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 to which South Tyneside CCG hold overall responsibility and partner agencies will utilise for referring, assessing, and agreeing eligibility for NHS CHC and 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 - Amendment) Regulations 2013 (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 provider organisations in relation to people registered with a South Tyneside General Practitioner.

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Accountable Officer	
Responsible Officer	Jeanette Scott
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Approved By	Alliance Business Group
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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 GP 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 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 2020).
- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules - Amendment) Regulations 2020.
- Choice and Equality Policy (Draft).
- The hospital discharge service: policy and operating model (August 2020).

'NHS continuing healthcare' means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the person has been assessed and found to have a 'primary health need' as set out in the National Framework. Such care is provided to a person aged 18 or over, to meet needs and associated social care needs that have arisen as a result of disability, accident, or illness.

Some needs are clearly health needs and some needs are clearly social care needs; and some needs may be either or both. The difference between health needs and social care needs emerging from the legal principles outlined above are set out below.

Whilst there is not a legal definition of a health need (in the context of NHS Continuing Healthcare), in general terms it can be said that such a need is one related to the treatment, control, management or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional).

Similarly, there is not a legal definition of the term 'social care need' in the context of NHS Continuing Healthcare. However, the Care Act 2014 introduced National Eligibility Criteria for care and support to determine when a person or their carer has eligible needs which the local authority must address, subject to means where appropriate. These criteria set out that a person has eligible needs under the Care Act 2014 where these needs arise from (or relate to) a physical or mental impairment or illness which results in them being unable to achieve two or more of the following outcomes which is, or is likely to have, a significant impact on their wellbeing:

- managing and maintaining nutrition.
- maintaining personal hygiene.
- managing toilet needs.
- being appropriately clothed.
- being able to make use of the home safely.
- maintaining a habitable home environment.
- developing and maintaining family or other personal relationships.
- accessing and engaging in work, training, education, or volunteering.
- making use of necessary facilities or services in the local community including public transport and recreational facilities or services.
- carrying out any caring responsibilities the adult has for a child.

In the context of NHS Continuing Healthcare, therefore, a 'social care need' can be taken to relate to the Care Act 2014 eligibility criteria outlined above.

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 people 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.

Refer to Section 14 of Who Pays? Determining which NHS Commissioner is responsible for making payment to a provider for details on Out-of-Area placements for adults. Link provided below:

https://www.england.nhs.uk/wp-content/uploads/2020/08/Who-Pays-final-24082020-v2.pdf

2. Principles and Values

Eligibility for NHS CHC is based on a person'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 team is to ensure compliance with the CHC National framework 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 person's informed consent will be obtained before starting the process to determine eligibility for NHS continuing healthcare.

Where a person 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 people will support the provision of advocacy throughout the process of application for NHS Continuing Healthcare where appropriate.

The Person's preferences and wishes will be considered 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 people in vulnerable situations and work with partner agencies to address any safeguarding concerns.

All professionals will work in partnership with people and their families throughout the process.

All people 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 people and their families and for partner agencies.

Once a person has been referred for a full assessment for CHC, all assessments will be undertaken by the relevant agencies to establish health and social care needs. Whilst most people will be referred using a continuing health care checklist, in the case of people discharged from hospital straight into a nursing home bed, where nursing is required, this will automatically trigger the MDT meeting and the completion of a DST. It is vital that as part of the discharge process that a nursing proforma is completed and consent is obtained prior to discharge to a nursing placement.

Those who have completed the person assessments should then convene as part of a Multi-disciplinary team (MDT), chairs by the CHC coordinator 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 people 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.

