

AGENDA ITEM 7.

NHS SOUTHEND CCG GOVERNING BODY MEETING IN PUBLIC

27TH NOVEMBER 2014

CONTINUING HEALTHCARE (CHC) SERVICE UPDATE

Date of the meeting	27/11/2014
Author	Tracey Brown - CHC Regional Lead (Southern Arden)
Sponsoring Board Member	Linda Dowse – Chef Nurse – Southend CCG
Purpose of Report	To update of CHC activity following the transfer of CHC services from CECSU to Arden Commissioning Support.
Recommendation	The Governing Body are asked to note the update report on the current work in CHC commissioning and the work being undertaken by Arden, the new Commissioning Support Unit (CSU) provider.
Reason for inclusion in Part II	N/A
Stakeholder Engagement	Not required for the purpose of this report
Previous GB / Committee/s, Dates	CHC is reported monthly to Quality, Finance and Performance Committee and previous reports have been presented to the Operational Executive as part of the QIPP updates.

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality ✓ • Equality and Diversity • Engagement • Outcomes ✓ • Governance ✓ • Partnership-Working • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓	✓	
Budgetary Impact	✓	✓	
Legal / Regulatory	✓	✓	
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓	✓	
Information Management & Technology			
Equality Impact Assessment	✓	✓	
Freedom of Information			

Initials: LMD

1. Introduction

1.1 Arden Core Service Offer

NHS Arden Commissioning Support Unit (CSU) entered into an agreement on the 1st October 2014 with Southend CCG to provide core and retrospective CHC services, the proposal was made to the CCG that Arden would scope what was required to deliver the service with a view to negotiating the contract for the next 4 years.

1.2 The key areas within the core service offer are.

- Ensuring all CHC and Free Nursing Care (FNC) reviews for nursing homes are undertaken within the National Framework recommended time frame of 3 months and 12 months thereafter.
- Leading on the implementation and delivery of personal health budgets (PHB) to patients found eligible for CHC funding.
- Management of appeals, including presenting cases on behalf of the CCG at independent review panel hearing and ombudsman hearings.
- Panel ratification and validation process on behalf of the CCG for CHC and PHB cases.
- Case management of patients in nursing homes
- Ratification and validation of the Multi-Disciplinary Team recommendation on behalf of the CCG following assessment.
- Regular audits of appropriateness of assessment i.e. fast track applications
- Re design of a new system for reporting
- Placement provision for patients found eligible for CHC
- Tighter provider management with service specifications in place and move toward all providers to be on the NHS standard contract.

1.3 These key areas are essential to the CCG being able to manage its statutory responsibility for CHC and also to ensure that the CHC allocation for funding is appropriately and robustly managed. The 2014/15 CHC QIPP schemes are also dependent on these key areas of delivery.

2.0 Case Load

2.1 On average the Arden CHC team are managing between 50 - 60 new referrals for Southend CCG patients per month, which include referral following positive checklist, new fast track assessments and CHC assessment. Each assessment case is validated by two senior clinicians ensuring that the evidence to support the CHC eligibility recommendation has been provided and that the appropriate processes have been followed including completion of key assessments i.e. - risk assessments, mental capacity/best interest assessments and that appropriate consent to the process is in place, plus review and sign off of the care plan on which commissioning is based.

2.2 Eligibility thresholds and criteria are set nationally via the CHC framework, use of the mandated assessment tools, Decision Support Tool (DST) and application of the Primary Health Needs test which is undertaken by the MDT as part of the prescribed process.

