NHS
North Hampshire
Clinical Commissioning Group

NHS CONTINUING HEALTH CARE
and
FUNDED NURSING CARE TEAM

Operational Policy

CLIN/001/v3.00

Version 3: Update November 16

Policy CLIN/001/V2.00 Hampshire CHC and FNC Operational Policy
Approved: 6 December 2016 Original Ratified: April 2013 Reviewed: January 2015- Further reviewed Nov 16, pre new model being launched. Next review due: April 2017

Subject and version number of document:	Hampshire CCGs Continuing Health Care and Funded Nursing Care Operational Policy
Unique Reference Number:	CLIN/001/v3.00 N.B. This is a Hampshire-wide policy, however, the serial number applies to North Hampshire CCG document register only.
Operative date:	This policy has been in operation since 2012. It was reviewed in light of a refresh of CHC guidance in 2012 and was reviewed again in November 2014 to ensure it remained current. Hyperlinks updated in April 2013.
Author:	Diane Wilson, Associate Director. Reviewed by Paul Turner, Associate Director in November 2014.
Review date:	April 2017
Policy statement:	The Operational Policy for NHS Continuing Health Care (CHC) and Funded Nursing Care (FNC) details the process for referring, assessing and agreeing eligibility for NHS CHC and for providing that care. This policy ensures that the model and processes are consistent, robust and are timely in their response.
Responsibility for dissemination to new staff:	Line managers
Training Implications:	All new staff to the CHC team are provided with training.
Further details and additional copies available from:	http://www.northhampshireccg.nhs.uk/documents/ or NHCCG Business Development Team
Equality Analysis Completed?	This document includes a section about Equality Analysis (previously called Equality Impact Assessment), the aim being to encourage and support policy developers to demonstrate 'due regard' to the Equality Act 2010. This will be achieved if all new policies are assessed for equality impact at an early stage, and records kept of the equality analysis process and any actions identified.
Consultation Process	This policy has been in operation since 2012 refreshed in 2015 and was developed in partnership with Hampshire County Council. The CHC/ FNC operational model is going through a period of substantial change, therefore there has been no additional consultation to refresh this policy as that will happen as part of the development of new policies.

Approved by:	Hampshire 5 CCG Commissioning Group: January 2015 NHCCG Quality Committee December 2016.
Date approved:	

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Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1	Apr 2016	4, 11 & 21	Hyperlinks updated and summary page added	April 2016
2	Nov 2016	2 ,3	Refreshed Summary page, Review Log updated	Nov 2016
3	Nov 2016	26-29	Equality analysis added	Nov 2016
4				
5				

Review Log:
Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes
2	November 2014	Paul Turner	Hampshire 5 CCG Commissioning Group: January 2015 NHCCG Quality Committee December 2016	
3	November 2016	Tim Archer	NHCCG Quality Committee December 2016	Refresh of policy pending service re-design and further consultation

NHS CONTINUING HEALTH CARE AND FUNDED NURSING CARE TEAM: OPERATIONAL POLICY

SUMMARY OF KEY POINTS TO NOTE

The Operational Policy for NHS Continuing Health Care (CHC) and Funded Nursing Care (FNC) details the process for referring, assessing and agreeing eligibility for NHS CHC and for providing that care. This policy ensures that the model and processes are consistent, robust and are timely in their response.

• Children and young people under 18 are exempt as there is a separate 'National Framework for Children and Young People's Continuing Care', however potential eligibility for NHS CHC when the person reaches 18 should be considered as part of the planning process for transition. Individuals subject to Section 117 are also exempt unless there are significant care needs which are not related to the mental health aftercare needs.

• In situations where it is necessary to revisit a previous decision of ineligibility for NHS CHC, or where there has been undue delay in reaching a decision of eligibility for CHC, the CHC team and Hampshire County Council will follow national guidance regarding refunds and redress with reference to local agreements between these two statutory bodies. The CHC team will ensure that individuals are not disadvantaged through this process.

• All agreed health packages of care should initially be reviewed three months following the commencement of the placement/package of care and thereafter yearly or earlier if required.

• The CHC team operates an appeals procedure for all cases. Where an individual is deemed not to be eligible for NHS CHC they will be informed in writing of their right to seek a local review of that decision, provided they do so within six months of the notification. If they seek such a review, this will be considered within three months of their request. If the outcome of the local review is that the original decision of ineligibility for CHC was correct, the individual will have a further six months to request an independent review.

• Where the decision is that the person is not eligible for NHS CHC, the need for care from a registered nurse (i.e. Funded Nursing Care) should be considered, and the decision made as to whether registered nursing care in a care home providing nursing is the best option.

• An individual may also have a primary health need because they have 'a rapidly deteriorating condition, which may be entering a terminal phase,' In such situations, where the individual needs a package of care to enable their needs to be met urgently (for example, to allow them to go home to die in their preferred place of care or appropriate end of life support to be put in place), the Fast Track Pathway Tool should be completed

CONTENTS

OPERATING FRAMEWORK

Foreword
The five Hampshire based Clinical Commissioning Groups (CCG's) assumed statutory responsibility for NHS Continuing Healthcare from 1st April 2013. The Continuing Healthcare Team (CHC) will be hosted by the West Hampshire Clinical Commissioning Group (CCG) with a collaborative risk sharing agreement with all of the Hampshire CCG's. This policy will be ratified by all of the Hampshire based CCG's.

1. Introduction

1.1 The Operational Policy for NHS Continuing Health Care (CHC) and Funded Nursing Care (FNC) details the process for referring, assessing and agreeing eligibility for NHS CHC and for providing that care. This policy ensures that the model and processes are consistent, robust and are timely in their response.

1.2 The policy sets out the operating framework for NHS Continuing Health Care to ensure that the teams work in accordance with the National Framework for NHS Continuing Health Care and NHS-funded Nursing Care 2012 (Revised) (referred to as the 'Framework') and Part 6 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (see Appendix 1 for reference details), and to develop and maintain the close working arrangements with colleagues in Hampshire County Council, provider NHS Trusts, and Clinical Commissioning Groups (CCGs).

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2. Purpose and Values

2.1 Eligibility for NHS CHC is based on an individual's assessed needs and is not disease specific, nor determined by either the setting where the care is provided, or who delivers the care. Access to consideration and assessment is non discriminatory, it is not based on age, condition or type of health need diagnosed.

2.2 The aim of NHS CHC is to implement the NHS CHC eligibility criteria in order to provide appropriate care. In order to achieve this, the implementation of the criteria and local application for NHS CHC, in conjunction with the Local Authority, provider Trusts and other agencies, should meet the following principles:

- Needs led
- Equitable
- Culturally sensitive
- Person centred
- Robust and transparent
- Easily understood
- Adheres to guidance and best practice

3. Team Arrangements

3.1 The Hampshire Continuing Healthcare team management and administrative functions are centralised at the Fareham Health Centre Offices with locality based Continuing Care Team Nurse Assessors. The locality based nurse assessors aim to provide advice, training and support to the clinicians undertaking continuing care applications both in hospital and the community.

