Appendix 1

NHS Dorset Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group

Continuing Healthcare

Health Scrutiny Report November 2013



Supporting people in Dorset to lead healthier lives

1. Introduction

1.1 'NHS continuing healthcare' means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. The actual services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS continuing healthcare places no limits on the settings in which the package of support can be offered or on the type of service delivery.

1.2 Individuals who need ongoing care/support may require services arranged by Clinical Commissioning Groups (CCGs) and/or Local Authorities (LAs). CCGs and LAs therefore have a responsibility to ensure that the assessment of eligibility for care/support and its provision takes place in a timely and consistent manner. If a person does not qualify for NHS continuing healthcare, the NHS may still have a responsibility to contribute to that person's health needs – either by directly commissioning services or by part-funding the package of support.

1.3 Assessments of eligibility for NHS continuing healthcare should be organised so that the individual being assessed and their representative understand the process, and receive advice and information that will maximise their ability to participate in informed decision-making about their future care. Decisions and rationales that relate to eligibility should be transparent from the outset for individuals, carers, family and staff alike.

1.4 The National Framework (revised November 2012) sets out the principles and process for NHS continuing healthcare and NHS-funded nursing care. It reflects the new structures created by the Health and Social Care Act 2012 effective from 1 April 2013. The previous Primary Care Trusts' (PCTs') responsibilities and legal duties in relation to NHS continuing healthcare have as of the 1st April 2013 transferred to CCGs and, in the case of serving members of the armed forces and their families, or prisoners, to the NHS Commissioning Board.

1.5 In addition the National Framework and supporting documents set out more detailed best practice on decision-making and related issues such as case management, reviews, commissioning and personalisation. There are three national tools which all CCGs are required to use in making decisions on eligibility for NHS continuing healthcare.

1.6 These are:

- the Checklist (an initial screening tool);
- the Decision Support Tool (used to consider a person's needs across a set of 'domains' to assist in reaching a recommendation on eligibility;

- the Fast Track Pathway Tool, used in situations where an individual requires immediate access to appropriately funded care because they have a rapidly deteriorating condition and may be entering a terminal phase. This tool, when used, replaces the need to use the Checklist and Decision Support Tool.

1.7 The process for consideration for Continuing Health care eligibility is identified in Appendix 1.

1.8 Patients found eligible for NHS continuing healthcare receive funding for health and personal care needs in full regardless of their financial situation either by means of a commissioned package of care or a Personal Health Budget (PHB). However this does not exclude recipients from full access to mainstream healthcare services and certain elements of social care provision.

1.9 Due to the different funding regimes, in that NHS care is free at the point of delivery and social care is means tested, there are tensions in the system. NHS continuing healthcare can be a litigious area and frequently subject to challenge and appeals against decisions reached. This means that the application of the National Framework in a robust manner by both CCGs and LAs is vital not only to ensure consistency but also to demonstrate equitable application of the Framework across England, which is monitored by NHS England on a quarterly basis.

2. Report

2.1 Summary of number of applications and expenditure

The summary tables below show the number of applications relating to the Dorset County Council area specifically from 2007 to date and the expenditure relating to care delivery to eligible patients.

	DCC Area	Eligibility Conversion Rate CHC Complex	Eligibility Conversion Rate Fast Track
2007/08	791	n/a	n/a
2008/09	1344	n/a	n/a
2009/10	1138	627	1240
2010/11	1090	515	1354
2011/12	1047	552	1267
2012/13	1250	625	1650

2.2 Expenditure

	DCC Area	CCG Total
2006/07	£5,400,000	
2007/08	£14,500,000	
2008/09	£16,063,478	£32,401,788
2009/10	£19,915,233	£44,823,793
2010/11	£25,909,952	£48,705,882
2011/12	£25,069,761	£48,672,510
2012/13	£30,858,283	£59,761,834

The CCG total expenditure for 2012/13 includes a contingency for the retrospective closure.

The budget for Dorset County Council Adult Social Care for 2013/14 is £108.9m.