- 2.3 Documentation to accompany an assessment should include a robust and comprehensive care plan from the referrer that identifies the patient’s care needs over a 24 hour period to enable an appropriate care package to be commissioned that safely meets the patient’s needs. This involves negotiation with a number of providers and can result in deferral of cases because of a lack of evidence or poor quality assessments, causing delays in decision making and the patient’s onward journey.
- 2.4 The CCG is currently working closely with Southend Hospital to ensure that those patients who are awaiting discharge and may be CHC eligible are managed in the most appropriate setting until the eligibility decision is made.
- 2.5 Southend CCG has a current case load (as of 30th September 2014) of 582 patients in receipt of either CHC or FNC funding; this is broken down in the table below:

Nursing Homes

NH assessment and reviews	Total case load	Overdue	Completed (September)	Number of reviews resulting in patient being no longer eligible for CHC
3 month CHC	32	15	0	0
12 month CHC	53	9	0	0
Fast Track CHC	25	11	0	0
FNC	59	48	0	0
New eligibility CHC/FNC	5	5	0	0
Total	174	88	0	0

Community and Residential homes

Community assessments and reviews	Total case load	Overdue	Completed (September)	Number of reviews resulting in patient being no longer eligible for CHC
3 month CHC	145	113	5	
12 month CHC	142	47	6	1
Fast Track	74	37	0	0
New eligibility	47	41	15	0
Total	408	238	26	1

3.0 Referral and review activity

- 3.1 The current Arden CHC service offer covers the case management, assessment and review responsibility for all patients in receipt of FNC or CHC funding in nursing homes only.
- 3.2 This leaves a significant clinical risk to the CCG as the cases relating to patients living in the community are often the most complex, as of the 30th September 2014 the CCG had 238 outstanding reviews within the community.
- 3.3 The CHC team continue to undertake review activity within the community as the current community provider, SEPT, is not commissioned to undertake CHC assessments.
- 3.4 In September the CHC team completed 26 community reviews, however this has had a significant impact on the team's ability to manage the nursing home review backlog which currently stands at 88 cases. The table below demonstrates that in September all assessment and review activity was focused on community cases and not nursing homes.
- 3.5 On analysis the data demonstrates that by undertaking community reviews some patients are being found no longer eligible for full CHC funding and therefore by clearing the backlog of cases it is indicated that this exercise will support the achievement more appropriate care packages for patients and also give support to the CCG QIPP scheme for CHC Reviews.
- 3.6 It should be noted that Southend CCG now has a full complement of clinical staff within the Arden team to manage the commissioned workload with a new nurse assessor joining the team at the beginning of November.
- 3.7 Other CCGs have further resourced the CHC team to take case management responsibility for their community reviews as a longer term solution. Southend CCG is currently reviewing this position and has asked Arden to provide a report on the future capacity required to support community reviews, which will then be reviewed

by the CCG. An initial investment, equivalent to 2 band 6 nurse assessors and additional administrative support, of £50k has been committed by the CCG to 31st March 2015 to begin to address the existing backlog of CHC reviews and to support the CCG QIPP scheme for CHC reviews.

4.0 Midlands and the East benchmark data Q4 2013/14

4.1 The information below has been taken from the regional benchmark data and shows that Southend CCG is ranked one of the highest CCGs for activity and spend at the end of the last financial year, as demonstrated above in the case load activity as at 30th September 2014 over 400 of Southend CHC funded patients are placed within the community and these patients are not having a regular review as described above.

4.2 Looking at the anecdotal evidence from reviews undertaken following discharge from hospital if the resource was available to undertake community reviews at 12 weeks some patients may no longer be eligible and funding would cease which would reduce the overall case load of CHC eligible patients within Southend CCG and would as a result reduce overall cost.

