NHS Continuing Healthcare and Funded Nursing Care Operational Policy

Brief Description	The Operational Policy for NHS Continuing Health Care (CHC) and Funded Nursing Care (FNC) details the process which South Tyneside CCG and partner agencies will follow for referring, assessing and agreeing eligibility for NHS CHC and for providing that care. This policy ensures that the model and processes are consistent with national policy, whilst also being robust and timely in their response. The policy sets out the operating framework for NHS Continuing Health Care to ensure that the teams work in accordance with the National Framework for NHS Continuing Health Care and NHS Funded nursing Care 2018 (Revised) (referred to as the 'Framework') and Part 6 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (see Appendix 1 for reference details), and to develop and maintain the close working arrangements with colleagues in South Tyneside Local Authorities and provider NHS Trusts.
Target Audience	The CHC Operational Policy is aimed at the South Tyneside CCG and provider organisations in relation to individuals registered with a South Tyneside General Practitioner.

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Accountable Officer	Sarah Golightly
Responsible Officer	Jeanette Scott Thomas
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1 Introduction

From the 1st April 2013 The South Tyneside Clinical Commissioning Group (CCG) has held statutory responsibility for delivering NHS Continuing Healthcare for the local registered population.

The National Framework for NHS Continuing Healthcare and Funded Nursing Care (revised 2018) sets out the principles and processes for the implementation of NHS Continuing Healthcare (CHC) & NHS-funded Nursing Care (FNC) and provides national tools to be used in screening, assessment, and applications for both CHC and Fast Track referrals. This policy describes the processes that will be followed in South Tyneside Clinical Commissioning Group and should be read in conjunction with the following documents:

- National Framework for NHS Continuing Healthcare & NHS funded-Nursing Care incorporating practice guidance. (DH 2018, revised)
- Who pays? Establishing the Responsible Commissioner (DH 2013)
- The National Health Service Commissioning Board and Clinical Commissioning Groups Responsibilities and Standing Rules Regulations 2012

'NHS continuing healthcare' means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the individual has been assessed and found to have a 'primary health need' as set out in the National Framework. Such care is provided to an individual aged 18 or over, to meet needs and associated social care 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 is not determined by the setting in which the package of support can be offered or on the type of service delivery.

'NHS-funded nursing care' is the funding provided by the NHS to care homes with nursing to support the provision of nursing care by a registered nurse. Since 2007 NHS-funded Nursing Care has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS Continuing Healthcare before a decision is reached about the need for NHS-funded Nursing Care.

This Operational Policy for NHS Continuing Health Care (CHC) and NHS-funded Nursing Care (FNC) details the process for referring, assessing and agreeing eligibility for NHS CHC and for providing that care. This policy ensures that the model and processes are consistent with national requirements and are robust and timely in their response ensuring that teams work in accordance with the Framework requirements and develop and maintain close working arrangements with colleagues in South Tyneside Local Authority, and NHS Provider Trusts.

This policy applies to all NHS Continuing Healthcare applications for adults 18 years or older who are registered with a South Tyneside General Practice or who are resident within the area covered by NHS South Tyneside Continuing Healthcare Service and are **not** registered with a General practitioner elsewhere. This includes all care groups including:

- Physically Disabled
- Older People
- Learning Disabilities
- Young People in transition
- People with an organic mental health condition
- Mental Health

2 Principles and Values

2.1 Eligibility for NHS CHC is based on an individual's assessed needs and is not disease specific, nor determined by either the setting where the care is provided, or who delivers the care. Access to consideration and assessment is non-discriminatory; it is not based on age, condition or type of health need diagnosed.

2.2 The aim of NHS CHC is to implement the NHS CHC eligibility criteria in order to provide appropriate care. In order to achieve this, the implementation of the criteria and local application for NHS CHC, in conjunction with the Local Authority, provider Trusts and other agencies, should meet the following principles:

- Needs led
- Equitable
- Culturally sensitive
- Person centred
- Robust and transparent
- Easily understood
- Adheres to guidance and best practice

The intention of the Department of Health in developing the National Framework was to improve consistency of approach, and ease of understanding of NHS Continuing Healthcare.

The principles underlying this policy support the provision of a consistent approach, and fair and equitable access to NHS-funded Continuing Healthcare. All agencies involved in delivering the CHC pathway will work to the following principles:

- The individual's informed consent will be obtained before starting the process to determine eligibility for NHS continuing healthcare

- Where an individual lacks capacity agencies will act in accordance with the Mental Capacity Act 2005 (see Appendix 1 for reference details). A third party cannot give or refuse consent for an assessment of eligibility for NHS continuing healthcare on behalf of a person who lacks capacity, unless they have a valid and applicable Lasting Power of Attorney, or have been appointed as a Deputy by the Court of Protection

- Agencies involved with individual clients will support the provision of advocacy throughout the process of application for NHS Continuing Healthcare where appropriate.

- Individual's preferences and wishes will be taken into account whilst giving consideration to any risks posed as to how and where care will be delivered in line with appropriate use of CCG's resources and the South Tyneside CHC Equity and Choice Policy

- Protect individuals in vulnerable situations and work with partner agencies to address any safeguarding concerns

- All professionals will work in partnership with individual patients/clients and their families throughout the process

- All individual patients and their families will be provided with information to enable them to participate in the process.

- All those involved in CHC assessment will have a good working knowledge of the 2018 CHC framework requirements. Each organisation has responsibility for ensuring their staffs are competent in this field of practice. Individual practitioners will be accountable for their own actions both organisationally and professionally.

- Ensure any identified deficits are rectified: this will be achieved by a commitment to clinical and managerial supervision, reflective practice, training and adherence to risk management procedures.

- Ensure that any decision regarding eligibility for NHS CHC or FNC is based on the person's assessed needs: this is the primary indicator - decisions on eligibility should not be financially led.

- All decision-making will be informed by an appropriate multi-disciplinary team assessment

- The process for decisions regarding eligibility for CHC will be transparent for individual patients /clients and their families and for partner agencies.
- Once an individual has been referred for a full assessment for CHC (following use of the Checklist), all assessments will be undertaken by the relevant agencies to establish health and social care needs. Those who have completed the individual assessments should then convene as part of a Multi-disciplinary team (MDT) to complete the Decision Support Tool (DST) and establish if a Primary Health Need can be evidenced

- Assessments and decision's regarding eligibility for CHC will be undertaken within 28 working days of the completion of the CHC checklist to ensure that individuals receive the care they require in the appropriate environment, without unreasonable delays

28 Day Clock Start and Consent Guidanc

- To provide thorough and effective mechanisms for responding to and managing appeals, complaints and disputes as per the South Tyneside Local Resolution Policy and national guidance.

Responsibilities

Party	Key Responsibilities
Health care staff referring clients for consideration of eligibility	• Obtain appropriate documented consent in line with policy or a Mental Capacity Assessment and best interest's decision as required. • Complete the required documentation including a professional assessment, CHC Checklist, CHC Fast Track and an appropriate care plan fully and in line with the CHC National Framework. • Ensure full engagement and co-operation in completing the DST within 28 days of the CCG receiving the Checklist. When required lead the DST process as the MDT Coordinator (see CHC Process section of Policy)
Social care staff referring clients for consideration of eligibility	• Obtain appropriate documented consent in line with policy or a Mental Capacity Assessment and best interest's decision as required. • Complete the CHC Checklist in line with the CHC National Framework. • Ensure full engagement and co-operation in completing the DST within 28 days of the CCG receiving the Checklist. (see CHC Process section of Policy)
Continuing Healthcare Team / Complex case management team	• Receive, review all CHC Checklists and CHC Fast Track applications to ensure the standards required are met and that they indicate eligibility for receipt of service or further assessment for eligibility • Maintain the CHC data base ensuring all referrals are recorded and that all correspondence is kept for each individual patient • Facilitate the appointment of a case co-ordinator to oversee the assessment process, working

