

**NHS England
Operating Model for
NHS Continuing
Healthcare**



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1 Foreword

This Operating Model for NHS Continuing Healthcare (NHS CHC) with an associated Assurance Framework and Improvement Framework has been developed with the NHS and key stakeholders since its launch in March 2014.

The establishment of NHS England has given us the opportunity to bring together the overall approach to NHS Continuing Healthcare, to refocus on achieving the best possible assessment and care pathways and on being assured that these are delivered locally in a fair, efficient and cost effective manner.

This Operating Model sets out the strategic importance of NHS Continuing Healthcare, not only as a vehicle for the delivery of long term care, but also its importance as an interface to a number of care pathways across health and social care. The Operating Model has been developed in discussion with the NHS Continuing Healthcare Stakeholder Group, Regional teams, Clinical Commissioning Groups (CCGs) and the Association of Directors of Adult Social Services.

2 Introduction

NHS Continuing Healthcare refers to a package of on-going care for adults that is arranged and funded solely by the NHS where the person has a 'primary health need'. This care is provided to meet needs that have arisen as a result of disability, accident or illness. NHS Continuing Healthcare provision might take the form of a care home placement, or a package of care in the individual's own home or elsewhere.

Nationally the spend on NHS Continuing Healthcare currently totals around £2.5 billion per annum and around 60,000 individuals are in receipt of NHS Continuing Healthcare at any given time.

2.1 Assessment of eligibility

In order for someone to receive NHS Continuing Healthcare funding, they have to be assessed according to a legally prescribed decision-making process to determine whether they have a 'primary health need'. The Health and Social Care Act 2012 sets out the powers for this process which is underpinned by The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 and by The NHS Continuing Healthcare (Responsibilities of Social Services Authorities) Directions 2013. The process has to be followed by every CCG, meaning that there should be no variation in access, and the assessment process should be consistent across the NHS. The detail of the process is set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2012 (Revised) (the National Framework)¹

The assessment process takes place at the interface between health and social care; setting out funding responsibilities.

Currently, health and social care systems are underpinned by a number of different legal frameworks and funding systems. Social care is subject to means tested charges. If an individual's health needs change, responsibility for funding their care and support may also change. This is unique within the NHS and it must be ensured that frontline staff have the skills, knowledge and experience to ensure that individuals are treated fairly within the assessment process.

Individuals in receipt of ongoing or long-term care through NHS Continuing Healthcare are amongst the most vulnerable and dependent people in our society. Following a holistic assessment of the individual's needs, deciding whether someone has a 'primary health need' which makes them eligible for NHS Continuing Healthcare also requires consideration of the lawful limits of local authority powers.

¹ [National Framework for Continuing Healthcare 2012 \(Revised\)](#)

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In order to do this Practitioners are required to use a national Decision Support Tool which records an individual's needs across 12 areas, known as domains:

- Behaviour.
- Cognition.
- Psychological and emotional needs.
- Communication.
- Mobility.
- Nutrition.
- Continence.
- Skin integrity.
- Breathing.
- Drug therapies and medication.
- Altered states of consciousness.
- Any other significant care needs.

Consideration is given to the nature, intensity, complexity and unpredictability of their needs and therefore whether any of these factors are beyond local authority powers.

Eligibility for NHS Continuing Healthcare is based on needs, and therefore eligibility is not based on a specific condition or diagnosis. The NHS' responsibility to commission, procure or provide care, including NHS Continuing Healthcare, is not indefinite, as needs could change. This should be made clear to the individual and their family. Regular reviews are built into the process to ensure that the care package continues to meet the person's needs. If the NHS is commissioning, funding or providing any part of the care, a case review should be undertaken three months after the initial eligibility decision, in order to reassess care needs and eligibility for NHS Continuing Healthcare, and to ensure that those needs are being met. Reviews should then take place annually, as a minimum.

3 Statutory responsibilities of CCGs and Local Authorities

3.1 CCGs

To provide a good standard of NHS Continuing Healthcare with no delays in assessment or decision making, which receives positive patient feedback, it is essential that CCG teams are sufficiently resourced, appropriately trained and supported. They must have efficient arrangements in place with social care as well as with hospitals for discharge.

CCGs are required to ensure that there is a fair and efficient process and a good quality assessment to reflect an individual's needs.

In essence, the fundamental requirements to deliver NHS Continuing Healthcare are to:

- assess individuals if it appears there might be a need for NHS Continuing Healthcare.
- use the national tool i.e. the Checklist² if a screening tool is used. The individual/ their representative³ must be told the outcome of the screening process.
- ensure that a multi-disciplinary team assessment is carried out;
- use the national Decision Support Tool⁴ to assist in deciding whether the individual has a primary health need - if they do then they are eligible for NHS Continuing Healthcare.
- consider when deciding whether someone has a primary health need, the limits of local authority responsibility and, wherever possible, consult with the relevant social services authority before making a decision about a person's eligibility for NHS Continuing Healthcare.
- accept that an individual has a primary health need where a Fast Track application⁵ has been completed by an 'appropriate clinician';
- notify the individual/their representative in writing of the eligibility decision and of their right to request a review of this decision
- provide/fund a package of care for anyone eligible for NHS Continuing Healthcare (to meet all assessed health, personal care and associated social care needs);

² [NHS Continuing Healthcare Checklist 2012 \(Revised\)](#)

³ Throughout this document the term **representative** is intended to include any friend, unpaid carer or family member who is supporting the individual in the process as well as anyone acting in a more formal capacity (e.g. welfare deputy or power of attorney, or an organisation representing the individual).

⁴ [NHS Continuing Healthcare Decision Support Tool 2012 \(Revised\)](#)

⁵ [NHS Continuing Healthcare Fast Track Pathway Tool 2012 \(Revised\)](#)

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- ensure availability of information and support to allow take-up of the full range of personal health budget options;
- consider if those ineligible for NHS Continuing Healthcare may be eligible for NHS Funded Nursing Care or joint funding;
- agree a dispute resolution procedure with the local authority which covers NHS Continuing Healthcare, joint funding and refunds;
- promote and secure appropriate services for those not/no longer eligible for NHS Continuing Healthcare, including those eligible for joint funding
- nominate and make available people to be members of Independent Review Panels
 - Follow the National Framework

To deliver “good” NHS Continuing Healthcare, teams need to be:

- resourced adequately to reflect the workload with training and leadership support
- have good arrangements in place with social care
- have no delays in assessment and decision making
- receive positive patient feedback
- have good arrangements for discharge from hospitals
- be able to assess people in the correct environment.

3.2 Local Authorities

In summary the responsibilities of the LA social service department in relation to NHS Continuing Healthcare are to:

- provide advice and assistance including referring individuals for consideration of NHS Continuing Healthcare where appropriate;
- co-operate in arranging for social care practitioners to participate in the multi-disciplinary team process where appropriate;
- agree a dispute resolution procedure with the CCG regarding NHS Continuing Healthcare, joint funding and refunds;
- promote and secure appropriate services for those not eligible for NHS Continuing Healthcare; and
- nominate and make available people to be members of Independent Review Panels.