3. 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	• 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 person • Facilitate the appointment of a CHC 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 to 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 and should only happen in exceptional circumstances • Verification of Checklists and Fast Track Assessments ensuring appropriate consent has been obtained and the documents are adequately completed. • Ensure that the recommendation is presented to the CHC lead for the decision to be made. The documentation should clearly evidence the MDT recommendation and the views of all parties including the person and their representative. • Write to referrer and person 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 support based upon the assessed needs of the person. • The identified keyworker is responsible for sourcing a placement of support package in line with the CCG's Equity and Choice Policy. The agreement to fund the proposed support package remains the responsibility of the CCG, or delegated representatives. Keyworkers can not unilaterally agreed funding for people who are eligible to CHC funded care. • If the person 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 person's case records on Liquid Logic and ensure all communication of these decisions are undertaken in a timely and professional manner. • Ensure case management arrangements are in place with relevant CHC /LA or representation and in line with CHC framework have nominated identified keyworker. • 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 the person, staff, and customer feedback. • Ensure CCG is alerted to issues with Care providers which may compromise quality of care.
Continuing Healthcare Appeal 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.
Commissioning Team 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 aligned to Complex Care. • 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

4. CHC Team Arrangements

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 people who may fulfil the eligibility criteria for CHC.
- Monitor the quality of assessments (including checklists) received and liaise with the referrer, if there is insufficient evidence present to be able to support recommendation
- Co-ordination of the assessment process, liaising with the Multidisciplinary Team (MDT), person and family. This may also be supported by a provider service as per agreed contracts.
- Undertaking checklists and nursing assessments as required.
- Where a person may have a nursing need assessment (Record of Registered Nursing Care Needs Document), which specifies the day-to-day care and support needs of the person, should be used to assess whether a person is eligible for NHS-funded Nursing Care. More information is provided in the NHS-funded Nursing Care best practice guidance.
- 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 Team is responsible for identify potential packages of care where they are the identified key worker.
- All proposed packages of care for people who are eligible for fully funded healthcare must be based on need and will be subject to regular review. People and families will be made aware that eligibility for NHS CHC is not indefinite as needs may change.

- For people 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.

The main contact is:
NHS Funded Care Team
Palmer Community Hospital
1st Floor
Wear Street
Jarrow
NE32 3UX

Tel: (0191) 402 8184

Email: CHC.Commissioning@southtyneside.gov.uk

5. Referral Process for NHS Continuing Healthcare

The Standing Rules Regulations[1] require NHS Commissioners to take reasonable steps to ensure that people 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 a person 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 person and when the person's on-going needs are known. The full assessment of eligibility should normally take place when the person is in a community setting. The core underlying principle is that people should be supported to access and follow the process that is most suitable for their current and on-going needs". (Paragraph 108).

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 people 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 a person's mental health condition.

- The new guidance introduces a significant change to the position on payment responsibility for inpatient detention under the Mental Health Act (which previously fell to the CCG for the area where the detaining hospital was located) and on payment responsibility for s.117 aftercare

[1] Part 6 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules - Amendment) Regulations 2020

(which, since 2016, has fallen to the CCG where the person was 'ordinarily resident' immediately prior to their detention).

- Under the new rules, for detentions taking place from 1 September 2020, NHS England is using its power to split off payment responsibility from commissioning responsibility to stipulate that - although commissioning responsibility will remain as per the legislation - the CCG responsible for paying for both the period of detention in hospital and the s.117 aftercare will be determined by the general rule - i.e. the person's GP registration (or, usual residence) immediately prior to their detention in hospital. This CCG is regarded as the 'originating CCG' and retains responsibility for s.117 after-care, and any subsequent repeat detentions or voluntary admissions, until such time as the person is discharged from s.117 aftercare.

- This responsibility for paying remains with the originating CCG regardless of where the person may move to or which GP practice they are registered with. Whilst this new rule applies to detentions from 1 September 2020, it will be important for CCGs to be aware of some key mandatory transitional arrangements set out in the guidance, which determine responsibility for paying for detention and aftercare, depending on the person's status as at 1 September 2020.

- 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 a person 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.

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.

6. CHC Process

Informed consent should be obtained and recorded on the appropriate NHS Continuing Healthcare Consent form prior to the completion of the NHS Continuing Healthcare care screening Checklist. This consent will need to encompass permission to undertake the NHS Continuing Healthcare assessment process and also to the 'sharing and processing of data' (i.e. sharing relevant personal information between professionals in order to undertake the eligibility assessment for NHS Continuing Healthcare and, where appropriate, for audit and monitoring of decisions).

