NHS
South West London

NHS Continuing Healthcare and NHS Funded Nursing Care Operational Policies

NHS South West London
Integrated Care Board

Policy Title: NHS Continuing Healthcare and NHS Funded Nursing Care Operational Policies

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Policy Owner	
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Ratified By	CHC Oversight Committee and Finance Committee
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Target Audience	Governing Body Members, Committee Members and all staff working for, or on behalf of NHS South West London ICB.
Brief Description	This policy guides staff and informs the public about the delivery of NHS Continuing Healthcare (CHC) service across South West London in line with the National Framework for NHS Continuing Healthcare and NHS Funded-Nursing Care (revised October 2018)
Action Required	Ensure that the contents of this Policy are shared at Team Meetings and implemented in daily activity. Ensure the Policy is available for the public and key stakeholders.

Controlled Document

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Contents

1. Introduction

1.1. This policy supports the delivery of the NHS Continuing Healthcare service across South West London ICB in line with national guidance set out in the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (October 2018 revised).

1.2. NHS Continuing Healthcare (NHS CHC) is the name given to a package of care that is arranged and funded solely by the NHS for individuals outside of the hospital who have ongoing healthcare needs. To qualify for NHS CHC, an individual must have a 'primary health need' which is assessed using the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care published, March 2018 and revised October 2018.

1.3. NHS South West London ICB is generally responsible for the assessment and funding of NHS CHC for people registered with GPs in south west London.

1.4. This Policy consists of several documents. The overarching Policy document sets out information pertaining to all elements of the Policy – Sections 1 to 5 and 11 to 14 of the Policy.

1.5. Embedded within it are the separate documents which set out specific sections of the Policy. They reflect different stages of the CHC process but are constituent components of the overall CHC Operational Policy. These are

- The CHC Assessment, Planning and Review Policy – Section 6
- The Commissioning for CHC Policy - Section 7
- The Personal Health Budgets Standard Operating Procedures - Section 8
- The Transition Protocol (from children's services to adult CHC) - Section 9
- The Local Resolution Standard Operating Procedures - Section 10

2. Purpose and Scope

2.1. The purpose of this policy is to set out the roles and responsibilities, principles and processes that staff or commissioned services acting on behalf of NHS SWL ICB and partner Local Authorities should follow to ensure implementation of the Continuing Healthcare service across South West London in line with the National Framework for NHS Continuing Healthcare. It also informs the public of SWL ICB's approach in implementing NHS Continuing Healthcare.

2.2. This policy applies to adults aged 18 and above and young people in transition between Children and Young People's Continuing Care and Continuing Healthcare. A separate policy applies for children and younger people receiving Continuing Care funding.

2.3. The policy will support the work of the NHS South West London ICB and the associated SWL Health and Care Partnership (HCP) with implementation of the principles and processes in the National Framework for NHS Continuing Healthcare and NHS Funded-Nursing Care (October 2018 revised).

2.4. This policy applies to all individuals involved in delivering Continuing Healthcare in South West London who are working for, or on behalf of SWL ICB and partner Local Authorities

including those employed on permanent or fixed term contracts, interims, self-employed contractors, Governing Body Members, Clinical Leads, Locality Leads, and volunteers and commissioned providers.

3. Linked Policies

3.1 This Policy reflects and should be read in conjunction with the following national policies and guidelines:

- National Framework for NHS Continuing Healthcare and NHS Funded-Nursing Care (revised, October 2018)
- Current COVID guidance
- "The NHS Constitution for England", NHS Choices. 27 July 2015
- The NHS Commissioning Board and Clinical Commissioning Group (Responsibilities and Standing Rules) Regulations 2012
- Who Pays? Determining which NHS Commissioner is responsible for making a Payment to a Provider (2020)
- NHS Local Resolution Best Practice Guidance NHS Continuing Healthcare (March 2021)
- The Care Act 2014
- Mental Capacity Act 2005

3.2 This Policy also reflects and should be read in conjunction with the following local Policies and Protocols:

- SWL ICB NHS CHC & Funded Nursing Care Choice & Equity Policy (SWLICB/CL11)
- South West London Health and Social Care Continuing Healthcare Disputes Resolution Protocol
- SWL ICB Complaints Policy (SWLICB/CL06)
- SWL ICB Personal Health Budget Policy (SWLICB/CG08)
- SWL ICB Safeguarding Adults Policy (SWLICB/CL03)
- SWL ICB Mental Capacity Act 2005 and Deprivation of Liberty Policy (SWLICB/CL06)
- SWL Partnership Section 117 Protocol

4. SWL ICB Personal Health Principles, Consent and Advocacy

4.1 This policy reflects the principles of the National Framework for NHS Continuing Healthcare and NHS Funded-Nursing Care which underpin the delivery of all aspects of continuing healthcare across South West London.