4 Independent Review Panel (IRP) Process

If individuals or their representatives are unhappy with the decision on eligibility or with the process undertaken by the CCG, they should raise their concerns directly with the CCG and the CCG should seek to resolve these locally.

The legislation sets out that individuals, their families and representatives may request an independent review of an eligibility decision made by the CCG, when all local resolution processes have been exhausted. This aims to ensure that the NHS takes all reasonable steps to be fair when making eligibility decisions.

The IRP process involves working closely with individuals, their families and representatives, and with health and social care organisations. It requires detailed administrative systems to track all individual cases. The core requirements are set out in legislation and guidance.

The IRP function is co-ordinated by the four regional offices of NHS England led by the regional NHS Continuing Healthcare leads. The teams work to a single operating policy for the IRP function. Further details are available in the IRP Patient Information Leaflet⁶.

IRP chairs are independent. They are not employed in the NHS or social care and have been appointed because they are able to chair review panel meetings with impartiality and understanding.

⁶ [IRP Patient Information Leaflet](#)

5 Care pathways

NHS Continuing Healthcare may be required for any adult, whatever their diagnosis or condition and may be delivered in a variety of settings. Therefore, the assessment, commissioning and review processes need to be carefully integrated with a range of existing health and social care pathways which cover hospital, care home, and home based care.

One of the most common routes into NHS Continuing Healthcare is at the discharge planning stage from an acute hospital. Getting the process right is important in order to avoid delayed transfers of care. However, as this is about planning for long term care it is important that the assessment is undertaken at the right time to reflect long term needs. Some local health economies put in place other NHS services or provide interim funding and then undertake the NHS Continuing Healthcare assessment when the individual is in a more stable condition.

A wide range of community, rehabilitation, reablement and intermediate care services locally can help ensure that individuals are assessed for NHS Continuing Healthcare at a time when their longer term needs are clearer. The acute hospital setting is often not the best place to undertake a full assessment for NHS Continuing Healthcare. However, for some people this is the most appropriate place and therefore hospital based staff need to be trained and supported to undertake timely and person-centred NHS Continuing Healthcare assessments.

Well worked through and understood assessment processes and a common pathway for NHS Continuing Healthcare, locally agreed by all relevant organisations, can reduce length of stay in hospital, and high quality care packages can reduce the need for emergency admissions.

Assessment for NHS Continuing Healthcare eligibility may require the application of the Mental Capacity Act, including (where appropriate) best interest decision making.

Many individuals will require assessment for NHS Continuing Healthcare either in a care home setting or in their own home. Therefore proactive engagement with care home providers and community based services are important aspects of the NHS Continuing Healthcare system.

Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' so that they can immediately receive NHS Continuing Healthcare to ensure that they are supported in their preferred place of care as quickly as possible.

Services should work together for young people with complex health needs and disabilities as they transition from children's services to adult services. Young people who might be eligible for NHS Continuing Healthcare should be identified early on with formal referral at age 16 and a decision made in principle about eligibility for NHS Continuing Healthcare at age 17 so that plans are in place before the young person's 18th birthday. This process needs to be aligned with local processes for Education, Health and Care Plans.

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Successful assessment and provision of NHS Continuing Healthcare relies not only on good working relationships with and within NHS organisations, but also on effective strategic collaboration with local authorities. Where there are either integrated teams or effective collaborative arrangements between agencies, the patient experience is significantly improved and the overall system is often more cost effective.

6 Compassion in Practice

The funding arrangements for ongoing care are complex and this is a highly sensitive area which can affect individuals at a difficult stage of their lives.

It is recognised that the NHS needs to improve the individual and family experience of the assessment and commissioning of NHS Continuing Healthcare. This is a very significant area of care for a vulnerable group of individuals, at a time when they and their families may well be experiencing stress and distress.

Therefore it is essential that the NHS aligns CHC with the principles of the 6Cs⁷: care, compassion, competence, communication, courage and commitment and supports individuals, their families and staff to provide the best possible service.

"Every patient and person we support can and should expect high quality; we want that too and will deliver it"

6.1 Care

NHS Continuing Healthcare is about delivering care for individuals with complex needs as assessed by the National Framework. We need to ensure that the assessment process accurately identifies care needs and that the packages of care delivered are high quality, offer choice and value for money and are focused on outcomes.

We need to ensure that the assessment process accurately identifies care needs and that the commissioning of packages of care delivered are of high quality, offer choice and value for money and are focused on outcomes including a positive experience of their care.

Stakeholders said that one of the most important aspects was ensuring that the professionals with specialist knowledge of particular conditions are fully involved in the assessment process and that the implications of particular conditions or disabilities are fully understood. This is especially important where a need may rapidly change.

Stakeholders told us that individuals should feel able to say:

"my needs were thoroughly and accurately identified within the assessment"

"the assessment process included all the relevant professionals, as well as my family, and captured all the relevant information"

"I have the care and support that helps me live the best life I can and promotes my independence"

"I have the confidence in the staff who support me".

⁷ <http://www.england.nhs.uk/nursingvision/>

Personalisation should be at the heart of all NHS Continuing Healthcare assessments and the provision of care and support. Personal Health Budgets provide a significant opportunity to improve the quality of care and support. Individuals have had the right to request a Personal Health Budget since 1 April 2014, and the right to have one from October 2014.

6.2 Compassion

Compassion is essential when supporting individuals and their families through the NHS Continuing Healthcare process. Planning for long term care can affect the lives of all involved and individuals will often have interacted with many health and social care staff along the way. Recognising and supporting families through this difficult time is vital.

Treating individuals and their families with empathy, respect and dignity is at the core of NHS Continuing Healthcare delivery. Stakeholders pointed out that individuals need professionals to go the extra mile to try to understand how they might be feeling during the assessment process. Stakeholders also told us that individuals should be able to say:

"I feel valued and respected by my care workers and that they know me and understand me".

6.3 Competent

Well conducted assessments are at the core of NHS Continuing Healthcare. All staff undertaking such assessments, whether in hospital or community settings, must be provided with training and support. Good quality assessments are crucial and should be conducted professionally and with empathy whilst fully informing and involving the individual and their family. The NHS and its partners need to build and strengthen leadership for staff that work in this field, ensuring that the right staff with the right skills and training are in the right place. This includes supporting staff to have the skills and confidence to manage this process. The NHS needs to develop the competence of commissioners in this area and learn from best practice, including from local authority partners. Stakeholders told us that they wanted individuals to be able to say:

"I felt listened to, my needs were understood"

"I have confidence in my care worker to look after me and they have the right knowledge and skills to meet my needs"

6.4 Communication

Good communication is central to successful caring relationships and to effective team working. Involving the individual's family in the process is a core component of the national framework. The NHS needs to ensure that its public facing communication on NHS Continuing Healthcare is understandable and accessible. Good quality and accessible information, advice and support are crucial to all

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individuals, particularly those who lack capacity. It is vital to help people understand how long-term care is funded and what options are available to them, including personal health budgets.

The number of comments from stakeholders regarding communication was significantly higher than on any other issue. They highlighted the importance of understanding the whole process from the outset and about how decisions are made. It was also stressed that there should be opportunities for individuals and their families to contribute and ask questions.