2.3 Appendix 2 shows a breakdown of the type of cases funded.

2.4 Appendix 3 shows Quarter 1 2013 NHS England monitoring data, South of England comparisons extract

2.5 Whilst there has not been a significant growth in the number of new applications for NHS continuing health care since 2010 the number of patients remaining eligible has grown by 7% year on year and in the first quarter of 2013 this has increased to 9% which has given rise to a significant increase to care costs.

2.6 Transition to the CCG

The transition to the CCG has meant there was a need to align the two NHS continuing healthcare teams across the two sites. Work has been undertaken to ensure there are consistent processes, templates and processes.

2.7 Development of the service

NHS continuing healthcare is a constantly evolving area of work both in terms of revisions to the National Framework, Department of Health (DH) instructions, case law, and commissioning services to meet increasingly dependent patients. Developments include Funding out of Hospital, Marie Curie service for Fast Track patients, a joint Learning Disability service with an aligned budget and an advocacy service provided by Dorset Advocacy.

2.8 Quality Assurance

Each individual who is assessed as being eligible for NHS continuing healthcare has an initial review after three months to test ongoing eligibility and to ensure the care package is meeting their needs. After this, there is an annual review or more frequently if needs change. Complex cases are case managed by one of the NHS continuing healthcare co-ordinators.

A team of Quality Managers has been established within the CCG's Quality Directorate to monitor and these are working jointly with the LAs to improve the quality of care provided in care homes and with domiciliary providers in Dorset.

2.9 NHS Contracting

A plan is in place to ensure that all providers of services to NHS continuing healthcare patients have in place a robust contract and service specification. There is a new NHS e contract which will have to be used for NHS services from 1 April 2014.

2.10 Financial controls

Financial reporting is done through the Caretrack system. There are monthly reports to managers on actual and forecast spend, trends in spend and the average weekly cost of care. The average weekly cost of care has remained fairly stable since 2010 despite increasing levels of care needs, mainly because of the interventions of Commissioning Managers in negotiating prices and a constant monitoring process.

2.11 Training

Since the National Framework has been implemented in 2007 there has been a commitment to joint continuing healthcare training between the PCTs/CCG and the LAs. A new NHS continuing healthcare e learning tool was launched this month which will be accessible to all health and social care staff who work with NHS continuing healthcare. Staff from DCC and Dorset CCG were members of the national working party on the e learning and were involved in writing some of the modules. There will be a joint launch programme for this training tool in the coming months.

2.12 IT Solutions

In April 2010 Bournemouth and Poole PCT purchased Caretrack, a web based system for managing the total aspect of NHS continuing healthcare, from administration, commissioning and finance. In August 2010 Dorset PCT purchased the same system, but utilised the system slightly differently.

As the two Trusts worked as 'shadow organisations', processes were joined up to ensure closer working between the two NHS continuing healthcare departments allowing reporting and finance processes to align. The issue that became apparent during this working was that although the systems were the same, the configuration differed.

A project is now underway to join up the two Caretrack systems, allowing one patient and finance management system across both sites.
It is anticipated that the merger of the two systems will complete at the end of March 2013, with the new configured system used for the financial year 2014/15.

2.13 Joint Market Management

In February 2012 a joint meeting was held between Dorset County Council (DCC) and the independent care provider market. At this meeting it was agreed that Dorset, Bournemouth and Poole Local Authorities would work jointly with Dorset CCG to identify excellence in market management and create working practices across the partnership to reduce any negative impact on providers and care provision.

The partnership has agreed key areas to work on, specifically:

- review safeguarding, contracting and monitoring processes;
- optimise opportunities for joint and shared contracts;
- discussions with CQC with a view to developing a joint working protocol;
- development of a consultation process across partner agencies;
- establishment of cost model across Dorset;
- development of a strategic vision for a joint commissioning approach across the county.

It is anticipated that the first stage of this project, the issuing of joint contracts, will be completed by 01 April 2014, with the timescale for other areas to be agreed jointly.