[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


CHC Consent Form for Information Sharir


FULL CHC Consent Form for Information

Before applying the Checklist, it is necessary to ensure that the person and their representative, where appropriate, understand that the Checklist does not indicate the likelihood that the person 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.

A checklist can be completed by a range of practitioners, including NHS employed nurses, qualified healthcare professional, or social care practitioner. There is an expectation that anyone completing the checklist will have as a minimum attending online training, and any demonstrate a clear understanding of the process. Checklists are not able to be completed by staff within care homes or care providers or where they deliver funded care through LA or CHC contracts. By completing a checklist, the referring is confirming that they are 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.

If completion of the screening checklist indicates that the person 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 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 a person's health and social care needs. In the 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 full ranges of factors, which may have a bearing on the person's eligibility, are considered.

The Decision Support Tool cannot directly determine eligibility, but it provides the basis from which recommendations 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 CHC 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 people 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.

7. 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 they 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 person requires full consideration for NHS CHC, the CHC team will act on this and arrange for CHC process to be followed. However, the person will then be provided with details in respect to the next training date.

8. Timing of the Checklist

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

Where a person has crossed the Checklist threshold and therefore requires full consideration for NHS CHC, a member of the CHC team is responsible for 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 a person'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.

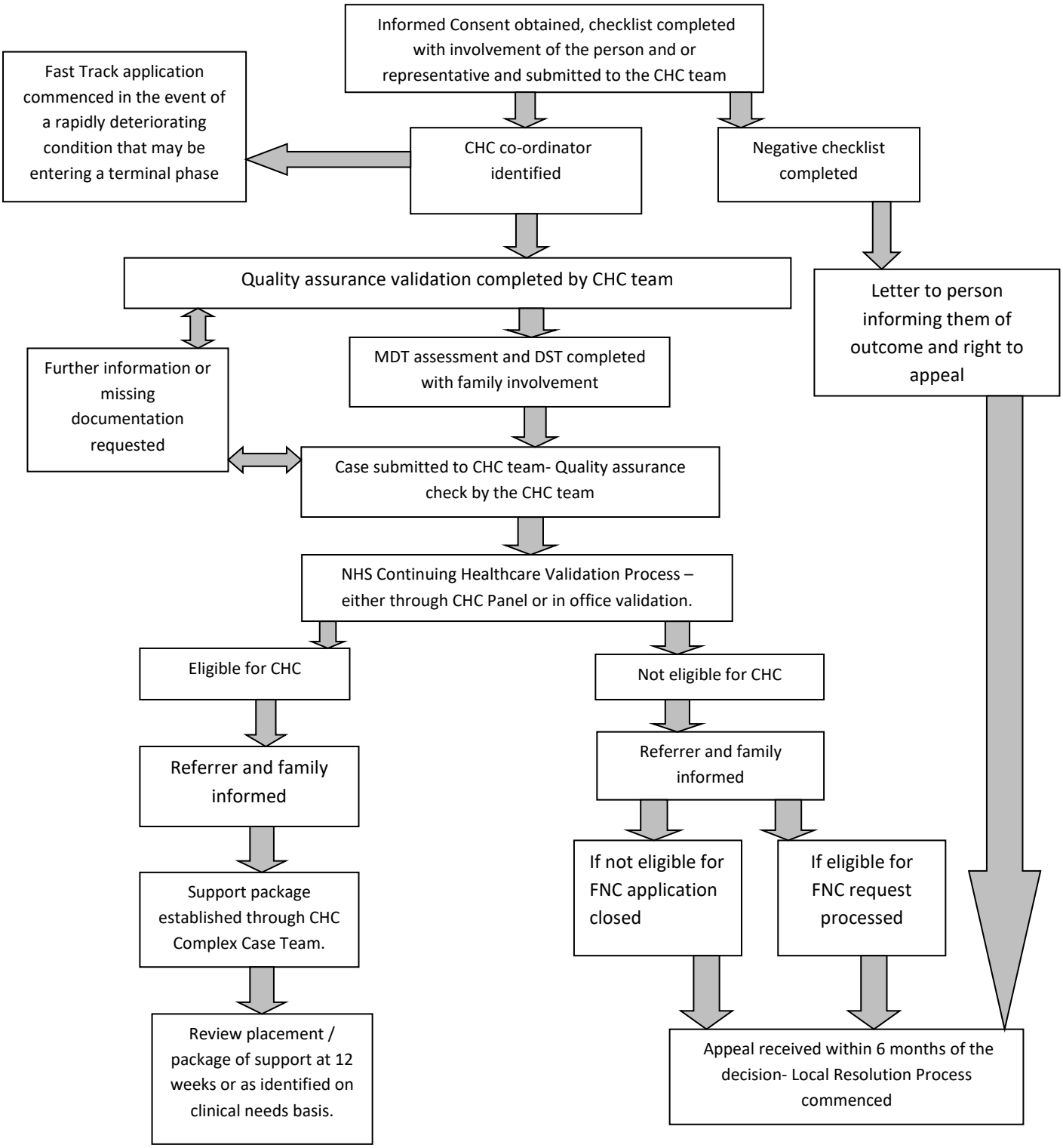
Responsibility in respect to funding is aligned to the Responsible Commissioner Guidance.

