Meeting:	**Social Care, Health and Housing Overview and Scrutiny Committee**
Date:	**23 January 2012**
Subject:	**Review of NHS Continuing Healthcare Central Bedfordshire**
Report of:	**Julie Ogley Director of Social Care, Health & Housing** **Simon Wood, Director of Commissioning, NHS Bedfordshire**
Summary:	In February 2011 the Health and Housing Overview and Scrutiny Committee considered the issue of NHS Continuing Healthcare. This report has been produced by NHS Bedfordshire and Central Bedfordshire Council provides an update on activity and progress made by both organisations working in partnership to address the recommendations from an independent review by an external consultant, Jim Ledwidge which was jointly commissioned by NHS Bedfordshire and the Council. A joint action plan was developed by NHS Bedfordshire and Central Bedfordshire Council to address the recommendations. A copy of the action plan is attached for information.

Contact Officer(s):	Gail Chapman, Head of Continuing and Funded Nursing Care NHS Bedfordshire Stuart Mitchelmore, Head of Service - Older Persons & Physical Disability
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The recommendations contribute to the Central Bedfordshire Councils aim of supporting & caring for an ageing population.

Financial:

2. Individuals who are deemed eligible for NHS CHC receive care that is fully funded by the NHS. Individuals who are not eligible for NHS CHC either fund care themselves or receive care that is provided / funded by the local authority.

3. In the latter situation the individual is likely to have to make a contribution towards the cost of their care subject to means testing

Legal:

4. It is not lawful for local authorities to provide/fund or charge for care that should be provided free of charge by the NHS.

5. Individuals who do not meet eligibility for full NHS CHC funding may challenge this decision through a local appeals process, or failing this through an independent review process operated by the Strategic Health Authority. Ultimately they may pursue their case through complaint to the ombudsman or even through legal action

Risk Management:

6. PCTs and local authorities may face legal challenge by individuals if they do not implement the law in relation to NHS CHC. They must also have regard to the guidance in the National Framework and to have very good reason for departing from it.

7. By definition, people who are eligible for NHS CHC (or are on the fringes of eligibility) have high levels of need which must be addressed. It is vital for agencies to work together to ensure that these individuals receive best possible assessment of their needs and good quality services to meet these needs.

Staffing (including Trades Unions):

8. None

Equalities/Human Rights:

9. The Continuing Care Framework applies equally to all Adults aged 18 or over.

10. Central Bedfordshire Council and the NHS have had due regard to its equalities duties in relation to the arrangements proposed in this report. The principles by which continuing healthcare eligibility is considered is to ensure that assessments of individuals are needs led, that people with similar needs have similar outcomes, that we take a non discriminatory and human rights approach, that we ensure that carers needs are taken into account and that the Council and the NHS support people who are not eligible with information, advice and alternative services, where appropriate.

Community Safety:

11. None

Sustainability:

12. None

Procurement:

13. None

RECOMMENDATION(S):

1. that the committee be requested to consider the report and;

(a) Note the contents of the report.

(b) Note the review recommendations and subsequent action taken as detailed within the joint action plan (appendix 1).

What is Continuing Healthcare?

14. The National Framework for Continuing Healthcare 2009 guidance sets out the following definitions: '**Continuing care'** means care provided over an extended period of time for a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.

15. **'NHS continuing healthcare'** means a package of continuing care that is arranged and funded solely by the NHS. An individual who needs continuing care may require services from NHS bodies and/or from Local Authorities (LAs). Both NHS bodies and LAs, therefore have a responsibility to ensure that the assessment of eligibility for continuing care and its provision take place in a timely and consistent manner.

16. If a person does not qualify for NHS continuing healthcare, the NHS may still have a responsibility to contribute to that person's health needs – either by directly providing services or by part funding the package of support. Where a package of support is provided by both LA and an NHS body, this is known as a 'joint package' of continuing healthcare and should include NHS funded nursing care and other NHS services that are beyond the powers of a LA to meet. The joint package could involve both the Primary Care Trust (PCT) and LA contributing to the cost of the care package, or the PCT commissioning and/or providing part of the package.

17. Where a person's primary need is a health need, they are eligible for NHS continuing healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs.

