CONTINUING HEALTHCARE

SCRUTINY REVIEW

A report produced by
THE ADULT CARE AND HEALTH
OVERVIEW & SCRUTINY COMMITTEE

May 2018

WIRRAL BOROUGH COUNCIL

CONTINUING HEALTHCARE

SCRUTINY REVIEW

Page

1. INTRODUCTION AND ORIGINAL BRIEF

During 2017, some members had become aware that, at the time, Wirral was reported to be the third lowest of 32 regional Clinical Commissioning Groups (CCGs) for numbers of people eligible for Continuing Healthcare (CHC) funding while the borough, compared to the national average, had a significantly higher number of joint funded care packages. Anecdotal concerns had also been raised in relation to the service user experience of the CHC process and the time taken to receive a decision. A relevant report produced by Parkinson's UK also provided evidence of significant national variations on the approach to CHC. It was, therefore, proposed that further scrutiny would provide assurance regarding compliance with the national framework. As a result, on 1st February 2017, members of the former People Overview & Scrutiny Committee agreed to establish a task & finish group to undertake a scrutiny review relating to the local application of the national Continuing Health Care (CHC) framework. Membership of the group has comprised three members, Councillors Alan Brighouse (Chair), Wendy Clements and Moira McLaughlin, plus Karen Prior, Chief Officer of Healthwatch Wirral.

When the task & finish group first met later in 2017, consideration was given to the scope for the review. The key outcome identified was to provide members with assurance regarding the effectiveness of local service provision within the parameters of the national framework which defines the processes which must be followed. The Scope Document for the Scrutiny Review is attached as Appendix 1 to this Report. Members agreed that the focus of the review would be on service provision for adults. As a result, services for children were excluded from the scope of the review. The key objectives for the review were identified as:

- To understand the Continuing HealthCare (CHC) framework and how it is applied locally (including how many clients receive CHC funding);
- To assess the local application of the CHC framework in comparison to other geographical areas;
- To consider whether relevant staff have the appropriate levels of training in order to implement the CHC framework effectively and apply the framework consistently;
- To evaluate the impact of CHC on clients and their families, focusing on both the process and the funding outcomes;
- To understand the fast-track process which is in place for end of life clients;
- To assess the relationship between the CCG and the Local Authority in the application of the CHC framework and understand the consequences for funding.

The task & finish group has held a range of meetings in order to obtain appropriate evidence. Sessions were planned with managers of process in addition to a range of staff who are responsible for administering the delivery of CHC. Members also met with individuals who had personal experience of applying for CHC funding.

The remainder of this report provides details of the task and finish group membership followed by some contextual information. This is followed by an overview which includes the recommendations proposed by the Members and the reasoning behind those recommendations.

2. MEMBERS OF THE SCRUTINY PANEL

Former Councillor Alan Brighouse (Chair)

, In undertaking this review, you quickly appreciate the impact the decision to approve CHC can have on a person's quality of life. Any delay in determining the decision can have a significant impact.

The objectives of the review were not to look at the specific national guidelines which determine eligibility for CHC, but to examine the application of those guidelines on Wirral. Nevertheless, it quickly became apparent that the decision about eligibility was difficult to make at times. This highlighted the importance of training and of improved communication channels between the professionals involved.

Clearly there is constant pressure to control both the cost of providing CHC and its administration. Regardless of these pressures, there is a clear need to ensure that all changes are adequately scrutinised both before and after implementation.

I would like to thank all those who contributed to this report, and the helpful and courteous manner with which the committee's enquiries were handled.

Councillor Wendy Clements	***Councillor Moira McLaughlin***	***Karen Prior Healthwatch Wirral***	***This Scrutiny Panel was supported by:*** Alan Veitch Former Scrutiny Officer 0151 691 8564 alanveitch@wirral.gov.uk
			

3. CONTEXTUAL INFORMATION – THE NATIONAL FRAMEWORK

CHC is a complex and sensitive area which can affect people at a very vulnerable stage of their lives. CHC and NHS Funded Nursing Care (FNC) refer to services that are funded by the NHS due to an individual's health related needs. CHC is where the NHS funds 100% of care and is free healthcare provided outside of hospital that is funded by the NHS. It may include paying for care costs typically funded by a local authority under the banner of social care, such as fees for a care home, but where these arise due to a specific health need. Where a person has long-term health and social care needs, *and* their primary needs (their main needs) are health needs, the NHS is responsible for meeting both the health and social care needs via the provision of CHC. This can be offered in any setting including care homes and a person's own home.