9. Assessment of eligibility for NHS Continuing Healthcare using the Decision Support Tool.

Once a person has been referred for a full assessment of eligibility for NHS Continuing Healthcare then the multidisciplinary team must assess and make a recommendation on whether the person has a primary health need using the Decision Support Tool. Refer to Appendix 7. CCGs may use a number of approaches (e.g. face-to-face, video/tele conferencing etc.) to arranging these MDT assessments in order to ensure active participation of all members as far as is possible.

The following flowchart provides an overview of the process:

[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



10. Continuing Health Care Validation Process

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 validation process by the CHC lead or at the South Tyneside CHC panel when there is a dispute or where recommendations have been sent twice for additional information.(All disputes will be heard by a minimum of a representative from both the CCG and the LA.

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.

Cases heard at the CHC panel will result be followed up in writing to the person and/ or representative. 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.

11. Agreeing the Support Package

The CCG will commission the provision of NHS-funded Continuing Healthcare in a manner which reflects the choice and preferences of people as far as possible. The decision around authorisation of packages of support will balance the need for the CCG to commission care that is safe, effective, and able to meet a person's needs whilst also making best use of financial resources.

The person or their representative may request that their relative is placed in a Care Home outside of the South Tyneside area, and this will be taken into account and will balance the need for the CCG to commission care that is safe, effective, person centred and able to meet the person's need whilst making best use of financial resources. The procurement of a support package outside of the South Tyneside CCG will be progressed in line with Responsible Commissioner Guidance. The CCG will also ensure a decision is made in the person's best interest with a Mental Capacity Assessment if required.

In the light of the need to balance person 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 LA 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 support will include:

- The commissioning of placements or support packages.
- Agreeing the person's plan with the appropriate clinician and ensuring that care plans and risk assessments are received.
- Agreeing the support package and costings with the provider.
- Completing assurance checks with the Care Quality Commission and when placing a person out of area contacting the local CCG.
- Informing and updating the referrer, person and if appropriate the family/carer.
- Agreeing and informing the provider and relevant others, the monitoring and review arrangements of the support package.
- The case manager is responsible for ensuring that the details and associated costs of the agreed packages are recorded accurately on the database /liquid logic.

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 people are not disadvantaged during the assessment or commissioning process and their care needs continue to be met.

If the MDT recommendation that there is no evidence of a primary health need, then they should go on to consider whether there are grounds for consideration of a joint package of care and make a recommendation for this to be considered where appropriate. The CHC team and South Tyneside Local Authority will work in partnership to agree their respective responsibilities in a joint package of support (for details please refer to PG 51 of the Practice Guidance section of the updated Framework)

12. Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 contains provisions that apply to a person 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 a person is not deprived of their liberty unlawfully. The fact that a person 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 the person is eligible for NHS Continuing Healthcare.