18. The following provides a brief understanding of what is defined by a primary health need:

    Whether someone has a 'primary health need' is assessed by looking at all of their care needs and relating them to four key indicators:

    - **Nature** – this describes the particular characteristics and type of the individual's needs (which can include physical, mental health or psychological needs) and the overall effect of those needs on the individual, including the type (quality) of interventions required to manage those needs.

    - **Intensity** – this relates to the extent (quantity) and severity (degree) of the needs and to the support required to meet them, including the need for sustained/ongoing care (continuity).

- **Complexity** – this is about how the individual's needs present and interact to increase the skill required to monitor the systems, treat the condition(s) and/or manage care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.

- **Unpredictability** – this describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. Someone with an unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.

19. How decisions are made about who is eligible for NHS continuing healthcare is explained on page 6 of the Department of Health public information booklet NHS continuing healthcare and NHS-funded nursing care a copy of which has been provided.

20. NHS Bedfordshire has been working in partnership with both Local Authority Representatives to align local systems and processes to ensure compliance with the requirements of the National Framework for Continuing Health Care and Funded Nursing Care July 2009 and NHS Continuing Healthcare Practice Guidance March 2010.

Processes and Procedures

21. Over the past two years considerable work has been undertaken by NHS Bedfordshire and local authority partners to update and improve processes and procedures in relation to NHS CHC. Real progress has been made and this is reflected in the current increase in activity as detailed in section 4. However the historic data showed relatively low numbers in receipt of NHS CHC therefore it was felt necessary and timely to have an independent review of the situation.

22. The review was conducted by an independent expert in this field and was commissioned jointly by Central Bedfordshire Council and NHS Bedfordshire. Its purpose was to investigate the reasons why Central Bedfordshire has relatively few people reported as eligible for NHS CHC, and to make recommendations regarding any necessary action (by NHS Bedfordshire and/or Central Bedfordshire Council) to ensure that the citizens of the area have appropriate access to NHS CHC. It followed a similar review which the author recently undertook in relation to Bedford Borough residents. Many of the issues and recommendations from the Bedford Borough review are also relevant to Central Bedfordshire because the same PCT is involved and (in theory) the same local processes are being applied.

Review outcomes - April 2011

23. The independent review found that both NHS Bedfordshire and Central Bedfordshire Council currently lack sufficiently good quality management information in relation to NHS CHC on which to base sound strategic and operational decisions. There are difficulties with the use of the QA+ database from which the PCT reports NHS CHC activity, and the local authority SWIFT database is not currently configured to record and report information on applications for NHS CHC funding.

24. The difficulties with the QA+ system appear to have resulted in some under-reporting of NHS CHC figures, but even once adjusted it is clear that NHS Bedfordshire has awarded NHS CHC to significantly fewer people than would be expected from national trends and from comparison with PCTs of similar demography and population size. The PCT is also an outlier in terms of spending on NHS CHC, reporting a little over half the national average spend per 10,000 population. Whilst these figures do have to be treated with caution, it is clear that NHS CHC activity for Central Bedfordshire residents' needs to increase and consequently the PCT will need to make adequate financial provision. Directions and guidance do not allow budgetary considerations to affect decisions on eligibility for NHS CHC funding.

25. From the statistical information available for the 6 months from June 2010 to December 2010 it appears that, once screened in for a full assessment for NHS CHC, individuals are actually more likely to be deemed eligible than one might expect from the national average 'conversion rate'. However, the key issue appears to be the rate of referral into the system. Whilst this has been increasing over recent months it is still relatively low such that fewer people are being fully considered for NHS CHC than would be expected. Whatever may have happened in the past, this appears to now be the main factor limiting the number of people in receipt of NHS CHC, and in the author's view there are several reasons why applications are not being made.

26. Some client groups, notably individuals with a learning disability (LD), appear to be under-represented in the NHS CHC figures and specific work is needed to overcome barriers in these areas. At time of writing there were also around 76 individuals currently in nursing home provision who are in receipt of NHS-funded Nursing Care (a flat rate contribution towards the costs of registered nursing) who now require full consideration for NHS CHC. An additional member of staff has been seconded into the CHC Team to address this issue.