3.2 The CHC Team manages the current and Retrospective NHS CHC process for all people over the age of 18, and works with children's services to manage the transition process.

3.3 The main functions of the CHC Team are to:

i. Ensure the completion of a comprehensive assessment of need for each individual. This may occur in a number of ways such as:

   a. Monitoring the quality of assessments received and liaising with referrer.
   b. Co-ordination of the assessment process, liaising with the Multidisciplinary Team (MDT) individual and family
   c. Undertaking checklists and nursing assessments as required.

ii. Ensure that the MDT assessment is summarised into the National Framework Decision Support Tool (DST) and the MDT recommendation is support evidence and a robust rationale prior to ratification by the team.

iii. Working closely with MDT colleagues the CHC Team is responsible for agreeing packages of care. The CHC Team will ensure that packages of care and residential placements for people who are eligible for fully funded healthcare are appropriately assessed, managed, monitored, evaluated and reviewed in line with the NHS Choice and Equity Policy 2013 (See Appendix 1 for reference details). As part of this process eligibility for NHS CHC will be reviewed. Individuals and families will be made aware that eligibility for NHS CHC is not indefinite as needs might change.

iv. For those people accommodated in a Nursing home, where the decision is that the person is not eligible for NHS CHC, the need for care from a registered nurse should be considered.

v. Ensure that all retrospective reviews of eligibility for NHS CHC are compliant with requirements from the Parliamentary and Health Service Ombudsman.

vi. Support the development and delivery of joint training programmes with the Local Authority regarding all process and policies (local and national) regarding eligibility for NHS Continuing Healthcare and NHS Funded Nursing Care.

3.4 The CHC Team will operate to the following principles:

- Take into account an individual's preference and wishes whilst giving consideration to any risks posed as to how and where the care will be delivered.
- Where an individual lacks capacity, act in accordance with the Mental Capacity Act 2005 (see Appendix 1 for reference details)
- Protect individuals in vulnerable situations and work with partner agencies to address any safeguarding concerns
- Ensure there is fair access to meet an expressed wish or preference taking into account the Choice and Equity Policy 2013. Where it is not possible the team will provide clear reasons
- Ensure that any decision regarding eligibility for NHS CHC or Funded Nursing Care is based on the person's assessed needs: this is the primary indicator and not budget or finance led.
- All decision-making will be informed by an appropriate multi disciplinary team assessment
- Work in partnership with individuals and their carers and ensure that they are appropriately involved in the assessment process.
- Work in honest and open partnership with all stakeholders
- Be accountable for their actions both organisationally and professionally.
- Develop and maintain collaborative and integrated working with Local Authorities, Provider Trust and other agencies.
- Be accessible and respond in a timely and effective manner
- Ensure any identified deficits are rectified: this will be achieved by a commitment to clinical and managerial supervision, reflective practice, training and adherence to risk management procedures.
- Provide thorough and effective mechanisms for responding to and managing appeals, complaints and disputes as per current policies (Please refer to separate Guidance for Joint Decision Making, Dispute Resolution Continuing NHS Healthcare and Interim Funding arrangements July 2011).
- Monitor compliance against National Framework standards such as timescales between referral and decision and frequency of reviews.

3.5 Main contacts for the Continuing Care Team and HCC are:

Continuing NHS Care Team
Fareham Health Centre
Osborn Road
Fareham
PO16 7ER

Tel: 01329 227272
Fax: 01329 227271

Email: WHCCG.continuingcare@nhs.net
Website: www.westhampshireccg.nhs.uk

Hampshire County Council
HantsDirect

Tel: 0845 6004555
Fax: 01329 231061

4. Referral Process for NHS Continuing Healthcare

4.1 Identifying individuals who may be eligible for NHS Continuing Healthcare (NHS CHC)

Practice Guidance (PG 16 in the 2012 Framework) advises that there will be many situations where it is not necessary to complete a Checklist. However, the Standing Rules Regulations[1] require NHS Commissioners to take reasonable steps to ensure that individuals are assessed for NHS CHC in all cases where it appears to them that there may be a need for such care, and the Checklist is the only screening tool that can be used. Therefore, health and social care staff should consider screening using the Checklist for consideration of NHS CHC (subject to consent) in all the following situations:

- Whenever it appears that an individual may potentially be eligible for NHS CHC
- Before any NHS-Funded Nursing Care assessment (FNC), and at each FNC review
- When an individual is to be discharged from hospital (acute, community or mental health) and requires an ongoing placement or substantial level of care

4.2 Exceptions

a) **Section 117** The CHC team and Hampshire County Council have local arrangements for this. An individual subject to Section 117 should only be considered for NHS CHC where they have significant care needs which are not related to their mental health aftercare needs.

b) **Children and Young People under 18**. The National Framework for NHS CHC applies only to adults aged 18 or over. There is a separate *'National Framework for Children and Young People's Continuing Care'* which applies to children or young people under the age of 18. The underlying law is quite different for children and young people, but it is very important that consideration of potential eligibility for NHS CHC (when the person reaches 18) is considered early as part of the planning process for transition. The updated National Framework (paras 124 to 138) advises that joint assessments are commenced for children at age 16 years and a decision made by 17 years to ensure that care planning and services are in place and clarified prior to the young person moving into adults services.

4.3 Receipt of Checklist/Referral

- A referral may take the form of a request to consider eligibility (e.g. a direct contact from an individual or their relative) and can be received by telephone, letter, fax or email to the Continuing Healthcare Team. See Section 3 for relevant contact details.

[1] Part 6 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

- The referral will be checked to ensure that all relevant details are available and correct (e.g. for Responsible Commissioner). This will be completed within one working day. Where the CCG's are not the 'Responsible Commissioner' [reference *Who Pays*[2]] the referral will be redirected to where commissioning responsibility lies.
- A completed Checklist is the accepted form for use to consider whether someone should have a full NHS CHC assessment.
- Referrals in the form of a completed Checklist will be checked to ensure that they are robust and make appropriate reference to supporting evidence. Where there are concerns about the quality of the referral or where there is significant missing or conflicting information the referrer will be contacted as soon as possible to respond to the queries. The CHC team will support all reasonable requests for a full assessment
- The Checklist should be completed by NHS or Local Authority staff who have been trained in its use. However, if a professional who has not received training completes a Checklist appropriately which indicates that the individual requires full consideration for NHS CHC, the CHC team will act on this and arrange for CHC process to be followed.

