS to nursing homes in order to support the provision of nursing care by a registered nurse. Since 2007 NHS-funded nursing care has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS continuing healthcare before a decision is reached about the need for NHS-funded nursing care.

2.3 **Shared/Joint Package of Care (between NHS and LA):** Individuals who need ongoing care/support may require services arranged by CCGs and/or LAs. CCGs and LAs therefore have a responsibility to ensure that the assessment of eligibility for care/support and its provision take place in a timely and consistent manner. If a person does not qualify for NHS continuing healthcare, the NHS may still have a responsibility to contribute to that person's health needs – either by directly commissioning services or by part-funding the package of support.

2.4 **CHC is an umbrella term** used for budget purposes in oracle and includes, CHC, FNC, shared care and CHC restitution.

2.5 **Budget Setting:** Budget setting for "CHC" is always a challenge given that it is often based upon the previous year out turn which doesn't reflect the demographic changes in North Tyneside or recognise the ageing population, the increasing number of children with complex needs who are transitioning into adult services and the increase in public expectations. It doesn't take into account the significant increase in CHC packages in an individual's own home or the high cost cases coming through in relation to complex clients. The anticipated inflationary increases are applied together with known increases e.g. FNC national increases 2% in 2018/19, living wage increases etc.

2.6 **National Benchmarking:** During 2013/2014 NTCCG was an outlier in relation to CHC eligibility and for the cost of packages of care. Although the CCG has moved to mid-table for eligibility we remain an outlier for the cost of packages of care.

3. Current Assurance and Activity Position in North Tyneside

3.1 **CHC Panels:** North Tyneside has a joint panel with North Tyneside Local Authority in order to consider recommendations made by a multidisciplinary team (MDT) which includes the patient/family/carer whenever possible. The MDT completes a national decision support tool (DST) and together with supporting information this forms the basis of their recommendation. There are weekly panels together with additional virtual panels as required by the system in order to expedite decision making. The panels' role is to ensure that the recommendations from the MDT are "sound" and supported by evidence, good documentation and information in order to ensure consistency and equity.

The CCG is satisfied that the decision making process is robust and patients who are assessed as eligible for CHC receive funding. Ongoing work is focused upon ensuring that packages of care are proportionate and respond to assessed need. The increase in "No needs" category is indicative of the increase in the number of people check listed for assessment by ward staff and social workers who do not need a CHC comprehensive assessment as well as an increased focus on maximising the use of existing commissioned services. The robustness of decision making is also supported by those cases who have appealed via the national Independent Review Process (IRP) where to date the IRP have supported the majority of CCG decision making.

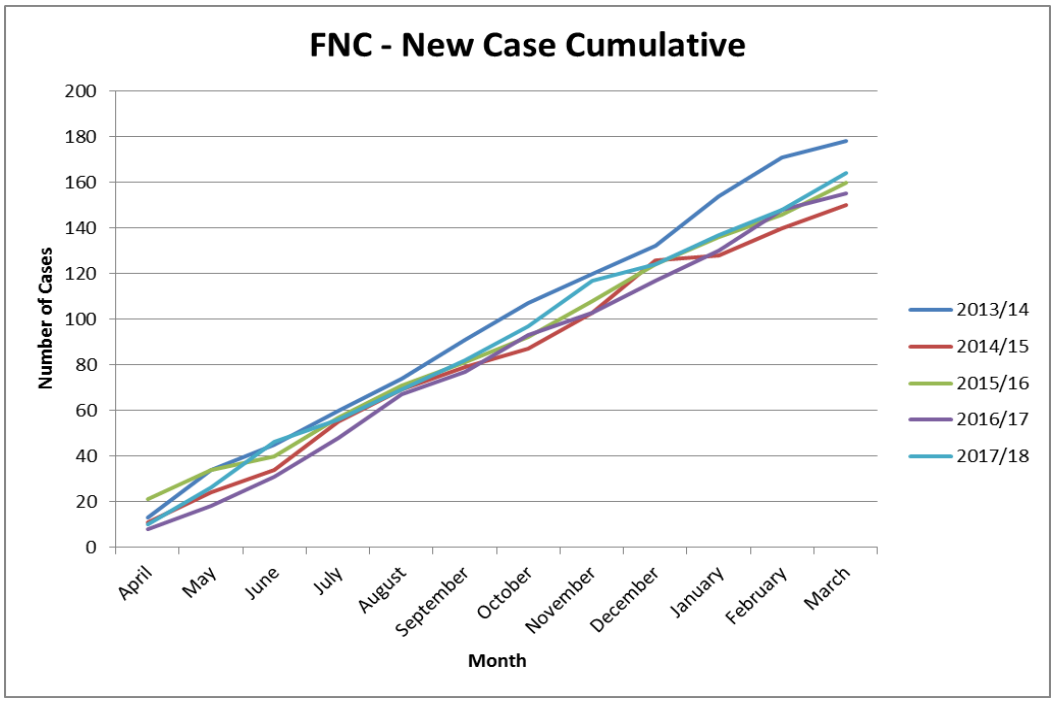
3.2 **Funded Nursing Care:** The funded Nursing Care rate is set by NHS England and rises on an annual basis usually at a rate of 1% however, 16/17 had seen an unprecedented nationally mandated rise of 40%. This rate is in response to national care home pressure to get the cost of care and complexity of care in nursing homes recognised. 2017/18 has seen a net reduction of 0.77% in the FNC rate, moving from £156.25 to £155.05 for the lower rate.