Stakeholders stressed the importance of involving individuals and their families in the development of their care plans and ensuring they know who to contact about care arrangements. Individuals and their families want to be reassured that:

"the people who need to work with me and support me are talking to each other".

The NHS needs the strength and vision to innovate and embrace new ways of working and communicating with partner agencies and in commissioning packages of care. The NHS needs to recognise that it requires courage to work in this contentious area. The legislation is complex and there may be significant financial consequences for individuals and their families if they are found not eligible for NHS Continuing Healthcare. It is understandable that decisions will be challenged and therefore robust arrangements are needed to ensure staff they have the skills and organisational support to manage this.

6.5 Courage

Most individuals being considered for NHS Continuing Healthcare will be increasingly dependent on others, which often means their families are experiencing a very difficult time.

Navigating through the complexities of arranging care can be very difficult as individuals and families often find themselves dealing with a number of health and social care professionals, each dealing with specific aspects of the individual's care and treatment. We need the courage to ensure that innovative, personalised packages of care are put in place. Stakeholders point out that individuals want:

"staff to be open and honest with me about my options and expectations".

and individuals need to be able to say:

"I am supported to have choice and control wherever possible over my care and support"

6.6 Commitment

We must be committed to ensuring a person-centred approach to the assessment for NHS Continuing Healthcare and committed to the delivery of person-centred commissioning.

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NHS England needs to be assured of good delivery of NHS Continuing Healthcare.
The way this will be done is set out below.

7 Improving the NHS Continuing Healthcare Staff experience

NHS Continuing Healthcare, as a policy and system, sits at the interface between local authority and NHS provision. The issues involved in implementing the National Framework are complex, emotive and can be contentious. Staff in this field are often under huge pressure and are working under difficult circumstances. It is vital to find ways to support them better in undertaking the professional task of assessing who is eligible for NHS Continuing Healthcare and who is not.

The NHS needs to support those that implement the National Framework for NHS Continuing Healthcare through better advice, training and development.

8 Support, assurance and improvement of NHS Continuing Healthcare delivery

The regional NHS Continuing Healthcare teams of NHS England have a development and support role for NHS Continuing Healthcare and are a source of policy, legal and clinical expertise and advice, including facilitating local health and social care networks. NHS England also needs to be assured that arrangements are in place to meet the overall strategic challenges for NHS Continuing Healthcare in terms of:

- the delivery of the National Framework as set out above;
- assessment processes that achieve a consistent approach to eligibility throughout England;
- decision making that is sound and legally compliant; and
- high quality care being delivered to those found eligible for NHS Continuing Healthcare.

NHS England will do this by Regional teams utilising an Assurance Framework for NHS Continuing Healthcare and working with CCGs to ensure consistent delivery of the National Framework. Regional teams will work closely with the regional NHS Continuing Healthcare leads to develop an overview of the system.

The NHS Continuing Healthcare Assurance Framework, included at annex 1, has been developed by the NHS Continuing Healthcare Stakeholder group and NHS Continuing Healthcare teams throughout 2014-15. In particular it focused on the following priorities of:

- Assessment and decision making that is lawful, of high quality and timely
 - Transition that is well managed when funding streams change
 - Training
- Fast Track
- Care and Support Planning

The NHS England CCG Assurance Framework 2015-16⁸ sets out that NHS Continuing Healthcare will be considered in addition to the six areas for assurance. NHS Continuing Healthcare has been identified as one of the areas requiring more detailed focus as part of the assurance process for 2015-16. A continuous approach to assurance will be taken with the frequency of assurance meetings being agreed between NHS England and individual CCGs depending on their circumstances, the range of risks identified and on the leadership response.

The national information that is currently available will be provided to the NHS England regional teams on a quarterly basis alongside any other local intelligence from the NHS Continuing Healthcare Stakeholder Group and feedback from Independent Review Panels. This will inform the assurance conversations. The

⁸ [NHS England CCG Assurance Framework 2015-16](#)

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Assurance Framework contains an example of how the eligibility and fast track information will be presented on a local geographical basis.

NHS England is also working to increase the activity information around NHS Continuing Healthcare as set out in the Assurance Framework and as this becomes available this will also be fed into the Assurance process.

Very particular complex issues, such as delays in assessments and the commissioning of complex support packages for example from Specialist Centres should be considered through the Quality Surveillance process. Further details of this process can be found at [quality-surv-grp-effective.pdf](#). The Assurance Framework attached at Annex 1 contains an example of how the data that can be collected from Specialist Centres may be presented.

The Improvement Framework attached at Annex 2 will also support areas to make the improvements and developments required. This has also been developed using the 6Cs and divides NHS Continuing Healthcare into the assessment and commissioning components.

The Improvement Framework has three "layers", the first layer sets out how individuals should experience the service. This is provided as a set of "I" statements developed in conjunction with the NHS Continuing Healthcare stakeholder group. A positive patient experience expressed in this way can support the development of mechanisms to measure the patient experience.

The second layer sets out what the organisation needs to achieve to deliver this and the third layer sets out more detail.

9 Summary

NHS Continuing Healthcare is mainstream NHS activity crossing multiple care pathways. This is a challenging area for individuals and their families and also for staff involved. NHS England is committed to working with CCGs to ensure that patients have a positive experience of the assessment process and receive high quality and cost effective care.

NHS England would like to extend its thanks to the NHS Continuing Healthcare Stakeholder Group for its key role in developing this operating model, assurance framework and improvement tool.

The Stakeholder organisations are:

- Association of Directors of Adult Social Services
- Age UK
- Alzheimer's Society
- Care England
- Marie Curie
- Motor Neurone Disease Association
- MS Society
- National Family Carer Network
- Parkinson's UK
- Royal College of Nursing
- Spinal Injuries Association
- Sue Ryder

Assurance Framework for NHS Continuing Healthcare

Assessment

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Assessment and Decision Making- lawful, high quality and timely</p>	<p>All policies and procedures compliant with the National Framework to ensure consistency of assessment across the NHS</p>	<p>Numbers eligible (snapshot) Numbers newly eligible For future publication:</p> <ul style="list-style-type: none"> • Numbers NHS Continuing Healthcare eligible year to date (YTD) • Numbers fast track eligible year to date (YTD) • Number of fast track applications received • Number of fast tracks newly eligible • Number of applications for NHS Continuing Healthcare • Number of NHS Continuing Healthcare cases newly eligible <p>For possible future development:</p> <ul style="list-style-type: none"> • Time between checklist and decision • Numbers no longer eligible <p>Number of appeals</p>	<p>Audit/peer review of decision making Provider feedback Feedback from NHS Continuing Healthcare Stakeholder Group</p>

Assessment

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Assessment and Decision Making- lawful, high quality and timely</p>	<p>Relevant professionals involved (including specialists as appropriate and timely notification and those who know the individual); to reflect a multi-disciplinary approach</p> <p>There are robust patient/family liaison processes</p>	<p>Numbers eligible (snapshot) Numbers newly eligible</p>	<p>See PG30 for definition of MDT</p> <p>Integrated working between health and social care is key</p> <p>Monitoring of local authority input</p> <p>Monitoring of family input</p> <p>Identification of relevant individual e.g. in community setting ad residential care setting</p> <p>Each case has a named individual and this is reflected in all CCG documentation and evidence of best interest decisions where appropriate</p>