4.4 Timing of the Checklist

Practice Guidance (PG 18 in the updated Framework) states that in a hospital setting the Checklist should only be completed once an individual's acute care and treatment has reached the stage where their needs on discharge are clear. Where the individual is in hospital and requires a placement/care package to enable safe discharge consideration should always be given to NHS CHC as part of the discharge planning process. If there is potential for further rehabilitation or recovery which might make a difference to the level of independence ultimately achieved, this should be provided prior to undertaking the checklist. The Framework states that it is preferable for eligibility for NHS CHC to be considered after discharge from hospital when the person's long-term needs are clearer. For more information on responsibilities regarding interim arrangements see paras 62 to 67, and 74 of the updated National Framework.

4.5 Where an individual has crossed the Checklist threshold and therefore requires full consideration for NHS CHC it is the responsibility of the CHC team to identify an individual to co-ordinate the assessment process and the completion of the Decision Support Tool, including the eligibility recommendation. The role of the co-ordinator is explained in the Practice Guidance section of the updated Framework para PG 26. Hampshire County Council and the CHC team have agreed the following in terms of who will normally undertake the role of co-ordinator

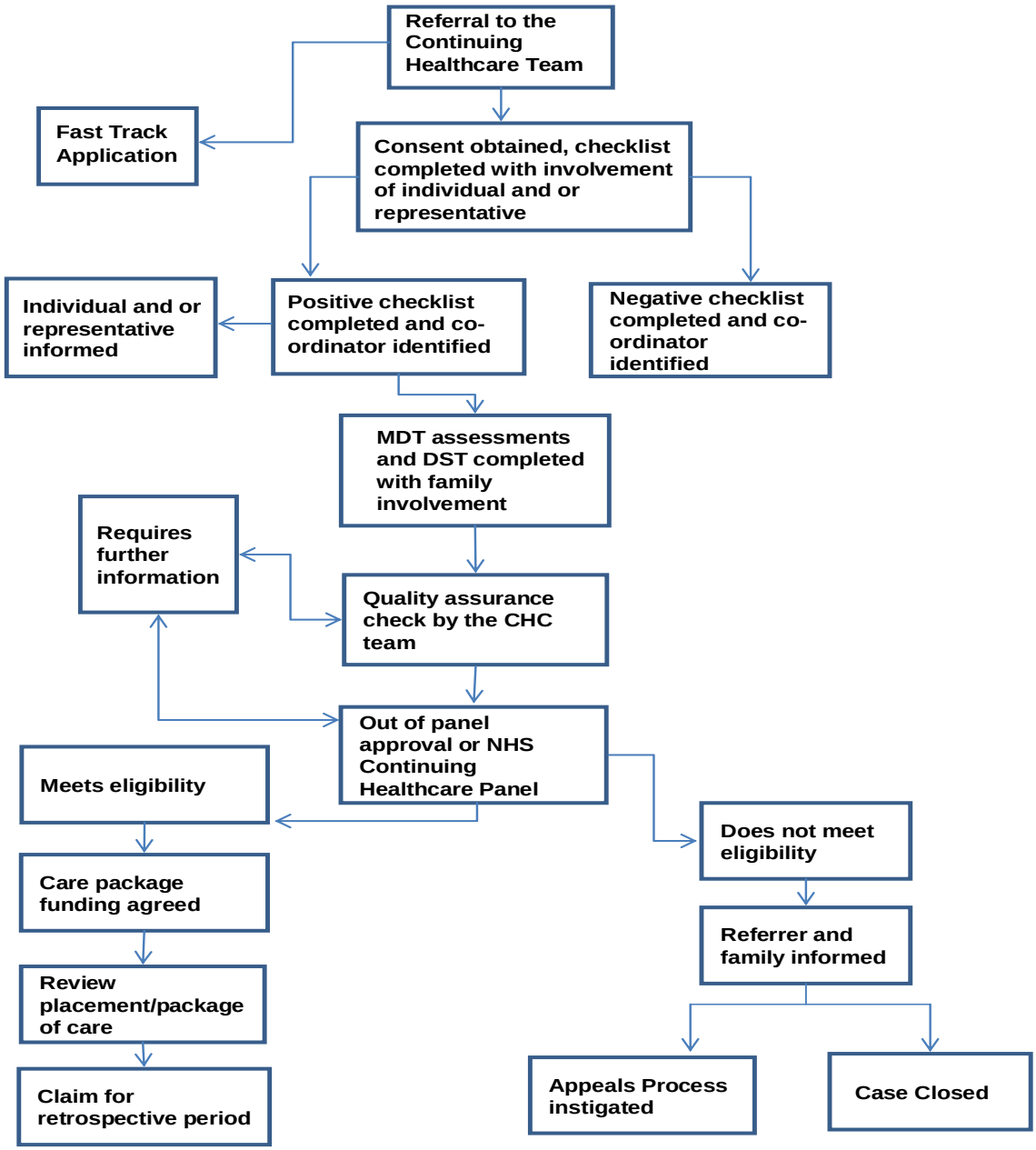
- Where someone crosses the Checklist in an acute hospital setting the hospital discharge team would co-ordinate the assessment. Where there is no formal discharge team the expectation would nonetheless be that hospital based staff would normally undertake this role.

[2] Who pays? Determining responsibility for payments to providers: Rules and guidance for clinical commissioning groups. available at http://www.commissioningboard.nhs.uk/files/2012/12/who-pays.pdf

- Where someone is in a nursing home it would normally be the CHC team members who co-ordinate
- Where the individual in the community is currently receiving a package of care from the Local Authority and/or other providers, it may be agreed on a case by case basis that the relevant worker could undertake the co-ordination role set out in para PG 26 of the Practice Guidance section of the updated Framework, provided it is agreed and Hampshire County Council have determined that they are best placed to do so. However, some provider specifications will require this role to be undertaken by the relevant body.

4.6 The following flow chart provides an overview of the referral process:

CHC Referral Process



5. Ratification of MDT recommendations

5.1 Each full application will be reviewed by an experienced CHC team manager. If the process undertaken is robust and provides a unanimous and clearly evidenced recommendation for either eligibility or ineligibility then this will be approved out of panel (OOP). Any applications that despite requests for additional information remain poorly evidenced, or where there is disagreement or inability to make a clear recommendation will be taken to the Continuing Healthcare panel for formal scrutiny.

5.2 A NHS Continuing Healthcare panel will meet weekly. The purpose of the panel is to enable the CCG's to discharge its responsibilities in relation to the NHS CHC Criteria. The terms of reference for this panel are attached as Appendix 2. The panel is chaired by a NHS CHC Team manager.

5.3 Where possible panel members will receive an agenda and paperwork for cases to be heard prior to the panel.

5.4 Following the NHS CHC Panel or out of panel process, the CHC team will write to the referrer and the family/carer regarding the decision. Copies of the minutes will be made available to panel members.

6. Agreeing the package

6.1 The Operational NHS CHC Managers, with support from the Head of Continuing Care, are responsible for agreeing the placement or package of care, this includes:

- the commissioning of placements or care packages;
- agreeing the service specification with the appropriate clinician and ensuring care plans and risk assessments are received;
- agreeing the care package with the provider;
- informing the referrer, patient and if appropriate the family/carer;
- agreeing and informing the provider and relevant others, the monitoring and review arrangements of the care package;

6.2 The CHC Team administrator is responsible for ensuring that the details and associated costs of the agreed packages are recorded on the database.