CHC Total Activity	Cumulative Activity YTD	Weighted Population	Cases per 10,000 Weighted Population YTD	Rank	Population	Cases per 10,000 Population YTD	Rank
Basildon & Brentwood	909	256,477	35	11	262,547	35	14
Castle Point & Rochford	755	184,756	41	4	178,208	42	4
Mid Essex	986	362,298	27	37	380,059	26	37
North East Essex	1,019	339,924	30	26	328,495	31	21
Southend	906	202,057	45	2	186,789	49	1
Thurrock	495	153,852	32	20	162,477	30	25
West Essex	716	294,134	24	41	292,715	24	41

CHC Costs	YTD Costs £'000	Weighted Population	Costs (£'000) per 10,000 Weighted Population YTD	Rank	Population	Costs (£'000) per 10,000 Population YTD	Rank
Basildon & Brentwood	10,718	256,477	418	31	262,547	408	35
Castle Point & Rochford	7,220	184,756	391	42	178,208	405	36
Mid Essex	19,528	362,298	539	19	380,059	514	21

North East Essex	9,822	339,924	289	52	328,495	299	52
Southend	13,799	202,057	683	5	186,789	739	3
Thurrock	5,046	153,852	328	51	162,477	311	51
West Essex	13,731	294,134	467	24	292,715	469	23

5.0 Personal Health Budgets (PHB)

- 5.1 From the 1st October 2014 individuals found eligible for CHC have the right to ask for a personal health budget, Arden Commissioning Support Unit are working with the CCG and Essex Coalition of Disabled People (ECDP) to deliver personal health budgets to this group of patents.
- 5.2 Southend Borough Council have provided the CHC team with a list of patients current in receipt of a direct payment – whom have previously declined CHC assessment as they would lose their personal budget, the team are working with the local authority to assess these individuals and if found eligible for CHC will be taken through the PHB process.
- 5.3 From 1st April 2015 every person with a long term condition will have the right to ask for a PHB.
- 5.4 The CCG have agreed additional clinical resource to support the implementation of PHB, however as these cases will be predominantly within the community the CCG will need to consider how they develop the community provider to support this initiative, if the CCG were to consider funding additional resource within the core CHC to manage and coordinate community assessments and reviews then the team would also pick up the current CHC PHB case management activity within the community.
- 5.5 Each application for a PHB is taken to a PHB panel for decision where the detailed care plan is reviewed. The CCG Chief Nurse is on this panel to review and make decisions on the PHB's for Southend clients.
- 5.6 The table below shows the current PHB activity for Southend.

Placement	Number of patients in receipt of a PHB	Number of PHBs in progress	Number of request awaiting PHB process	Number of patients received direct payments referred by social care
Nursing Home	0	0	0	0
Community	7	3	5	8

6.0 Retrospective Cases

6.1 Close Down cases

6.1.1 The Governing Body have previously received information on retrospective cases that required reviewed and the previous CSU's offer to manage these retrospective cases was based on a case per head calculation to manage the close down retrospective cases within a 30 month time frame with all cases being completed by March 2017.

6.1.2 The information in the table below has been extracted from the data sent to NHSE and CCGs at the end of September 2014 and shows the total number of close down cases for Southend CCG and numbers of discounted / rejected cases.

Total number of requests received by the closedown deadlines (30th Sep 2012 and 31 Mar 2013)	231
Number of requests that have been discounted for any reason e.g. not being Previously Unassessed Periods of care/duplication /already assessed etc.	38
Number of requests requiring review	193

6.1.3 The key areas of the retrospective service offer are:

- To undertake comprehensive needs portrayal and DST (stage 3)
- Take cases through comprehensive panel ratification, appeal management - including, if necessary, representation at IRP and / or ombudsman (stage 4)
- To manage complaints in relation to time scales taken to progress claims.
- Interest calculation and processing of payments on behalf of the CCGs (stage 5)

6.1.4 At the present time Southend have a total of 193 closedown cases that are progressing through stages 3 to 5 a large proportion of these cases (101) cannot progress as there have been issues with retrieval of clinical records from the community provider, this is an on-going issue that will require the CCGs support in resolving, there is national guidance in place relating to costs associated with the request for clinical records, this has been shared with the community provider and a resolution is being sought.

6.2 Legacy and new retrospective cases

6.2.1 Southend have a total of 24 legacy or 'new' retrospective cases referred into the team – these cases are currently out of scope of Arden's retrospective offer to CCGs, as they fall outside of the national timeframe that was agreed for retrospective claims.