FNC is where the NHS funds the nursing element of a care package. In these cases the accommodation costs are either paid in full or in part by the service user and/or by the Local Authority. Where a person is not entitled to CHC but their care plan identifies that they need a placement in nursing care accommodation, the NHS pays a fixed rate contribution towards the cost of support from a registered nurse via FNC. Means testing determines whether the remaining costs are paid for by Local Authority social care and / or the individual themselves.

People who are not eligible for NHS funded care will have their needs assessed to establish whether they receive social care services from the Council. NHS funded care differs from Local Authority care in that NHS care is free at the point of delivery but Local Authority care is means tested.

CHC and FNC differ from many NHS services in that there are specific eligibility criteria and assessment / decision-making processes set out in legislation that must be followed. A history of legal challenges led to a single national eligibility criteria being introduced in 2007. The current NHS CHC framework has been in place since 2012. However, in March 2018, the Department of Health issued a new CHC framework on which there will be no public consultation and which will be introduced from October 2018. The evidence-gathering for this scrutiny review was completed prior to the issuing of the new framework.

Responsibility for CHC assessments and decisions in relation to NHS funded services lie with the local Clinical Commissioning Group (CCG). There are three national tools which are required to be used in making decisions on eligibility for CHC:

- ***NHS Continuing Healthcare Checklist*** – an initial checklist used by practitioners (for example, social workers, nurses, therapists and so on) which triggers the need for a full assessment;
- ***Decision-Support Tool (DST)*** – a tool completed by a multi-disciplinary team to establish whether the individual should be in receipt of CHC; their recommendation then goes to the eligibility panel for ratification;
- ***Fast Track Pathway Tool*** – a rapid assessment process (fast track) – with a quick reference guide for use by all workers when a quick decision is required, where a person's health maybe quickly deteriorating.

Responsibility for making decisions on CHC eligibility is with multi-disciplinary teams (MDTs) of health and social care professionals, who carry out the assessment and make the recommendation on eligibility. The NHS CHC panel is expected to accept MDT recommendations in all but exceptional circumstances and are required to consult with the relevant Local Authority before making an eligibility decision (including before making a decision to end CHC eligibility).

4. FINDINGS AND RECOMMENDATIONS

As responsibility for CHC assessments and decisions in relation to NHS funded services lie with the local Clinical Commissioning Group (CCG), locally Wirral CCG are ultimately responsible for meeting the statutory requirements. However, from February 2015, the service has been delivered on behalf of Wirral CCG by South Cheshire CCG, covering a larger footprint to include the geographical areas of Wirral CCG, West Cheshire CCG, Eastern Cheshire CCG, South Cheshire CCG, and Vale Royal CCG.

During the review, the Members heard from people who had recently applied for CHC funding. While experience of the process was mixed, there was no doubt that for those who had been successful in their applications, the impact that the availability of the funding has on their lives is significant, not least because of the improved wellbeing arising from feeling more safe in their home environment.

4.1 Consistency of application of the framework

One of the key objectives of this scrutiny review was to understand the CHC framework and how it is applied locally. In doing so, Members identified the importance of the term 'primary health need' within the process. In order to qualify for CHC funding a client must meet criteria to prove that they have a primary health care need (as opposed to social care needs). A key factor for those people involved with CHC, both practitioners and clients, is the understanding and objective application of the term "primary health need". Members heard during the review that, although the characteristics of a primary health need are defined in the CHC framework documentation, an element of subjectivity remains in the decision-making process.

Consistency of application of the framework is, therefore, key to successful local application. Those involved in the process need to have a good understanding of the framework, not just the core CHC team but any other professional across the health and care economy who may feel it appropriate to refer a client for CHC funding. Members heard that although a significant amount of CHC training has been provided for staff, further work was required to support front-line staff in understanding the application of the CHC framework. This will enable those front-line staff to better support patients in making referrals for CHC funding.