- All individuals will have access to fair and consistent assessment and decision making through the CHC process.

- The processes of assessment, eligibility decision-making and care planning and provision will be person centred, and in the individual's best interests, equitable and culturally sensitive and undertaken in a consistent way by trained and competent staff.

- Individuals and the relevant representatives for whom there is consent for involvement will be fully consulted and involved in a partnership approach through the process and will be provided with information and support to understand the process so that they can participate fully.

- The CHC process and eligibility decisions will be evidence based and transparent for individuals, relevant representatives, and partner agencies.

- Care packages will be commissioned to reflect the choice and preferences of individuals as far as is reasonably possible, ensuring patient safety, promoting independence, quality of care and making best use of resources.

4.2 The six Local Authorities in SWL and the ICB have agreed that the following principles will underpin their partnership working through all aspects of CHC.

- We will work together in good faith to achieve the best outcomes for our residents through the Continuing Healthcare process.
- We will work together to ensure that our application of Continuing Healthcare will support the aspirations of our residents to be as independent as possible and wherever possible to remain in their own homes
- We will embrace a culture of openness, trust, and transparency.
- We will respect the contribution of all professionals involved in the process regardless of discipline.
- We will seek collaborative and innovative solutions to complex issues.
- We will strive for consistent and full application of our agreed SWL CHC policies and processes ensuring these are underpinned by good communication and robust processes and systems.
- We will be mindful of the duties of each organisation including targets and metrics and will support each other within the framework to achieve these.
- We will be mindful of the pressures that our organisations face in terms of resources and will always seek to help where possible.
- We will support the whole health and care workforce to have a greater understanding of Continuing Healthcare and its application, to improve the experience for our residents.
- We will embrace a culture of improvement and come together regularly to review our progress and performance.
- We will commit to a "no disputes" approach to resolving issues, acting collaboratively, collectively, and taking responsibility; only using the Disputes Resolution Policy as a last resort.

4.3 Written consent for assessment of eligibility and care planning and to share and process information for this purpose should be obtained from individuals at the point of referral. Where this is not evidenced, consent will be obtained at the commencement of assessment. The consent form that should be used is in Appendix 4c and is based on the nationally approved one. If the individual is unable to give written consent, verbal or nonverbal consent will be sought and recorded. Interpreters will be used when appropriate.

4.4 If an individual has capacity and makes an informed decision to decline/refuse assessment of eligibility for CHC, the implications of refusal for their care and that they can re-refer themselves for a CHC assessment at a later date will be clearly explained. Their decision must be documented in the person's notes, together with the details of the consultation with them.

4.5 If an individual does not have the capacity to make an informed choice about their assessment and care, the legally designated person acting on their behalf will be involved. If there is no such person, a capacity assessment and 'best interests' decision will be taken by a ICB Nurse Assessor in accordance with the procedures under the Mental Capacity Act 2005 and the related Code of Practice. CHC staff will explain this to spouses, partners or other close relatives (who will be consulted, and their views will be taken into account). Where disputes with the family or representatives arise, it may, in some circumstances be necessary to seek a decision from the Court of Protection after all other avenues have been exhausted to resolve the dispute.

4.6 The CHC place teams are responsible for ensuring staff are trained in and work in accordance with the Mental Capacity Act (2015), the Deprivation of Liberty Safeguards (DOLs) and the Liberty Protection Safeguards (LPS) when implemented. Teams should refer to the individual statutory guidance for understanding of roles and responsibilities, and application in line with the National Framework.

4.7 The ICB will support the provision of advocacy to individuals through the process of application for CHC where the ICB determines this is required and will consider any requests received for this.