2.14 Payments

With the installation of Caretrack NHS continuing healthcare has been able to advance its payments operation by eliminating the need to process invoices and pay providers directly for the care that has been commissioned.

A payment report is run each month, categorised by each care provider, totalling how much is to be paid per patient. If an over payment is made, for example care is no longer required after the provider has received funds, the system will deduct the overpayment from the next payment run.

This process is in place across the two NHS continuing healthcare sites and has realised substantial benefits. The manual coding and approving of approximately 1000 invoices per month has been removed, thereby releasing administration time for staff. Care providers no longer need to raise invoices, providing them with an administration saving also. More importantly the CCG is able to control the funds paid for care and is able to easily retrieve money if care has not been delivered. This system is used not just for care providers, but also for making direct payments to patients and their representatives who are in receipt of a PHB.

2.15 Personal Health Budgets

NHS Dorset was a pilot site for Personal Health Budgets, and this pilot was extended to NHS Bournemouth and Poole when the two organisations merged.

NHS continuing healthcare also commission several independent organisations who act as 'holding account' for those patients who wish to have a PHB, but not hold the funds. This pilot has placed the CCG is the best possible place for when the Department of Health rolls PHBs out nationally with the 'right to ask' for a PHB in April 2014 and the 'right to have' a PHB in October 2014.

2.16 Joint working with Local Authorities

NHS continuing healthcare is fundamentally a 'whole system' issue which can only operate successfully if LAs and CCGs work in partnership. NHS continuing healthcare and LA social care assessments consider very similar issues. The providers used by CCGs for NHS continuing healthcare are also very largely the same providers used by LA social care (with numerous examples of individuals remaining with the same care provider and only the commissioning responsibilities moving from the LA to the CCG – and sometimes back to the LA as their needs change).

The former PCT and now the CCG have traditionally taken a joint approach with DCC on NHS continuing healthcare with joint assessments, policies and procedures including a Local Disputes Resolution Procedure, NHS continuing healthcare Oversight Group, joint work plan, joint training and shared information.

2.17 Previously unassessed periods of care ('retrospective claims')

In March 2012 the Department of Health (DH) announced its intention to "close down" any new cases that required retrospective assessment of eligibility for NHS continuing healthcare. Responsibility for recording, assessing and deciding eligibility lies with individual CCGs.

Any person wishing to have previously un-assessed period needed to have declared their interest. The deadline applied to:

- those who never received an assessment for NHS continuing healthcare;
- those who believe they may have been eligible for periods of care which occurred between 1st April 2004 and 31st March 2011.

As part of the PCTs legacy moving to the CCG a provision was created to manage the future risk of these retrospective claims of £14.3m.

The number of applications was expected to be high in light of the announcement (which was publicised) and the time period in question. In addition, it was felt that a number of enquires would come via third parties, in particular claim companies. Consequently at the time the PCTs identified that resource needed to be put in place to deal with the number of enquiries.

2.18 Appendix 4 shows the current statistics for retrospective applications.

On 18 July 2013, Dorset CCG Governing Body agreed to tender the clinical side of the assessment process. A budget of £2m has been set to manage this within a separate project to ensure that it does not impact upon the service.

2.19 The approach which the CCG has agreed, and has informed each applicant, is to process previously unassessed periods of care applications in a priority order.

- still-living cases, which will involve the assessment of current need and, if appropriate, the assessment of past years;
- deceased cases by date of application order.

It is expected that the processing of these applications will be completed within 2 years.

3. Conclusion

3.1 There has been significant progress in joint working and NHS continuing healthcare development since 2010. There is still some growth in applications; however the conversion rate of applications which become NHS continuing healthcare has remained stable. However, there is an increasing dependency and number of patients remaining eligible for NHS continuing healthcare funding and therefore an increasing cost to the CCG.

