NEL Continuing Healthcare Harmonisation of Policies

Communications and stakeholder engagement plan
Jan – August 2022

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1. Overview

As part of the move to a single Integrated Care System (ICS) across North East London (NEL) we need to harmonise all policies and procedures for the Continuing Healthcare (CHC) service to add clarity for all concerned, to improve processes and procedures, and to ensure equity of our service. Four key policies have been identified as requiring harmonisation:

1. **Placements Policy.** This is in place across the Barking & Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP), all other areas across NEL do not have a comparable policy in place. We intend that the current BHR Placements Policy is reviewed and adopted across the rest of NEL.
2. **Joint Funding Policy**. Although there are various versions of this policy in a draft format across NEL, there is no finalised policy that has been implemented and is in use day to day. We are developing a single harmonised Joint Funding Policy in consultation with local authority colleagues.
3. **Dispute Resolution Policy**. There are different (and missing) policies in place across NEL with some differences in how disputes are managed and resolved. We are developing a single harmonised policy in consultation with local authority colleagues.
4. **Respite Policy**. There are no respite policies in place across NEL CHC services, respite is currently granted/approved on a case by case basis by commissioning leads. We are developing a single harmonised policy in consultation with local authority colleagues.

Engagement so far

Discussions have been undertaken with local councils (e.g. directors of adults social care), to discuss the details of the policies) and Healthwatch (to discuss the focus and potential form of any engagement).

2. Our communications and engagement strategy for the next phase

Background / What is Continuing Healthcare?

- NHS Continuing Healthcare (CHC) is a package of non-acute care for adults, including both health and social care need that is funded entirely by the CCG for either:
    - Patients with significant on-going health needs, known as a ‘Primary Health Need’. These patients will have been assessed as meeting the criteria under the National Framework
    - Patients at the very end of their life; weeks to short months (Fast Track).
- Children and Young People’s Continuing Care is a package of non-acute care, including both health and social care need that is funded jointly by the local authority and CCG for children or young people with needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone
- If a patient is found ineligible for CHC funding then they may qualify for funded nursing care where the CCG makes a contribution to fund the patient’s care in a nursing home setting

- CHC accounts for approximately 4% of the CCG's total spend (2017 National Audit report)
- CHC is a service with significant variation in eligibility rates across CCGs nationally
- Future work is being planned align the service across NEL and implement a single Standard Operating Model
- A Transformation Board is in place across CHC Services in NEL, overseeing the improvement initiatives.

Key messages

- It is important we harmonise our Continuing Healthcare policies so that everyone is treated fairly and that decisions that affect patients are clear and transparent
- There is no plan or expectation that the implementation of these standard policies will reduce the budget available to patients or generate savings.
- We are conducting an equality impact assessment to consider the impact of any proposed changes, and will aim to mitigate any negative impacts and enhance any positive ones.
- The policies we are looking at are:
    - The **Placements Policy.** This describes the CCG's approach and cost thresholds when placing and supporting patients in the community.

      This is in place across the Barking & Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP), all other areas across NEL do not have a comparable policy in place. We intend that the current BHR Placements Policy is reviewed and adopted across the rest of NEL.
    - **Joint Funding Policy**. Describes the CCG's and local authorities' approach to jointly funding a package of care for a patient in the community, when a patient is considered to be ineligible for Continuing Healthcare but still requiring funding for a health need that can't be met with existing services.

      Although there are various versions of this policy in a draft format across NEL, there is no finalised policy that has been implemented and is in use day to day. We are developing a single harmonised Joint Funding Policy in consultation with local authority colleagues.
    - **Dispute Resolution Policy**. Describes the approach taken to resolve a dispute when health and social care can't agree to a recommendation on a patient's eligibility for Continuing Healthcare funding.

      There are different (and missing) policies in place across NEL with some differences in how disputes are managed and resolved. We are developing a single harmonised policy in consultation with local authority colleagues.
    - **Respite Policy.** Describes the approach and amount of respite that the CCG will fund for a patient's carer to take a break.

      There are no Continuing Healthcare respite policies in place. Respite is currently granted/approved on a case by case basis by commissioning leads. We are developing a single harmonised policy in consultation with local authority colleagues.

Our key engagement principles

- To develop our engagement approach with key stakeholders
- To provide local people and stakeholders with timely, accurate, clear and consistent information; and opportunities to hear about the proposals
- To listen and actively consider respondents' voices and views, particularly seeking understanding on how we can reduce inequalities
- To build trusted relationships with groups and individuals and build public confidence in the NHS; our services and staff.
- To ensure meaningful staff involvement
- To continuously review our work so we can build on the successes and address any challenges and feedback
- To encourage the public to have their say by making it as easy as possible for them to talk to us; making sure we hear the voices of groups and individuals who are often seldom heard by the NHS.