	together as one team • Review completed DST's to ensure they are completed fully in accordance with the National Framework, supported by robust clinical evidence presented in an appropriate manner and that the MDT has clearly stated a recommendation. • To ensure a social care practitioner has been invited be part of the MDT/DST process. If a social care practitioner is not available to take part this must be recorded in the DST or the persons file. • Verification of Checklists and Fast Track Assessments ensuring appropriate consent has been obtained and the documents are adequately completed. • Arrange for the DST to be validated by an in office validation process or presented to the CHC Eligibility Panel along with any supporting information and invite the Co-ordinator of the DST to the panel in dispute circumstance. • Write to referrer and patient or their representative with the outcome and how to appeal if they are dissatisfied with the decision. • Once a person has been found eligible for CHC or CHC fast track to arrange the package of care based upon the assessed needs of the individual. • The CHC Complex Case Team is responsible for sourcing a placement of care package in line with the CCG's Equity and Choice Policy. • If the individual is found to be not eligible for NHS CHC but is entitled to NHS FNC arrange for the payments to be processed and made to the care home in a timely manner. • Record all eligibility decisions in the individual's case records on Liquid Logic and ensure all communication of these decisions are undertaken in a timely and professional manner. • Ensure patient case management arrangements are in place with relevant CHC /LA. • Ensure reviews are undertaken in line with national policy and at other times as required on a priority basis. • Undertake regular audit to ensure service is meeting agreed KPIs including patient, staff and customer feedback. • Ensure CCG is alerted to issues with Care providers which may compromise quality of care.
Continuing Healthcare Panel	• Consider applications for continuing healthcare eligibility, where there is a dispute or appeal in a timely and robust manner in line with the CHC framework. • Consider a random audit of cases to monitor for consistency of decision making and quality assurance. • Panel will consider CHC applications that have been twice deferred back to the MDT for review

	under the exceptional decision guidance in line with the CHC framework. • Support the Local Resolution Process and Retrospective CHC review process through the CHC Panel.
Transactional Commissioning Team Commissioning Responsibilities	Technical Commissioning: • Maintain a database of providers which will function as one • Seek assurances that the providers on the list have CQC accreditation • Negotiate prices and terms and conditions for services offered by providers with consideration of the Framework. • Develop contracts with providers that ensure high quality care delivery and value for money. • Monitor all contracts. • Finance/resources: Forecast likely spend for each year based on historic trends
Finance Director	• Periodically review delegated limits for managers working in this area • Review and approve requests for waivers from Standing Financial Instructions • Periodically authorise counter-fraud audits

3. CHC Team Arrangements

3.1 The South Tyneside CCG, (delivered through the CHC team) have the lead statutory responsibility for ensuring the application of the requirements of the National Framework and the NHS CHC process for all people over the age of 18 in the South Tyneside locality. The team also works with children's services to manage the transition process. The main functions of the CHC Team are to:

- Ensure the completion of a comprehensive assessment of need for individuals who may fulfil the eligibility criteria for CHC
- Monitor the quality of assessments received and liaise with the referrer.
- Co-ordination of the assessment process, liaising with the Multidisciplinary Team (MDT) individual and family. This may also be supported by a provider service as per agreed contracts.
- Undertaking checklists and nursing assessments as required.
- Ensure that the MDT assessment is conducted using the National Framework Decision Support Tool (DST) and application of the Primary Health Needs Test in determining the MDT recommendation. This should be supported by both evidence and a robust rationale for the eligibility decision prior to validation by the CCG.
- Working closely with MDT colleagues the CHC Complex Case Team is responsible for identify potential packages of care where appropriate. They will ensure that packages of care for people who are eligible for fully funded healthcare are appropriately assessed, managed, monitored, evaluated and reviewed. Individuals and families will be made aware that eligibility for NHS CHC is not indefinite as needs may change, for cases where it is established that the LA is not the appropriate care manager.
- For individuals accommodated in a Nursing home, where the decision is that the person is not eligible for NHS CHC, the need for care from a registered nurse and eligibility for FNC is considered.
- Support a local resolution process in line with the NHS CHC Framework and the South Tyneside CCG CHC Local Resolution Policy.
- Ensure that all retrospective reviews of eligibility for NHS CHC are compliant with requirements from NHS England and the Parliamentary and Health Service Ombudsman.
- Support the development and delivery of joint training programmes with the Local Authority and other providers regarding all process and policies (local and national) regarding eligibility

for NHS Continuing Healthcare and NHS Funded Nursing Care and the delivery of Personal Health Budgets.

3.2 The main contact is:

NHS Funded Care Team
Palmer Community Hospital
1st Floor
Wear Street
Jarrow
NE32 3UX

Tel: (0191) 402 8184

Email: sty-tr.chc-stgh@nhs.net

4. Referral Process for NHS Continuing Healthcare

4.1 The Standing Rules Regulations[1] require NHS Commissioners to take reasonable steps to ensure that individuals are assessed for NHS CHC in all cases where it appears to them that there may be a need for such care, and the Checklist is the only screening tool that can be used. Therefore, health and social care staff should consider screening using the Checklist for consideration of NHS CHC (subject to consent) in all the following situations:

- Whenever it appears that an individual may potentially be eligible for NHS CHC
- Prior to any NHS-Funded Nursing Care (FNC) recommendation, and at each subsequent FNC review

The National Framework clearly states that "screening and assessment of eligibility for NHS Continuing Healthcare should be at the right time and location for the individual and when the individual's on-going needs are known. The full assessment of eligibility should normally take place when the individual is in a community setting. The core underlying principle is that individuals should be supported to access and follow the process that is most suitable for their current and on-going needs". (Paragraph 108)

4.2 Exceptions: Section 117

Under section 117 of the Mental Health Act 1983 ('section 117'), CCGs and LAs have a duty to provide after-care services to individuals who have been detained under certain provisions of the Mental Health Act 1983, until such time as they are satisfied that the person is no longer in need of such services. Section 117 is a freestanding duty to provide after-care services for needs arising from an individual's mental health condition. (Please refer to Section 117 procedure for further guidance)

- Responsibility for the provision of section 117 services lies jointly with LAs and the NHS. Where a patient is eligible for services under section 117 these should be provided under section 117 and not under NHS continuing healthcare.

- It is important for the CCG to be clear in each case whether the individual's needs (or in some cases which elements of the individual's needs) are being funded under section 117, irrespective of which budget is used to fund those services. It is not necessary to assess eligibility for NHS continuing healthcare if all the services in question are being provided as after-care services under section 117.

[1] Part 6 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

- However, a person in receipt of after-care services under section 117 may also have ongoing care/support needs that are not related to their mental health condition and that may, therefore, not fall within the scope of section 117. A person may be receiving services under section 117 and then develop separate physical health needs (e.g. through a stroke, long term conditions or cancer) which may then trigger the need to consider NHS continuing healthcare only in relation to these separate needs. In these cases the needs covered within the section 117 after-care plans must be established prior to requiring Assessment for NHS Continuing Healthcare.

- Where an individual in receipt of section 117 services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase, consideration should be given to the use of the Fast Track Pathway Tool.

- NHS continuing healthcare should not be used to meet section 117 needs

4.3 Children and Young People below 18 years

The National Framework for NHS CHC applies only to adults aged 18 or over. There is a separate *'National Framework for Children and Young People's Continuing Care'* which applies to children or young people below the age of 18. The framework is quite different for children and young people, but it is very important that consideration of potential eligibility for NHS CHC (when the person reaches 18) is considered early as part of the planning process for transition[2]. The updated National Framework (paras 331 to 349) advises that joint assessments are commenced for children at age 16 years and a decision made by 17 years to ensure that care planning and services are in place and clarified prior to the young person moving into adults services.

4.4 CHC Process

The first step in the process for people will be a screening process using the NHS Continuing Healthcare Screening Checklist. The purpose of the Checklist is to encourage proportionate assessments so that resources are directed towards those people who are most likely to be eligible for NHS Continuing Healthcare. Before applying the Checklist, it is necessary to ensure that the individual and their representative, where appropriate, understand that the Checklist does not indicate the likelihood that the individual will be found to be eligible for NHS Continuing Healthcare – only that they are entitled to consideration for eligibility. At this stage, the threshold is set deliberately low to ensure that all those who require a full consideration of their needs do get this opportunity.

- A Nurse, Doctor, other qualified healthcare professional, or social worker could complete a CHC checklist to refer individuals for a full consideration of eligibility for NHS Continuing Healthcare from either a community or hospital setting. Whoever applies the checklist will have to be familiar with, and have regard to, the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (DH 2018) and the Decision Support Tool.

- Where the Checklist has been used as part of the process of discharge from an Acute Hospital and has indicated a need for full assessment of eligibility, consideration should also be given to the person's further potential for rehabilitation and for independence to be regained.