Assessment

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Assessment and Decision Making- lawful, high quality and timely</p>	<p>Assessment process to facilitate timely discharge from hospital and specialist centres</p>	<ul style="list-style-type: none"> Information from specialist centres e.g. spinal injuries and delays in commissioning packages of care 	<ul style="list-style-type: none"> DTOC data LOS data Good integrated discharge arrangements from hospital involving individual and their representatives What local schemes are there in place to facilitate assessment in the right place such as intermediate care; transitional beds; discharge to assess schemes Local models fit for purpose- e.g. are there in reach or in house arrangements with hospitals

Assessment

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Assessment and Decision Making- lawful, high quality and timely</p>	<p>Support for staff in place</p> <p>Reviews focussed on needs and eligibility and this is made clear to individuals and their representatives and those involved in their care</p>	<p>For possible future development</p> <ul style="list-style-type: none"> • Number of appeals • Number of successful appeals • Friends and family Test/other form of individual experience feedback 	<p>Outline of local support and training arrangements</p> <p>Integrated working arrangements between health and social care Provider feedback Local audit</p>

Assessment

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Assessment and Decision Making- lawful, high quality and timely</p>	<p>No services or funding should be unilaterally withdrawn unless a full joint health and local authority assessment has been carried out and alternative funding arrangements have been put in place , taking individuals preferences into account</p> <p>Transition between children and adults well managed</p>		<p>Children's services alerting NHS Continuing Healthcare teams to include up to date lists</p>

Assessment

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Assessment and Decision Making- lawful, high quality and timely</p>	<p>Trained and competent assessors</p>	<p>Those involved in DSTs must demonstrate to have undertaken the E Learning Package- software to monitor Provider Feedback</p> <p>For future development</p> <p>Mandatory training for health and social care staff</p> <p>Development of accredited training programmes and trainers</p>	<p>Details of regular training to NHS Continuing Healthcare Teams are available</p> <p>Details of regular training to other healthcare professionals are available</p> <p>Details of regular training to social care professionals are available</p> <p>Practitioner Guide used</p> <p>Provider and individual feedback</p>

Assessment

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Assessment and Decision Making- lawful, high quality and timely</p>	<p>Trained and competent assessors</p> <p>Joint Training is provided</p> <p>Hospital staff training</p> <p>Case management arrangements in place</p>		<p>Compliance with para 22 of the DST MDTs</p> <ul style="list-style-type: none"> • Correct professionals involved • There is an understanding of needs • Well managed need is understood <p>Details of local training</p> <p>Details of local training</p> <p>Each individual has a named professional</p>

Fast Track

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Fast Track</p>	<p>Where a recommendation is made for an urgent package of care via the fast-track process, this should be accepted and actioned immediately by the CCG</p> <p>CCGs should carefully monitor use of the fast track tool and raise any specific concerns with clinicians, teams and organisations.</p>	<p>For future publication:</p> <ul style="list-style-type: none"> Numbers referred / newly eligible for fast track and conversion rates <p>For future publication:</p> <ul style="list-style-type: none"> Numbers referred / newly eligible for fast track and conversion rates 	<p>Outline of local processes for referral</p> <p>Care packages are in place within agreed timescales</p> <p>Provider feedback</p> <p>Provider feedback</p>

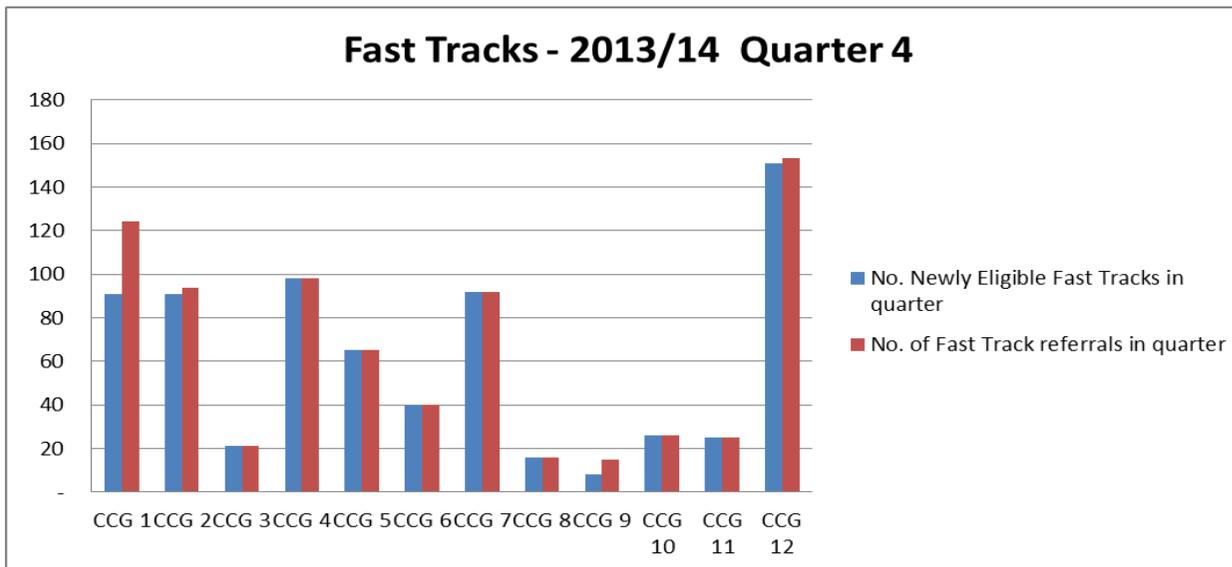
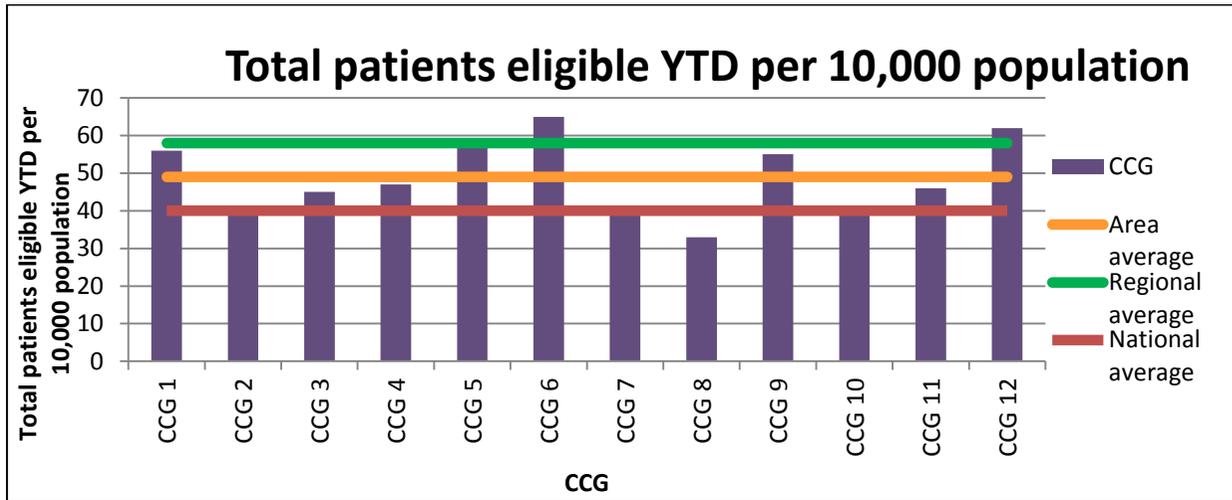
Care/Support Planning