Funded Nursing Care and Continuing Healthcare in nursing homes work in opposition i.e. if there is an increase in numbers of CHC then FNC numbers come down and vice versa. This recognises that there are a fixed number of beds in nursing homes which are made up of residents supported by one of two funding streams in respect of the NHS.

Figure 1 provides the panel outcome data and respective year-end figures which shows the consequence of the rate deflator.

Figure 1 Funded Nursing Care

FNC	£
2013/14 Outturn	1,720,127
2014/15 Outturn	1,768,404
2015/16 Outturn	1,471,738
2016/17 Outturn	1,996,984
2017/18 Outturn	1,876,324



3.3 **Continuing Healthcare:** There have been a significant number of CHC reviews presented at panel which gives confidence that CHC cases are receiving their annual review. Figure 2 below shows the cumulative position of panel outcomes of newly agreed eligible standard CHC, where 2017/18 is the lowest it has been as a CCG.

Figure 2 Cumulative CHC New Cases (Not including Fast Track Cases)

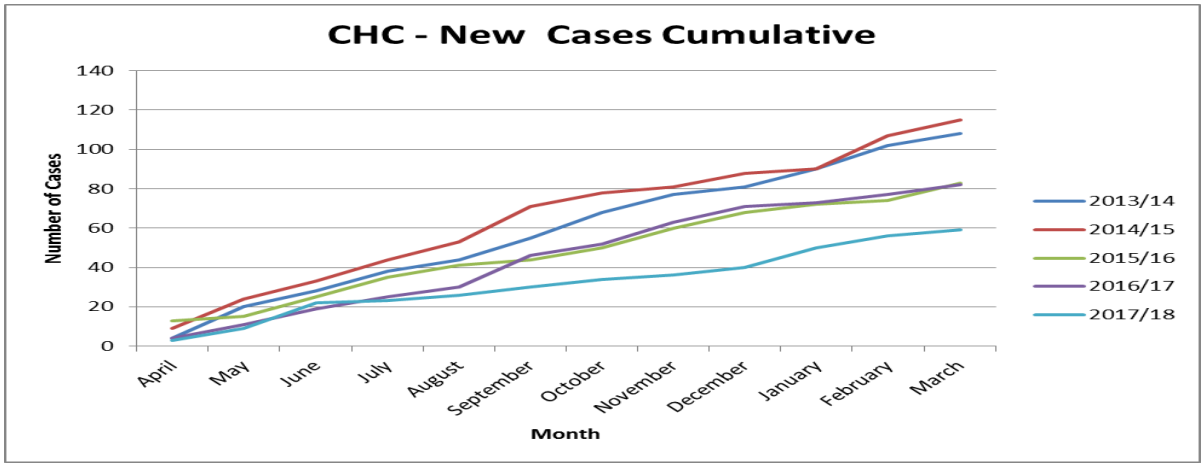
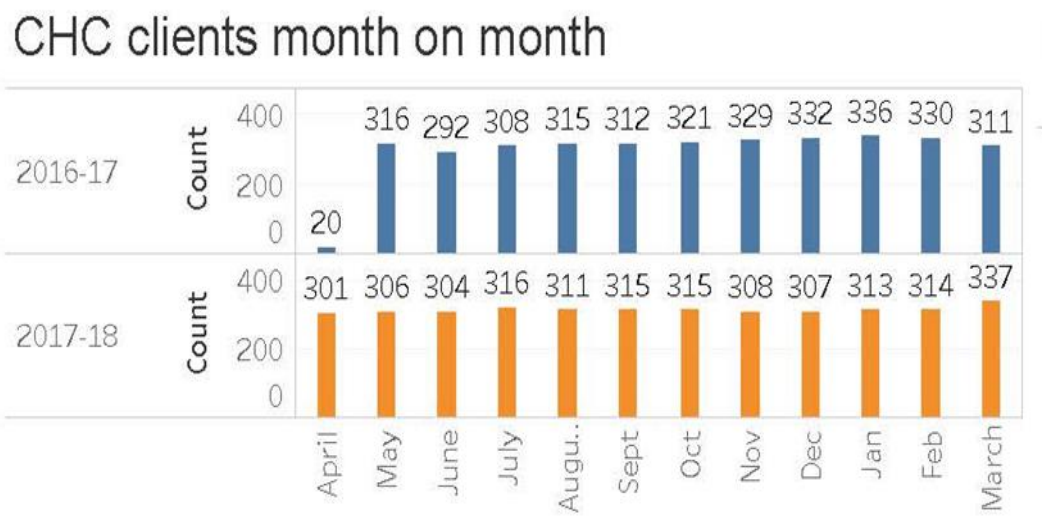


