

Continuing Healthcare

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Examination of the effects of the new policy and guidance introduced by Norwich, North Norfolk, South Norfolk and West Norfolk Clinical Commissioning Groups in 2016 regarding the provision of NHS Continuing Healthcare.

1. Background

- 1.1 On 25 February 2016 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a presentation from representatives of Norwich, North Norfolk, South Norfolk and West Norfolk Clinical Commissioning Group (the CCGs) on new policy, guide and procedure documents for delivering NHS Continuing Healthcare (NHS CHC) to patients who had been assessed as eligible for CHC under the National Framework for NHS Continuing Health Care (Department of Health).
- 1.2 The National Framework, which the local CCGs did not change, defined for example:-
 - How screening is undertaken to identify people who may be suitable for an assessment of eligibility for NHS CHC –“the Checklist”
 - Processes for the assessment of eligibility undertaken through the completion of “ the Decision Support Tool”
 - Reviews of patients to ensure care continues to meet changing needs and that eligibility is reassessed at three months and then as a minimum annually
 - How interfaces with joint funding arrangements should be applied.

The new local policy, guide and procedures aimed to ensure fairness and equity in provision of CHC across the four CCG areas for patients who had been assessed as eligible under the National Framework.

- 1.3 NHOSC heard the Healthwatch Norfolk would be undertaking an evaluation of the impact of the new CHC policy six months after it was implemented and asked for an update in February 2017.
- 1.4 NHOSC received the update from the four CCGs on 23 February 2017 and Healthwatch Norfolk presented the results of its evaluation. The

papers are available on the Norfolk County Council website [NHOSC 23 Feb 2017](#) (item 6).

NHOSC asked the CCGs to respond in writing to points that had been raised at the meeting by a service user and by a representative of Equal Lives. The responses were received on 23 March 2017 and forwarded to the individuals concerned. A copy is attached at **Appendix A**.

- 1.5 Following the meeting Members agreed to make recommendations to the CCGs regarding communication, service quality monitoring, patient experience surveying, partnership working with other agencies and waiting times. The recommendations, responses received in May 2017 and updates for today's meeting are attached at **Appendix B**.

2. Purpose of today's meeting

- 2.1 As well as updating NHOSC on the past year's action in response to the committee's 2017 recommendations the central and west Norfolk CCGs have been asked to provide information on:-

- Numbers of complaints and any trends in subject matter
- Results of any analysis on complaints and feedback from patients, family members and carers
- Waiting times for CHC cases to be considered by the Complex Case Review Panels (CCRPs)
- The settings in which patients receive CHC care (i.e. has there been an increase / decrease in those who receive it in a residential care home / their own home)
- Trend in the overall numbers receiving CHC

They have also been asked to update NHOSC on developments in the CHC process since February 2017 (such as the transfer of the process from North East London Commissioning Support Unit to Norfolk Continuing Care Partnership) and the implications of the Norfolk and Waveney Sustainability Transformation Plan (STP) for future delivery of CHC across Norfolk.

The CCGs have also been asked to comment specifically on the following areas:-

- Consistency of decision-making and service delivery across the four CCRP areas
- Provision of a 'safety net' for occasions where the agency delivering healthcare fails to deliver (for whatever reason) so that patients cared for at home are enabled to remain at home in those situations

Information provided by the CCGs / Norfolk Continuing Care Partnership is included in Appendix B.

- 2.2 Representatives from the CCGs and Norfolk Continuing Care Partnership (which is a partnership formed by the Norwich, North Norfolk, South

Norfolk and West Norfolk CCGs and is an NHS organisation) have been invited to today's meeting to discuss the implementation of the CHC policy in the past year. A representative from Adult Social Services will also be in attendance to assist with any questions that may arise.

3. Suggested approach

3.1 After the CCG representatives have presented their report, the committee may wish to discuss the following areas:-

- (a) In February 2017 there was a large disparity between average waiting times between CHC referral and assessment between the central CCGs and West Norfolk CCG. In Appendix B, response to NHOSC's recommendation 5, the graphs showing median days taken for eligibility decisions in 2017-18 show that the 28 day standard is not being met and waits in West Norfolk still appear to be longer than in central Norfolk. What is being done specifically to address the situation in the west?
- (b) The CCG / NCCP report mentions issues related to staff availability and that both Norfolk Continuing Care Partnership and Norfolk County Council are recruiting additional staff to ensure there is sufficient capacity to undertake assessments within the required timescales. How many and what type of additional staff are required and when are they expected to start?
- (c) The CCGs / NCCP intend to work with Heathwatch Norfolk to:-
 - Review standard letters to ensure appropriate tone and clear content
 - Explore mechanisms to seek patient / relatives feedback with regard to how processes were explained to them
 - Seek advice on the appraisal & selection of suitable methods for gathering patient and families' experience of CHC
 - Explore mechanisms to seek patients' and relatives' feedback on alternative or respite care provision

When is this work scheduled to start?

- (d) During 2018 NCCP intends to implement a system to ensure that patients receive a regular review of their package of care by staff familiar with their case, to ensure that the care delivered meets the patient's needs. When are these reviews scheduled to start and how will NCCP ensure consistency?
- (e) Norfolk Continuing Care Partnership (NCCP) has a Strategic Board with Director level membership from all 5 CCGs and Norfolk County Council. What is the wider governance structure around the partnership? Does the NCCP Strategic Board report to the five CCG Governing Bodies?

- (f) Does the representation of Great Yarmouth and Waveney CCG on the NCCP Strategic Board mean that local CHC policy in the Great Yarmouth and Waveney area will be aligned with the rest of Norfolk?

4. Action

4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

- (a) There is further information or progress updates that the committee wishes to receive at a future meeting or in the NHOSC Briefing.
- (b) There are comments or recommendations that the committee wishes to make as a result of today's discussions.



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