

23rd March 2017

Dear Maureen

Thank you for your feedback following the NHOSC committee meeting on 23rd February.

You requested a full written response to the comments made by Mark Harrison, (Chairman, Equal Lives) and the written questions from Caroline Fairless Price, (CHC Service User).

Feedback for comments received from Equal Lives Chairman, Mr Mark Harrison;

1. Low take up in Norfolk of carers directly employed by individuals under a Personal Health Budget arrangement

Response – All patients receiving domiciliary care have the opportunity to request a Personal Health Budget (PHB). The Commissioning Support Unit offer this to all patients at the point of assessment for Continuing Health Care. The CCGs ensure that there is support for individuals to administer the budget themselves or via a third party organisation if they prefer. The CCGs support partial PHBs that individuals may use to directly commission a proportion of their care package to make this option as accessible as possible.

In June 2013 there were 30 PHBs across central and West Norfolk. This had risen to 99 in June 2016 and currently stands at 103 service users with a PHB. The CCGs are committed to increasing the number of patients that have a personal health budget in Norfolk and are working in collaboration with Social Care colleagues via our integrated commissioning teams to promote this.

2. The maintenance of quality standards within service contracts is essential to enable the CCGs to hold providers to account for the quality of care they provided.

Response – The CCGs have recently written and implemented new contracts for all Nursing, Residential and Domiciliary providers. These contracts commenced in October 2016. All contracts set out a required quality schedule and providers are asked to submit information about specified quality markers on a quarterly basis. We have senior registered nurses working within the CSU and CCGs that have a programme of inspections and a system to flag concerns with individual nursing and

residential providers. Where concerns are raised, NHS staff will work with providers to support them in addressing and improving performance. In addition, the Care Quality Commission feedback for all providers is monitored and local action taken to ensure swift and supportive responses occur to safeguard patients.

3. For many vulnerable individuals in society who are not financially self-sufficient, there remains little medical provision outside of a hospital setting other than through a CHC package.

Response – where patients require medical provision outside of hospital the NHS commissions and provides an extensive Community Nursing and Therapy service in conjunction with GP surgeries and Nurse Practitioner services. Access to medical services Out of Hours is provided via calling 111 for urgent treatment, and 999 for emergencies. The NHS National Framework for Continuing Health Care sets out criteria for assessing eligibility of individuals to receive fully funded NHS care. The threshold for NHS CHC funding is set nationally and is intended to support those individuals with complex, unpredictable and intense needs according to the framework.

Feedback for CHC Service User; Mrs Fairless Price asked;

1. Will the CCGs ensure that this is removed from all their documentation?

Response - The proposal that packages should be reviewed if the cost of domiciliary care is more than 5% above that of residential care will be removed from the CCGs Policy as it has never been enacted. All packages of care above a threshold of £750 are reviewed by a Complex Case Review Panel to ensure that proposed packages of care meet patients' needs, reflect patients' preferences and are met in a cost effective and clinically safe manner.

2. Can I ask the CCGs to effectively review and record whether identified needs are being met, as a process separate from assessment?

Response - Patients receive a review of their eligibility to receive Continuing Health Care funding in line with the statutory review period specified in the NHS Framework and may also receive a care review in response to a change in clinical condition.

During a CHC eligibility review, the registered clinician will review each patient's health care needs in detail. This needs based assessment is used as a mechanism to review the patients' health, whether the package of care is appropriate and meeting patients' assessed needs, and whether care packages could / should be altered. This is in accordance with the statutory requirements of the NHS Framework.

Where a patient has a Personal Health Budget they may have two review meetings; one for eligibility and clinical need, the second for budget management and employer responsibilities. Meetings are now held separately following feedback that, where both meetings were held at the same time this could be overly demanding for patients.

3. Are the CCGs and NCC working to create a 24/7 response service for people who cannot be re-abled but still need to continue coping with long-term conditions at home?

Response - The provision of urgent and emergency NHS health care is available via a variety of both community and hospital routes. Urgent care needs also arise in relation to the ongoing support required to maintain health and well-being for patients living at home with long term conditions receiving NHS funded domiciliary care or who choose to have a Personal Health Budget (PHB) and employ their own staff.

Contingency care planning is always discussed with patients / care agencies so that in the event of a breakdown in care, alternative support arrangements can quickly be put in place. The individual nature of patients' home circumstances means that a variety of sources may be available and preferable to the patient e.g. support from family members instead of a care agency. Patients that receive a PHB have an allocation of contingency funds to support a situation where additional care may be required and should have a contingency care plan in place ready for activation. Where a breakdown in care may occur over a longer period, the CHC Team at the Commissioning Support Unit (CSU) will assist to arrange an interim care package to meet a patient's needs.

In the event that a short term breakdown in care cannot be managed by the proposed contingency care plan arrangements there are other options available. The 24 hour Social Services care route is available to all patients as part of the duties of care outlined in the Care Act (2014). The Swifts and Night Owls team commissioned by Social Services is part funded by the NHS and available to patients who require urgent support; the virtual ward facilities in Norwich and West Norfolk can provide short term night sits if required and periods of care during the day.

Where a patient requires NHS funded support for a long term condition they should have a documented Care Plan, as set out by the NHS Framework for Continuing Health Care, which describes and documents their individualised care requirements. This Care Plan is intended to guide health professionals to deliver individualised care that meets a patients needs and achieves the health outcomes required. Care plans are vital where there is unexpected gap in care provision and assists emergency support teams to deliver care. There are approximately 250 patients receiving domiciliary care and 100 patients with a PHB in Norfolk. Where a patient requires urgent support from an unfamiliar carer these Care Plans should guide the carer in delivering the individualised care required.

4. Are the CCGs and NCC going to develop commissioning and recording using the Harwood Care and Support Charter?

Response - The CCGs in central and West Norfolk subscribe to the principles outlined in the Harwood Care and Support Charter. We act as role models for this way of working in line with colleagues from NCC. However, not all community providers are signed up to the Charter and to meet current demand we must maximise access to available care. Whilst we would be pleased to support the commissioning of care from organisations that are using the Harwood Care and

Support Charter, this cannot at present be a prerequisite to commissioning NHS funded Continuing Health Care.

I can confirm that we have received your email and the document outlining NHOSC's agreed recommendations regarding Continuing Healthcare and will be happy to provide the requested written response to the recommendations by 12 May 2017.

Yours sincerely

A handwritten signature in black ink that reads "Rachael Peacock". The script is cursive and fluid, with the first name "Rachael" and last name "Peacock" clearly distinguishable.

Rachael Peacock

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c.c Jeanette Patterson (Continuing Health Care Lead, NCC)
 Jo Smithson (Chief Officer, Norwich CCG)
 Nikki Cox (Director of Operations, Norwich CCG)
 Rob Jakeman (Integrated Commissioner, West Norfolk CCG)