It was clear from a meeting with practitioners, representatives of a number of different disciplines and organisations who have a role in the CHC process, that there is a need for further training among front-line staff. One practitioner commented that "training (on CHC) is a massive issue" among the wider health and care workforce. It appeared to Members that there is a danger that levels of subjectivity arise within the information provided and the decision-making process. The practitioners also noted that greater understanding could be achieved among professionals by informally discussing issues.

During the review, it was suggested that greater opportunities for joint training across the health and care sector would be beneficial to staff in order to spread good practice across all organisations. While the Members recognise that the CCG is not responsible for training the staff of other partner organisations, there is a need for all relevant staff across the health and care economy to have the knowledge and skills, for example, to complete a checklist.

Recommendation 1 – Consistency of application of the CHC framework by training
Members recognise that Wirral Clinical Commissioning Group (CCG) is not responsible for the staff training of other organisations. However, the CCG and all relevant health partners are requested to collaborate to ensure that all applicable staff receives the appropriate CHC training, where possible through joint sessions. This will enable frontline staff to pass on correct information to patients and families while operating with confidence to apply both the national CHC framework and local procedures. This should ensure that there is more consistency in the application of the framework.

4.2 Communication

Members heard that it is a major challenge to ensure that professionals work together constructively across the health and care sectors. Based on their background, experience and work culture they are likely to assess patients differently. Instances were quoted during the evidence gathering which suggested that agreed ways of working had been signed-off by the Joint Committee (of the CCG and Local Authority) but had not been cascaded across all of the workforce. Considerable concern was also raised regarding the ability to arrange MDT meetings in a timely way due to the availability of the appropriate staff.

There was recognition from the practitioners meeting that some of the letters used to communicate with clients are not user friendly. Some evidence was received by the Members that clients are not always invited to the MDT meetings and communication could have been improved. It was also noted that no notes from the MDT meeting had been received by the client. One former applicant suggested that the system appeared somewhat uncoordinated and would have benefitted from a named individual who coordinates each case. Some disappointment was expressed that the possibility of applying for CHC funding had not been identified by the GP or any other health professional at an earlier stage. A further applicant commented that although he was willing and able to gather the required information, the same would not apply to all applicants, particularly the more vulnerable, some of whom would find the process very onerous. Another former applicant commented that, at the time that the application was being processed, it was very difficult to provide challenge as the client and family are likely to be in a vulnerable position and not in a place to emotionally contest the process. It was added that only with hindsight had views on the process become clearer.

Recommendation 2 – Communication
Wirral Clinical Commissioning Group is requested to consider options to improve communication processes between themselves and partner organisations involved in the local delivery of the CHC framework (such as, Wirral Borough Council, Wirral Community Trust, Wirral University Teaching Hospital and GPs). Similarly, it is suggested that communication processes with potential applicants for CHC funding be reviewed and strengthened.

4.3 Dynamic Purchasing System

The five Clinical Commissioning Groups CCGs in Cheshire and Wirral have entered into an agreement with Midlands and Lancashire Commissioning Support Unit (MLCSU) to use a Dynamic Purchasing System (DPS) provided by a company, Adam HTT Limited. The Adam Dynamic Purchasing System is an automated procurement system to modernise the way in which nursing care placements for both Nursing Home and Care at Home, are procured for patients who have CHC needs and have qualified for CHC funding. NHS England has

established a programme to look at how Continuing Healthcare services can be improved. In the past is has proved challenging to commission packages of care and time-consuming negotiating of prices. One of the NHS England recommendations proposes the introduction of more innovative procurement, such as Dynamic Purchasing Systems like the one offered by Adam. It was anticipated that this would lead to a more effective use of resources. Prior to the implementation of the Dynamic Purchasing System it was agreed that there was a need for an objective process relating to quality, price and choice.

The stated aims of the Adam system are to drive up quality, give consistency of choice across an area, expand the market, increase quality of care and provide contractual incentives to providers. There was some acknowledgement that the market had been inequitable with some providers receiving packages of care while others were not considered. The Dynamic Purchasing System had been implemented previously in other geographical areas such as Staffordshire and had been reported to be working well, delivering a cost saving of 7%. The Dynamic Purchasing System went live for the procurement of Care Home placements for CHC eligible patients of Wirral from mid-June 2017 and Care at Home packages from early July 2017. Details of a new patient requiring CHC are notified to appropriate care homes. Care homes are invited to submit a bid for the work. Essentially it is a market driven operation enabling the NHS to make the most efficient use of available facilities within the private care sector.