6.3 All new residential care providers and care agencies will receive a contract on completion of the financial negotiations and before the start of the placement or package.

6.4 In situations where it is necessary to revisit a previous decision of ineligibility for NHS CHC, or where there has been undue delay in reaching a decision of eligibility for CHC, the CHC team and Hampshire County Council will follow national guidance regarding refunds and redress with reference to local agreements between these two statutory bodies (See Appendix 1 for key references). The CHC team will ensure that individuals are not disadvantaged through this process.

6.5 There will be some individuals who, although they are not entitled to NHS CHC, have needs identified through the Decision Support Tool or joint assessment that are not of a nature that the Local Authority can solely meet or are beyond the powers of an Local Authority to solely meet. These individuals will require a joint care package. The CHC team and Hampshire

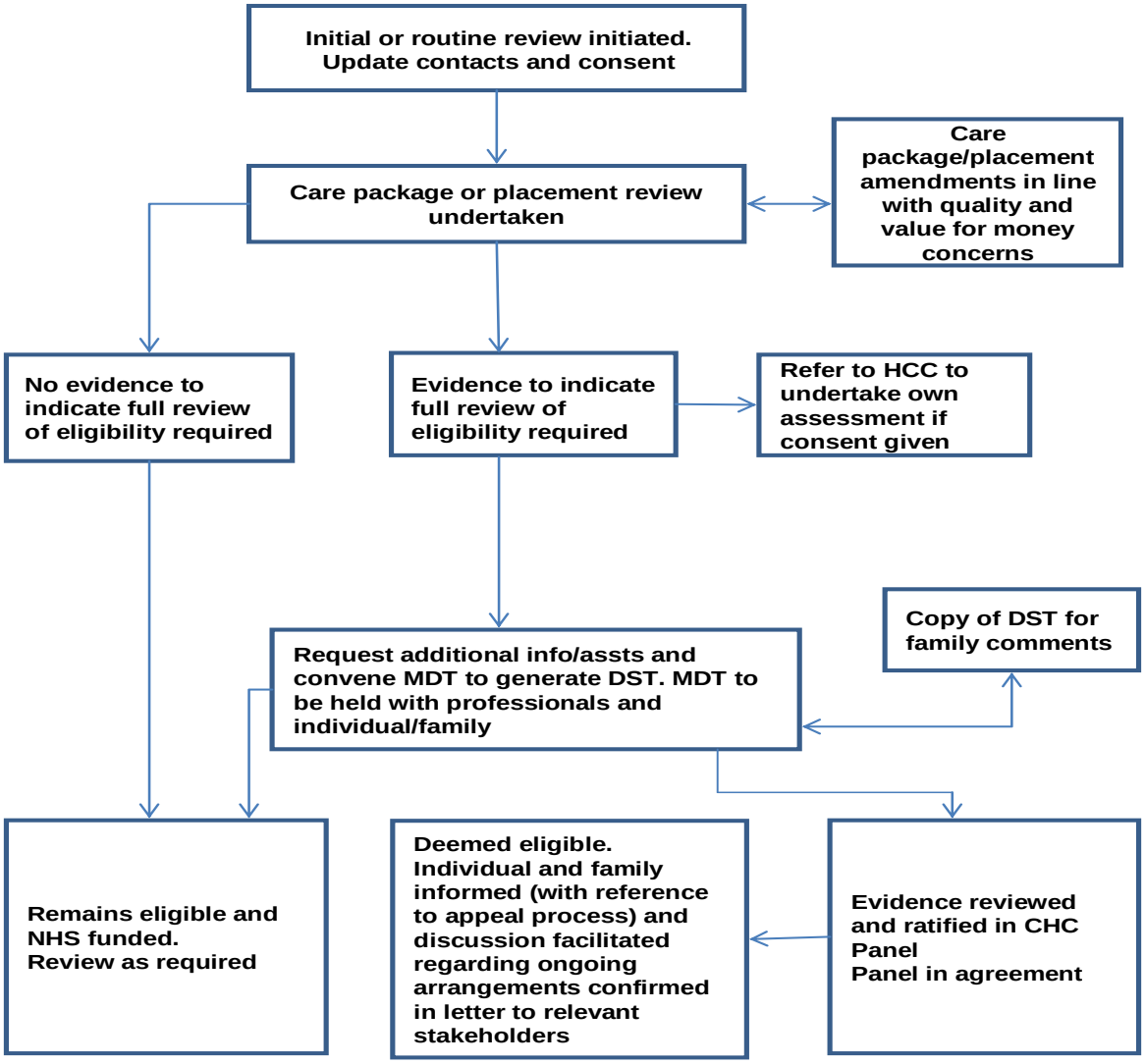
County Council will work in partnership to agree their respective responsibilities in a joint package of care (for details please refer to paras PG 58 to PG 61 of the Practice Guidance section of the updated Framework)

7. Monitoring and reviewing

7.1 All agreed health packages of care should initially be reviewed 3 months following the commencement of the placement/package of care and thereafter yearly or earlier if required. The following flow chart provides an overview of the process:

7.2 The following chart provides an overview of the review process:

CHC Review Process

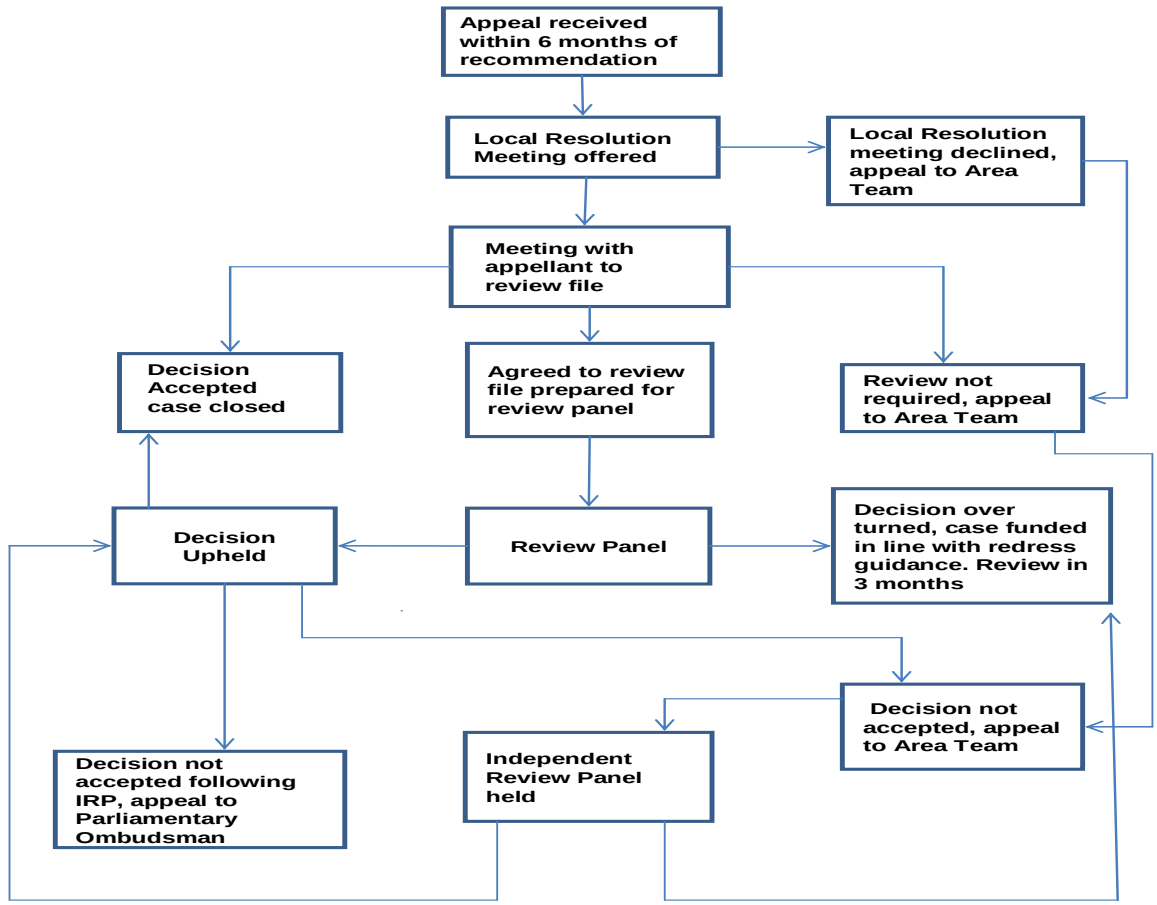


8. Appeals process in relation to eligibility for NHS Continuing Healthcare

The CHC team operates an appeals procedure for all cases. Where an individual is deemed not to be eligible for NHS CHC they will be informed in writing of their right to seek a local review of that decision, provided they do so within 6 months of the notification. If they seek such a review this will considered within 3 months of their request. If the outcome of the local review is that the original decision of ineligibility for CHC was correct, the individual will have a further 6 months to request an independent review. The following is an overview of how the process will work: The following is an overview of how the process will work:

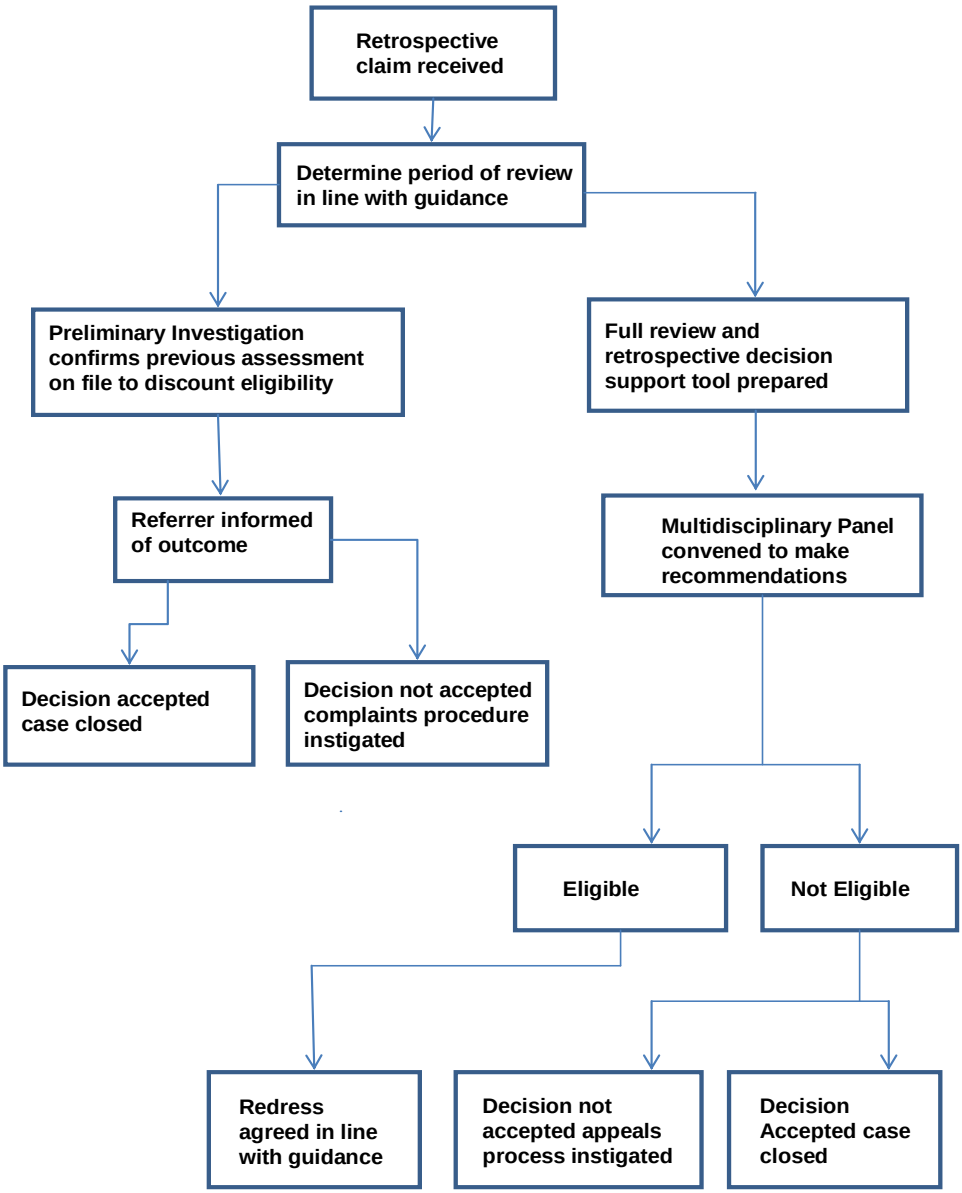
8.1 The following chart provides an overview of the appeals process:

CHC Appeal Process



8.2 The following chart provides an overview of the retrospective review process:

CHC Retrospective Review Process

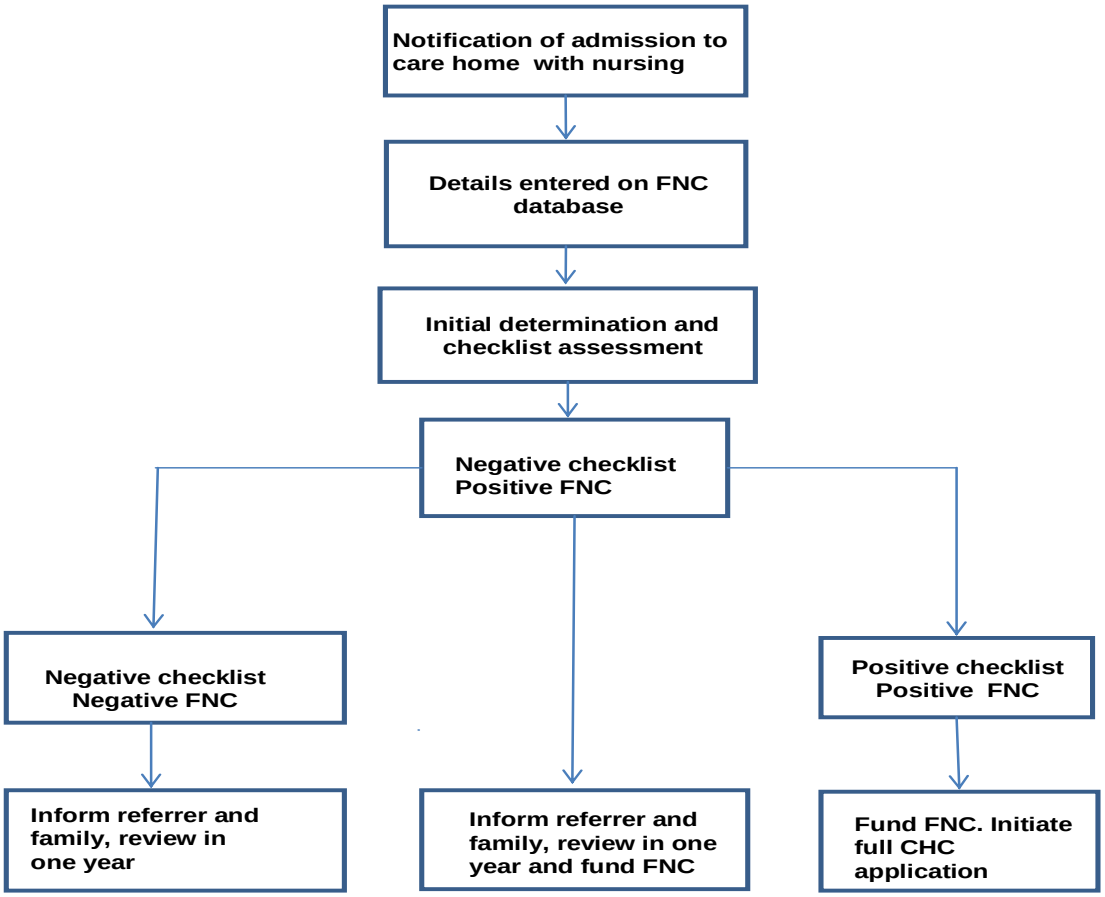


9. Funded nursing care referral process

9.1 Where the decision is that the person is not eligible for NHS CHC, the need for care from a registered nurse should be considered, and the decision made as to whether registered nursing care in a care home providing nursing is the best option.

9.2 The following chart provides an over view of the funded nursing care process:

CHC Funded Nursing Care Process



10. Requests for "Fast-Track" funding

10.1 An individual may also have a primary health need because they have 'a rapidly deteriorating condition, which may be entering a terminal phase,' In such situations, where the individual needs a package of care to enable their needs to be met urgently (e.g. to allow them to go home to die in their preferred place of care or appropriate end of life support to be put in place), the Fast Track Pathway Tool should be completed, but this can only be done by 'an appropriate clinician', defined in Standing Rules Regulations as 'a person who is

(a) responsible for the diagnosis, treatment or care of the person under the 2006 Act in respect of whom a Fast Track Pathway Tool is being completed, and

(b) a registered nurse or a registered medical practitioner;

10.2 When the CHC team receives a Fast Track tool completed by an appropriate clinician, the CCG is obliged to deem the individual eligible for NHS CHC without delay and without the need for a Checklist or Decision Support Tool to be completed. The CHC team will then put in place the necessary support as soon as possible. It is vital, therefore, that the tool is used correctly and only in those situations for which it was intended. For this reason the CHC team is working with key clinicians across Hampshire to ensure that the Fast Track Tool is understood and used appropriately.

10.3 It is recognised that the Practice Guidance section of the updated Framework (PG 48) cautions against adopting a too narrow view of when the Fast Track should be used. There are no specified time limits for life expectancy regarding the use of the tool – 'rapidly deteriorating' should not be interpreted narrowly as only meaning an anticipated specific or short time frame of life remaining. The appropriate clinician is not required to provide evidence alongside the completed Fast Track Tool in order for it to be actioned, but it should be supported by a prognosis and/or diagnosis if known. However, when care is not already in place, it is essential that sufficient clinical information is supplied to enable the appropriate placement/package of support to be identified.

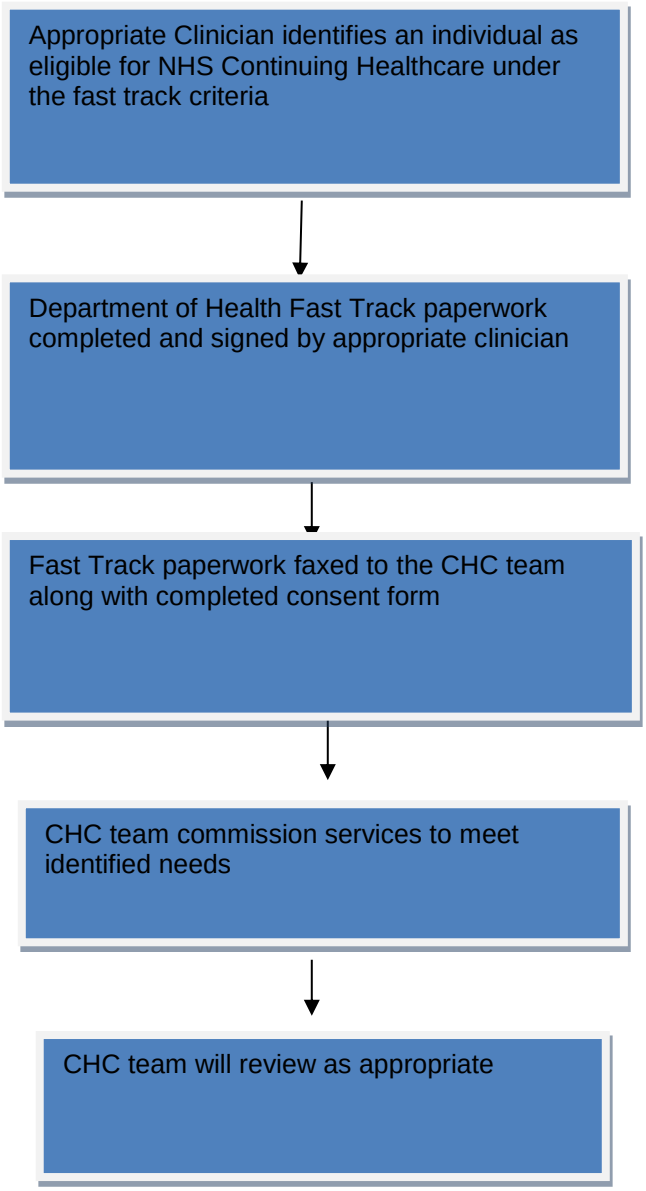
10.4 The appropriate clinician must take into account the practicalities involved in procuring the care package for the patient in Fast Track situations and not raise unrealistic expectations with the patient and family carers. This is particularly so where the needs are complex, the home situation is unclear or the request is being made at a weekend or bank holiday. Whilst funding can be agreed quickly on receipt of the completed Fast Track it may not be possible to secure appropriate care immediately. It is essential to liaise directly with the CHC Team to discuss procurement options in such situations. Please see section 6 above regarding commissioning safe packages of care.

