Aims / Outcomes of today’s CHC Training

- Clarify that although CHC is a complex area of both health and social work, it is not an impossible task.

- Clarify the concept of a “primary health need" as identified within NHS Continuing Healthcare Practice Guidance March 2010

- Explain the joint LA / CHC process from start to finish, by the use of slides, and identify when it may be appropriate to complete a CHC Checklist

- Provide each attendee with enough basic knowledge / confidence to fully participate / complete the recommendation section of a Decision Support Tool (DST)
Different Types of Needs

Social care needs ---are directly related to the type of welfare services that LA,s have a duty to provide. These include but are not limited to: assessments of need, advice, information, personal care assistance with daily living tasks. Assessment / assistance with equipment and home adaptations, support to locate a care home, carer support,

Healthcare needs ---are related to the treatment, control, or prevention of a disease, illness, injury or disability and the care or aftercare of a person with these needs. These needs are met by a combination of mainstream services such as District / Community Nurses/ Tissue Viability Nurse etc

Fast Track Tool --- should be used for individuals who need an urgent package of care, due to a rapidly deteriorating condition that may be entering a terminal phase with an increased level of dependency.
What is a Primary Health Need?

Each of the 4 characteristics below could demonstrate a primary health need due to the quality (type of) and quantity (amount of) care required to meet these needs.

AN AUTOMATIC PRIMARY HEALTH NEED IS:

1 PRIORITY INDICATOR IN ANY DOMAIN - OR - 2 SEVERE INDICATORS IN ANY DOMAIN.

- **Nature** – this describes the characteristics and type of the individual’s needs and the overall effect these needs have on the individual, including the type of interventions required to manage those needs.
- **Complexity** – this is about how the individual’s needs present and interact and the level of skill required to monitor the symptoms, treat the condition and/or manage the care.
- **Intensity** – this is the extent and severity of the individual’s needs and the support needed to meet them, which includes the need for sustained/ongoing care.
- **Unpredictability** – this is about how hard it is to predict changes in an individual’s needs that might create challenges in managing them, including the risk to the individual’s health if adequate and timely care is not provided.

Reference – NHS Continuing Healthcare & NHS Funded Nursing Care public information booklet
What is Funded Nursing Care

- Funding Nursing Care (FNC) is a fixed payment of £108 per week – this is paid by the PCT to a Nursing Home.
- FNC cannot be paid to a residential home or to a client in the community.
- Eligibility for FNC payment is identified by the Continuing Healthcare Nursing Team.
- FNC eligibility is a clinical decision based on information provided within the Nursing Needs Assessment.
- A social care assessment is not required to obtain FNC payments.
What is a Fast Track?

- The individual fulfils the following criterion:
- Has a primary health need arising from a rapidly deteriorating condition which may be entering a terminal phase, with an increasing level of dependency (usually requiring a change in care package)
- Fast track where the person is in or going to a care home is processed through the CHC team.
- Professionals involved in the care of people at home needing fast-track should to apply to the Fast-Track team (numbers at the end)
- A Social care assessment is not required for a Fast Track application
The Fast Track Document

- The Fast Track (FT) document has replaced the Priority Patient form. Its purpose is to put care in place urgently where there is no funded package in place.

- The Fast Track document is signed by a Senior Hospital Doctor or GP for an individual who has a rapidly deteriorating condition and/or is end of life.

- It must be accompanied by a short nursing needs assessment where a NHS Nurse is involved with the person’s care.

- If the Fast Track document is signed a social care assessment and a DST do not need to be completed (unless the DST is already arranged or until the review takes place).

- Remember, an individual can stabilise or plateau – FT funding is reviewed and may not remain in place following the review.
Nursing Needs Assessment

- Assessment of needs should be multi-dimensional
- Evidence from Care Home and other records which should be clear, explicit and accurate.
- Input from all involved parties
- Factors of risk should be considered
- If unmet need is identified action should be taken to meet that need.
- Consider the evidence
What info do you need in the SDQ?

- Tell us: about the person – use clear simple descriptors of what type / intensity of help the person needs.

- Tell us: what type of mainstream health professionals are already involved.

- Tell us about existing support plan and who is funding it

- Tell us: about any unmet needs

- Tell us: about any risks / capacity issues.

- Describe how the person walks, talks, eats and include the evidence
The Checklist - Key Points

- An detailed assessment needs to be completed before the CHC Checklist can be applied. Good practice (Framework practice guidance) suggests that both health and social care assessments should be considered to complete the checklist.