- If completion of the screening checklist indicates that the individual patient may be eligible for further assessment, the Decision Support Tool (DST) will be completed following the completion of the multi-disciplinary assessment process. The DST provides the overall p picture of need and interaction between needs which, together with the evidence from relevant assessments, supports the process of determining eligibility and ensures consistent and comprehensive consideration of an individual's health and social care needs. In the

[2] NHS England, Operating Model for NHS Continuing Healthcare, Guidance, March 2015, Pg.10, Care Pathways… https://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf

majority of cases, it is preferable for eligibility for NHS Continuing Healthcare to be considered after discharge from hospital when the person's ongoing needs should be clearer

- The DST is completed by the multi-disciplinary team, and provides practitioners with a framework to bring together and record the various needs in care domains or generic areas of need. The practitioners use the DST to apply the primary health need tests, ensuring that the full ranges of factors, which may have a bearing on the individual's eligibility, are considered.

- The Decision Support Tool cannot directly determine eligibility, but it provides the basis from which decisions are made exercising professional judgment and in consideration of the primary health need test. Once the multi-disciplinary team has reached agreement they make a recommendation regarding eligibility. This is then submitted to South Tyneside CCG for validation.

- South Tyneside CCG Joint Commissioning lead reviews all applications for CHC received to ensure consistency and quality of decision making whilst also providing governance to the decision making for eligibility for NHS Continuing Healthcare. This ensures equity of access to NHS Continuing Healthcare and consistent decision making for all applications.

- A person only becomes eligible for NHS Continuing Healthcare once a decision regarding eligibility has been validated and agreed by the CCG, informed by a completed Decision Support Tool or Fast Track Pathway Tool. Prior to that decision being made, any existing arrangements for the provision and funding of care should continue.

- Where individuals are found to be eligible for NHS Continuing Healthcare, funding will be agreed from the 29th day following the Screening Checklist except within exceptional circumstances attributed to an unreasonable delay from external parties.

The requirement for assessments to be completed within the 28 day time frame requires joint working across the whole system of health and social care. The time frame identified is a key performance indicator for NHS continuing healthcare and therefore is not optional. Delays and the reasons for delays in meeting this target will be required to be presented during CCG validation when the eligibility consideration takes place and will be closely monitored and recorded.

4.5 Receipt of Checklist/Referral

- A referral must be made in the form of a Checklist and sent to the Continuing Healthcare Team. See Section 3 for relevant contact details.
- The referral will be checked to ensure that all relevant details are available and correct (e.g. for Responsible Commissioner). This will be completed within one working day. Where the CCG's are not the 'Responsible Commissioner' [reference *Who Pays'*[3]] the referral will be redirected to where commissioning responsibility lies. (GP Registration)
- A completed Checklist is the accepted form for use to consider whether someone should have a full NHS CHC assessment.
- Referrals in the form of a completed Checklist will be checked to ensure that they are robust, with appropriate consent and make appropriate reference to supporting evidence. Where there are concerns about the quality of the referral or where there is significant missing or conflicting information the referrer will be contacted as soon as possible to respond to the queries. The CHC team will support all reasonable requests for a full assessment
- The Checklist should be completed by NHS or Local Authority and staff that have been trained in its use. However, if a professional who has not received training completes a Checklist appropriately which indicates that the individual requires full consideration for NHS CHC, the CHC team will act on this and arrange for CHC process to be followed. However, the individual will then be provided with details in respect to the next training date.

[3] Who Pays? Determining responsibility for payments to providers: Rules and guidance for Clinical Commissioning Groups, available at http://commissioningboard.nhs.uk/files/2012/12/who-pays.pdf

4.6 **Timing of the Checklist**

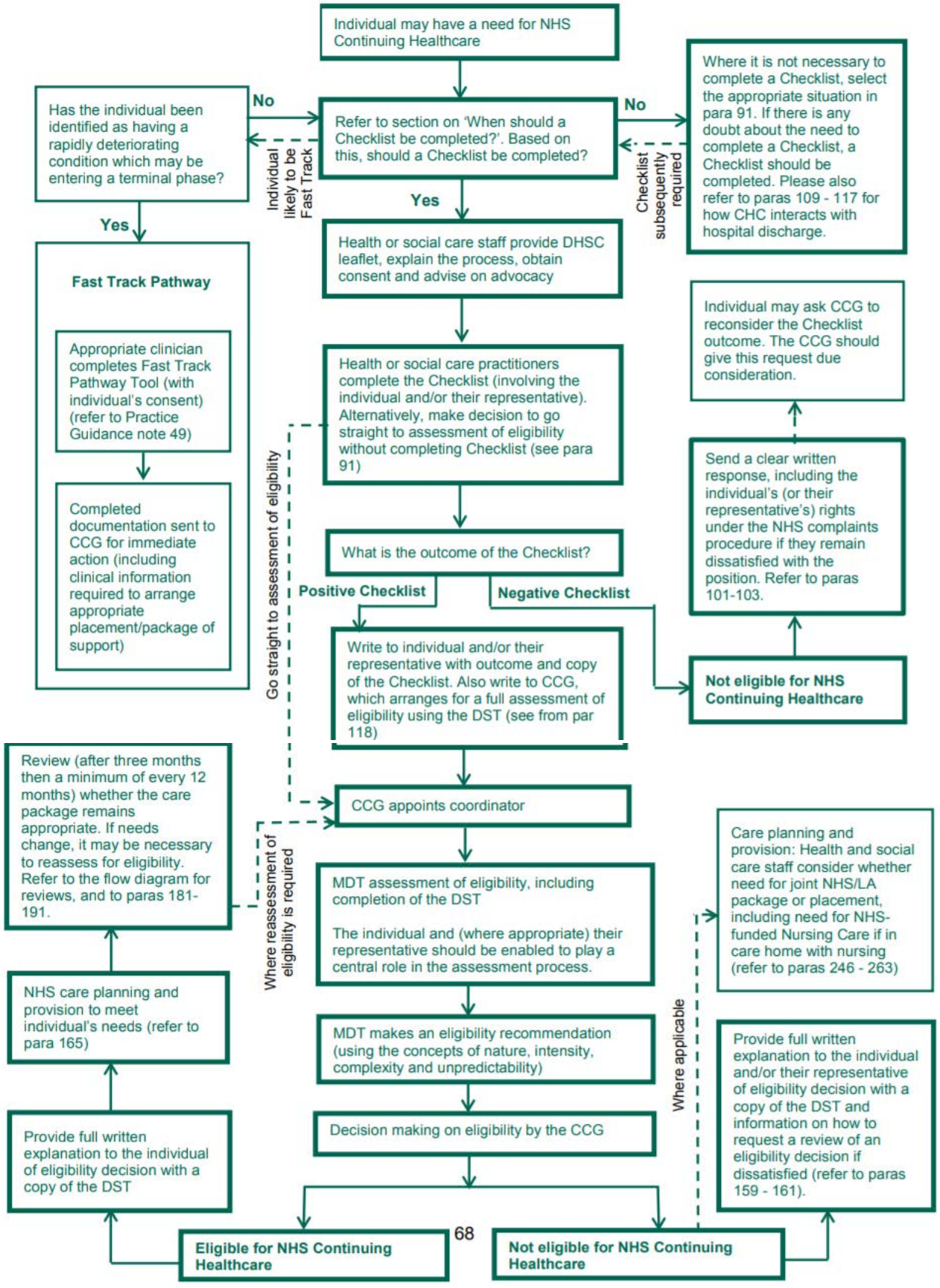
Screening for CHC should be completed only by the use of the national CHC checklist tool. This should be completed at the right time and location for the individuals care needs and when the individual's on-going needs are known.

4.7 Where an individual has crossed the Checklist threshold and therefore requires full consideration for NHS CHC it is the responsibility of the CCG to identify an individual to co-ordinate the assessment process and the completion of the Decision Support Tool, including the eligibility recommendation. The role of the co-ordinator is explained in the Practice Guidance section of the updated Framework para PG 20.

- In the majority of cases it is preferable for CHC eligibility to be considered after discharge from hospital when an individual's on-going care needs should be clearer. Guidance in relation to CHC assessments in acute settings is clearly described within the updated framework paragraph 109 to 115. If a DST is completed in an acute hospital setting clear justification for the location of this assessment must be provided.

- The present process aligned to the responsible Commissioner will apply until the MDT. The DST documentation is completed, with eligibility being considered from the date of discharge

- Where someone is in a nursing home the CHC team members will act in the co-ordinating role.