3.2 Regionally NHS Dorset has remained one of the most consistent CCG areas in its application of and delivery of NHS continuing healthcare whilst always facing and dealing with ongoing service challenges and significant demographic influences which are faced by both the NHS and LAs in Dorset.

4. Recommendation

3.3 Based on the findings produced in this report we recommend that:

The committee notes this paper and the ongoing progress with partnership working.

APPENDIX 1

Eligibility Consideration

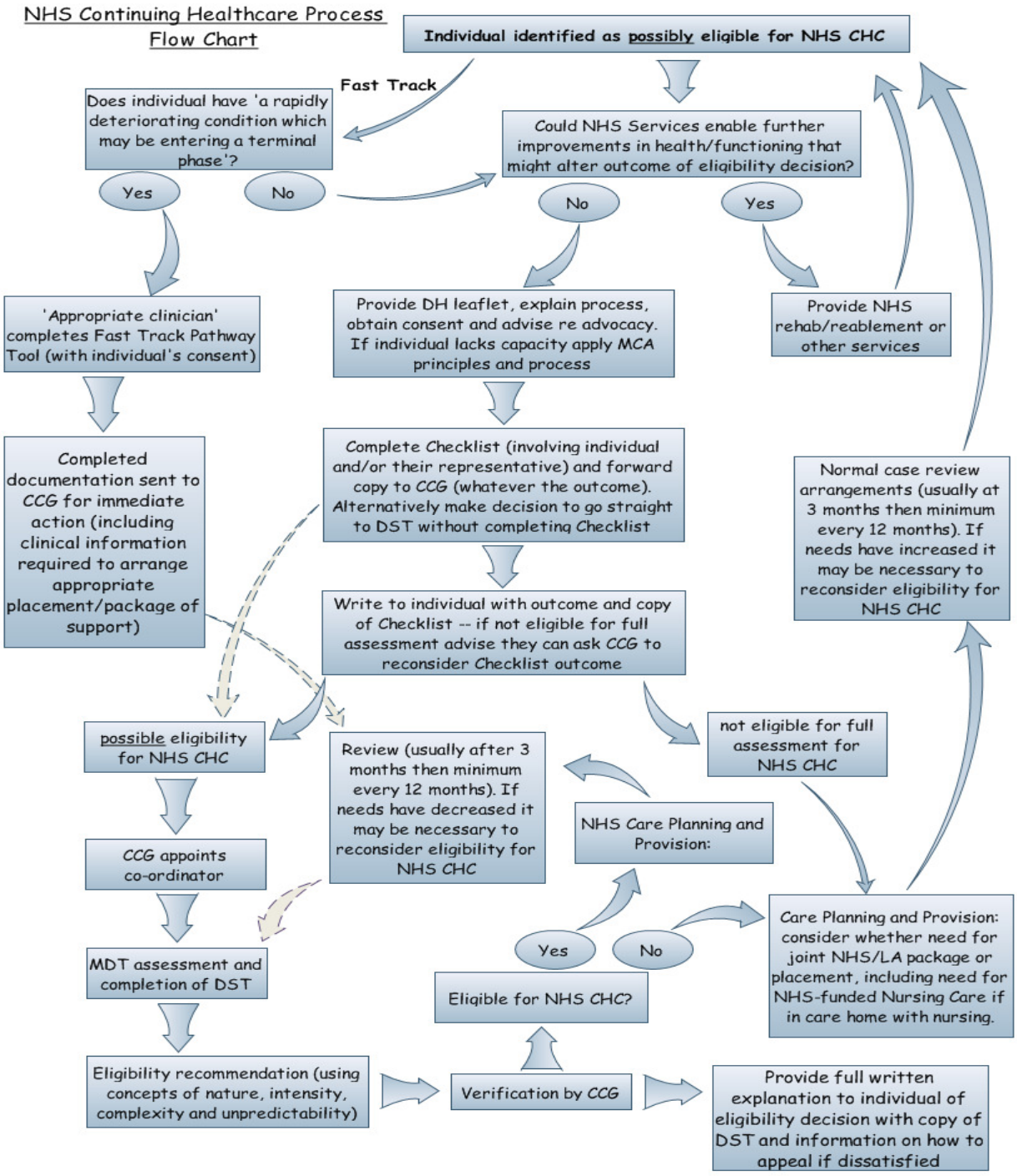
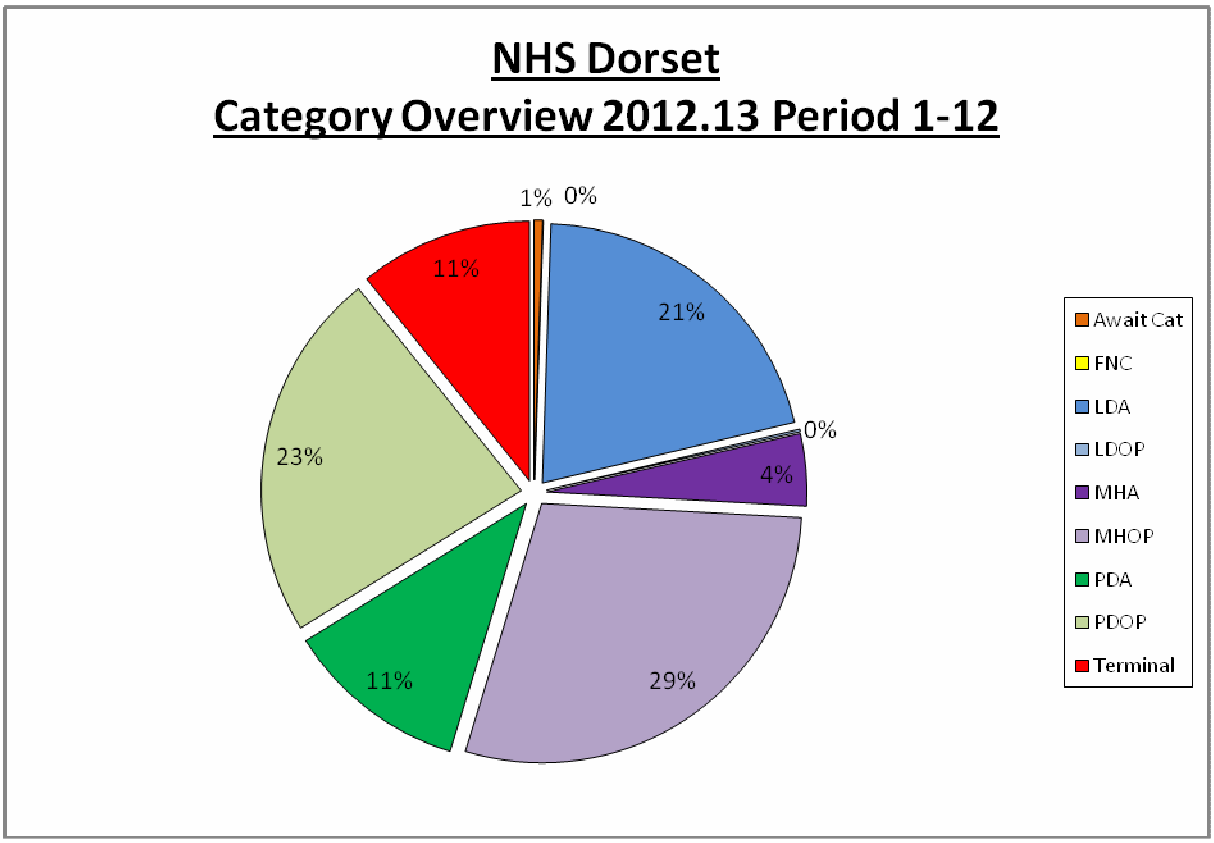


Figure 1: Overall process for determining eligibility for NHS continuing healthcare (NHS CHC) and the NHS elements of joint packages of care (including NHS-funded nursing care).