5. Governance and Responsibilities

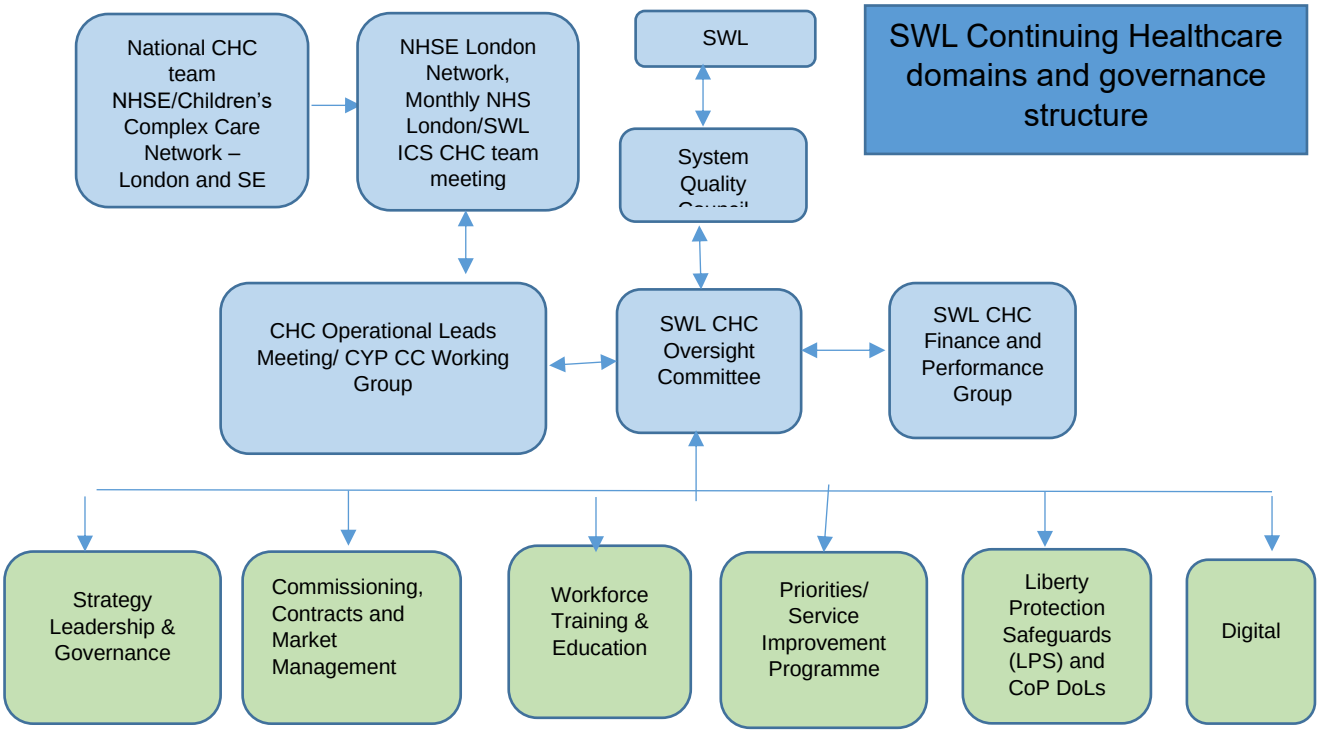
5.1 Implementation and delivery of the requirements of the National Framework for NHS Continuing Healthcare and NHS Funded-Nursing Care and this policy is monitored through regular reports to NHS South West London ICB Continuing Healthcare Oversight Committee, and through them to the System Quality Panel; Senior Management Team; Finance Committee and Quality and Performance Committee with reports to the Governing Body as requested.

5.2.1 The **SWL Head of Continuing Healthcare** will take the lead for ensuring compliance with the Continuing Healthcare Operational Policy across South West London Continuing Healthcare Teams.

5.2.2 The **local Continuing Healthcare Leads** within the SWL ICB Place Teams will follow the procedures in this local Policy to ensure that NHS Continuing Healthcare services are delivered in line with the National Framework for Continuing Healthcare Funding and NHS Funded-Nursing Care.

5.2.3 **All individuals** working for, or on behalf of the organisation(s) listed within Section 2 on Scope are responsible for complying with this Policy. This includes those employed on permanent or fixed term contracts, interims, self-employed contractors, Governing Body Members, Clinical Leads, Locality Leads, commissioned providers, and volunteers.

5.2.4 The **Senior Responsible Officer** for CHC in South West London ICB is the Chief Nurse and Executive Director of Quality SWL who is accountable for this Policy, and for supporting the implementation thereof.