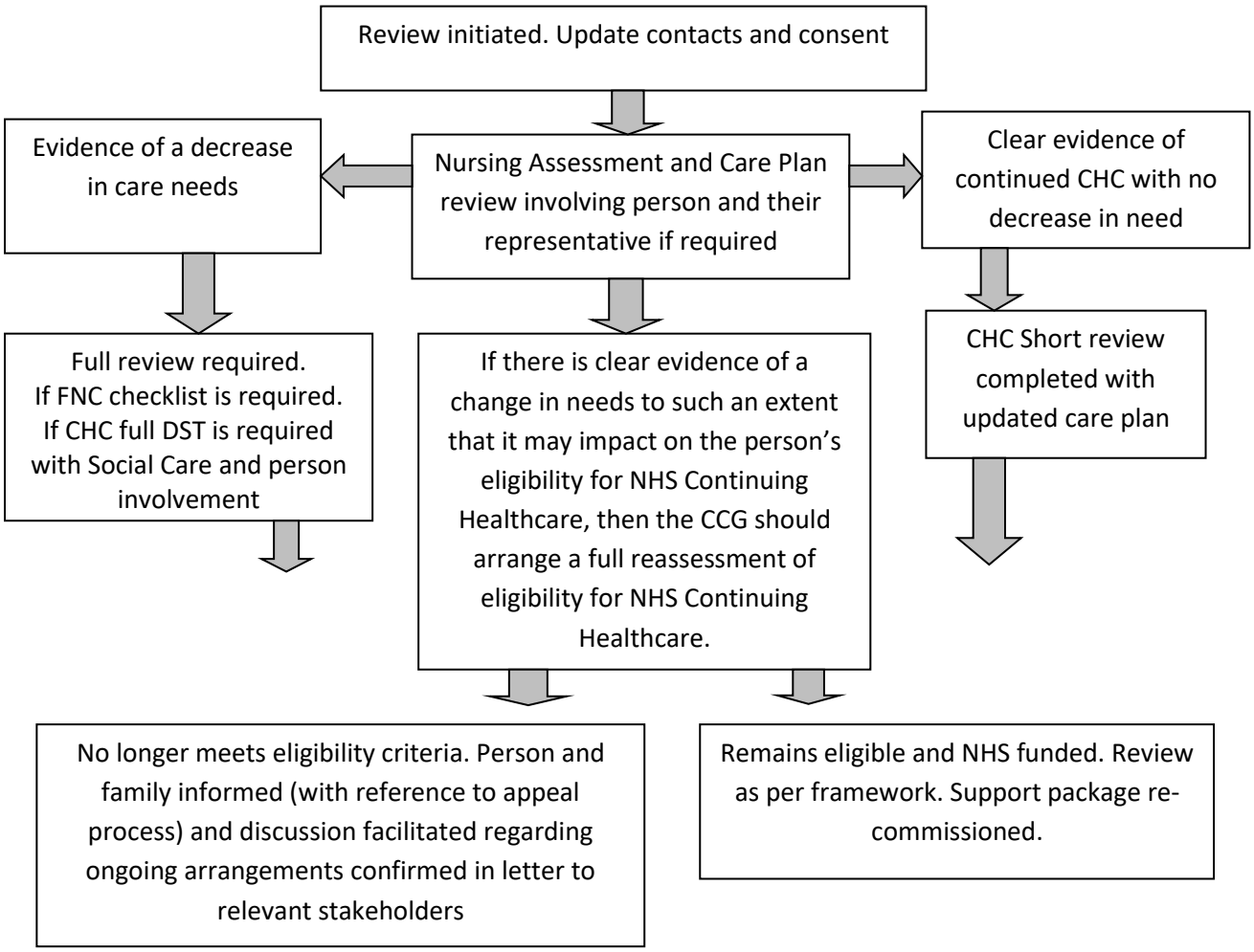
Where a person is in receipt of NHS Continuing Healthcare, and they lack mental capacity to consent to their accommodation, or care and support arrangements, the must ensure that the arrangements they commission are lawful and compliant with the Mental Capacity Act. This means that, where the person 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 person 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 person concerned. However, the CCG should ensure that the person has access to legal advice in their own right.