Individual may have a need for NHS Continuing Healthcare
Has the individual been identified as having a rapidly deteriorating condition which may be entering a terminal phase?
No
Yes
Individual likely to be Fast Track
Refer to section on 'When should a Checklist be completed?'. Based on this, should a Checklist be completed?
No
Yes
Checklist subsequently required
Where it is not necessary to complete a Checklist, select the appropriate situation in para 91. If there is any doubt about the need to complete a Checklist, a Checklist should be completed. Please also refer to paras 109 - 117 for how CHC interacts with hospital discharge.
Fast Track Pathway
Appropriate clinician completes Fast Track Pathway Tool (with individual's consent) (refer to Practice Guidance note 49)
Completed documentation sent to CCG for immediate action (including clinical information required to arrange appropriate placement/package of support)
Health or social care staff provide DHSC leaflet, explain the process, obtain consent and advise on advocacy
Health or social care practitioners complete the Checklist (involving the individual and/or their representative). Alternatively, make decision to go straight to assessment of eligibility without completing Checklist (see para 91)
Go straight to assessment of eligibility
What is the outcome of the Checklist?
Positive Checklist
Negative Checklist
Write to individual and/or their representative with outcome and copy of the Checklist. Also write to CCG, which arranges for a full assessment of eligibility using the DST (see from par 118)
Not eligible for NHS Continuing Healthcare
Send a clear written response, including the individual's (or their representative's) rights under the NHS complaints procedure if they remain dissatisfied with the position. Refer to paras 101-103.
Individual may ask CCG to reconsider the Checklist outcome. The CCG should give this request due consideration.
CCG appoints coordinator
MDT assessment of eligibility, including completion of the DST
The individual and (where appropriate) their representative should be enabled to play a central role in the assessment process.
Where reassessment of eligibility is required
Review (after three months then a minimum of every 12 months) whether the care package remains appropriate. If needs change, it may be necessary to reassess for eligibility. Refer to the flow diagram for reviews, and to paras 181-191.
NHS care planning and provision to meet individual's needs (refer to para 165)
Provide full written explanation to the individual of eligibility decision with a copy of the DST
MDT makes an eligibility recommendation (using the concepts of nature, intensity, complexity and unpredictability)
Decision making on eligibility by the CCG
Where applicable
Care planning and provision: Health and social care staff consider whether need for joint NHS/LA package or placement, including need for NHS-funded Nursing Care if in care home with nursing (refer to paras 246 - 263)
Provide full written explanation to the individual and/or their representative of eligibility decision with a copy of the DST and information on how to request a review of an eligibility decision if dissatisfied (refer to paras 159 - 161).
Eligible for NHS Continuing Healthcare
Not eligible for NHS Continuing Healthcare
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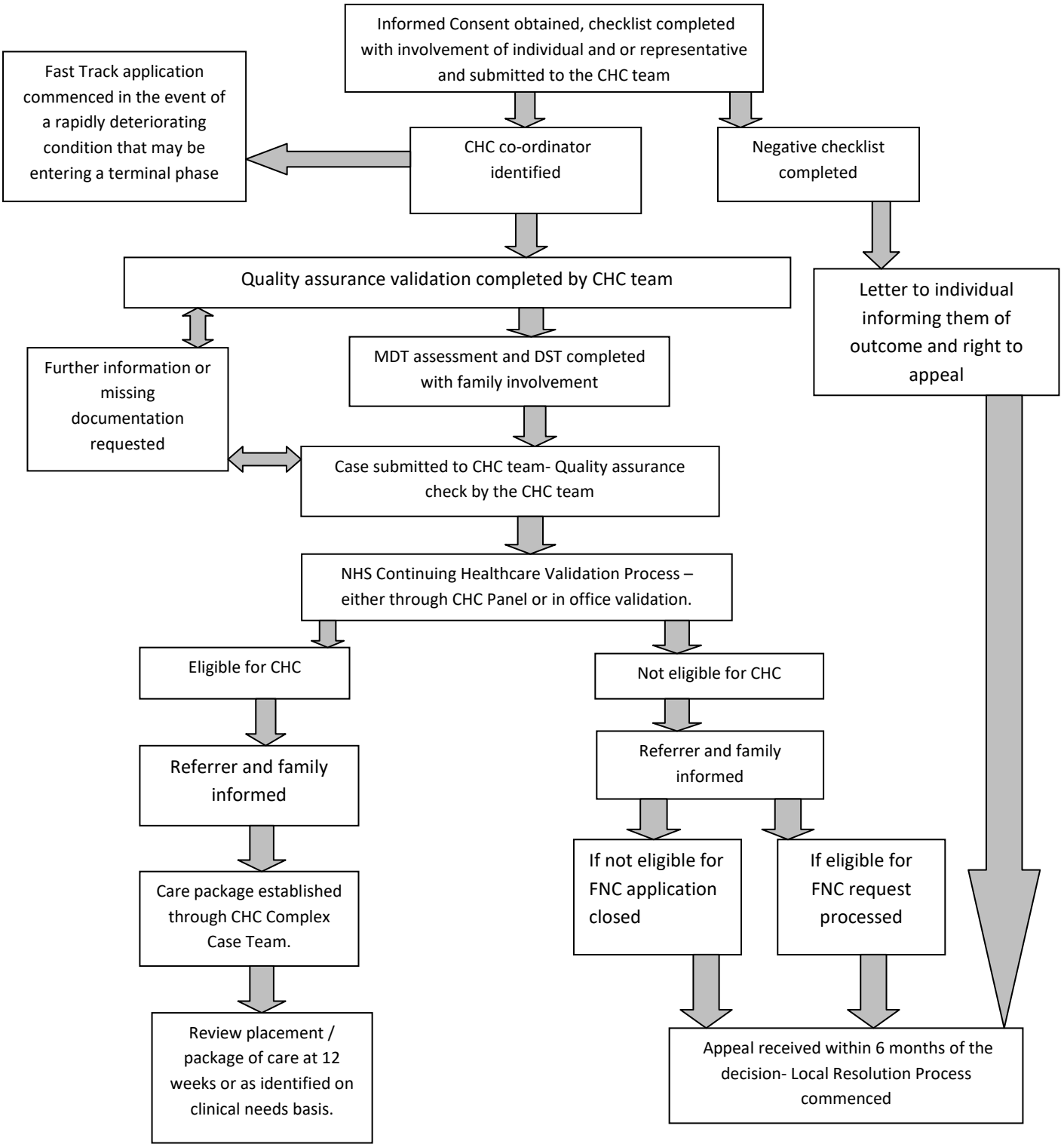
4.8 The following flowchart provides an overview of the referral process:



5. Continuing Health Care Validation Process

5.1 The purpose of the South Tyneside CHC Validation Process is to enable the CCG to discharge its responsibilities in relation to the determination NHS CHC eligibility and to provide a forum for quality assurance and peer review of decision making. Completed applications for CHC is validated through the in-office validation process or at the South Tyneside CHC panel when there is a dispute or where recommendations have been sent twice for additional information.

The CHC panel will review and validate a random audit of cases. Appeal cases at the completion of the local resolution process, retrospective review cases and any cases requiring review under the exceptional circumstances rule as states in the updated framework practice guidance 39.

The terms of reference for this Panel are attached as Appendix 2. The CHC Panel is chaired by a professional with knowledge of the National Framework, the chair remains independent to the decision making process and has had no prior involvement in the assessment of the submitted case.

5.2 Following the South Tyneside CHC validation process, the CHC Administrator will write to the individual assessed, referrer and the family/carer, informing them of the decision. Copies of the minutes will be made available to Panel members. Key Co-ordinator will be informed by telephone, or email of the decision made within 24 hours of the validation, followed by written confirmation within 5 working days.

6. Agreeing the Care Package

6.1 The CCG will commission the provision of NHS-funded Continuing Healthcare in a manner which reflects the choice and preferences of individuals as far as possible, but balances the need for the CCG to commission care that is safe, effective, and able to meet an individual's needs whilst also making best use of financial resources. Therefore in circumstances where there are concerns regarding the quality of care in a care home and the CCG cannot commission care in the home at that time, the CCG will work with individuals and their families to commission a suitable package of care within an appropriate environment.

