NHS Rotherham Clinical Commissioning Group

Operational Executive – 13th September 2019
Strategic Clinical Executive - 18 September 2019
GP Members Committee – 30 October 2019
Governing Body – 4 March 2020

CHC Transformation Schemes Update

Lead Executive:	Chief Nurse Sue Cassin
Lead Officer:	Head of CHC Jane Newton
Lead GP:	Dr Jason Page

Purpose:

To provide Governing Body with oversight of the Continuing Healthcare (CHC), Quality, Innovation, productivity and Prevention Plan for 2019-20 and 2020-21, which include:

- **Joint Packages of Care**
- **CHC at Scale**
- **Personalisation**

And to gain approval of Governing Body to proceed with the revised process for allocating a funding split for Joint packages of care

Background:

NHS Continuing Healthcare (CHC) means a package of on-going care that is arranged and funded solely by the National Health Service (NHS). An individual who is eligible for NHS Continuing Healthcare has a 'primary health need' as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (revised) October 2018.

1. **Joint Packages of Care-** ***Implementation of a process that will indicate funding responsibility from both the NHS and Local Authority for individuals eligible for a Joint Packages of Health and Social Care***

Where an individual is deemed not eligible for NHS Continuing Healthcare they may potentially receive a joint package of care (JPOC). This is where an individual's care or support package is funded by both the NHS and in most cases the local authority.

The National Framework for NHS Continuing Care and NHS-Funded Nursing Care (Revised) October 2018 confirms that a JPOC may apply, where specific needs have been identified through the Decision support tool (DST) that are beyond the powers of the local authority to meet on its own. This could be because the specific needs are not of a nature that a local authority could be expected to meet, or because they are not incidental or ancillary to something which the Local Authority would be doing to meet needs under sections 18-20 of the Care Act 2014.

Currently when a JPOC is approved, NHS Rotherham Clinical Commissioning Group (RCCG) has an informal practice of allocating 50% of the funding for the formally assessed package of care or support. Therefore a small CCG/LA group has worked on:

Reviewing the tools for decision-making
Reviewing the decision-making processes to ensure decision making is fair, equitable and meets current legislative requirements
As a result of the work a revised process has been developed see appendix 1

The revised process will commence for any new eligibility where a JPOC is agreed and when any of the existing 144 cases has an eligibility review that confirms a JPOC remains appropriate. Implementation of the revised tool and process will ensure that RCCG identify the elements of care

and support that are the responsibility of RCCG, and accordingly will result in RCCG funding the appropriate % of funding to meet the identified health needs.

2. CHC at Scale- *Collaboration for complex care - Stimulate the specialist CHC market by aggregating opportunities to ICS level conducting negotiations on a larger scale to achieve better value for money*

NHS Rotherham CCG CHC service is currently responsible for funding the care and support of approximately 180 standard CHC patients. Almost £4.5 million of the total annual committed spend is allocated to funding the support of 33 patients in enhanced care home placements across 5 provider organisations.

Table 1. *Provides information regarding the number of patients and the approximate annual spend with enhanced provision providers*

Provider	Annual committed spend	No. of Patients
Exemplar	£2 million +	13
Voyage	£1 million +	8
Hesley Group	£720k+	3
Star Foundation	£420k+	5
The Glades	£350k+	4

Larger scale negotiations are known to achieve better value for money, and nationally there are examples of organisations responsible for CHC collaborating to reduce spot contracts by utilising digital CHC and E-brokerage. It is likely that several CCG's across the SY&B ICS will be commissioning care from the above organisations therefore there is an opportunity to collaborate and achieve better value for money.
CHC digital has recently offered the opportunity for STP/ICS,s to submit a bid for up to £91k for pioneer innovations, as a result of the opportunity SY&B CCG's CHC leads have collaborated to submit a joint bid which includes 3 areas of scoping 1 of which is at scale market management.

3. Personalisation- *Introducing Personal Health Budgets by default for Individuals eligible for NHS continuing Health Care who reside in their own homes*

Personalised Care will benefit up to 2.5 million people by 2024, giving them the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life Personalised care is based on 'what matters' to people and their individual strengths and needs.. The NHS Long Term Plan says personalised care will become business as usual across the health and care system. A key commitment and action by 2023/24 is 200K people across England will have a personal health budget (PHB) so they can control their own care, improve their health experiences and experience better value for money services over a "one size fits all" approach.