6. Assessment, Planning and Review

Assessment Planning and Review

7. Commissioning for CHC

SWL CHC Commissioning Policy

8. Personal Health Budgets

Personal Health Budgets SOP

9. Transition of young people from Continuing Care to adult CHC

Transition Protocol

10. Local Resolution

Local Resolution SOP

11. Performance Management and Quality Assurance

11.1 Place CHC teams are responsible for assuring and monitoring the quality and performance of CHC delivery in their locality and for collecting local performance data and reporting that to the central team as requested, ensuring these are submitted on time and the information is accurate. The SWL ICB Central CHC Team is responsible for collating the information at borough and SWL ICB level and producing the reports.

11.2 Quarterly and monthly reports against national standards and SWL ICB requirements are compiled by the central team. The reports are shared and discussed with place CHC leads and scrutinised at the monthly Finance and Performance meeting. Reports are submitted to NHS England and to the SWL ICB CHC Oversight Committee and the Finance and Quality Committees as required.

11.3 To support quality, consistency and transparency of decision making, a specified number of DSTs will be anonymised from each locality and peer reviewed by place CHC leads from a different area at least once per year.

11.4 A monthly discussion on key quality issues takes place at the ICB's Quality Surveillance Group, chaired by the Chief Nurse who is also the SRO for CHC. Any key issues would be escalated to the System Quality Council. A quarterly SWL ICB summary report with narrative on quality issues, unwarranted variation and thematic findings from complaints, local resolution, appeals and disputes is produced. SWL ICB KPIs are benchmarked against regional and national outcomes. The SWL ICB CHC report includes a highlight report on strategic work streams. This is reviewed and signed off by the SWL Head of Continuing Healthcare for submission to the CHC Oversight Committee. A performance dashboard with key performance measures is also produced by the central team and shared with place CHC Leads and reviewed by the CHC Oversight Committee.

11.5 Contract monitoring returns are reviewed regularly (monthly or quarterly as agreed and set out in the Contract with each provider) by the contracts team together with the clinical place teams. They will work together to address any performance or quality issues with the relevant providers.

11.6 Monthly finance reports are produced by the finance team for each borough and reviewed with the relevant place Lead and the central team, including at the monthly Finance and Performance meeting.

11.7 The ICB's Quality, Contracting and CHC place teams work in partnership with the Local Authorities, Care Quality Commission representatives and the ICB safeguarding teams (central and place-based), to ensure the quality of care in care homes meets the required standards. When concerns about standards or safeguarding are raised, an assigned clinician from the relevant place CHC team will complete a risk assessment and care review in partnership with each individual receiving NHS funded care and their family to ensure appropriate controls are in place to assure the individual's safety and the quality of care provided for them. The ICB teams will work collaboratively with partners to deal with concerns. Partners will agree the process to review quality and discuss concerns with the owners of the care home or domiciliary care provider. They will support the provider to make improvements.

11.8 Where individuals request a change in provider during this process, place teams will support this. On occasion, it may be necessary for the place team to ask individuals to change provider due to concerns about the quality of care or the provider's ability to meet an individual's needs.

12. Monitoring and Review of this CHC Operational Policy

12.1 Implementation of this policy will be monitored and any issues will be reported to the CHC Oversight Committee which is responsible for this Policy and for changing the Policy or practice as appropriate.

12.2 The Policy will be reviewed in three years or when there are changes to the National Framework or in the ICB.

13. Service Contact Details and Operating Hours

The usual operating hours of the CHC service in South West London are Monday to Friday from 9am to 5pm. Contact details for each place team are on the website:

https://www.southwestlondon.icb.nhs.uk/contact/

14. Equality Statement

In applying this policy, the ICB and all staff will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Equality data from Checklists and DSTs will be collected by ICB place teams for recording and monitoring purposes.

The ICB will expect that commissioned providers adhere to the Equality Act 2010 and make reasonable adjustments to their provision to ensure inclusion and to value and respond to the diverse needs of and preferences expressed by individuals. However, where requests for specific care provisions reflect discrimination based on protected characteristics, the ICB will not commission on that basis or expect commissioned providers to implement that.

