

Continuing Healthcare Policies for North East London

Continuing Healthcare

- NHS Continuing Healthcare (CHC) is a package of health and social care for adults that is funded by NHS North East London
- There is no specific diagnosis to qualify for CHC and each case is looked at by a multi-disciplinary team to determine 'Primary Healthcare Needs'.
- Most individuals have significant on-going health needs
 of their life.
 - a patient might have with severe dementia, be physically able and often aggressive so that they need ongoing (and probably full time) intensive support to prevent them harming themselves and/or others
 - a patient might need a machine to be able to breath or have disorders of consciousness that require constant attention and observation
 - a patient might be at the very end of their life; with weeks or short months (typically up to 3 months) to live. They might be rapidly deteriorating with cancer or multiple illnesses and want to die at home but need support to do so with dignity.

Why do we want to introduce new policies?

The development of these policies that apply to everyone across NE London (NEL) would enable NHS North East London to:

- put individuals at the centre of decision-making and support a culture of partnership between individuals, carers, families and partner organisations, where everyone understands the expected ways of working
- ensure all agencies and staff follow the National Framework and agreed local policies and processes
- ensure everyone is treated fairly and receives a consistently high-quality service
- reduce inequalities.

Four policies have been looked at and revised.

The majority of the polices are set by national legislation

There is no expectation that introducing these standard policies would reduce the budget available to patients or generate savings.

1. Placement Policy

This describes NHS North East London's (NHS NEL) and local authority partners' approach when placing and supporting eligible individuals in the community. This policy was developed in Havering, consulted upon, and is in use in Barking & Dagenham, Havering and Redbridge. Other areas of NEL do not have a similar policy.

- The policy aims to ensure a person-centred approach is taken in making decisions about a
 care package and that the individual or their representative is at the centre of discussions.
- It aims to ensure CHC packages of care are sufficient to meet the individual's needs; removes confusion about people's rights; standardises processes to reduce inequalities; and describes key issues – for instance when care packages will be reviewed and how disagreements will be resolved.
- It explains when a care home may be more appropriate than care at home; and how NHS NEL will assess and ensure that providers are able to provide appropriate care, provides safe and sustainable care, and value for money.
- For example: If a family of a patient identifies care at home that is more expensive than care in a care or nursing home, the policy provides guidance on whether this could be funded.

2. Joint Care Package Arrangements and Funding Policy

This policy describes NHS NEL and local authorities' approach to jointly funding care for a person in the community when they don't qualify for other elements of NHS Continuing Healthcare but they still have a health need that can't be met with existing services.

- There are draft versions of this policy in NE London, but there is no final policy in use.
- The purpose of the policy is to provide a standard way of working so that all staff work in the same way; and so individuals and their family/carer(s) understand the process and can make their wishes known.
- The policy sets out principles for packages of care and the health needs that qualify for joint care packages; how funding requests will be considered and decisions taken; how disagreements will be resolved; and how care plans will be developed and reviewed
- For example: When a patient care package requires the administration of medicines by a qualified medical professional, but that service isn't provided by the NHS or other parts of NHS Continuing Healthcare, this policy would consider how best to provide the service.

3. Dispute Resolution Policy and Protocol

This describes the approach taken to resolve a dispute when health staff and social care staff can't agree if an individual is eligible for Continuing Healthcare funding, whether there is a need for NHS-Funded Nursing Care, or about joint funding arrangements and refunds.

- Disputes and the use of this procedure are expected to be only in exceptional circumstances.
 Most issues are resolved quickly at a local level.
- The policy does not apply to disputes between NHS NEL and the individual or their representatives applying for Continuing Healthcare funding. These are resolved through a process described in the national framework.
- Agreement of a policy would enable local authorities, individuals and their families to understand the process and the expected timescales; would mean that individuals are treated equally and fairly; and would protect an individual's health and care whilst staff agree funding arrangements.
- For example: When there is a disagreement between the social worker and CHC Nurse about scoring of one or more CHC care domains, which impacts the patient being eligible for CHC funding or not, the Dispute Resolution policy will provide a framework to resolve such situations as well as provide case examples for staff training and quality improvement

4. Planning and Respite Policy for CHC Eligible Individuals Receiving Care at Home

The policy describes the process of care planning and how individuals and family/carers will be able to participate in the discussions of how an individual's assessed need can be met.

This policy recognises the significant contribution that family members and friends make to the care of those with a range of needs and describes the approach to planning and arranging care when an individual's unpaid carer needs a planned or unplanned break from their caring responsibilities (this is called 'respite').

- There are draft versions of this policy in NE London, but there is no final policy in use.
- Except in an emergency, a carer is required to give at least two weeks' notice of the intended respite period, so that appropriate alternative care can be arranged.
- The policy also sets out the process if the carer and the individual wish to take a holiday together.
- **For example:** A young adult with a learning disability who is cared for the majority of the time by their parents. The parents apply for respite in order to rest and relax and NHS NE London pays for relief carers in order for the parents to take a holiday.

Next steps

- NHS North East London has discussed the suitability of a public consultation with local Healthwatch and Directors of Adult Social Services. The view is that a consultation would not be beneficial:
 - The service is not changing the policies aim to introduce better working practices, more consistency, better alignment with national legislation etc
 - It is unclear where public input could be incorporated, given the alignment with national guidance this might raise expectations unreasonably.
- The preferred next steps are to:
 - Invite comments from key stakeholders e.g. JHOSCs, Healthwatch, charities to check that the policies are correctly developed and explained
 - Develop a public awareness campaign making the policies more user friendly for individuals and their carers/families, so everyone can understand their rights and responsibilities. E.g. We could commission short videos on CHC generally, and each of the policies, with subtitles in different languages.
 - Engage with those who have been recipients of (or involved in) the CHC process and ask what the system could do better.
- JHOSCs are asked to agree this way forward.