The individual or their representative may request that their relative is placed in a Care Home outside of the South Tyneside area. In these circumstances the family and the representative from the CHC Team will discuss the appropriateness of the placement to ensure the quality of care, safety of care and that the provider can meet the individuals assessed needs. The procurement of a care package outside of the South Tyneside CCG are will be progressed in line with Responsible Commissioner Guidance. The CCG will also ensure a decision is made in the individual's best interest with a Mental Capacity Assessment if required.

In the light of the need to balance patient preference alongside safety and value for money, the CCG and LA have a shared procurement process, consequently people will have a choice of providers that have a contract with South Tyneside CCG and have agreed the quality standards and pricing structure in accordance with the provider framework and the South Tyneside CCG Equity and Choice policy.
Agreeing the placement or package of care will include:

- The commissioning of placements or care packages;
- Agreeing the care plan with the appropriate clinician and ensuring that care plans and risk assessments are received;
- Agreeing the care package and costings with the provider;
- Completing assurance checks with the Care Quality Commission and when placing a patient out of area contacting the local CCG;
- Informing and updating the referrer, patient and if appropriate the family/carer;
- Agreeing and informing the provider and relevant others, the monitoring and review arrangements of the care package;

- The CHC Complex Case Team is responsible for ensuring that the details and associated costs of the agreed packages are recorded accurately on the database /liquid logic.

All new residential care providers and care agencies will receive a contract on completion of the financial negotiation and before the start of the placement or package. This is in accordance with the NHS Contract and service specifications.

In instances where families choose the care providers, and the care agency charges over and above the agreed South Tyneside CCG continuing healthcare cost, there will be an opportunity for the family to choose to cover the additional service costs requested by the care provider.

In situations where it is necessary to revisit a previous decision of eligibility for NHS CHC, or where there has been undue delay in reaching a decision of eligibility for CHC, the CHC team and South Tyneside Local Authority will follow national guidance regarding refunds and redress with reference to local agreements between these two statutory bodies

(See Appendix 1 for key references).

The CHC Complex Case team will work with the Local Authority to ensure that individuals are not disadvantaged during the assessment or commissioning process and their care needs continue to be met.

There will be some individuals who, although they are not entitled to NHS CHC, have needs identified through the Decision Support Tool, that are not of a nature that the Local Authority can lawfully or solely meet. These individuals may require a joint care package. The CHC team and South Tyneside Local Authority will work in partnership to agree their respective responsibilities in a joint package of care (for details please refer to PG 51 of the Practice Guidance section of the updated Framework)

6.2 Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 contains provisions that apply to an individual who lacks capacity and who, in their best interests, needs to be deprived of their liberty in a care home or hospital, in order for them to receive the necessary care or treatment. In such situations the deprivation of liberty can be authorised using the Deprivation of Liberty Safeguards (DoLS) process set out in the Act. These safeguards are in place in order to ensure that an individual is not deprived of their liberty unlawfully. The fact that an individual who lacks capacity needs to be deprived of his or her liberty in these circumstances does not, in itself, preclude or require consideration of whether that individual is eligible for NHS Continuing Healthcare.
National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care
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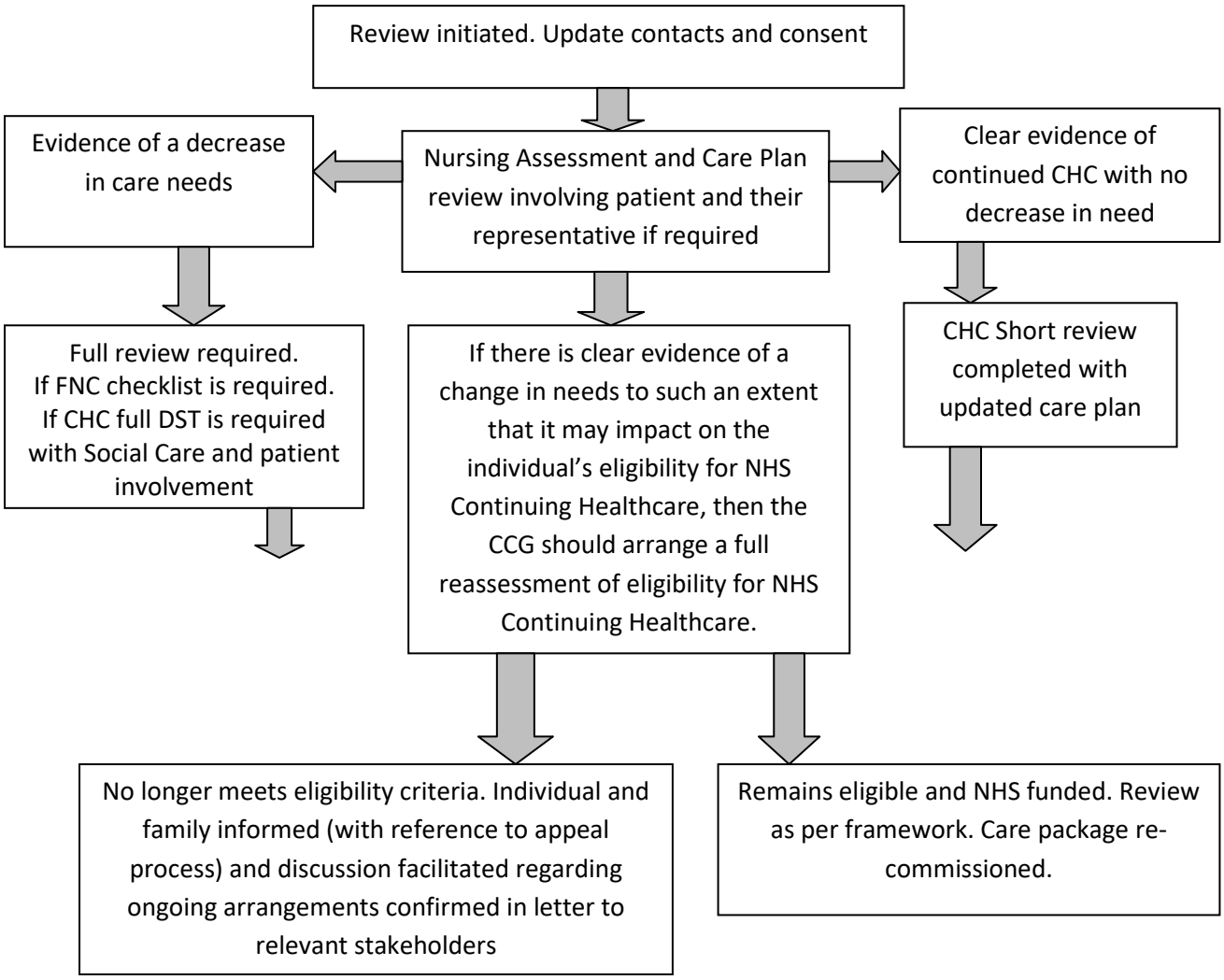
Where an individual is in receipt of NHS Continuing Healthcare, and they lack mental capacity to consent to their accommodation, or care and support arrangements, the CCG must ensure that the arrangements they commission are lawful and compliant with the Mental Capacity Act. This means that, where the person is placed in a care home or hospital and they will be subject to restrictions that constitute a deprivation of their liberty, the care provider must request authorisation from the relevant local authority (or in some specific circumstances, the Court of Protection) for this deprivation of liberty. The request for Deprivation of Liberty Safeguards (DoLS) authorisation should be made by the care home or hospital to the local authority before the placement is made.

Where the individual who lacks capacity is in receipt of NHS Continuing Healthcare in their own home, including tenancy based accommodation (e.g. supported living), and is subject to restrictions that may constitute a deprivation of liberty, the deprivation of liberty cannot be authorised using the Deprivation of Liberty Safeguards (DoLS) process, instead authorisation must be obtained from the Court of Protection. In these circumstances, because the CCG is the primary funding authority, it is responsible for applying to the Court of Protection for this authorisation and should seek their own legal advice for this reason. The CCG is responsible for its own associated legal costs, but is not responsible for the legal costs of the individual concerned. However, the CCG should ensure that the individual has access to legal advice in their own right.