10.5 The Fast Track Tool should not be used instead of a full assessment because of service pressures e.g. the need to discharge a patient from hospital, shortage of staff etc.

10.6 Where an individual's care is funded due to the fast track process, the CHC team will review that person's situation within a few weeks (dependent on the individual circumstances) and if there is a significant change in circumstances a full assessment of CHC eligibility will be undertaken. As explained in Para 101of the updated Framework no one who has been identified through the fast-track process as eligible for NHS CHC should

have this funding removed without their eligibility being reviewed in accordance with the correct review processes. This should include completion of a Decision Support Tool by a multidisciplinary team, and that team making a recommendation on future eligibility.

10.7 The following chart provides an overview of the fast track process:



APPENDIX 1 National and Local reference list

National Documents:

- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care: November 2012 (Revised)
  Incorporating:
  - NHS Continuing Healthcare Practice Guidance
  - NHS Continuing Healthcare Frequently Asked Questions
  - NHS Continuing Healthcare Refunds Guidance
  available at http://www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions/

- National Tools available at http://www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions/

    - NHS Continuing Healthcare Checklist
    - Decision Support Tool for NHS Continuing Healthcare
    - Fast Track Pathway Tool for NHS Continuing Healthcare

- NHS-funded Nursing Care Practice Guide (revised) 2009 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106227 [nb an updated version of this document is awaited at time of writing]

- Mental Capacity Act 2005 http://www.legislation.gov.uk/ukpga/2005/9/contents and Mental Capacity Act 2005 Code of Practice http://webarchive.nationalarchives.gov.uk/+/http://www.dca.gov.uk/legal-policy/mental-capacity/mca-cp.pdf

- Data Protection Act 2008 http://www.legislation.gov.uk/ukpga/1998/29/contents

Local Documents:

- Choice and Equity Policy, 2013

- Joint Decision Making, Dispute Resolution, Continuing NHS Healthcare and Interim Funding Arrangements. July 2011

- Hampshire Safeguarding Adults Policy 2010: Policy and procedures to ensure the prevention and protection of vulnerable adults from abuse http://www3.hants.gov.uk/protection-from-abuse/professionals-abuse/documents-abuse.htm

- Deprivation of Liberty, Mental Capacity Act, Registered Care, Hospital. 2009. Hampshire C ounty Council http://www3.hants.gov.uk/adult-services/adultservices-professionals/aboutas/departmental-procedures-main/chronological-procedures/1009-procedure.htm

APPENDIX 2

NHS CONTINUING HEALTHCARE PANEL

TERMS OF REFERENCE

1. **Scope of the Panel**

To enable the CCG's to discharge its responsibilities in relation to the National Framework for NHS CHC. In using all available information, the Panel will provide a forum for the CHC team to support the Multi-Disciplinary Teams (MDT) to determine whether individual patients have needs that meet the eligibility for NHS Continuing Health Care.

2. **Objectives of the Panel**

2.1 The Panel meets to ensure that the CCG's executes its responsibilities in relation to the National Framework for NHS CHC.

2.2 The panel meets to consider eligibility for NHS CHC for individuals for individuals from all care groups.

2.3 To receive and appraise detailed, comprehensive and complete multi disciplinary assessments and decision support tools in order to consider the recommendations of the MDT.

2.4 Ensure decisions of panel are appropriately communicated to the patient or their representative, the referrer and appropriate others.

2.5 To monitor the quality of applications and recommendations being provided by MDTs and to ensure any concerns are identified and fed back into all relevant organisations via individual feedback or joint training.

3. **Membership**

CHC Team Operational Manager or their delegated deputy (Chair)	
Senior Continuing Care Nurse assessor/s	
Continuing Care Administrator	
Senior HCC Adult Services representative	
Senior Clinical Representative/s (Southern Health NHS Foundation Trust, Acute Trusts etc)	
Clinicians/Care Managers invited to present individual cases	As required

4. **Quorum Members**

Nurse Assessor
Clinical representative
Administrator

5. **Panel Operation**

5.1 The panel meets weekly to allow new cases to be considered. A fast-track process is available for priority cases which may be brought to the panel for ratification.

5.2 A National Framework Decision Support Tool document, with supporting contemporaneous evidence and MDT recommendation, will be available for panel members to consider.

5.3 It is expected that patients/representatives/carers views are represented to the panel.

5.4 The panel should not overturn a recommendation by the MDT regarding an individual's eligibility unless exceptional circumstances are identified. Exceptional circumstances would include:

- Where the DST is not fully completed (including where there is no recommendation)
- Where there are significant gaps in evidence to support the recommendation
- Where there is an obvious mis-match between evidence provided and the recommendation made
- Where the recommendation would result in either authority acting unlawfully

In these cases further information and evidence should be requested from the MDT. In some circumstances the MDT may be asked to reconsider their recommendation.

5.5 Consensus in decision-making should be sought. If agreement cannot be reached this will be noted in the panel minutes.

5.6 The panel will make decisions regarding an individual's eligibility if the MDT have been unable to agree a recommendation, or in borderline cases.

5.7 Accurate notes of panel meetings will usually be sent to panel members in a timely fashion and also kept to aid audit and to measure the consistency of the decisions. These notes will form part of the appeals process.

5.8 The referrer and patient/representative (if required) should be informed of the panel decision, in writing, usually within 5 working days of the panel meeting. A more detailed outcome letter giving a reasoned explanation of how the decision was reached will be sent, usually within 15 working days, of the Panel meeting.

5.9 For patients in hospital, decisions should be communicated within 24 Hours to the discharge liaison team by fax or e-mail and to the ward and social worker if appropriate.

