

Meeting: Strategic Commissioning Board			
Meeting Date	07 September 2020	Action	Approve
Item No	7	Confidential / Freedom of Information Status	No
Title	CHC Recovery		
Presented By	Will Blandamer		
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Clinical Lead	Catherine Jackson		
Council Lead	Adrian Crook		

Executive Summary
<p>The National framework for NHS CHC was suspended in March in response to the COVID outbreak and the Rapid Discharge Pathway was implemented. As part of the phase 3 guidance we have been advised that the confirmed CHC re-start date is the 1st September 2020. Following discussions with the Regional/GM CHC leads and NHSEI we now have further clarity on what this will look like and how localities will need to respond.</p> <p>There will need to be a CHC Recovery Team in place for 7 months to address the backlog of approx. 400 assessments that have built up since the suspension of the CHC process.</p> <p>The minimum cost of the recovery team is approx. £462k, this takes in to account agency fees, as agency is the likely source of these staff. In a national webinar on 25th August it was confirmed that there would be national funding to support the recruitment of these staff but the value and nature of this was not confirmed.</p> <p>The key recovery points are:</p> <ul style="list-style-type: none"> • There will be now allowances made for the GM local lockdown in terms of a delay to the re-start date. It is expected that there will be a number of local lockdowns moving forward so local areas are asked to adjust locally how they deliver the service in response to these. This will mean that a number of assessments will need to take place virtually using technology to support the assessment process. • NHSEI have stated (although not had in writing) that they expect anyone who received a package of support under the new guidance to continue to receive this until 31st March 2020 at which point they expect that all will have had an assessment to establish a long-term package of support and funding pathway. • Any new cases will receive a package a transitional funding for 6 weeks after this irrespective of whether the assessment has taken place then funding will be picked up by the local CCG. • We will be asked for a trajectory for how we manage the cases from 1st Sept to 31st March and this will be monitored on a monthly basis by NHSEI. • The regional leads have asked for a communication strategy to come centrally as many individuals may be unaware that the funding is only interim and that they will be

expected to pay or contribute towards care. Locally we have asked for additional support with top ups and other cases where families may be asked to contribute to care costs.

- There is expected to be a significant increase in the number of complaints and appeals (local and independent reviews at NHSEI). We are aware the claims companies are already in contact with individuals and are expecting this increase. They have advised this will have an impact upon CHC for a number of years and it is likened to the PUPOCs (Previously Unassessed Periods of Care).
- There is additional guidance expected centrally but it is unlikely that this will streamline or change the CHC assessment process as they need it to withstand legal challenge in the future and not render us at risk of retrospective reviews.
- Central funding has not yet been clarified to support CCGs with staffing requirements for the additional work and managing the backlog.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Consider this report and support the recruitment of the additional staff as laid out in this report

Links to Strategic Objectives/Corporate Plan

Choose an item.

Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:

Choose an item.

Add details here.

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Finance, Contracting and Procurement Committee</i>	20/08/2020	Approved

1.0 Background/Current situation:

- 1.1 As part of the national response to the COVID pandemic the National Framework for NHS Continuing Healthcare and Funded Nursing Care was suspended, and organisations were required to follow the Rapid Discharge Guidance when commissioning care to facilitate hospital discharge or to prevent hospital admission. Additionally, all End of Life Care was required to be arranged by the Palliative Care Teams as the suspension of the National Framework included the 'fast-track' pathway for those individuals presenting with a rapidly deteriorating condition.
- 1.2 The change in policy began on the 27th March. Consequently, there are a significant number of individuals in receipt of a package of domiciliary or residential support who have not been assessed for NHS Continuing Healthcare (CHC) or Funded Nursing Care (FNC).
- 1.3 It has been confirmed that the re-start date for NHS CHC will be 1st September 2020.
- 1.4 The restart will require that all individuals who are in receipt of a package of support arranged under the Rapid Discharge Guidance, be considered for NHS CHC. This will require each person to have an initial assessment and checklist for NHS CHC completed. For those that require referral for full assessment the CCG will be required to ensure that a full MDT is held and their eligibility for NHS CHC established. As a minimum the MDT is expected to include the individual and their representative, the provider, local authority representative, and CCG chair. If the individual is found to be eligible the CCG will then be responsible for the ongoing commissioning and review of the package of support. For those individuals that do not require full assessment no further CCG involvement will be required other than establishing if the individual requires Funded Nursing Care.
- 1.5 Although the guidance is still in development NHS England have verbally advised that the expected timescale for all individuals to have been assessed and had a decision regarding ongoing funding will be 31st March 2021. NHS England has advised each CCG will be expected to set trajectories around case completion and will be monitored against these on a monthly basis. It must be noted that the CHC process is unlikely to be as streamlined and efficient due to difficulties faced as a result of restrictions related to COVID preventing visits to Care Homes etc. There needs to be thought given as to how MDT's and assessments may be held virtually but still feel inclusive, comprehensive and open/ transparent to individuals, and families. Consideration needs to be given as to how confidential records held by providers are accessed by the CHC team as these are integral to the CHC assessment.
- 1.6 Finance has reviewed the new COVID-19 related patients that have not had a Nurse led review on the package of care. It is estimated that the additional cost of care for these patients will stand somewhere between the £4.5m to £8m in the financial year 2020/21. The range of £3.5m is based on estimates using existing patients within the CHC Database as none of the new COVID-19 patients have had any form of review to