13. Monitoring and reviewing

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

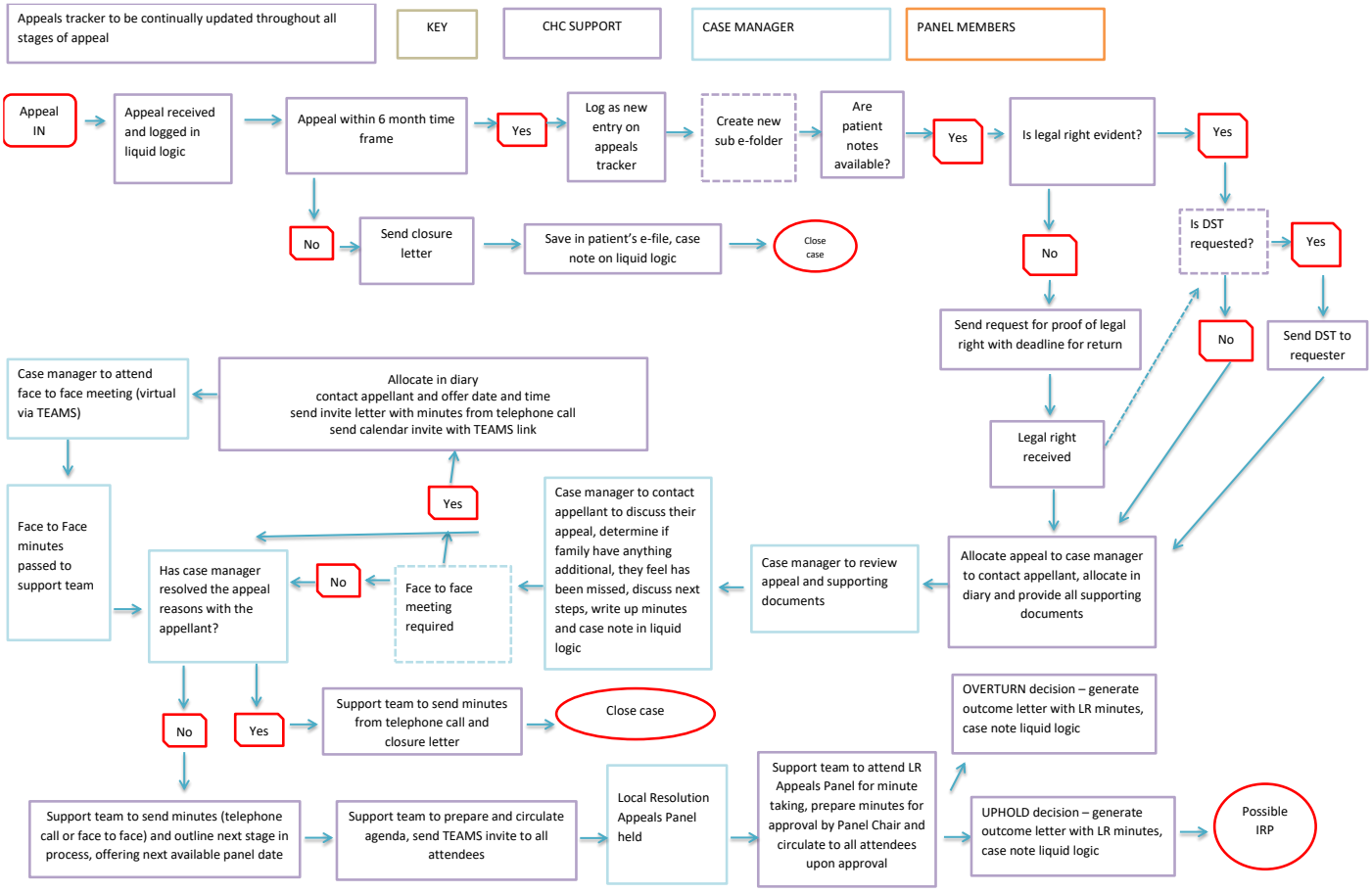
The following chart provides an overview of the review process:



14. 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 a person 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 person 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 person 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.