Members were informed that, since implementation, the Dynamic Purchasing System has led to the speeding up of the process and a consequential reduction in the length of some delayed discharges from hospital. It was confirmed that the Arrowe Park hospital has experienced a reduction in the levels of delay under Dynamic Purchasing System as was previously experienced.

However, concerns relating the Dynamic Purchasing System which have been highlighted during this scrutiny review include:

- Cost versus Quality – It is noted that the Dynamic Purchasing System has been implemented in Cheshire and Wirral using an algorithm based on price and quality on a ratio of 70:30; whereas other geographical areas have employed a ratio of 60:40. A visit to the Dynamic Purchasing System hub in Stoke demonstrated that in CCG areas where cost versus quality had a lower ratio of 60/40 (cost versus quality) than Wirral (70/30 in favour of cost), the cheaper bid from the provider did not automatically become the first option.
- Location / Distance – Although Members were informed that the postcodes used to allocate care homes for Wirral residents had been reviewed and greater flexibility has been built in to the system, concerns remain that the radius for offers in Wirral and Cheshire had been increased to 20 miles in order to encourage more providers to offer care. However, this did not take into account the fact that Wirral is a peninsula and that for some residents the River Mersey is a perceived barrier. However, Members did receive reassurance that there is no intention for patients to be placed out of area.
- Client choice - Members were informed that the Dynamic Purchasing System can always offer availability to the patient but not necessarily their preference. The NHS will fund what is needed; not necessarily what is wanted by the patient and family. Giving patients and families some choice is included within the criteria for the system. However, during the session with practitioners, anecdotal evidence was presented to suggest that the System has resulted in a perceived reduction in the level of choice open to clients. It was noted that, as of January 2018, only one patient in Wirral has refused all offers and had decided to make private arrangements. Members were provided with reassurance that, since the original implementation of the system, communications have been refined and greater emphasis is now given to ensuring that patients and families have the opportunity to say what is important to them.

- Number of offers – It appears to be recognised that there are currently not enough offers being made to prospective clients. Therefore, there is a need to increase the number of active providers on the system.
- Standard of care - Members were informed that care homes will only be included in the Dynamic Purchasing System if they meet at least a minimum quality standard. A report regarding the implementation of the Dynamic Purchasing System was presented to the Adult Care and Health Overview & Scrutiny Committee in January 2018, listing 20 care homes in Wirral to which placements had been made using the Dynamic Purchasing System. Of those homes, the latest CQC inspection reveals that 10 are rated as 'Requires Improvement'. A further home was found to be 'Inadequate' when the latest CQC report was issued in March 2018.
- Savings – The Dynamic Purchasing System is not delivering the level of savings which were predicted prior to implementation. It was estimated that the introduction of the System will lead to savings for CHC cases, across Cheshire and Wirral, of 7% for care home placements and 4% for domiciliary care. It was anticipated that the savings would arise from competition between providers (that is, primarily between care homes). However, to date, that degree of savings has not been met.

Recommendation 3 – Dynamic Purchasing System (DPS)
Members note with concern that the introduction of the Dynamic Purchasing System (DPS) has resulted in some reduction of choice for clients while not realising the anticipated level of savings. As a result, Wirral CCG is requested to demonstrate to the Adult Care and Health Overview & Scrutiny Committee that continued use of DPS is providing value for money, is improving the efficiency of staff in identifying appropriate placements and is leading to an improved service for clients, particularly those requiring end of life care.

4.4 End of life care

Members were pleased to be informed that, within the fast track process (for end of life care), a recent audit showed that 93% of decisions were made within the 48 hour target. Once the decision is made, the offer of a placement, managed by the Dynamic Purchasing System, is usually made within 2 days. However, examples have been highlighted to the Members where delays have occurred in getting clients discharged from hospital. In one case which was brought to the attention of Members, the client was not found a care home placement in time (via the Dynamic Purchasing System) which resulted in the patient dying in hospital, against the wishes of the family.