27. NHS Bedfordshire and its local authority partners have made considerable efforts over the past year to improve processes and procedures in relation to NHS CHC, and considerable progress has been made. However, the system is not yet working as it should and there are clearly barriers to applications for NHS CHC. The key ones identified in the current review were:

- lack of clarity on who needs to be screened for NHS CHC, and lack of systems to ensure that this happens
- messages that people can only be referred into the system after <u>all</u> the assessments and paperwork are in place
- lack of clarity regarding who takes the role of the 'co-ordinator' in the process and how this individual is identified

- failure to disseminate and fully implement the updated Bedfordshire processes and procedures due to remaining issues around the role of 'co-ordinator'

- lack of sufficient understanding and agreement between the LA and the PCT regarding the level and standard of evidence required to support an application for NHS CHC funding

- national guidance (and local procedures) have not yet been fully implemented for identifying young people approaching transition from child to adult services who may be in need of NHS CHC, although work has been done on this issue by Adult Services

28. Information to the public regarding NHS CHC in Central Bedfordshire currently relies mainly on the use of the Department of Health's public information leaflet and on front-line staff explaining the process to their clients/patients/service users. It may well be beneficial to undertake some pro-active work with advocacy providers in the district to ensure adequate support to individuals, where required, in order to see them through what can be a challenging, confusing and sometimes upsetting process. Systems for ensuring that individuals receive clear written information when they are 'screened out' of consideration for NHS CHC need to be checked.

29. NHS Bedfordshire's CHC team has lost several posts over the past 18 months, and some of the staff remaining have been away on extended periods of sick leave. Morale has been low and the team is isolated and under pressure. In the recent past (for personnel reasons) the team has lacked clear on-site operational leadership, but this is being addressed. Individuals in the team are working hard and with good intent, but they still need more resources and support. In the author's view, as things stand, the service will struggle to cope with the additional referrals that it should expect to be made for NHS CHC, albeit that efforts are underway to provide additional resources to the team. Particular consideration needs to be given to the case management responsibilities of the team and whether these are best undertaken as a separate function to the assessment and eligibility processes. There may be opportunities to divide some responsibilities with LA partners to achieve a more efficient service.

30. The fact that Central Bedfordshire Council has recently identified an operational manager to provide a focused lead on NHS CHC is very positive. This has the potential to improve systems, training and the relationship with NHS partners. There is much to be done to improve current arrangements and to plan for how NHS CHC will operate under the proposed new NHS 'architecture'. In considering this, it is important to recognise the roles of Luton & Dunstable Hospital NHS Foundation Trust and Bedfordshire Community Health Services.

31. The provision of training to staff in relation to NHS CHC is fundamental to the correct operation of the Framework and Guidance. A number of concerns have been expressed about the training arrangements that are currently in place and in the author's view there is a need for the LA and PCT to jointly prepare and deliver a consistent training message to all front-line staff. In many respects this is the key mechanism by which the system can be improved.

32. NHS CHC impacts on many aspects of LA and NHS work with adults and is a very complex process to get right across agencies. Essentially, successful implementation is a 'whole system' issue and relies on good communication. There may well be opportunities for greater collaboration across agencies in relation to commissioning and purchasing care, and also greater clarity is required over 'funding without prejudice' arrangements in order to facilitate timely transfers of care. Overall the NHSB / LA Joint Continuing Healthcare Group has a very important function to provide a lead on all the issues raised in this review report. The group may need strengthening in order to better carry out this function, and in particular to work up plans for the expected transfer of PCT responsibilities to GP consortia.

Conclusions from the Review

33. The dividing line between care that local authorities can lawfully provide and care that the NHS should provide is governed by complex statute and case law. Local Authorities cannot lawfully purchase/provide or charge for the care of people who have ongoing nursing/healthcare needs above a certain level. The NHS is required to fully fund the care of individuals who have a 'primary health need' and are therefore eligible for NHS Continuing Healthcare (NHS CHC). Directions require that people with nursing/healthcare needs above the limits of local authority responsibility are deemed eligible for NHS CHC. This is an extremely difficult area of public policy to implement well, and at a local level successful implementation requires a collaborative approach across statutory and independent sector agencies.

34. Whilst available statistics need to be treated with great caution, it is clear that relatively few Central Bedfordshire residents are currently in receipt of NHS CHC. A great deal of work has been done by NHS Bedfordshire and its LA partners to improve systems and processes but the author has found that there remain a number of barriers which must be overcome for these systems to work well. A culture of positive engagement needs to be encouraged, underpinned by strong joint leadership across agencies.