APPENDIX 2


NHS Dorset
Category Overview 2012.13 Period 1-12
1%
0%
11%
21%
0%
4%
23%
11%
29%
Await Cat
FNC
LDA
LDOP
MHA
MHOP
PDA
PDOP
Terminal

APPENDIX 3

SHA Benchmarking			Highest		Outlier									
Quarter 1 2013/14			Lowest									4% is correct		
CHC	Weighted Population	CHC YTD Activity	Cases per 10,000 weighted pop	Local Rank	National rank	South Rank	CHC YTD Costs £'000's	Costs £'000's per 10,000 weighted pop	Local Rank	National rank	South Rank	CHC Conversion rate	FT Conversion rate	Referrals exceeding 28 days
Dorset	**849,490**	**1,397**	**16**	**4**	**44**	**9**	**£10,666**	**£126**	**4**	**58**	**15**	**53%**	**98%**	**6**
Isle of wight	146,666	190	13	8	103	23	£1,854	£126	4	56	13	62%	92%	8
North Somerset	222,189	303	14	6	86	20	£2,006	£90	8	119	33	34%	70%	36
North, East, West Devon	915,360	1,878	21	2	16	5	£16,001	£175	1	15	4	60%	99%	28
Portsmouth	211,612	303	14	6	78	16	£1,869	£88	9	128	39	43%	100%	20
Somerset	571,376	1,262	22	1	10	2	£6,442	£113	7	78	24	46%	100%	60
South Devon & Torbay	302,141	513	17	3	40	7	£3,981	£132	3	48	11	41%	100%	42
Southampton	235,830	214	9	9	167	37	£3,442	£146	2	33	6	33%	100%	3
West Hampshire	528,726	800	15	5	63	13	£6,036	£114	6	75	23	4%	100%	0
Wiltshire	459,011	300	7	10	202	45	£3,614	£79	10	152	44	14%	96%	35
										Regional Average		33%	92%	16