Particular concerns were raised relating directly to the impact of the Dynamic Purchasing System on clients approaching end of life. The case was put strongly that the use of the Dynamic Purchasing System can result in the patient (and family) not being able to make the right of choice for them in their final days. The inability for families to pay top-up fees when receiving CHC funding further restricts the element of choice. Members are of the opinion that placements for end of life care should be made as easy as possible. Anecdotal evidence was received by the Members suggesting that cases have occurred where residents have stayed in a home, are familiar with the staff, are diagnosed as end of life and are then told that they have to move to unfamiliar surroundings. In the past, where a person is living in a residential home and requiring end of life care, as no nursing staff would be based in the home, community nurses would be available to support the resident. The introduction of the Dynamic Purchasing Scheme has resulted in that no longer happening.

Recommendation 4 – End of life care
Wirral Clinical Commissioning Group is requested to ensure that those clients requesting CHC funding at end of life receive a service which is both compassionate and speedy. The allocation of placements to care homes who have successfully received the 'Six Steps to Success End of Life Training Programme' would be beneficial.

4.5 Learning Disabilities

It became apparent during the evidence gathering that the relationship between social workers and the CHC team is not positive in relation to learning disability cases, with communication being difficult at times. This was demonstrable during the focus group of practitioners. The crux of the disagreement in approach appears to relate to whether behavior is deemed to be a health issue. The argument was put by social workers that there appears to be a difference in the application of the framework towards older people as opposed to young people with complex needs.

Members were informed that there is a different interpretation regarding behavior as applied in the Decision Support Tool. The understanding and application of three of the four characteristics of 'primary health need' as specified in the framework impacts negatively on the partnership approach ('complexity', 'intensity' and 'unpredictability'). Social workers appeared frustrated that there appears to be little application of the case law arising from the Coughlan judgement. As an example, a social worker who has experience of working with both older people and people with learning disabilities explained that, within the local application of the CHC framework, the processes for the two client groups appeared different. An older person with dementia who displayed signs of aggression appears to carry more weight than a younger person with learning disabilities who displays challenging behaviours.

Members were informed that the balance of staff in the CHC team appears to be focused more heavily on older people / physical disability to the possible detriment of resource for assessments relating to people with learning disabilities. Members were told that it was very difficult for a client with learning disabilities to receive a positive outcome from the process. At the time of the focus group, Members were told that all Learning Disabilities cases were in dispute. As a result, a backlog of Learning Disabilities cases had developed.

Recommendation 5 – Learning Disabilities
Wirral Clinical Commissioning Group is requested to review the allocation of resources within the CHC team towards supporting those clients with learning disabilities through the CHC application process, ensuring the same access as people with physical needs.

Particular concerns were raised by some of the practitioners regarding those young people with complex needs who are close to the point of transition from children to adult services. A checklist is completed as close to the young person's 17th birthday as possible. They are recognised as a priority within the system. However, it was noted that there are significantly different criteria used to determine funding outcomes for children and adults. The Members are suggesting to the Adult Care and Health Overview & Scrutiny Committee that further scrutiny work takes place regarding the wider experience of those young people approaching and moving through the transition process; not just relating to the CHC process.

Recommendation 6 – All-age Disabilities: Transition of young people
As the delivery of the All-age Disability Strategy develops, members of the Adult Care and Health Overview & Scrutiny Committee are requested to consider the addition of a future review to their work programme, namely, to explore the experience of young people moving into adulthood.

4.6 Resources

The annual budget for CHC in Wirral was £10million, with an overspend for 2017/18 of approximately £4.5million. In totality, CHC funding comprises approximately 2% of the total Wirral CCG budget. It was noted that, on a national perspective, the CHC spend by CCG varies from 2% – 7% of the total spend, which is a very large variation. Wirral is at the lower end of that range.

The CHC national framework (2012) enables a substantial number of clients to request an initial assessment, with a relatively small number being successful at the Decision Support Tool stage. Concern was voiced from a number of sources that, as an assessment has to be completed for all applicants, the full assessment has to be completed even though the professional recognises very quickly that the client will not be eligible. Members were informed that although the number of referrals has been increasing the number of staff in the CHC team has not increased. In a historical context, there has been inconsistency in meeting the 28 day target for reaching decisions on applications for funding, although current data shows a considerable improvement in recent months.