Legacy cases	Pre April 2013	Post April 2013	New referral since 1 st October 2014	Total
number	18	5	1	24

6.2.2 Historically the previous CSU contracted with the CCGs in Essex to manage legacy claims within the retrospective team and a small resource was substantively recruited

to manage these, however the contract with Arden CS does not currently support a rolling staffing cost and discussion is needed with the CCGs to establish how the “legacy” and “new” cases are progressed. This has been raised in a letter sent to all CCG AO’s receiving a retrospective service from Arden on the 24th October 2014.

- 6.2.3 The current core staffing resource for Southend CCG would have the capacity to pick up legacy and new cases if they stopped undertaking community assessments and reviews but by doing this it will increase the CCGs financial and quality risk for the community cohort of patient and will also further delay the process for PHB as the team would be reliant on community teams completing DST and supportive evidence to progress the PHB process.
- 6.2.4 Therefore as discussed above, if the CCG were to invest in future additional resource to manage the community assessment and reviews, the team would be in a position to deliver a comprehensive service that can support the CCG to reduce the backlog of reviews and proactively manage the on-going CHC activity with appropriate CHC eligibility decisions and care packages.

7.0 Internal CHC Audit

- 7.1 In August an internal audit was commissioned by the Chef Nurse and the Acting Director of Finance, the purpose of the review was to:
 - To review all CHC patient documentation within the hard copy files.
 - To spend the day with the discharge team at Southend University Hospital to gain insight into their perspective and management of CHC issues
- 7.2 The report highlighted 22 recommendations (appendix 1) many of these focus on developing and engaging with community providers to support the CHC assessment and review process.
- 7.3 Arden CSU CHC team are committed to support the CCG to deliver on these recommendations and work has already begun to review a number of high cost packages for patients with learning disabilities, where joint meetings with the local authority have been held to review provision for this cohort of patients and have started to develop a panel process to consider how best to commission care needs going forward, and to gain a better understanding of core provision that the local authority provides as the lead commissioner for learning disabilities care.
- 7.4 The CCG have also agreed to proactively support the development of care bundles and a quality specification for care homes as part of the wider procurement process in Essex.

8.0 Recommendation

- 8.1 The Governing Body is asked to note the update report on the current work on CHC and Arden CSU.

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Date : 20th November 2014

APPENDICES

Appendix 1 – Internal CHC Audit recommendations August 2014
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Appendix 1**Recommendations**

- Urgent review of integrated working
- There needs to be greater clarity on CHC assessment input from SEPT and SUHFT
- Reduce number of assessments taking place in acute settings
- Review and evaluate Discharge to Assess arrangements
- Monitor and review CQUIN process
- Review and amend SEPT community contract (DN; CHC; SLT)
- Review and update Community Nursing Specification
- CCG to take lead on policy development of CHC and overview CHC has correct procedures and processes in place
- From governance perspective it needs to be clarified if policies and specifications in relation to CHC are developed and been formally adopted by the CCG
- Enhance training programme with initial identification of priority areas, such as, SUHFT fast track and medical staff
- Review of all high cost cases
- Review of mental health cases from quality and cost perspective
- Review outcomes and performance indicators for dementia intensive support (DIS) teams and rapid assessment interface and discharge RAID team.
- Need to clarify and define case management expectations and role of mainstream providers
- Review and monitor Care Home Specification to ensure includes specific training and staff competencies. Also includes admission access and discharge returns.
- Need to ensure processes in place to quickly review placements with supposedly short term 1 to 1 support or high intensive packages
- Develop pathways for end of life; dementia and stroke.
- Review opportunities for joint procurement and contracting with SBC
- Review opportunity for integrated approach to quality monitoring with SBC
- Review access to equipment
- Review opportunity for joint market management with SBC
- Request public health predictive analysis of CHC