7. Monitoring and reviewing

7.1 All agreed health packages of care (both CHC and FNC) should initially be reviewed 3 months following the commencement of the placement/package of care and thereafter yearly or earlier if required. The following flow chart provides an overview of the process:

7.2 The following chart provides an overview of the review process:



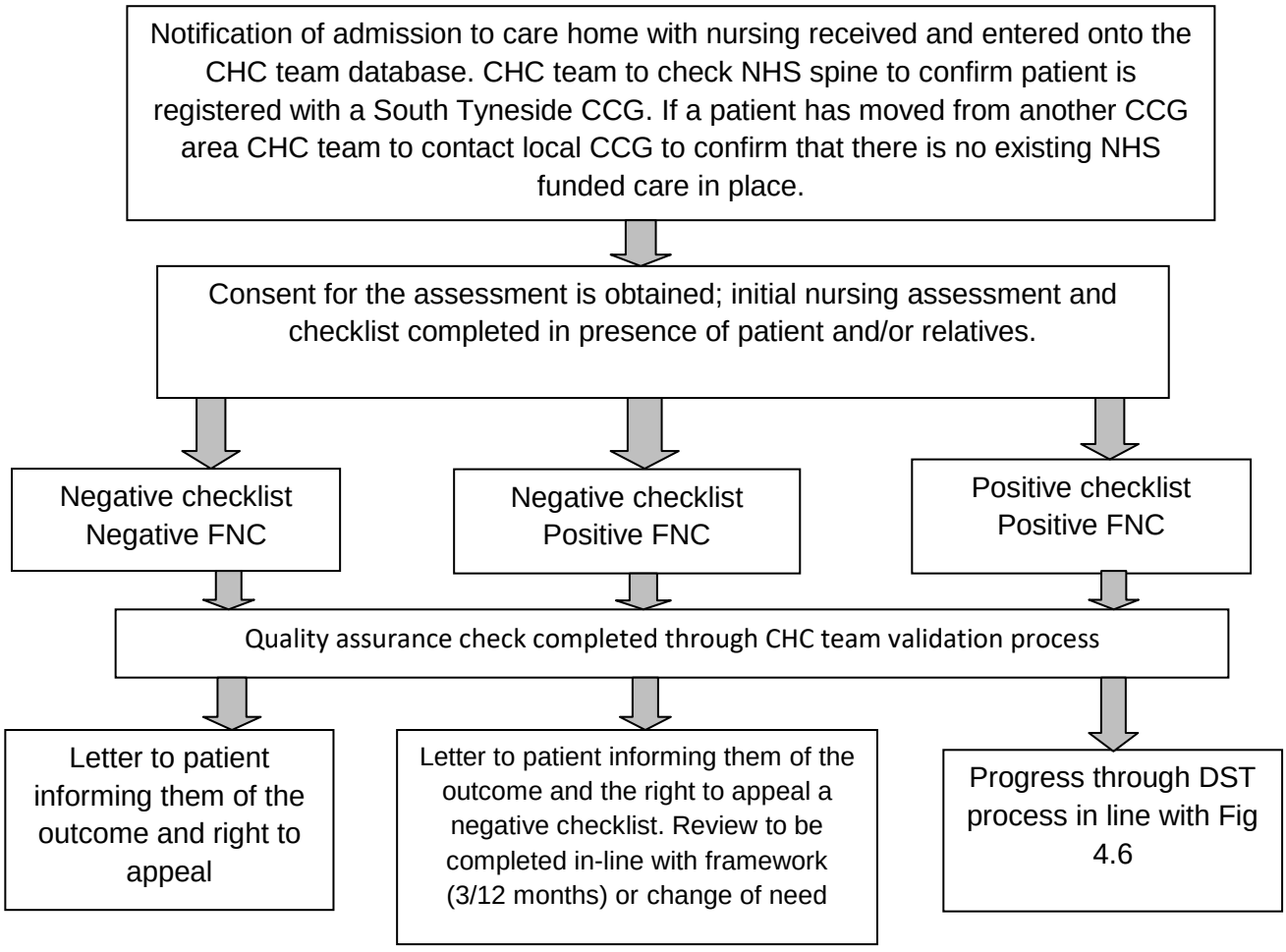
8 Appeals process in relation to eligibility for NHS Continuing Healthcare

The CHC team operates an Appeals Process in-line with the National Framework. This process is fully documented within the South Tyneside CCG Local Resolution Policy. Where an individual is deemed not to be eligible for NHS CHC the decision will be communicated in writing together with copies of the validation report that provide the rationale for the eligibility decision. The applicant will be advised in writing of their right to appeal the decision, provided they do so within 6 months of the notification. If the individual or their representative seeks a review, this will aim to be completed within 3 months of receipt of their request. If the outcome of the local review is that the original decision of not meeting CHC eligibility was correct, the individual will have a further 6 months to request an independent review by NHS England. For further information regarding this process, please see the South Tyneside CCG Local Resolution Policy.

9. Funded Nursing Care Referral Process

9.1 Where the decision is that the person is not eligible for NHS CHC, there may still be a need for care from a registered nurse. This should be considered and the decision made as to whether registered nursing care in a care home providing nursing is the best option. In this circumstance the individual may be eligible to NHS Funded Nursing Care (FNC). NHS Funded Nursing Care is the funding provided by the NHS to care homes with nursing, to support the provision of nursing care by a registered nurse. Since 2007, The NHS Funded Nursing Care has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS Continuing Healthcare before a decision is reached about the need for NHS Funded Nursing Care.

9.2 The following chart provides an overview of the funded nursing care process:



10. Requests for "Fast-Track" funding

An individual may also have a primary health need because they have 'a rapidly deteriorating condition, which may be entering a terminal phase,' .In such situations, where the individual needs a package of care to enable their needs to be met urgently (e.g. to allow them to go home to die in their preferred place of care or appropriate end of life support to be put in place), the Fast Track Pathway Tool should be completed, but this can only be done by 'an appropriate clinician', defined in Standing Rules Regulations as 'a person who is:

a) responsible for the diagnosis, treatment or care of the person under the 2006 Act in respect of whom a Fast Track Pathway Tool is being completed, and

b) a registered nurse or a registered medical practitioner;

When the CHC team receives a Fast Track tool completed by an appropriate clinician, the CCG is obliged to deem the individual eligible for NHS CHC without delay and without the need for a Checklist or Decision Support Tool to be completed. The Joint Commissioning Transactional Team will then commission and procure the necessary care/ support as quickly as possible. It is vital, therefore, that the tool is used correctly and only in those situations for which it was intended. For this reason work is underway with key clinicians across South Tyneside to ensure that the Fast Track Tool is understood and used appropriately.

There are no specified time limits for life expectancy regarding the use of the tool – 'rapidly deteriorating' should not be interpreted narrowly as only meaning an anticipated specific or short time frame of life remaining. The appropriate clinician is not required to provide evidence alongside the completed Fast Track Tool in order for it to be actioned, but it should be supported by a prognosis and/or diagnosis if known. However, when care is not already in place, it is essential that sufficient clinical information is supplied to enable the appropriate placement/package of support to be identified.

The appropriate clinician must take into account the practicalities involved in procuring the care package for the patient in Fast Track situations and not raise unrealistic expectations with the patient and family carers. This is particularly so where the needs are complex, the home situation is unclear or the request is being made at a weekend or bank holiday. Whilst funding can be agreed quickly on receipt of the completed Fast Track it may not be possible to secure appropriate care immediately. It is essential to liaise directly with the CHC Team to discuss procurement options in such situations. Please see section 6 above regarding commissioning safe packages of care.

The Fast Track Tool must not be used instead of a full assessment because of service pressures e.g. the need to discharge a patient from hospital, shortage of staff etc.

Where an individual's care is funded under the Fast Track Pathway the CHC team or the provider involved with their care will review the person's needs within 12 weeks or when a person's care needs stabilise and are no longer considered to be rapidly deteriorating. The CHC Fast Track funding cannot be removed or converted to CHC without a full Decision Support Tool being completed by a Multi-disciplinary Team.

15. Case Management

Care reviews will be undertaken for individuals no later than three months following the initial assessment and then annually thereafter. This will ensure that individual patients are receiving the care they need. The care review will also review the continuing eligibility of the individual patient for NHS Continuing healthcare. The NHS has a responsibility to provide or commission care based on the needs of the individual being primarily for healthcare and, therefore, this may not be indefinite. In some circumstances an individual's needs might change and therefore so might their eligibility for NHS Continuing Healthcare. It is the CCG's responsibility to ensure that this is made clear to the

individual and their family. Some cases will require more frequent review in line with clinical judgement and changing needs.