NHS South of England Excerpt

Quarter 1 2013/14

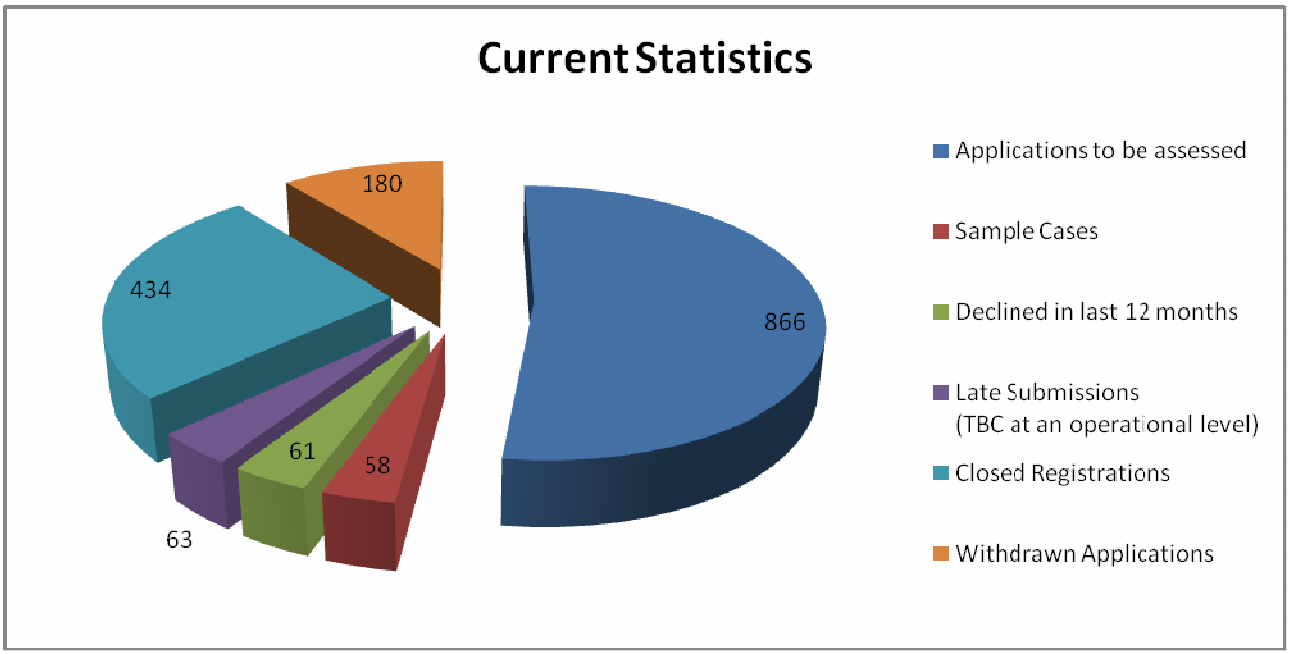
APPENDIX 4

NHS Dorset Clinical Commissioning Group

NHS Dorset Previously Unassessed Periods of Care (retrospective claims)

October 2013

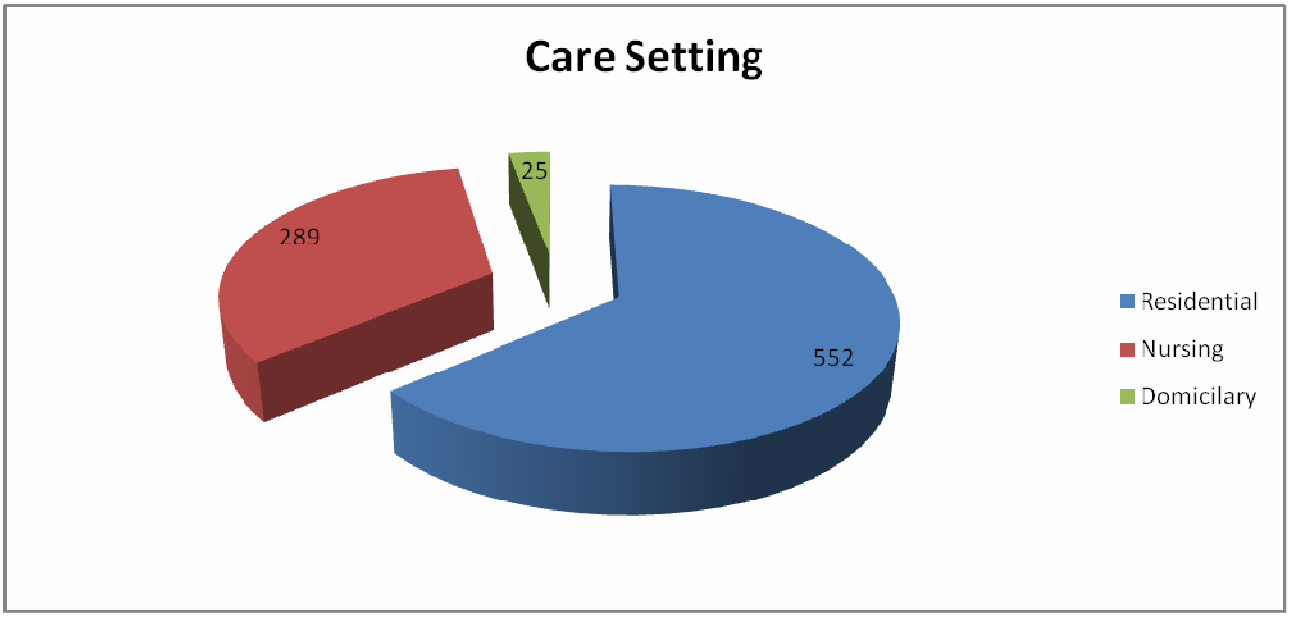
Current Statistics



Total expressions of interest: 1662

Total applications being taken forward: 924

Applications actioned so far: 58 – A sample of cases covering various types of care settings and length of time under consideration.


Care Setting
25
289
552
Residential
Nursing
Domicilary