Figure 3 Number of CHC clients



The number of CHC clients overall remains quite static at on average 318/month 2016/17 and 312/month 2017/18 (not including Fast Track cases).

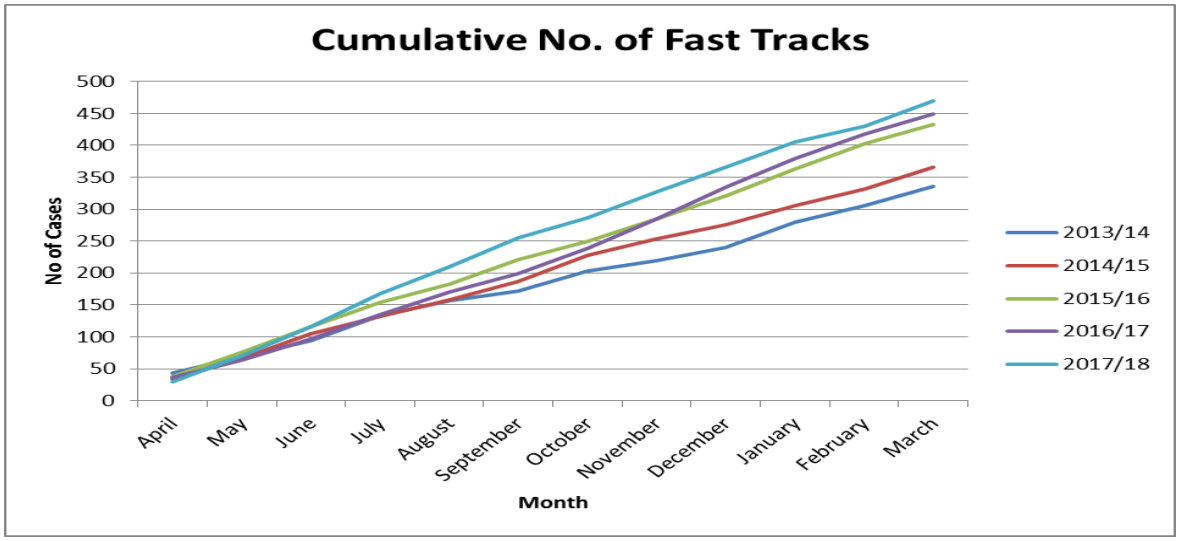
4. Fast Track Activity

Fast tracks are agreed when a person has a rapidly deteriorating health condition which is entering a terminal phase. The person may need NHS Continuing Healthcare funding to enable their needs to be urgently met (e.g. to enable them to go home to die or to provide appropriate end of life support to be put in place either in their own home or in a care setting). It would be unusual for a fast track case to continue beyond 12 weeks without a comprehensive assessment given the 'end of life' status of the patients involved; as at the end of March 2018 the average number of days of fast track was 60.98 days which is well within what would be expected. NTCCG assessment team has been asked to prioritise fast track reviews and domiciliary reviews.