Appendix 1 - Equality Impact Assessment

	Mandatory Questions	Yes/No/NA	Comments
1.	Does the Policy affect any group less or more favourably than another on the basis of:		
	Age?	Potential negative impact	This policy is likely to affect older people compared to other age groups as this group is more likely to be eligible for Continuing Health Care (CHC). However, decisions are based on the assessed needs of each individual.
	Disability?	Potential negative impact	People in receipt of NHS CHC services are more likely to have a physical disability than the rest of the adult population therefore are more likely to be affected by this policy. However, decisions are based on the assessed needs of each individual.
	Gender?	No	
	Gender identity?	No	
	Marriage or civil partnership and carers?	Potential negative impact	Partners of people eligible for NHS CHC will be impacted by this policy. There may be a potential negative impact if a couple (or carer) wish to stay together, and this cannot be granted.
	Pregnancy and maternity or paternity?	No	
	Race?	Potential negative impact for people for whom English is not their first language	People may have difficulty understanding the CHC processes and the provisions of this Policy. Interpretation and translation services will be made available and advocacy support can be provided.
	Religion or belief?	No	
	Sexual orientation?	No	
2.	Is there any evidence that any groups are affected differently by the Policy and if so, what is the evidence?	No	
3.	Is any impact of the Policy likely to be negative?	No	
4.	If any impact of the Policy is likely to be negative, can the impact be avoided and if so, how?	NA	
5.	If a negative impact can't be avoided, what, if any, are the reasons the Policy should continue in its current form?	NA	
6.	Where relevant, does the Policy support the FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy?	Yes	

If you have identified any further potential discriminatory impact of this Policy, please contact contactus@swlondon.nhs.uk

Appendix 2 Definitions

NHS Continuing Healthcare	A package of ongoing care arranged and funded solely by the NHS, where an individual has been assessed and found to have a "primary health need" as set out in the National Framework.
Care Packages	A combination of care and support and other services designed to meet an individual's assessed needs.
Decision Support Tool (DST)	A national tool which has been developed to support practitioners in the application of the National Framework. The tool is a means of bringing together information from the assessment of needs and applying evidence in a single practical format. This includes documentation of identified needs which have an inter-relationship of the assessed care domains. This is to help facilitate consistent evidence-based recommendations and decision-making regarding eligibility for NHS CHC.
Multi-disciplinary Team (MDT) in the context of NHS CHC	A team consisting of at least 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 a person who may have needs for care and support under part 1 of the Care Act 2014. The MDT should usually include both health and social care professionals, who are knowledgeable about the individual's health and social care needs and, where possible, have recently been involved in the assessment, treatment or care of the individual.
Care Plan	A plan drawn up with oversight of a clinician and in conjunction with the client and family around the identified health needs of the individual.
CHC Care Manager	Named CHC professional responsible for: • Drawing up a Care Plan • Maintaining contact with the individual / their representative and relevant professionals • Monitoring and reviewing the needs of the individual receiving a care package and assessing the suitability of the package.
Verification Panel	Panel of NHS clinicians and social care colleagues that considers the eligibility of clients based on the DST MDT recommendation. Decisions include eligibility for full CHC, FNC and identification of where joint funding may be appropriate.
Budget Holder	Person responsible under the scheme of delegation for authorising the release of NHS resources.
Primary Health Need	A concept developed by the Secretary of State to help determine which health service is appropriate for the NHS to provide under the NHS Act (2006) and to distinguish between those and the services that the local authorities may provide under the Care Act 2014.

	The assessment process detailed in the National Framework assist to determine whether an individual has a primary health need. Where an individual has a primary health need and is therefore eligible for NHS Continuing Healthcare, the NHS is responsible for providing all of that individual's assessed health and associated social care needs including accommodation if that is part of the overall need.
Funded Nursing Care (FNC)	The funding provided by the NHS to care homes with nursing 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 CHC before a decision is reached about the need for NHS-funded Nursing Care.
Appeal of a CHC Decision	Challenge made by an individual or their representative to the ICB regarding the decision of NHS CHC eligibility. This is following an assessment of eligibility for NHS CHC. The National Framework specifies a 6-month timeframe from the date of the decision letter in which an appeal can be made.
Dispute of a CHC Process	Challenge made by a Local Authority regarding the verified decisions about CHC made by the ICB or about an aspect of the CHC assessment, review and care planning process.

Appendix 3 Protocol for Virtual Working

Protocol for Virtual working