base a package of care cost, and looking at the total average additional costs that have currently been spent between the Local authority and CCG.

2.0 Workforce Implications

2.1 Current team:

The team provide a full CHC service including chairing all MDT's, commissioning all packages of support, delivery of PHB's and ongoing case management and review. The team is responsible for NHS CHC, Transforming Care, Complex Mental Health, Complex Cases (joint funded) and Continuing Care for Children and Young People. The team is comprised of:

CHC (including other areas of service)

1 WTE	8b Service Manager (Covers all areas of service)
4.8 WTE	Band 7 Complex Case Manager
1 WTE	Band 6 Review Nurse
1 WTE	Band 6 PHB and Administration Manager
1 WTE	Band 4 Finance administrator
1 WTE	Band 4 Administrator (covers all areas of service)
0.5 WTE	Band 3 Administrator (covers all areas of service)

Non-CHC

0.9 WTE	8a Lead Nurse Complex Mental Health (non-CHC)
1 WTE	Children's and Young People Case Manager

3.0 Anticipated volume of work:

3.1 It is anticipated that as of 1st September there will be in excess of 400 individuals that had a package of care arranged under the Rapid Discharge Guidance and who require an initial assessment and checklist. It is generally found that 75% of those who have a checklist applied require referral for full assessment, therefore it is expected there will be around 300 cases that require a full MDT assessment.

3.2 There is no capacity within the current team to absorb the work related to the backlog, to achieve the timescales expected in addition to managing the day to day CHC workload. It is anticipated that in addition to the increase in the volume of assessments required, there will be a need for increased administration support from both a clerical and financial perspective. It is expected there will be an increase in the number of appeals and complaints from individuals, representatives, legal/claims companies as people may dissatisfied with the outcomes if they are suddenly expected to fund a package of support that is currently free. There has been a noted increase in the activity of claims companies in anticipation of the changes expected. There will also be a significant demand on social work time as they are required to be present and involved at all MDT's.

3.3 Additionally, the COVID response has required all Care Homes to be paid via a block payment rather than individual invoice as was the previous method. This has led to a full change in delivery model and a delay in the reconciliation of the monthly payment. This is expected to continue as there is insufficient capacity in the team currently to enable the reconciliation to be completed whilst there are ongoing changes.

4.0 What is needed?

4.1 In response to the re-start the following additional staffing is required. The CCG is asked to consider funding the following for a period of 7 months which would allow the timescales to be delivered:

		7-month cost
1 WTE	Band 8a Co-ordinator	£54,230
5 WTE	Band 7 Complex Case Manager (3 GN, 1 MH, 1 LD)	£229,618
2 WTE	Band 4 administrators	£50,702
1 WTE	Band 4 Finance administrator	£25,350
4 WTE	Social Worker (Council Grade 9)	£91,000
0.5 WTE	Band 3 Brokerage support	£10,800
Total		£461,700

This cost would be split £370k for the CCG and £91k for the Local Authority

5.0 Recommendations

- Receive information on the current position and proposed workload.
- Approve funding for the interim CHC Recovery Team as a minimum cost of £462k

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