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
Care/Support Planning	<p>All individuals in receipt of NHS Continuing Healthcare have a written care plan</p> <p>Personalised care planning</p> <p>No delay in appropriate care plan/package (including equipment) being put in place once decision received</p>	<p>For future publication:</p> <ul style="list-style-type: none"> • Numbers in receipt of a PHB YTD • Numbers in receipt of a direct payment YTD • Information from specialist centres 	<p>Local audit arrangements</p> <p>Individual/family feedback</p> <p>Local audit</p> <p>Individual named contact for commissioning</p> <p>Outline of arrangements when commissioning and provision undertaken by different organisations</p> <p>Readmission rates</p>

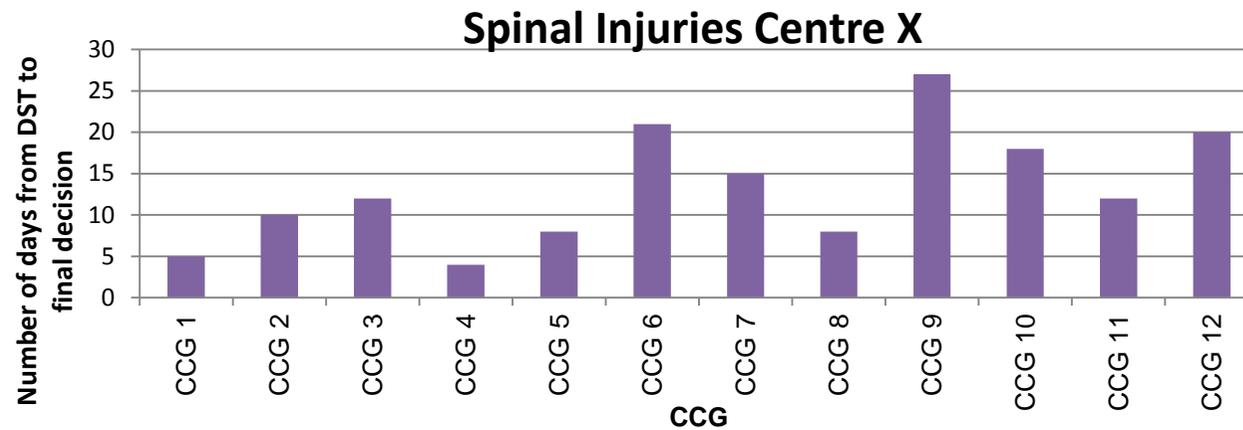
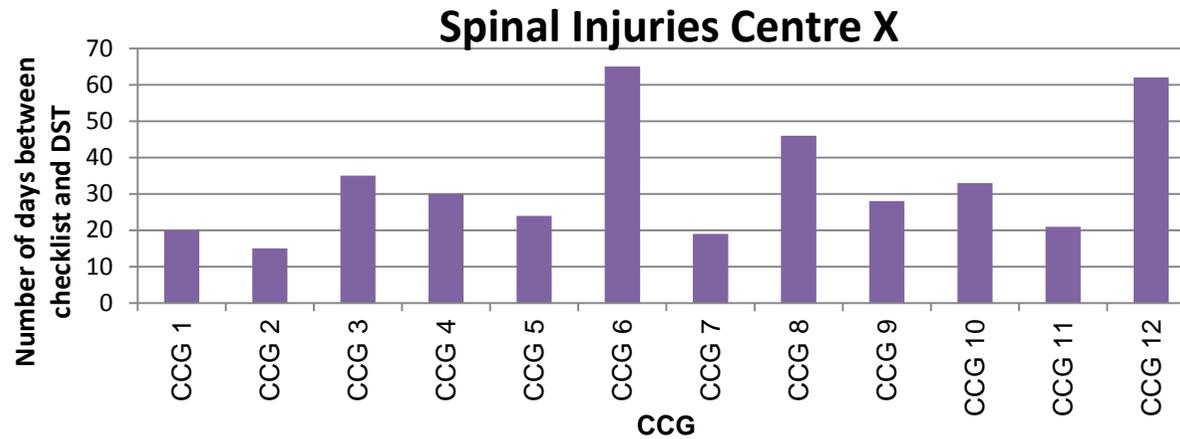
Care Planning

PRIORITY	STANDARD	NATIONAL INFORMATION	BACKGROUND DETAIL/LOCAL INFO
<p>Care/Support Planning</p>	<p>Case management arrangements in place</p> <p>Annual Reviews undertaken to ensure care package arrangements are in place and meet needs</p>		<p>Feedback from individuals and their families/rep Provider feedback</p>

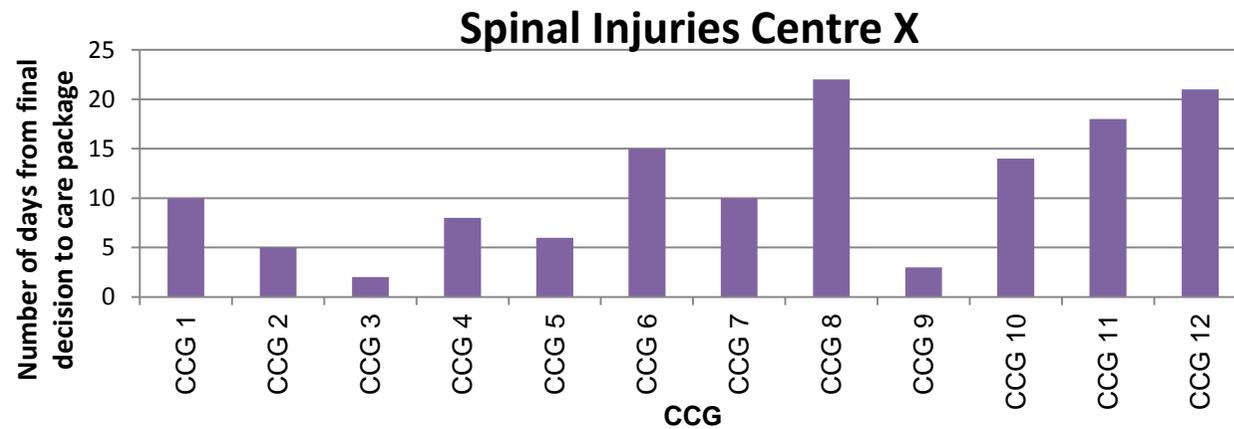
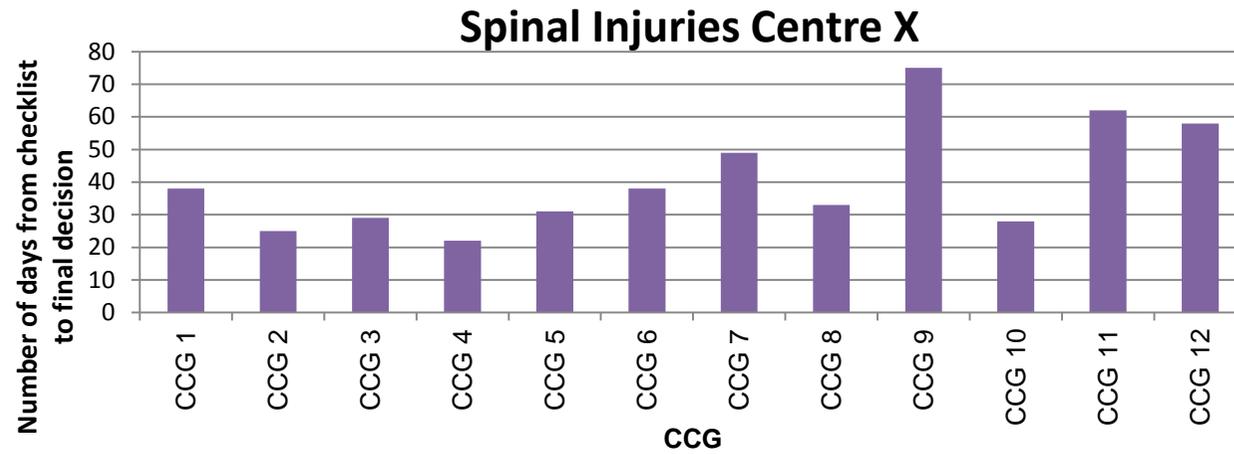
NHS Continuing Healthcare Assurance – Regional Team X