Adults who are eligible for CHC funding, and children in receipt of continuing care have had a legal right to have a PHB since October 2014.

By April 2019, NHS England expected that unless there are exceptional circumstances, everyone living in their own home that is in receipt of standard NHS Continuing Healthcare funding will have a PHB, due to the timeframe associated with planning PHB's for individuals that have recently been approved eligible for CHC, NHS England have suggested that 85% of eligible cases should have a PHB.

Table 2. *Provides information on the number of CHC eligible individuals and the number of PHB in place split by type*

No. of CHC eligible individuals living at home	**107**
No. of notional budgets	34
No. of 3rd Party Budgets	34
No of Direct Payments	6
Total No. of PHB	**74**

The CHC service continues to progress PHB's for all eligible individuals and has begun discussions with partner organisations including Rotherham Hospice to scope opportunities to develop and offer PHB's for individuals that are eligible for fast track CHC funding.

Analysis of key issues and of risks

1. **Joint Packages of Care scheme** has been commenced where cases are approved as a joint package of care via the dispute process, which has resulted in 1 new case of Joint funding been approved the element of health funding in this case was approved at 10%.
   Additional resource has been approved to implement the revised processes and it is expected that the expected changes will be identified by the end of October data

2. **CHC at Scale scheme** remains at an early stage; the ICS CHC Leads have agreed an initial submission of a bid for £91k to the CHC digital pioneer's innovations opportunity, which if successful will enable an ICS project to commence. This scheme remains at risk due to the nature of ICS collaboration that is required and the appetite of the local CCG's to implement such a scheme.

3. **Personalisation-** Personal Health Budgets are standard practice inherentwithin current RCCG CHC practices and all eligible individuals are encouraged to consider what matters to them and their individual strengths and needs. Quality improvements with this scheme are often associated reducing the cost of care packages through direct commissioning, reduction of agency fees and people accessing more appropriate services. However it should be noted that there are often savings associated with the indirect costs of care – e.g. acute admissions / lengths of stay.

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

Completed http://www.rotherhamccg.nhs.uk/Downloads/Equality%20Docs/Combined%20QIPP%20Schemes%202019.pdf

Financial Implications:

1. **JPOC**

	£		£
Apr-19	0	Oct-19	74,000
May-19	0	Nov-19	74,000
Jun-19	0	Dec-19	74,000
Jul-19	~~74,000~~	Jan-20	74,000
Aug-19	~~74,000~~	Feb-20	74,000
Sep-19	~~74,000~~	Mar-20	75,000
		Total	**667,000**

Figures as at January 2019 and assumes jointly funded packages are reduced from 50% to 40%however the scheme will not be in practice until September therefore the figures will be revised to accommodate the delay and the scheme will continue into 2020-21

2. **CHC at scale**

	£		£
Apr-19	0	Oct-19	21,000
May-19	0	Nov-19	21,000
Jun-19	0	Dec-19	22,000
Jul-19	0	Jan-20	22,000
Aug-19	0	Feb-20	22,000
Sep-19	0	Mar-20	22,000
			130,000

Assuming a 5% saving on the cost of all high cost placement at January 2019.

3. Personalisation

	£		£
Apr-19	0	Oct-19	27,000
May-19	0	Nov-19	27,000
Jun-19	0	Dec-19	27,000
Jul-19	0	Jan-20	28,000
Aug-19	0	Feb-20	28,000
Sep-19	0	Mar-20	28,000
			165,000

By converting the remaining home care packages to PHBs a cost saving of £165k is expected based on an analysis of previous savings.