Figure 4 provides the fast track activity for April 2017 – March 2018 which illustrates an increase year on year. This is despite the commissioning of a "Rapid" service that should facilitate the discharge of patients at the end of life who wish to die at home. Therefore given this, the patient should be provided care at home and then assessed once settled in order to determine an appropriate additional care package, over and above commissioned services, required in response to assessed need.

It is important to note that for patients who are eligible for CHC (i.e. they have a primary health care need), may not receive any additional input other than commissioned services.

Figure 4



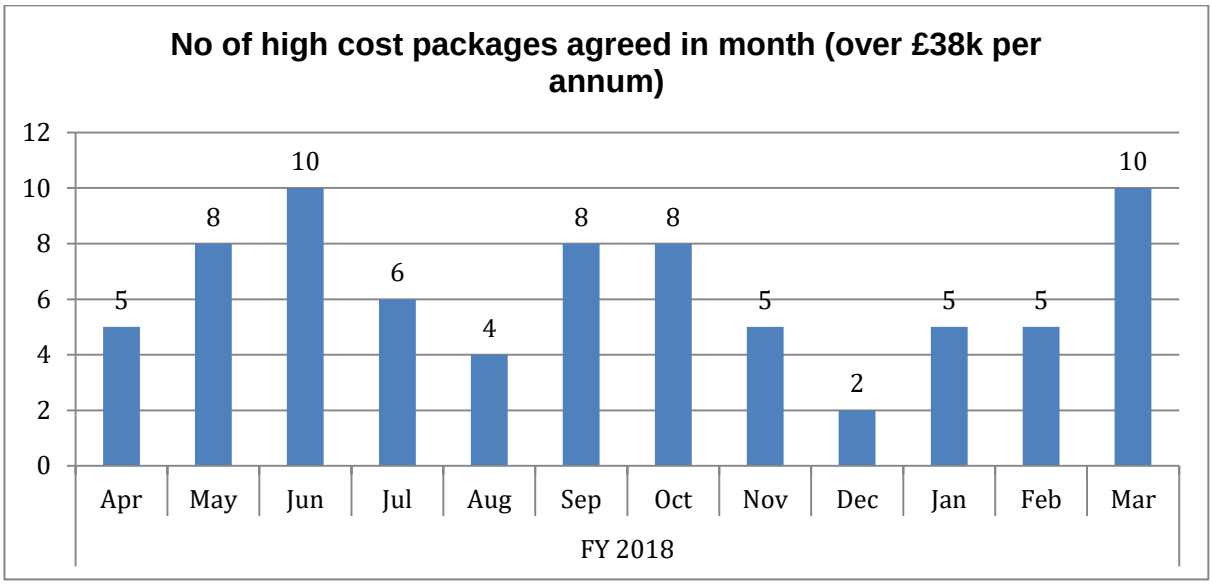
Fast Tracks												
Month	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**
2013/14	43	69	94	133	156	172	203	219	240	279	306	336
2014/15	34	67	104	132	158	187	228	253	276	305	331	366
2015/16	38	76	115	154	182	221	250	285	320	363	402	432
2016/17	36	64	96	135	170	199	239	285	334	379	418	449
2017/18	30	71	116	167	210	255	286	328	366	405	430	470

The average number of fast tracks has increased year on year (28/month – 2013/14, 31/month – 2014/15, 36/month – 2015/16, 37/month – 2016/17, 39/month – 2017/18). This reflects NTCCG's ageing population and initiatives implemented such as the End of Life initiative and reinforces the fact that people are supported to die in their place of choice. NTCCG has invested in additional End of Life services which should offset any increase involved, however the size of the packages requested would appear to be disproportionate. The emphasis should be on ensuring people are supported in a family environment to die in their place of choice rather than replicate an hospital environment at home.

The total cost for Fast Track cases amounted to £1.63m in 2017/18, which is an increase on the £1.37m cost of 2016/17.

The overall cumulative numbers in respect of CHC, FNC and Shared Care in North Tyneside as at the 31st of March 2018 is CHC 803 (Fast track 556, Standard CHC 247, FNC 419, Shared Care 66).