3. Our proposed approach

We plan to engage local people and stakeholders over a 10-week period, starting in June 2022 with completion in August 2022. We will provide people with a range of opportunities to have their say. We will use a mix of online/ digital and face-to-face methods, and ensure all materials and messages are accessible to our population, regardless of language, literacy and digital barriers.

Before commencing the engagement, we will:

- Finalise this engagement plan
- Develop key messages, an engagement/involvement document (including a questionnaire) and FAQs and present the evidence for all service proposals. Translations will be available on the website in 100 languages; and will be available on request
- Agree methods of responding (eg. online and traditional (written/meetings))
- Commission an Easy Read version
- Commission an EQIA
- Publish the draft policies
- Agree dates for listening events and recruit patient engagement panellists/speakers and Q&As for speakers
- Present our plans to JOSCs (INEL on 1 March; ONEL on 10 March)
- Write to key stakeholders (Healthwatch, Health Overview Scrutiny Committees (HOSCs) and HWBs) to ensure they have the opportunity to comment on both the involvement plan and the collateral to be used.

During the 10-week engagement period, we will:

- Share and promote key information and present the evidence for all service proposals through printed and social/online material
- Conduct a range of public involvement events across NEL (for instance geographical-based events; events aimed a particular groups of people – potentially one for people with learning disabilities and their carers; and events in different languages – we are identifying if there are particularly affected communities that might need this support)
- Aim to hold a patient representative group event

- Arrange appropriate staff events for service providers
- Conduct stakeholder events on request (with HOSCs, Healthwatch, Health and Wellbeing Boards)

All engagement events will be promoted through social media and sent to local press. We will seek support from our Council, Healthwatch and other voluntary and community sector colleagues in sharing information.

Printed copies of the engagement document with questionnaire will be sent out to GP practices, Citizen's Advice centres, council buildings e.g. libraries, pharmacies, hospitals, community and voluntary sector organisations and other community locations.

Following the 10-week engagement period, we will:

- Analyse the feedback and identify key themes through an engagement report
- Share the findings and themes widely – with those who participated in the engagement process including key stakeholders.
- Publish the engagement report online and publicise this through our communications and engagement channels
- Present the findings to the NEL CCG Quality, Safety and Improvement Committee for approval.

The engagement will involve a range of qualitative and quantitative methods to ensure we gather all comments so we can maximise the opportunities and minimise any risks this development proposal presents, and to make sure this development deliver a significant benefit to our community.

We will respond to questions during the process to help people provide informed responses.

Working with local stakeholders to co-design the engagement approach

The CCG team has established an approach to public engagement that ensures stakeholders feel involved and listened to.

Previous engagement work (such as a medicines consultation; changes to stroke rehabilitation services etc) has been co-designed with our partners and we intend to follow a similar approach for diagnostics.

Addressing health inequalities and engaging the seldom-heard community

We will work with community groups and patient representatives to reach out to people who are known to be less engaged with health services and those communities who are underrepresented and often invisible to health and social care organisations.

This is an essential element of our partnership work to reduce health inequalities as positive engagement with hard-to-reach groups is recognised as key to improving health and social outcomes. This has been underlined by learning from the Covid-19 pandemic, as evidenced by Public Health England.

Timeline

Prior to engagement

Activity	Date	Dependency	Who
Engagement plan to be presented to JOSCs	• INEL 1 March • ONEL 10 March	Documents approved internally	Comms to develop with programme team Programme/ clinical leads to present
Letter to HOSC Chairs, HWBB and Healthwatch to confirm engagement plan	Letter to be sent 10 March	Content signed off by project	Comms to draft
Co-design of engagement survey and questions with Healthwatch	First draft shared with HOSCs, HWBBs and Healthwatch mid April Finalised and approved by beginning of May	Policies agreed by early April Documents approved internally	Programme team to provide content and obtain sign off Comms to lead co-design work
Engagement survey and questions to be sent to Council CEs and leaders with a view to sharing with developing HOSCs and JOSCs or chairs.	Mid May	Documents approved internally	Programme/ clinical leads to present
Web pages developed and engagement document sent to print and Easy Read creation	End May	Content approved internally	Comms to draft
Launch comms sent to all key stakeholders, public, community venues, media etc	Start of engagement early June	Content approved internally	Comms to draft

During engagement

Activity	Date	Dependency	Who
Launch of 10-week engagement period	Early June	All materials and engagement activity agreed by SRO, clinical leads/ programme board	Comms
Attend HOSCs and JOSCs	June		Programme and clinical leads
Engagement events	TBC		SRO to lead engagement activities Support provided by Programme Team and Clinical Leads
Closing of engagement	August		Comms

e.g. webpages and email inbox			

After engagement

Activity	Date	Dependency	Who
Analysis of engagement	August	Decision on who will undertake the analysis (independent organisation or internally)	Comms
Update EQIA and write decision-making paper	August		Programme team
Decision meeting/s (should be in public)	September	Programme team to ensure governance is built into project plan	Programme team
Letter to key stakeholders and respondents to share outcomes and decision and offer to present to committees	September		Comms