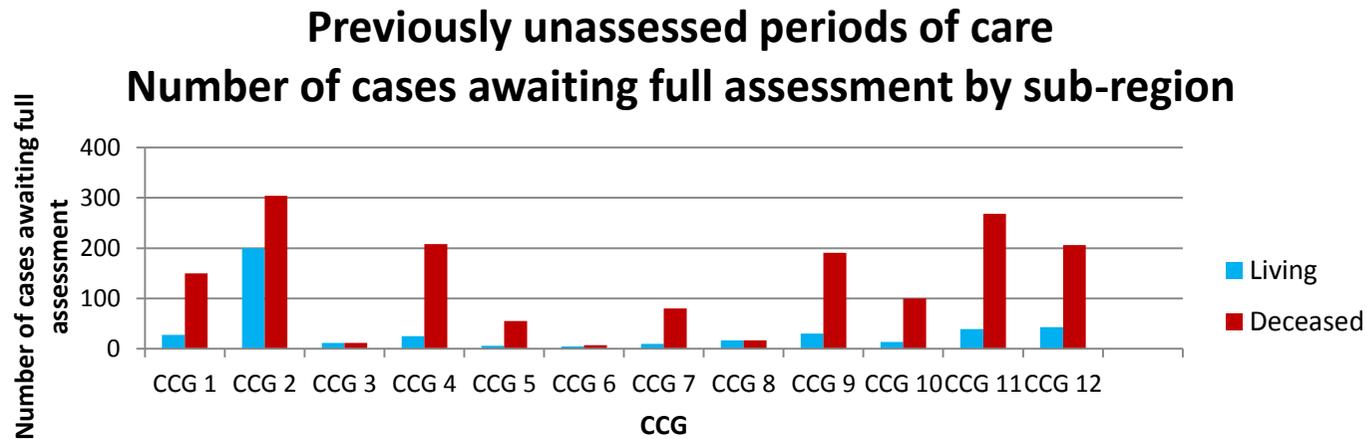
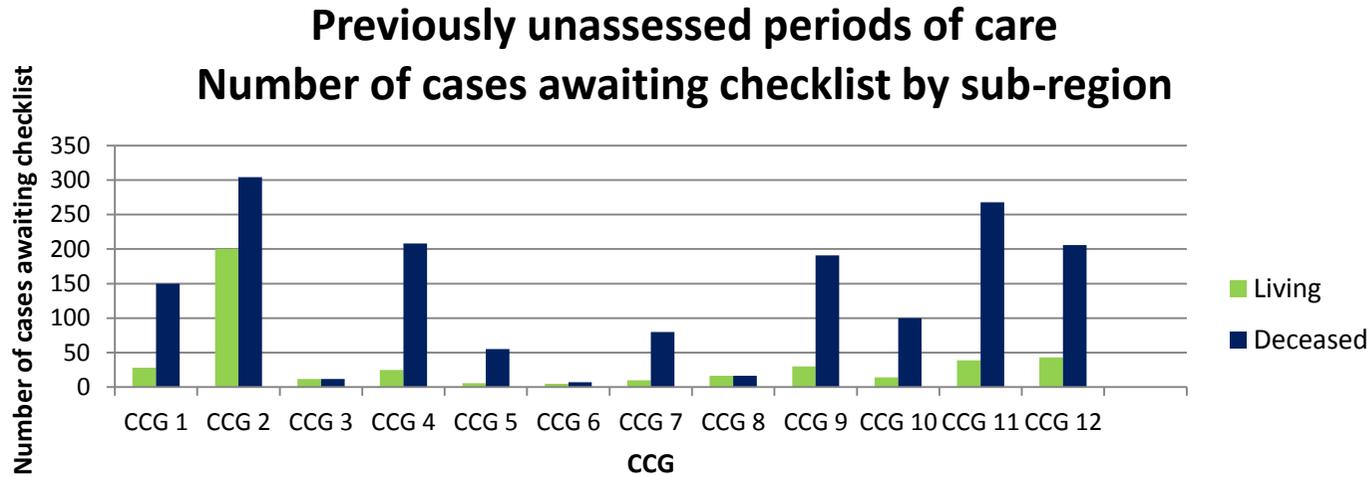
Delays from specialist centres



Delays from specialist centres



NHS Continuing Healthcare Assurance – Previously Unassessed Periods of Care



Annex 2

Improvement Framework for NHS Continuing Healthcare

Part A – “I” Statements

	ASSESSMENT OF ELIGIBILITY	COMMISSIONING OF CARE PACKAGE
<p>CARE</p>	<ul style="list-style-type: none"> • I felt the assessment focused on me as an individual and helped me live the best life I can. • I felt that my needs were thoroughly and accurately identified and considered within the assessment. • I felt that the assessment process included all the relevant professionals, as well as my family, and captured all relevant information. • I felt the assessment focused on my needs and not my financial circumstances. • I was confident that the professionals wanted to reach the correct decision, not the cheapest or more convenient one. • I was assessed in a way that captured the full impact of my condition and not just a snapshot on a ‘good day’. 	<ul style="list-style-type: none"> • I receive care and support that helps me live the best life I can and promotes my independence. • I have the care and support to meet my assessed needs, taking account of what has worked well for me in the past. • I have confidence in the staff who support me. • My needs are regularly reviewed and the focus of the review is on how my life is going and how well my support is working. • I was given choice where possible about my care arrangements. • I felt confident about the continuity of my care and support even when funding responsibility changed.