16. Jointly Funded Packages of Care

The National Framework for Continuing Healthcare states that if a person does not qualify for NHS Continuing Healthcare, the NHS may still have a responsibility to effectively contribute to that person's health requirement. This is sometimes known as a "joint package" of care. The most obvious way in which this is provided is by means of the NHS Funded Nursing Care, in a care home setting with Registered Nurses present.

Joint packages of care may also be provided through the provision of NHS services such as district nursing, and physiotherapy, for example. A joint package of care with the local authority will only involve joint funding where there is a particular identified health requirement requiring an identified care package to be commissioned. In these circumstances the NHS will fund the care package for the identified health element.

The CCG will establish a joint funding agreement with the Local Authority in relation to NHS CHC. This will be documented in a formal working protocol that sets out the principles of joint funding, the mechanisms of the decision making and dispute processes; which has been agreed by both parties. The principles of the agreement are that of partnership working for the benefit of the patient, to facilitate hospital discharge and care planning. The organisations who are parties to the Joint Working Protocol (JWP) will work co-operatively, collectively and flexibly in order to achieve the shared aim of ensuring that all individuals eligible for NHS CHC are assessed in a timely fashion and if applicable, are provided with a commissioned CHC package which meets their needs.

Where the MDT recommendation is that the patient is not eligible for NHS CHC, the MDT may consider any health element that may be present and if there would be a recommendation for joint funding. If the MDT recommend joint funding then South Tyneside CCG CHC team and Local Authority (usually South Tyneside County Council) will negotiate the percentage split between health and social care funding to a maximum of 49% to ensure that the Local Authority remains the majority provider. This will ensure that the local authority will remain the lead organisation and responsible for commissioning the care provision required and the case management of the client. South Tyneside CCG and the Local Authority will continue to work in partnership and support the review process jointly, as per the national framework for CHC and FNC this would be initially at three months and annually thereafter unless an earlier review is indicated.

17. Equipment and Safeguarding

17.1 Equipment

Where an individual is in receipt of CHC and requires equipment to meet their care needs, there are several routes by which this may be provided:

The care home setting may provide non specialised equipment as part of their regulatory standards under the Care Quality Commission or as part of the contract.

Some individuals may require bespoke equipment as assessed by an appropriate healthcare professional to meet specific assessed needs identified in their NHS Continuing Healthcare care plan. CCG should make appropriate arrangements to meet these needs. In the event of a short prognosis CGG may not provide bespoke equipment.

Individuals who are entitled to CHC funding have an entitlement on the same basis as other patients to equipment. CCG should ensure that the availability to those in receipt of CHC is taken into account in the planning, commissioning and funding arrangements for the joint equipment services.

17.2 Safeguarding

All providers will ensure that they work to the standards identified in the procedures for adult and children safeguarding.

19. Personal Health Budgets and Direct Payments

A Personal Health Budget (PHB) is an allocation of funding made available to people on the basis of their assessed health needs so that they can choose, arrange and pay for their own health care services. A Personal Health Budget (as described below) can be notional or actual funds. If the budget holder is unable to manage the budget themselves a **responsible person** or a nominated person may do it for them. The key principle is that patients know what their budget is, the treatment options and the financial implications of their choices, irrespective of the way the budget is actually managed. Where patients manage services and their own budget this is the equivalent of direct payments in social care. There are three broad approaches in which a person can receive a personal health budget:

- **Notional personal budget:** Patients are aware of the treatment options within a budget constraint and of the financial implications of their choices. The NHS underwrites overall costs and retains all contracting and service coordination functions.

- **Personal budget held by a third party:** Patients are allocated a real budget, held by an intermediary on their behalf. The intermediary helps the patient choose services within the personal budget and based on the agreed healthcare outcomes.

- **Direct payments for healthcare:** Patients are given cash payments and expected to purchase and manage services themselves, including care coordinators and financial intermediaries. This would be the equivalent of direct payments in social care.

When an assessment is made as part of an application for Continuing Healthcare the individual will be offered the opportunity to receive a Personal Health Budget. All individuals in receipt of CHC funding will receive information informing them of their right to request a Personal Health Budget. If an eligible person chooses to have a Personal Health Budget a completed PHB consent form will be required to commence the process. South Tyneside CCG will then make arrangements for the complex team manager to visit the individual to discuss options available to them to meet their care plan and then link in with the relevant pathways within the LA including the SDS team. In collaboration with the individual a personalised support plan will be created to meet their care needs within the indicative budget set by the CCG. Focusing on outcomes contributes positively to care planning and subsequent regular review process. The support planner will also supply written information about the personal health budget scheme, employing staff, managing and coordinating care.

The indicative budget may be revised to reflect the proposed pattern of services to be purchased. Support and brokerage will be available to assist the person to plan care. The final support and budget plan is submitted to the CCG for review, validation and risk assessment prior to being agreed by the CCG before payments start. The spending plan will also specify minimum requirements for reviews. Generally financial reviews will be at least quarterly and health outcomes will be reviewed initially after three months and then determined by individual circumstances and progress.

The National Framework emphasises the importance of using models that maximise personalisation and individual control and that reflect the individual's preferences, as far as possible. The Framework also emphasises the value of using person-centred commissioning and procurement arrangements, so that unnecessary changes of providers or of the care package do not take place purely because the responsible commissioner has changed.

20. Complaints

If an individual patient or their representative is dissatisfied with the manner in which the overall process has been conducted rather than specifically the outcome regarding eligibility for NHS continuing healthcare, they may make a complaint to South Tyneside CCG through the Complaints process.

21. Disputes

South Tyneside Local Authority are represented on all South Tyneside CCG Continuing Healthcare Panels and are part of the decision making body. South Tyneside LA and their employees are therefore not able to appeal against a decision made by the South Tyneside CCG Continuing Healthcare Panel on behalf of a patient. Appeals may only be made by individual applicants themselves in accordance with the South Tyneside CCG Local Resolution Policy.

However South Tyneside Local Authority may dispute a decision that is made by South Tyneside CCG Continuing Healthcare Panel, in respect of an application for NHS Continuing Healthcare. In these circumstances the Policy for the Resolution of Disputes for NHS Continuing Healthcare should be implemented in line with the national framework for CHC.

South Tyneside CCG and South Tyneside Local Authority subscribe to the principle that there should be no delay in the provision of services due to disagreements or disputes on the assessment recommendation or outcome of the decision on eligibility. Should such situations arise, the National Framework for NHS-funded Continuing Healthcare is explicit in stating that any existing funding arrangements cannot be unilaterally withdrawn without the agreement of the other party. Therefore anyone in their own home, or care home funded by the local authority or CCG must continue to be funded by that body until the dispute is resolved.

APPENDIX 1 National and Local Reference List

National Documents:

- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care: October 2018 (Revised)
  Incorporating:
  - *NHS Continuing Healthcare Practice Guidance*
  - *NHS Continuing Healthcare Frequently Asked Questions*
  - *NHS Continuing Healthcare Refunds Guidance* available at http://www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions/

- National Tools available at http: https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

  - NHS Continuing Healthcare Checklist
  - Decision Support Tool for NHS Continuing Healthcare
  - Fast Track Pathway Tool for NHS Continuing Healthcare

- Mental Capacity Act 2005 http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf

  http://webarchive.nationalarchives.gov.uk/
  http://www.dca.gov.uk/legal-policy/mental-capacity/mca-cp.pdf

- Data Protection Act 2008 http://www.legislation.gov.uk/ukpga/1998/29/contents

APPENDIX 2

NHS CONTINUING HEALTHCARE PANEL

TERMS OF REFERENCE


panel.docx

APPENDIX 3

NHS South Tyneside CCG -NHS Continuing Healthcare Procedure for completion of DST

- The function of the DST is to summarise key information from the Multidisciplinary Team (MDT) assessment across the 12 domains and to consider the impact of the nature, intensity, complexity or unpredictability of health needs. The DST remains an aid to decision-making and is not a substitute for professional judgement.

- The MDT in the context of NHS continuing healthcare is described as;
    - Two professionals who are from different healthcare professions, or
    - One professional who is from a healthcare profession and one person who is responsible for assessing individuals for community care services under section 47 of the National Health Service and Community Care Act 2015.

- NHS South Tyneside Clinical Commissioning Group requires all DSTs to have Adult Social Care input and for the completed DST's to evidence this. The MDT recommendation should be signed by the social care practitioner involved in the assessment and if it is not possible an explanation is to be provided.