The following chart provides an overview of the Appeals Process:



15. Funded Nursing Care

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 person 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 people should be considered for eligibility for NHS Continuing Healthcare before a decision is reached about the need for NHS Funded Nursing Care.

NHS-funded_Nursing_Care_Practice_Guida

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

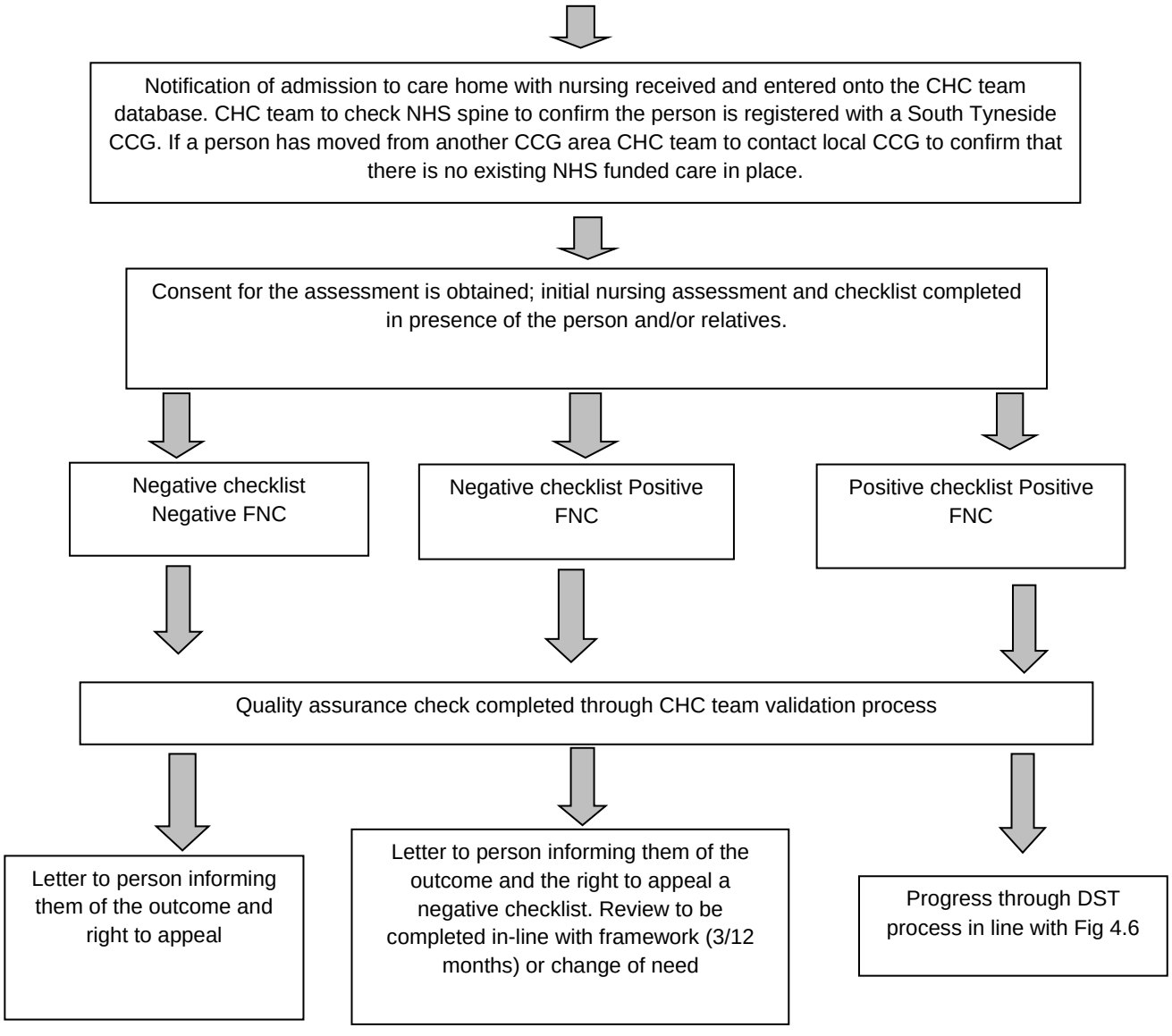
Where a person may have a nursing need; a nursing needs assessment, which specifies the day-to-day care and support needs of the person, should be used to assess whether a person is eligible for NHS-funded Nursing Care. The registered nurse involved in this decision should consider the following questions:

Does the person have registered nursing needs that can be met in their own home by community nursing services?