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<p>COMPASSION</p>	<ul style="list-style-type: none">• I felt listened to and the staff tried to do everything they could to help me.• I felt like an individual, treated with respect and dignity• I felt that all staff involved in the process showed me respect and empathy• I was assessed by staff that were respectful of my feelings during the process.	<ul style="list-style-type: none">• I feel valued and respected by my care workers.• My care workers know me, understand me and do everything they can to help me.
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“I” Statements (continued)

	ASSESSMENT OF ELIGIBILITY	COMMISSIONING OF CARE PACKAGE
COMPETENCE	<ul style="list-style-type: none"> • I believe the staff carried out my assessment professionally and effectively. • I believe staff had a sound knowledge and understanding of NHS Continuing Healthcare and the necessary competence to reach a fair decision. • I felt valued and respected by skilled staff who worked well as a team. • I felt listened to, my needs were understood. • I felt all the right information was considered. 	<ul style="list-style-type: none"> • I have confidence in my care workers to look after me. • My care workers have the right knowledge and skills to meet my needs.
COURAGE	<ul style="list-style-type: none"> • I felt staff were open and honest with me about my options and expectations. • I felt staff were focused on ensuring my needs, views and interests were at the centre of the assessment. • Staff were honest. • I felt confident in challenging any decisions. 	<ul style="list-style-type: none"> • I felt that my care workers promoted and supported my needs. • My care workers were innovative and found ways to solve problems for me and with me. • I am supported to have choice and control wherever possible over my care and support.

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<p>COMMITMENT</p>	<ul style="list-style-type: none">• I felt staff were committed to giving time to ensure my needs and views were at the heart of the process.• I believe staff worked hard to ensure that my assessment was carried out in the best possible way.• I felt I would be listened to if I raised concerns.• Assessments delivered within the appropriate time frame	<ul style="list-style-type: none">• The care and support I receive is designed around my needs.• I believe those delivering my care provide a high quality service for me.• I believe the money spent on my care is used effectively and efficiently.
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“I” Statements (continued)

	ASSESSMENT OF ELIGIBILITY	COMMISSIONING OF CARE PACKAGE
<p>COMMUNICATION</p>	<ul style="list-style-type: none"> • I received clear information before, during and after each step of the process and I understand the implications. • I understood how decisions were made and there was a contact who could explain the decision to me. • I was encouraged and enabled to contribute, listened to and given the opportunity to ask questions. I had support if I needed it to make decisions for myself • I understand that my eligibility for NHS Continuing Healthcare is based on my assessed needs and may change if my needs change. • If I am found not to be eligible I am given detailed information in writing how to request a review of the eligibility decision should I choose to do so. • I knew where to go for information and advice. • I was involved in deciding when the assessment would take place and knew who would be present. • I felt that people understood my communication needs and tried hard to meet them 	<ul style="list-style-type: none"> • I am happy that I have been able to shape my care and support plan to meet my needs and helped me to live as I wish. • I know who to contact about my care arrangements. • I understand that my care and support package is based on my assessed needs and may change if my needs change and if so someone will tell me what’s going on. • I feel that the people who need to work with me and support me are talking to each other. • I was given information about personal health budgets and it was explained to me in a way I understood.

Part B – Organisation Statements

	ASSESSMENT OF ELIGIBILITY	COMMISSIONING OF CARE PACKAGE
CARE	<ul style="list-style-type: none"> The right people are assessed for NHS Continuing Healthcare using the national tools and they are involved in the process Arrangements are in place to provide appropriate care and support whilst people are being assessed for NHS Continuing Healthcare. The assessment involved the appropriate professionals, drawing on the knowledge of others who have relevant information to contribute, and accurately identifies the person's holistic care needs. 	<p>Commissioning systems are in place to ensure:</p> <ul style="list-style-type: none"> Individuals have a positive experience of care, are treated and cared for in a safe environment and are protected from avoidable harm care and support meets assessed needs care and support promotes independence Individuals are supported by care workers who they are comfortable with Individuals are enabled to make choices about their care and treatment (e.g. through a PHB) care arrangements enhance quality of life for people with long-term conditions Feedback from individuals is acted upon, particularly in identifying quality and safety issues
COMPASSION	<ul style="list-style-type: none"> Assessors use the process to gain an understanding of what is important to the person and what will help to promote their independence and help them to live the best life they can 	<ul style="list-style-type: none"> Commissioning arrangement ensure that the carers know the individual and do everything they can to help.

Organisation Statements (continued)

	ASSESSMENT OF ELIGIBILITY	COMMISSIONING OF CARE PACKAGE
<p>COMPETENCE</p>	<ul style="list-style-type: none"> • Those undertaking the role of co-ordinator (as set out in the Framework) are trained specifically for this task. • Staff completing Checklists, or participating in MDTs are appropriately trained. • Overall awareness of whole CHC system for all involved in CHC care pathway (e.g. hospital, community and social care) • Specialist knowledge and expertise is identified and made available to participate in MDTs where required. • Staff at all levels have the skills to work effectively in partnership across organisations to accurately identify needs and inform individual / rep as appropriate. • Staff are competent in applying the principles of the Mental Capacity Act to the processes for assessment and individual planning • CCG governance for CHC decision-making meets the requirements of legislation 	<ul style="list-style-type: none"> • Commissioners demonstrate the ability to: • Understand and reflect individuals' needs. • Understand the local care market associated costs and strategically shape this with reference to national policy, guidance and best practice. • Achieve value for money and quality • Commission improvements in quality as described in the NHS Outcomes Framework. • Monitor the delivery of care and supports individuals. • Ensure providers have appropriate safeguarding procedures in place. • Develop strong arrangements for joint commissioning and cooperation with local authorities to enable integration, deliver shared outcomes and fulfil statutory responsibilities. • work in partnership with relevant stakeholders and providers • Support personalisation and create the conditions for success (e.g. through a PHB) • Assured of the competence of care workers

Organisation Statements (continued)

	ASSESSMENT OF ELIGIBILITY	COMMISSIONING OF CARE PACKAGE
COURAGE	<ul style="list-style-type: none"> • Staff are empowered and encouraged to promote the needs and interests of individuals within the NHS Continuing Healthcare process. • People and systems in place to deal with individuals/families and representatives appropriately. • Staff are supported to raise concerns about professional standards and practice 	<ul style="list-style-type: none"> • Commissioning arrangements encourage innovation, personalisation and choice. • Commissioners ensure that providers have effective whistleblowing procedures

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<p>COMMUNICATION</p>	<ul style="list-style-type: none">• Information is given to individuals and their representatives about the assessment process and support, information and advice is available• Accurate written and verbal information about NHS Continuing Healthcare is readily made available in appropriate and accessible formats, promoted and in a range of locations. Individual/representatives know who to contact• The views of individuals being assessed (and/or their representatives) are recorded and considered. Systems are in place to ensure this happens.• Consent is sought at relevant steps in the process. Best interest processes are initiated where necessary, in accordance with the Mental Capacity Act.• Individual/representatives are informed in writing of the outcome of their assessment, information supporting the decision and of the eligibility decision, including the process for requesting a review of the decision.• Individual/representatives know who to contact.	<ul style="list-style-type: none">• Commissioning is arranged in such a way that individuals and/or their representatives are involved in the planning of care and support packages and are provided with accurate and up to date information throughout.• Each person in receipt of NHS Continuing Healthcare has a named case manager and the individual/their representative have the relevant contact details• Commissioning arrangements support good partnership working between providers
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Organisation Statements (continued)