Human Resource Implications:

N/A

Procurement Advice:

N/A

Data Protection Impact Assessment

N/A

Approval history:

OE: 13 September 2019
SCE: 18 September 2019

Recommendations:

For discussion of all 3 schemes

Paper is for Approval

NHS
Rotherham
Clinical Commissioning Group

Process for agreeing Joint packages of care

September 2019

Rotherham CHC procedure for approving a joint package of care

1 Introduction

1.1 If a person is assessed as not eligible for Continuing Healthcare (CHC) in accordance with the National Framework for Continuing Care and NHS-Funded Nursing Care (NF, revised October 2018), they may still have health needs requiring support. A recommendation for a joint funded package of care (JPOC) may potentially be made where there are elements of needs that are health in nature, or beyond the legal limits of the Local Authority (LA) as described in sections 18 – 20 of the Care Act (2014).

2 Purpose

2.1 This document details how Rotherham Clinical Commissioning Group (RCCG) will consider and agree JPOC and notify the responsible LA, the patient and other relevant parties.

3 Process

3.1 Where a patient is not eligible for CHC and the recommendation is for a JPOC the Case will be presented to Quality Assurance Control (QAC). Once the recommendation is approved as a JPOC, QAC will complete the 'Rotherham Adapted funding tool (RAFT)' (appendix 1).

3.2 QAC will complete the RAFT in accordance with the guidance (appendix 2); however there may be occasion when QAC take a pragmatic approach to the RAFT matrix scores. This is expected to be on a number of isolated cases rather than the norm. The rationale for this should be documented on the RAFT.

3.3 When a JPOC is approved via RCCG dispute panel, the RAFT will be completed by the dispute panel representatives.

4 Care management

4.1 RCCG will work in partnership with the relevant LA to agree respective responsibilities in each case, and a flexible partnership approach will be adopted to identify the organisation that will take the lead role.

4.2 Where there is no LA involvement and the patient is self-funding, the nurse assessor will be the case manager and liaise with the patient or their representative in relation to the provision of care and the JPOC.

4.3 Details of relevant Safeguarding, Best Interest Decisions, Court of Protection Information or identified lone worker risks will be shared between RCCG and the relevant LA.

5 Outcomes

5.1 Once a JPOC funding split has been approved, a CHC05 panel outcome form will be completed by QAC.

5.2 The completed CHC05 and associated RAFT will be sent to the relevant LA within 5 working days from the date the recommendation is approved.

6 Dispute

6.1 NHS Rotherham CCG Complaints and Governance Officer will be the first point of contact for all disputes relating to decisions made regarding an offer of care http://www.rotherhamccg.nhs.uk/contact-us/

Appendix 1

Rotherham Adapted Funding Tool (RAFT)

Patient name	
Date of birth	
NHS number	
Home address	
Temporary address	
DST date	

Matrix scores

Care Domain	P	S	H	M	L	N	Score
Behaviour							
Cognition							
Psychological Needs							
Communication							
Mobility							
Nutrition							
Continence							
Skin							
Breathing							
Drug Therapies and Medication							
Altered States of Consciousness							
Other significant care needs							
Total matrix scores							

Domain Level	Score
Priority	10
Severe	8.5
High	6.5
Moderate	4.5
Low	2.5

Matrix total score: =

Discounted levels and rationale:

Revised score: =
X 2: =
Rounded to the nearest 5 whole number: = %

Health contribution: %

Local Authority or self-funding Contribution: %

QAC panel members

Printed Name	Designation	Signature	Date

Resource panel (to be implemented at a future date)