APPENDIX 3

Equality analysis

NHS CONTINUING HEALTH CARE (CHC)& FUNDED NURSING CARE (FNC) TEAM OPERATIONAL POLICY
What are the intended outcomes of this work?
This policy relates to the effective delivery of the NHCCG s responsibilities for CHC & FNC. The service is led for Hampshire by West Hampshire CCG through a formal agreement to include Implementation of **NHS Continuing Healthcare** and **NHS**-funded Nursing Care Continuing Health Care processes in accordance with national guidance. The Legal Duties for CHC and FNC were transferred from PCTs to CCGs (National Framework 2012 – implemented in new NHS structures from April 2013. • Access to fully NHS Funded care through nationally set eligibility criteria. • CCGs are responsible for: consistent application of national policy on CHC; promoting awareness of CHC; implementing good practice; ensuring quality standards are met. (DoH 2013);

Evidence
What evidence have you considered? 222,465 people live in the NHCCG area, of these 16,299 (7.3%) are aged 75+, 9,484 (4.3%) aged 80+ and 4,665 (2.1%) are aged 85+ (CSU Business Intelligence) . In June 2016, 204 NHCCG adult patients have a primary health need and receive CHC funding. The percentage breakdown of NHCCG adult CHC funding/patient group is; 22% Learning disability, 10% mental health, 17% Physical disability, 16% Older People Mental Health, 12% Older people Physical Health, 22% are at end of life & rapidly deteriorating and receive CHC Fast Track (NHCCG CHC data). National Guidance as described on page 27 Local policies as described on page 27
Age In line with national guidance this policy does not relate to people under the age of 18. It doers however recognise the importance of robust transition arrangements as young people reach that age.
Disability The policy is focussed on people with significant health need, that meets the national guidance. **Learning Disabilities (LD):** The lack of in-house specialist provision for people with learning disabilities presents as a barrier to accessing particular packages of care for this protected characteristic. **How can this be mitigated or justified? What can be done to change this impact?** Limited resources to finance in-house specialist provision, prevents mitigation of this particular adverse impact in this current financial year and will be taken forward as an objective for the new financial operating year 2017-2018.
Gender reassignment (including transgender) CHC holds all records securely. The author of this Equality Analysis does not have access to those records to check whether this group is represent in NHCCG caseloads however this could be subject of Audit.

Marriage and civil partnership The author of this Equality Analysis does not have access to those records to check whether this group is represent in NHCCG caseloads however this could be subject of Audit.
Pregnancy and maternity The author of this Equality Analysis does not have access to those records to check whether this group is represent in NHCCG caseloads however this could be subject of Audit.
Race The author of this Equality Analysis does not have access to those records to check whether this group is represent in NHCCG caseloads however this could be subject of Audit.
Religion or belief Guidance is clear that religion or believe does not impact or influence access to CHC & FNC
Sex Access to CHC & FNC is comparable across genders
Sexual orientation The author of this Equality Analysis does not have access to those records to check whether this group is represent in NHCCG caseloads however this could be subject of Audit.
Carers Individual packages are designed around individuals and carers needs
Other identified groups As identified through previous focus groups with vulnerable groups/protected characteristics, accessing services locally was identified as a priority for the community where travelling farther distances was considered as a major issue; particularly for children; those with mobility issues; carers and those experiencing financial hardship. Therefore CHC meets this need and is of benefit, particularly for these protected characteristics.
Engagement and involvement
Stakeholders with an interest in protected characteristics were engaged in this process in 2015 This was carried out in 2015 when the policy was initial agree the service is subject to major redesign expected to conclude in the last quarter of 2016/17, the purpose of this update is to ensure that a formal policy is in place for NHCCG while that review takes place. It is expected that robust engagement takes place in early 2017. No specific consultation with the public has been undertaken at this stage. The guidance being followed is set in statute and public consultation is not required.
How have you engaged stakeholders in testing the policy or programme proposals? As above
Summary of Analysis The CHC services commissioned will undertake due regard to eliminating discrimination, harassment and victimisation in the access to NHS Funded Care. Decisions are made based on clinical need in accordance with the eligibility criteria set out in the national guidance. There will be no automatic decisions made to support accessing particular packages of care, as there may be instances where a patient has special circumstances which present an exceptional need for a particular type of care. As such, each case is considered on its own merits on a case by case basis. By providing a locally based service, the CHC services will also meet the socio-economic and health needs of individuals and their carers and advances equality of opportunity and fosters good relations between people who share a protected characteristic and those who do not.

Advance equality of opportunity
The service needs to identify barriers which potentially face patients from the 9 protected characteristics, carers, those from lower socio-economic communities and those with lifestyle challenges (i.e. homeless, sex workers or drug users) which are all associated with health inequalities and poor health outcomes. To overcome the barriers affecting the provision of an integrated service, providers must consider the following to deliver the commissioned service:

- Access to CHC services for service users with protected characteristics, carers and those from lower socio-economic communities and those with lifestyle challenges (i.e. homeless, sex workers and drug users), associated with health inequalities and poorer health outcomes
- Patient awareness (information) and access to the service. Information on the service and any benefits or issues they need to be aware of should be offered and where location for onward referral is not convenient that alternative arrangements are made
- If booking appointments - religious dates, carers obligations or finding 'quiet times', for those who experience difficulties coping with noise and busy clinic times i.e. learning disabilities, dementia or sensory impairments Appointment reminder service i.e. text reminders to meet the needs of vulnerable groups

Promote good relations between groups The service intends to maintain engagement as new model develops.

What is the overall impact? See Advance Equality of Opportunity

Addressing the impact on equalities Enhanced service model being developed across Hampshire led by West Hampshire CCG

Action planning for improvement This policy was originally approved in 2015 the service is subject to major redesign expected to conclude in the last quarter of 2016/17, the purpose of this update is to ensure that a formal policy is in place for NHCCG while that review and consultation takes place. It is expected that robust engagement takes place in early 2017. Part of this process will be a refreshed Equality Impact Assessment.

Current referrals for CHC assessment are received from multiple sources eg GPs self referral, Local authority, care homes, family and carers. The variability in how information relating to applying for CHC is accessed is a potential gap.

As NHCCG continues to fund CHC it may become apparent how applicants access the service and help inform how information relating to the service is disseminated eg Help the Aged, Local Community Groups.Work will be required to ensure all information meets accessible information requirements. Effective use of accessible communication formats (also known as alternative formats) is needed to reach the CHC target audience. This work will involve patients from the 9 protected characteristics in developing and reviewing a strategy for producing information relating to CHC in accessible formats. They will know their needs and could help find the most effective ways of meeting them.

Name of person who carried out this assessment:

Tim Archer: Interim Associate Director of Quality

Date assessment completed: 29th November 2016
Name of responsible Director: Julia Barton – Chief Nurse
Date assessment was signed:

APPENDIX 4: Glossary of Terms

Abbreviation	
CCGs	Clinical Commissioning Groups
CHC	NHS Continuing Health Care
DH	Department of Health
DST	National Framework Decision Support Tool
FNC	Funded Nursing Care
HCC	Hampshire County Council
MDT	Multidisciplinary Team