5. High Cost cases



Value of cases over £38k 2017/18

		£38-50k	£50-100k	£100-150k	£150-200k	Total
CHC	No of cases	15	24	15	11	**65**
	£	623,998	1,798,866	1,964,039	2,186,480	**£6,573,383**
Complex Case	No of cases			2		**2**
	£			256,925		**£256,925**
Fast Track	No of cases		2			**2**
	£		179,984			**£179,984**
Personal Health Budget	No of cases	5	6			**11**
	£	211,124	395,413			**£606,537**
S117	No of cases	20	6	5		**31**
	£	902,294	353,235	599,980		**£1,855,509**
Shared Care	No of cases	6	7	1	1	**15**
	£	252,895	452,741	103,767	202,315	**£1,011,718**

Reported CHC position for 2016/17 and 2017/18 (inclusive of Children Continuing Care) as follows:

Year	Outturn (£m)
2016/17	£21.6
2017/18	£20.4

6. CHC Nursing Assessments

Cases are reviewed on their review date by a case manager to ensure that current care packages meet assessed need and are value for money in line with NTCCG policy. 160 clients received at least one CHC review during 2017/18.

There have been 956 positive checklists received, requiring a comprehensive assessment, in the department during 2017/18.

7. Restitution

On 15 March 2012, the Department of Health announced the introduction of deadlines for individuals to request an assessment of eligibility for NHS Continuing Healthcare (NHS CHC) funding, for previously unassessed cases during the period 1 April 2004 - 31 March 2012. NTCGG received a total of 353 cases which were completed within the

PUPOC deadline of September 2016; some payments remain outstanding and there is an opportunity for cases to appeal decisions but given the robust process NTCCG expect this to be minimal with the outcome upheld. There will be no further closedowns; all post 2012 claims should be processed as current business. Applications should be backdated to 2012 where necessary. It is important to note that there is no risk sharing pool across the CNTW CCG area for this cohort and therefore North Tyneside CCG will need to make provision for these cases.

8. Personal Health Budgets

North Tyneside CCG has seen 29 CHC patients in receipt of a Personal Health Budget up to March 2018.

9. Commissioned Services

Case Management and Financial Services

NTCCG transferred the CHC case management function from NECS to the LA in May 2016[1]. The model agreed was to build capacity in social workers who would include CHC case managements as part of their wider workload. The Local Authority was commissioned to fulfil case management and financial services at a cost of £300k 2016/17 this was subsequently increased to £453,954 for 2017/18.

[1] The CHC transfer from NECS to the LA was approved by the Clinical Executive.

CHC assessment Team in NHCFT

The CHC assessment team transferred to NHCFT as part of the TCS transfers and given their role to carry out assessments on behalf of the CCG, there was a formal contract variation and the staff transferred to NTCCG in October 2017. Increasingly we are required to undertake CHC assessments in the community rather than in an acute care setting with a national requirement to move towards less than 15% carried out in an acute care setting.

By having the staff employed by the CCG we have seen the following:

Outstanding reviews at the point of transfer:

2017	September
FNC	43
CHC	114
Shared	56
Total	213

Outstanding reviews at 31st March 2018:

2018	March
FNC	16
CHC	74
Shared	39
Total	129

Contracts

The CCG works in partnership with the local authority in relation to nursing home contracts and seeks to put in place a joint contract with a joint specification which has been developed with providers over several years. In order to separate CHC discussions from the board, care and lodgings negotiations, in 17/18 care home contracts the CCG agreed an additional £50 per person for CHC patients. Work with care home providers and external organisations to finalise the specification and introduce a joint contract with the LA continue. Negotiations were undertaken to agree the board and lodgings rate jointly with NTLA, this was agreed at 3.29% increase in 2017/18.

10. Risk and Mitigation

Risks and mitigations anticipated for 2018/19 include:

Quality

- 2016/17 was a challenging year for some care homes in respect of Quality Accounts, the joint LA/CCG quality review of homes together with the CQC visits is the subject of a separate paper.
- Procurement of domiciliary services jointly with NTLA
- Negotiating contracts and specifications jointly with NTLA and care homes

Performance

- CHC additional health contribution proposal to increase from £50 to £60/week within care homes
- All care packages to be reviewed at anniversary
- Compliance with the new National Framework from October 2018
- Continuation of reviewing historic high cost packages to align commissioned services and ensure care packages are proportionate and based on patient need
- CCGs must ensure that less than 15% of all full NHS CHC assessments take place in acute hospital setting. NTCCG delivered this target in Q4 with 8%.
- CCGs must ensure that in more than 80% of cases with a positive NHS CHC Checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility). NTCCG did meet this target with 83% in Q4.

Conclusion

We continue to work closely with the Local Authority to ensure that the North Tyneside Clinical Commissioning Group meets its statutory responsibilities.
There has been a significant amount of work done in relation to CHC over the past two years which should be acknowledged.