	ASSESSMENT OF ELIGIBILITY	COMMISSIONING OF CARE PACKAGE
<p>COMMITMENT</p>	<ul style="list-style-type: none"> • The CCG has a person – centred approach to NHS Continuing Healthcare as set out in the National Framework. • CCGs adequately resource the assessment process to ensure that statutory responsibilities are met in a timely way. 	<ul style="list-style-type: none"> • The CCG commissions in such a way that care is person-centred, high quality, promotes dignity and is value for money. • Numbers in receipt of a PHB

Part C – Organisational Detail

	DESCRIPTOR	QUESTIONS / EVIDENCE
CARE	Patient and person centred processes including: Assessment and delivery of NHS Continuing Healthcare adhering to the 6 Cs for nursing; the option of a personal health budget; appropriate safeguarding processes in place	<ul style="list-style-type: none"> • Is there a named case manager for each individual receiving NHS Continuing Healthcare? • If not, what are the case management arrangements? • How many people in receipt of NHS Continuing Healthcare have a PHB?
CARE	High quality and value for money care packages commissioned	<ul style="list-style-type: none"> • Details of CCG assurance for clinical audit arrangements? • Effective commissioning through contract monitoring and management and provider feedback and engagement • Management of complex cases. • Personalised packages and the provision of choice and value for money

Organisational Detail (continued)

	DESCRIPTOR	QUESTIONS / EVIDENCE
COMPETENCE	Good, consistent decision making processes in place that are clearly documented and understood, including annual reviews	<ul style="list-style-type: none"> • Clear equitable processes for screening/referral for NHS Continuing Healthcare assessment – evidence from referral data • Agreed arrangements for identifying co-ordinators for NHS Continuing Healthcare process • How does the CCG commission for an MDT assessment process and how does the CCG GB assure itself of the quality and effectiveness of this service? • How are the quality of DST and NHS Continuing Healthcare recommendations reviewed and assured? • How arrangements for agreeing NHS Continuing Healthcare in Hospitals reviewed and assured? • How are the CCG working with their Acute Provider Colleagues to minimise the number of full CHC assessments taking place in an acute setting? • Details of CCG assurance process for <ul style="list-style-type: none"> ➤ Appropriate review

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COMPETENCE		<ul style="list-style-type: none">• CHC assessments within hospitals, ensuring that the checklist process through to the MDT DST meeting and recommendation is timely and not a cause for delayed transfers of care
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Organisational Detail (continued)

	DESCRIPTOR	QUESTIONS / EVIDENCE
COMPETENCE		<ul style="list-style-type: none"> • How does the CCG CG assure itself that its fast track assessment process is fit for purpose? • How does the CCG GB assure itself of the effectiveness of its joint working with the local authority in delivering CHC including: <ul style="list-style-type: none"> ➤ Local dispute resolution (with individuals and between agencies) within appropriate timescales ➤ Good arrangements for consulting with social care • Regular timely reviews of those receiving NHS Continuing Healthcare i.e. within 3 months of initial decision and thereafter annually • How does the CCG GB assure itself that existing ratification arrangements are fit for purpose and complaint legislation

Organisational Detail (continued)

	DESCRIPTOR	QUESTIONS / EVIDENCE
COMPETENCE	Clear final ratification processes in place as set out in standing rules	<ul style="list-style-type: none"> • What are the ratification arrangements if a CSU or other organisation is undertaking other parts of the decision making process? Needs to be compliant with the legislation
COMPETENCE	Regular training and support to develop skills of NHS Continuing Healthcare teams and care professionals involved throughout the care pathway	<ul style="list-style-type: none"> • How does the CCG GB assure itself that the CHC service it commissions (either in house or 3rd party) is appropriately skilled, trained and competent? E.g. <ul style="list-style-type: none"> ➤ Frequency ➤ Multi – agencies ➤ Using feedback from IRI's ➤ E Learning
COMPETENCE	Appropriate financial risk arrangements in place	<ul style="list-style-type: none"> • What are the arrangements for reporting to the Board? • How are accounts presented to the board? • What are the contingency plans?

Organisational Detail (continued)

	DESCRIPTOR	QUESTIONS / EVIDENCE
COMMUNICATION	Robust patient/family liaison processes and support for staff	<ul style="list-style-type: none"> • Is it clear either on the CCG website or other CCG published literature who is responsible and accountable for CHC within the CCG? • Given the nature of the work how does the CCG GB assure itself that the staff are appropriately supported to provide this function? • Is the CCG communication to individuals and families timely and does the communication give a clear rationale for decision • What arrangements has the CCG put in place to inform those eligible for NHS Continuing Healthcare that they can assess services via a PHB from October 2014

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COMMUNICATION	Links between health and social care organisations	<ul style="list-style-type: none">• Clear communication channels between professionals involved in the NHS Continuing Healthcare processes
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Organisational Detail (continued)

	DESCRIPTOR	QUESTIONS / EVIDENCE
COMMITMENT	<p>Local leadership for NHS Continuing Healthcare in place</p> <p>Good collaborative working arrangements across the whole care pathway including health and social care; includes integration with NHS community services</p>	<ul style="list-style-type: none"> • Does the CCG GB have an agreed and published strategy on CHC within the local authority? • Does this include; governance, risk sharing, dispute resolution • How does this strategy feed into the local JSNA? • Does the local JNSA make specific reference to CHC? – are their goals set on improvement? • What is the process for raising NHSCHC risks and issues? • Who is the accountable officer for NHS CHC in the CCG, and is this clear on local websites; who is their counterpart in the LA and what are their working arrangements? • How is the accountable officer assured of National framework compliance?

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COMMITMENT	Regular audit of consistency of decision making including collection of OMNIBUS data	<ul style="list-style-type: none">• How does the CCG GB benchmark its conversation rates from positive checklists to eligibility for NHS Continuing Healthcare?• How are findings from internal audits used to drive service improvement in CHC?• How does the information from local audits fed into the local JSNA process?
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Organisational Detail (continued)

	DESCRIPTOR	QUESTIONS / EVIDENCE
COMMITMENT	Assessment Teams have sufficient capacity to meet demands for assessments and reviews	<ul style="list-style-type: none"> How the CCG GB is assured that the assessment Team function it commissions has the capacity and capability to fulfil this function?
COMMITMENT	Arrangements in place for dealing with enquiries received as a result of the September and march deadlines for previously un-assessed periods of care	<ul style="list-style-type: none"> How are CCG GB ensuring oversight of this process including any financial risk?
COMPASSION	Services developed through Patient Feedback	<ul style="list-style-type: none"> Outline mechanisms to achieve patient experience and feedback Outline how these are fed into commissioning processes