Members were informed that the cost to Wirral CCG for administering CHC is currently in the region of £1million. This is recognised as a very large amount to administer the spending of approximately £14million in the current financial year. Those costs include the time of the CHC team in administering and attending multi-disciplinary team meetings but do not include the time of Local Authority or Wirral Community Trust staff. It was also noted that as the administration of the CHC process is provided by staff who are not directly employed by Wirral CCG, there is a danger that within the current service delivery model financial decisions can be made without these necessarily being flagged up in advance with the CCG. This leads to potential issues regarding accountability and risk arising from that arrangement.

Recommendation 7 – Cost of administration
The current cost of administering the Wirral CHC Service at £1m is a significant proportion of the overall cost of Wirral's CHC budget. Wirral Clinical Commissioning Group is requested to consider whether any options are available to ensure that the administration of the CHC process can be achieved as cost effectively as possible.

4.7 Joint funded packages of care

It was noted that, compared to other areas, Wirral has a relatively low number of clients receiving full CHC funding whereas there is a high number of joint care packages, which are funded jointly by the NHS and social care. As at June 2017, Wirral CCG had 440 jointly funded packages, the vast majority of which are historical cases. Patient assessments were not carried out in all cases and a compromise was reached between the Local Authority and the CCG. Out of 206 CCGs in England, Wirral CCG ranks first for jointly funded patients, and is, therefore, a massive outlier in terms of national averages. Although discussions have taken place at a senior level between Wirral CCG and Wirral Borough Council there is no immediate prospect of resolution to the issue. In normal circumstances, the framework allows for the agreement of joint packages but they should be very low in volume. Members were informed that most CCGs have a handful or none. A process is now in place which follows the framework and, based on agreed working together by the Local Authority and the CCG, has resulted in very few joint packages of care among new cases.

Appendix 1: Scope Document for the Continuing HealthCare Scrutiny Review (Final Version)

1. Contact Information:	
Panel Members: Councillors : Alan Brighouse (Chair) Wendy Clements Moira McLaughlin Karen Prior (Healthwatch Wirral)	**Key Officers:** Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group) 0151 651 0011 (ext 1035) lorna.quigley@nhs.net Jason Oxley (Assistant Director Health and Care Outcomes, Wirral Borough Council) 01516663624 robertoxley@wirral.gov.uk Tracey Cole (Head of Continuing Healthcare / Complex Care, Cheshire and Wirral CCGs) 01270 275545 tracey.cole3@nhs.net Alan Veitch (Former Scrutiny Officer, Wirral Borough Council) 0151 691 8564 alanveitch@wirral.gov.uk

2. Review Aims:

Wirral Plan Pledge/s:

- People with disabilities live independently
- Older People Live Well
- This issue also falls within the Committee's statutory duty to undertake health scrutiny.

Review Objectives:

- To understand the Continuing HealthCare (CHC) framework and how it is applied locally (including how many clients receive CHC funding);
- To assess the local application of the CHC framework in comparison to other geographical areas;
- To consider whether relevant staff have the appropriate levels of training in order to implement the CHC framework effectively and apply the framework consistently;
- To evaluate the impact of CHC on clients and their families, focussing on both the process and the funding outcomes;
- To understand the fast-track process which is place for end of life clients;
- To assess the relationship between the CCG and the Local Authority in the application of the CHC framework and understand the consequences for funding.

Note: It is assumed that the review will focus on adult clients; children will not be included in the scope at this stage).

Scrutiny Outcomes:

- Partner agencies are held to account;
- Members are assured about the effectiveness of local service provision.

3. Review Plan

Review Approach: Workshop, Evidence Day, Task and Finish?

- The review will be undertaken by a task & group holding a series of evidence gathering sessions.

Review Duration:

- It is planned to complete the review within 6 months.

Scheduled Committee Report Date:

- People OSC, 13th September 2017

Scheduled Cabinet Report Date:

- Cabinet, 6th November 2017

4. Sources of Evidence:

Key Witnesses:

Managers of the process

- Tracey Cole (Head of Continuing Healthcare / Complex Care, Cheshire and Wirral CCGs)
- Sam Olubodun (Operational Lead, Continuing Healthcare / Complex Care, Cheshire and Wirral CCGs)

Administration of the process

- Assessment practitioners (Contact is Judith Lambert, Senior Manager, Adult & Disability Services)
- Health practitioners, for example, occupational health therapists, social care practitioners, physiotherapists, ward nurses, community nurses, care home staff
- Local Authority CHC team (social workers who provide support through the CHC process)
- NHS ICNs (Individual Commissioning Nurses) – Wirral CCG
- Community Nursing Team