- A Coordinator will be appointed to oversee the DST assessment; the Coordinator can also be a MDT member in line with the National Framework. A key duty of the Coordinator is to ensure the MDT makes a clear recommendation. There must be an appropriate separation between the co-ordinator role and those responsible for making a final decision on eligibility for CHC.

- The DST to be used by everyone is the national DST tool; this is a Department of Health requirement. The new version was introduced in October 2018 and is currently in-use

  The validation process will reject recommendation of a DST if any of the following apply, it is essential that these potential circumstances are noted by the MDT;

    - Where the DST is not completed fully (including where there is no recommendation)
    - Where there are significant gaps in evidence to support the recommendation
    - Where there is an obvious mismatch between evidence provided and the recommendation
    - Where the recommendation would result in either authority acting unlawfully

- It is recommended that the MDT initially consider each domain in turn and recommend levels of need on the DST in accordance with the available evidence and professional assessments. The MDT should then consider the impact of nature, intensity, complexity or unpredictability within the Primary Health Need test fully documenting their statement for each of these 4 elements.

- The DST must reference all of the evidence used to decide on the weighting of each 'domain', clearly recorded within each section. This information must correlate with the Primary Health Need test and the MDT recommendation.

- The DST must contain a recommendation regarding eligibility and this section must be completed and signed by the MDT. If there is no signed recommendation and rationale it will be automatically rejected by the validation process and returned to the MDT for further work.

- The Continuing Care Team is available to provide support and guidance with CHC assessments and DST completion.

Completion of the DST requires consideration of the four characteristics of a primary health need: Nature; Intensity; Complexity and Unpredictability. Guidance on the application of these characteristics is outlined below:

Nature This is about the characteristics of the individual's needs and the interventions required meeting those needs. Questions that may help consider this includes: • How would you describe the needs (rather than the medical condition leading to them)? What adjectives would you use? • What is the impact of the need on overall health and wellbeing? • What type of interventions is required to meet the need? • Is there particular knowledge/skill required to anticipate and address the need? Could anyone do it without specific training? • Is the individual's condition deteriorating/improving? • What would happen if these needs were not met in a timely way?	**Intensity** This is about quantity, severity and continuity of needs. Questions that may help consider this includes: • How severe is this need? • How often is intervention required? • For how long is each intervention required? • How many carers/ care workers are required at any one time to meet the needs? • Does the care relate to needs over several domains?
Complexity This is about the level of skill/knowledge required to address an individual need or the range of needs and the interface between two or more needs. Questions that may help consider this includes: • How difficult is it to manage the need(s)? • How problematic is it to alleviate the needs and symptoms? • Are the needs interrelated? • Do they impact on each other to make the needs even more difficult to address? • How much knowledge is required to address the need(s)? • How much skill is required to address the need(s)? • How does the individual's response to their condition make it more difficult to provide appropriate support?	**Unpredictability** This is about the degree to which needs fluctuate and thereby create challenges in managing them. It should be noted that the identification of unpredictable needs does not, of itself, make the needs "predictable" (i.e. "predictably unpredictable") and they should therefore be considered as part of this key indicator. Questions that may help consider this includes: • Is the individual or those who support her/him able to anticipate when the needs might arise? • Does the level of need often change? Does the level of support often have to change at short notice? • Is the condition unstable? • What happens if the need isn't addressed when it arises? How significant are the consequences? • To what extent is professional knowledge/skill required to respond spontaneously and appropriately? • What level of monitoring/review is required?

APPENDIX 4

Glossary of Terms including Abbreviations

Care Package	A combination of care and support and other services designed to meet an individuals assessed needs
Care Plan	A document recording the reason why care and support and other services are being provided, what they are, and the intended outcomes.
CCGs	Clinical Commissioning Groups
CHC	NHS Continuing Health Care
Commissioning	Commissioning is the process of specifying and procuring services for individuals and the local population, and involves translating their aspirations and needs into services that: deliver the best possible health and well-being outcomes, including promoting equality; provide the best possible health and social care provision; and achieve this with the best use of available resources and best value for the local population
DH	Department of Health
DST	National Framework Decision Support Tool
STLA	South Tyneside Local Authority
FNC	Funded Nursing Care
Multidisciplinary	Multidisciplinary refers to when professional from different disciplines (such as social work, nursing and occupational therapy etc.) work together to assess and/or address the holistic needs of an individual, in order to improve delivery of care
MDT	Multidisciplinary Team
PHB	Personal Health Budget
Key Co-ordinator	The main person who co-ordinates all care and paperwork for a patient and their representatives

Appendix 5
Equality Impact Assessment

1. Title of policy/ programme/ framework being analysed

Continuing Healthcare (CHC) and Funded Nursing Care (FNC) Operational Policy

2. Please state the aims and objectives of this work and the *intended equality outcomes*. How this proposal is linked to the organisation's business plan and strategic equality objectives?

Purpose and Values

EQUALITY STATEMENT

South Tyneside Clinical Commissioning Group (South Tyneside CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

South Tyneside CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Eligibility for NHS CHC is based on an individual's assessed needs and is not disease specific, nor determined by either the setting where the care is provided, or who delivers the care. Access to consideration and assessment is non-discriminatory; it is not based on age, condition or type of health need diagnosed.

The aim of NHS CHC is to implement the NHS CHC eligibility criteria in order to provide appropriate care. In order to achieve this, the implementation of the criteria and local application for NHS CHC, in conjunction with the Local Authority, provider Trusts and other agencies, should meet the following principles:

- Needs led
- Equitable
- Culturally sensitive
- Person centred
- Robust and transparent
- Easily understood
- Adheres to guidance and best practice

3. Who is likely to be affected? e.g. staff, patients, service users, carers

Service users, carers and providers

4. What evidence do you have of the potential impact (positive and negative)?

4.1 Disability (Consider attitudinal, physical and social barriers) – please see section 2

The Operational Policy for NHS Continuing Health Care (CHC) and Funded Nursing Care (FNC) details the process for referring, assessing and agreeing eligibility for NHS CHC and for providing that care. This policy ensures that the model and processes are consistent, robust and are timely in their response.

The policy sets out the operating framework for NHS Continuing Health Care to ensure that the teams work in accordance with the National Framework for NHS Continuing Health Care and NHS-funded Nursing Care 2018 (Revised) (referred to as the 'Framework') and Part 6 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (see Appendix 1 of the policy for reference details), and to develop and maintain the close working arrangements with colleagues , provider NHS Trusts, and Clinical Commissioning Groups (CCGs).

4.2 Sex (Impact on men and women, potential link to carers below)

Please see section 2

4.3 Race (Consider different ethnic groups, nationalities, Roma Gypsies, Irish Travellers, language barriers, cultural differences).

Please see section 2

4.4 Age (Consider across age ranges, on old and younger people. This can include safeguarding, consent and child welfare).

Please see section 2

4.5 Gender reassignment (Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment).

Please see section 2

4.6 Sexual orientation (This will include lesbian, gay and bi-sexual people as well as heterosexual people).

Please section 2

4.7 Religion or belief (Consider impact on people with different religions, beliefs or no belief)

Please section 2

4.8 Marriage and Civil Partnership

Please see section 2

4.9 Pregnancy and maternity (This can include impact on working arrangements, part-time working, infant caring responsibilities).

Please section 2

4.10 Carers (This can include impact on part-time working, shift-patterns, general caring responsibilities, access to health services, 'by association' protection under equality legislation)**.** Please section 2
4.11 Additional significant evidence (See Guidance Note) The Operational Policy has been reviewed in line with the National Framework for NHS Continuing Health Care and NHS-funded Nursing Care 2012 (Revised) (referred to as the 'Framework') and Part 6 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
5. Action Planning for Improvement N/A
Sign Off
Name and signature of a person who carried out this analysis
Date analysis completed

Appendix 6 – CHC Team Peer Review Tool

Continuing Healthcare Peer Revision Tool

QA ID:		
	Professional Name	Date
Submitted By:		
Validated By:		

Domain	**List submitted evidence**	**Adequately evidenced justification of validation**
1. Breathing		
2. Nutrition- Food and Drink		
3. Continence		
4. Skin (including tissue viability)		
5. Mobility		
6. Communication		
7. Psychological and Emotional Needs		
8. Cognition		
9. Behaviour		
10. Drug Therapy and Medication – Symptom Control		
11. Altered States of Consciousness		
12. Other Significant Care Needs		
Comments:		
Statement regarding level of adequate justification for validation decision:		

Peer review completed by		Date	