- “Passing” the Checklist means the person is eligible to progress to the Decision Support Tool (DST) stage. It does not mean they will become eligible for Continuing Healthcare funding.

- If an individual does not pass the Checklist, either they or their family can still request the full CHC DST process is followed.

- The A descriptor = a high need. The B descriptor = moderate / low need. The C descriptor = low / no need.

- The assessor is required to record either an A - B -C with a “brief” rationale / descriptor of the individuals needs and the evidence used.
The Continuing Healthcare Process

- **Assessment**
  - Checklist: Worker needs to ensure clients with high needs are screened for CHC

- **CHC Referral made – Logged on systems**
  - CHC paperwork emailed to chc-assessment&checklists@bradford.gov.uk

- **Family / professionals contacted**
  - Process explained and questionnaire sent out.

- **Health and Social Care Professionals’ make DST Recommendation**

- **PCT Resource Allocation Group (RAG) funding**

- **Decision Support Tool Meeting attended by health and social care professionals, family and key worker**

- **Case allocated to CHC Senior Nurse for DST coordination**

- **Joint Verification Group (VG) if required**

- **Family / Professionals advised by letter**

- **LA cost – Finance Contracts**
  - Set Review Date

- **PCT cost - Finance Contracts**
  - Set Review Date

LA / CHC Training October 2012
J Kerman/L Emsley/P Charles
The – DST / Recommendation

- Evidence is the key to the DST – be specific, avoid works like “frequently” “occasionally” “often”. Evidence can be found in care home records, from District / Community Nurses or GPs, any care provider (paid or unpaid).

- The multidisciplinary teams (MDTs) discusses the evidence from the assessments and agrees the individual’s needs in relation to 12 care domains. All the information from your assessments is cut and paste onto the DST document.

- Although the PCT takes the lead in completing / typing the DST – this is a joint document that continues to require Social Worker’s to attend and participate in.

- The CHC Senior Nurse will send a copy of the DST to the Social Worker for reading and signing the recommendation.
Completing the DST

- 30 minute Group Practical Exercise and 15 minute feedback.

- Task One: Divide into numbered groups, complete the levels of need in each domain according to the evidence provided on the DST. Record the levels on the care domains on Page 30.

- Task Two: Discuss the needs and complete a recommendation in Section 3 – identify and record the 4 key elements Nature -Intensity – Complexity- instability which may indicate a Primary Health Need and therefore eligibility for Continuing Healthcare funding.

- If no Primary Health Need is evident is the person eligible for FNC, ie. needs that require access to a RN over a 24 hour period.

- As professional assessors in line with the CHC National Framework you are asked to make a joint recommendation.
What if we can’t agree outcome?

- Resolution is always encouraged at the earliest possible opportunity.

- Discussion must take place between Health and Social Care Professionals to reconsider the available evidence provided at DST.

- If, after joint discussion, agreement cannot be reached each assessor needs to sign the DST and request the case goes to the integrated health and social care Verification Group (VG).

- On the rare occasion where the outcome is not agreed at VG the case will progress to the joint local process for resolving interagency disputes.

- Such procedures are conducted with the best interests of the individual in mind and have clear timescales to avoid protracted periods of uncertainty.
The client or family can appeal the decision of eligibility. The appeal should be sent in writing to The Continuing Healthcare Team.

An appeal is a dispute/challenge which may relate to a disagreement regarding the eligibility decision or process within 6 months of the receiving the CHC outcome letter.

When all efforts have been made to resolve the case locally, including, where necessary a further review based upon all available evidence the case can go to an out of area Independent Review Panel.
Retrospective Reviews

- Retrospective reviews: A retrospective review can be requested by individuals to look back at eligibility for NHS funded Continuing healthcare prior to the current eligibility decision or current referral. An individual can also request a retrospective review if they feel they have never been considered for CHC or feel they have been wrongly denied NHS funding.

- Enquiries Procedure: Enquiries must be in writing. The appeals team will send appropriate response in writing and decide if the enquiry is an appeal, complaint or retrospective review.

- There are now clear Government dictated timescales on these.
Section 117

The Mental Health Act supersedes The National Framework, therefore clients who have been detained under a section 3 or 37/41 of the mental health act, and have section 117 aftercare status, would not presently be eligible for a CHC assessment if the indicators of change were due to their mental health alone.

- Any physical changes that may indicate a primary health need eg. CVA, Renal Failure, should have a CHC checklist applied and if appropriate progressed to DST stage.
For further information

Please see the:

*NHS Continuing Healthcare Referral Processes
For Health and Social Care Professionals
document*

All contact details and referral pathways are in the above document.