Does the person have registered nursing needs of a type or level where they require a care home providing a nursing care environment?

Do they want to/need to be in a residential setting or is another option preferred or more appropriate?

Are there any safeguarding concerns relating to the person or the proposed care placement that should be considered or addressed in the decision-making process?



16. Requests for "Fast-Track" funding

A person 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 person needs a package of support 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.

Packages of care will be proposed by the 'appropriate clinician', utilising the **'trusted assessor'** model. A trusted assessment involves a trusted assessor – someone acting on behalf of and with the permission of multiple organisations, carrying out an assessment of health and/or social care needs in a variety of health or social care settings.

When the CHC team receives a Fast Track, tool completed by an appropriate clinician, the CCG is obliged to deem the person 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 support package for the person in Fast Track situations and not raise unrealistic expectations with the person 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 person from hospital, shortage of staff etc.

Where a person'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.

17. Case Management

Each person who is deemed as eligible to CHC will have an identified key worker. Care reviews will be undertaken for people no later than three months following the initial assessment and then annually thereafter. This will ensure that people are receiving the care they need. The care review will also review the continuing eligibility of the person for NHS Continuing healthcare. The NHS

has a responsibility to provide or commission care based on the needs of the person being primarily for healthcare and, therefore, this may not be indefinite. In some circumstances a person'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 person and their family. Some cases will require more frequent review in line with clinical judgement and changing needs.

18. 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 support with the local authority will only involve joint funding where there is a particular identified health requirement requiring an identified support package to be commissioned. In these circumstances the NHS will fund the support package for the identified health element.

Where the MDT recommendation is that the person 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 this will be considered as part of the authorisation process.

19. Equipment and Safeguarding

Equipment

Where a person 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 nonspecialised equipment as part of their regulatory standards under the Care Quality Commission or as part of the contract.

Some people 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.

People who are entitled to CHC funding have an entitlement on the same basis as other people 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.

Safeguarding

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

20. 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 people 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 people 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:** People 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:** People are allocated a real budget, held by an intermediary on their behalf. The intermediary helps the person choose services within the personal budget and based on the agreed healthcare outcomes.

- **Direct payments for healthcare:** People 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 person will be offered the opportunity to receive a Personal Health Budget. All people 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 CHC case managers to visit the person 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 person 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 are 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 person'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 support package do not take place purely because the responsible commissioner has changed.

21. Complaints

If a person 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.

22. 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 person. 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/
  - NHS-funded Nursing Care Practice Guidance Published December 2018 Supporting the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care

- 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
  - Record of Registered Nursing Care Needs Document

- 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

- Guidance Reintroduction of NHS continuing healthcare (NHS CHC): guidance Published 21 August 2020

- Guidance Hospital discharge service: policy and operating model Updated 16 September 2020

References

- https://www.gov.uk/government/publications/reintroduction-of-nhs-continuing-healthcare/reintroduction-of-nhs-continuing-healthcare-nhs-chc-guidance

- https://www.gov.uk/government/publications/reintroduction-of-nhs-continuing-healthcare/reintroduction-of-nhs-continuing-healthcare-nhs-chc-guidance

- https://www.england.nhs.uk/publication/who-pays-determining-responsibility-for-nhs-payments-to-providers/

- https://www.cqc.org.uk/sites/default/files/20180625_900805_Guidance_on_Trusted_Assessors_agreements_v2.pdf

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 people 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 an 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 person'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 person'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 a person 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 person'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 person 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

Support package	A combination of care and support and other services designed to meet a persons 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 people 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 a person, 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 person 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 a person'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, people, 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) (Amendment) Regulations 2013 (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	

Appendix 7 – Virtual MDT Process

Virtual MDT process.docx