Users of the process

- Families who have experiences of the CHC process
- Healthwatch Wirral

Supporting Papers / Documentation:

Documents will include:

- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, November 2012 (Revised) (Department of Health)
- NHS Continuing Healthcare Checklist, *November 2012 (Revised)* (Department of Health)
- Decision Support Tool for NHS Continuing Healthcare, June 2016 (amended) (Department of Health)
- Relevant Government reports
- Briefing papers provided by national bodies, for example, 'Continuing to Care?' produced by the Continuing Healthcare Alliance (Parkinson's UK)
- Benchmarking information to include:
  - timescales for cases being dealt with;
  - numbers of applicants;
  - numbers of successful / unsuccessful applicants;
  - numbers of appeals;
  - numbers of joint packages (between CCG and Local Authority);
  - CCG spend on CHC.
- Examples of the standard processes used to communicate with patients / carers (for example, standard letters, etc.);
- Information regarding satisfaction surveys from the CHC process (that is, outcomes from the perspective of the users / carers);
- Examples of redacted assessments (including successful applications for CHC, unsuccessful for CHC and those resulting in joint funded packages of care);
- Reports from other Councils relating to the same topic

Involvement of service users / public:

- Service users will be involved in the review by some being invited to discuss their experiences with members of the task & finish group. A meeting with advocacy agencies is also proposed.

5. Key Communications:

Cabinet Member:

- The scope document will be shared with the relevant portfolio holder at the start of the review (Portfolio folder for Adult Social Care, Cllr Chris Jones).
- The draft report will also be discussed in advance of being finalised by the task & finish group, before being presented to the People Overview & Scrutiny Committee for approval.

Press Office:

- The scope document will be sent to the press office on approval.
- The final report will be referred to the press office for information.

APPENDIX 2 - RECOMMENDATIONS

Recommendation 1 – Consistency of application of the CHC framework by training
Members recognise that Wirral Clinical Commissioning Group (CCG) is not responsible for the staff training of other organisations. However, the CCG and all relevant health partners are requested to collaborate to ensure that all applicable staff receive the appropriate CHC training, where possible through joint sessions. This will enable frontline staff to pass on correct information to patients and families while operating with confidence to apply both the national CHC framework and local procedures. This should ensure that there is more consistency in the application of the framework.

Recommendation 2 – Communication
Wirral Clinical Commissioning Group is requested to consider options to improve communication processes between themselves and partner organisations involved in the local delivery of the CHC framework (such as, Wirral Borough Council, Wirral Community Trust, Wirral University Teaching Hospital and GPs). Similarly, it is suggested that communication processes with potential applicants for CHC funding be reviewed and strengthened.

Recommendation 3 – Dynamic Purchasing System (DPS)
Members note with concern that the introduction of the Dynamic Purchasing System (DPS) has resulted in some reduction of choice for clients while not realising the anticipated level of savings. As a result, Wirral CCG is requested to demonstrate to the Adult Care and Health Overview & Scrutiny Committee that continued use of DPS is providing value for money, is improving the efficiency of staff in identifying appropriate placements and is leading to an improved service for clients, particularly those requiring end of life care.

Recommendation 4 – End of life care
Wirral Clinical Commissioning Group is requested to ensure that those clients requesting CHC funding at end of life receive a service which is both compassionate and speedy. The allocation of placements to care homes who have successfully received the 'Six Steps to Success End of Life Training Programme' would be beneficial.

Recommendation 5 – Learning Disabilities
Wirral Clinical Commissioning Group is requested to review the allocation of resources within the CHC team towards supporting those clients with learning disabilities through the CHC application process, ensuring the same access as people with physical needs.

Recommendation 6 – All-age Disabilities: Transition of young people
As the delivery of the All-age Disability Strategy develops, members of the Adult Care and Health Overview & Scrutiny Committee are requested to consider the addition of a future review to their work programme, namely, to explore the experience of young people moving into adulthood.

Recommendation 7 – Cost of administration
The current cost of administering the Wirral CHC Service at £1m is a significant proportion of the overall cost of Wirral's CHC budget. Wirral Clinical Commissioning Group is requested to consider whether any options are available to ensure that the administration of the CHC process can be achieved as cost effectively as possible.