Agreed with above QAC recommended split: Yes / No

Rationale if disagreed

Resource panel members

Printed Name	Designation	Signature	Date

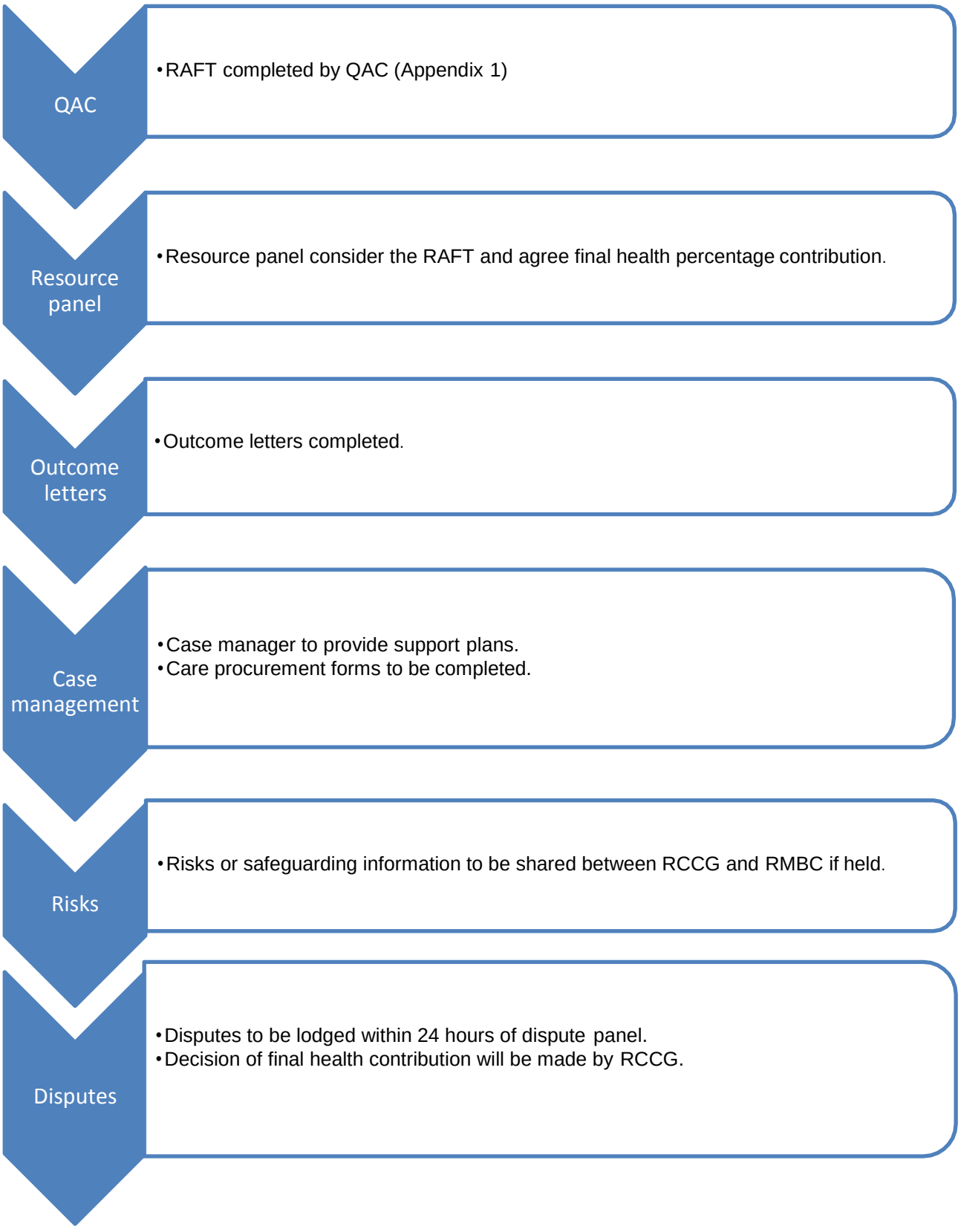
Appendix 2

User guidance for completion of the RAFT

- Transfer the DST matrix scores onto the RAFT matrix scores.
- Each level ‘no needs to Priority’ has a set score indicated on the RAFT.
- Add the RAFT matrix scores to provide a total matrix score.
- Discount the shaded areas when totalling the matrix score.
- QAC may seek clarity on provision of care from the MDT.
- QAC should consider how needs are met in the scored domains. For example self-care, informal care, paid care, commissioned services or no care.
- Discount scored needs met via existing RCCG commissioned services.
- QAC to document if any scored domains are discounted with rationale.
- Deduct the discounted domains from the total matrix score, leaving a revised matrix score.
- Multiplied the revised matrix score by 2.
- Rounded to the nearest whole 5 number.
- This final whole number is the percentage health contribution agreed by RCCG.

Appendix 1

Flowchart for agreeing JPOCs



Version Control

Version	Date	Author	Status	Comment
1.1	2.9.19	K Broadbent	Draft	