35. The recommendations made in this review have been formulated to assist in removing systemic and cultural barriers and to strengthen the partnership approach which NHS Bedfordshire and Central Bedfordshire Council clearly intends in relation to NHS CHC

Recommendations from the Independent Review

36. **Recommendation 1**

Given current trends and the findings of this review (as well as the separate Bedford Borough review), NHS Bedfordshire should make provision for an increase in referrals for consideration of NHS CHC and for an increase in the number of people in receipt of NHS CHC. The PCT and Central Bedfordshire Council should agree on a suitable methodology for modelling and managing future demand. This should take account of young people making the transition from child to adult services.

37. **Recommendation 2**

The PCT should complete current work on the QA database as soon as possible to ensure that reports on NHS Continuing Healthcare (NHS CHC) activity are accurate. This should include mechanisms for logging information on Checklists where the individual concerned has not screened in for full NHS CHC assessment.

38. **Recommendation 3**

Central Bedfordshire Council should establish a central means to record and report information regarding NHS CHC, preferably utilising the SWIFT client database. Information collected should include whether a Checklist has been completed, the outcome of this, the outcome of NHS CHC eligibility decisions and whether the reason for a case being 'closed' is that the individual is now in receipt of NHS CHC. The information should be used to monitor whether social services staff are undertaking their responsibilities in relation to NHS CHC referrals and to identify any areas of difficulty.

39. **Recommendation 4**

The NHSB / LA Joint Continuing Healthcare Meeting should agree on the management information it requires to monitor the effectiveness of the NHS CHC system, and should make arrangements for this information to be available on a regular basis to inform operational and strategic planning.

40. **Recommendation 5**

NHS Bedfordshire and Central Bedfordshire Council should revisit the guidance given to staff regarding when and in what circumstances individuals should be screened for NHS CHC using the Checklist. Care should be taken to ensure that there are no unnecessary barriers to this happening, whilst also ensuring that the Checklist is undertaken at a time when ongoing needs are sufficiently clear.

41. **Recommendation 6**

NHS Bedfordshire and its LA partners should, as a matter of urgency, resolve the question of whether and in what circumstances LA members of staff will undertake the 'coordinator' role in relation to NHS CHC. They should ensure that the Bedfordshire Continuing Healthcare Processes reflect this agreement and are then properly disseminated throughout the relevant agencies, making sure that front-line staff are familiar with them.

42. **Recommendation 7**

NHS Bedfordshire and Central Bedfordshire should jointly develop guidance/training for staff on the level and type of evidence required to support an application for NHS CHC funding, bearing in mind national guidance and learning from Independent Review Panel experience.

43. **Recommendation 8**

NHS Bedfordshire should reconsider the staffing and structure of its Continuing Healthcare Service to ensure that it is fit for purpose. In particular it should consider with LA partners what arrangements are best as the service moves towards the proposed abolition of the PCT and the expected handover of responsibilities to GP consortia. Opportunities for further work across agency boundaries should be explored, for example with regard to case management.

44. **Recommendation 9**

NHS Bedfordshire and Central Bedfordshire should jointly develop and jointly deliver a suitable training programme to staff across agencies (including advocacy services and provider organisations) that supports the correct implementation of the National Framework and associated guidance, incorporates a consistent message about the lawful limits of local authority responsibility, and enables staff to implement local processes and procedures. Consideration should be given to working with Bedford Borough in the preparation and delivery of this training.

45. **Recommendation 10**

NHS Bedfordshire and Central Bedfordshire Council should explore opportunities for co-operating over systems for commissioning and purchasing care packages/placements where individuals are in receipt of NHS Continuing Healthcare Funding.

46. **Recommendation 11**

NHS Bedfordshire and Central Bedfordshire Council should revisit and clarify agreements over interim funding and reimbursement, in line with the requirements of the DH Framework and the national Refunds Guidance. Once clarified, relevant staff should be made aware of and implement the agreed processes so that individuals do not experience unnecessary delay in receiving the care they require in the most appropriate location.

47. Recommendations have been addressed and are detailed in the action plan appendix 1

Activity Data

48. The data for Q2 in this report is a snapshot as at 3 October 2011. The CHC database (QA+ system) is populated with 'live' client data and as such is liable to change each quarter when the report is produced.

49. The number of NHS Continuing Care clients in Central Bedfordshire, as a total and number per 10,000 population

a) The breakdown in relation to Learning Disabilities/Physical Disability/Dementia and other health categories/age

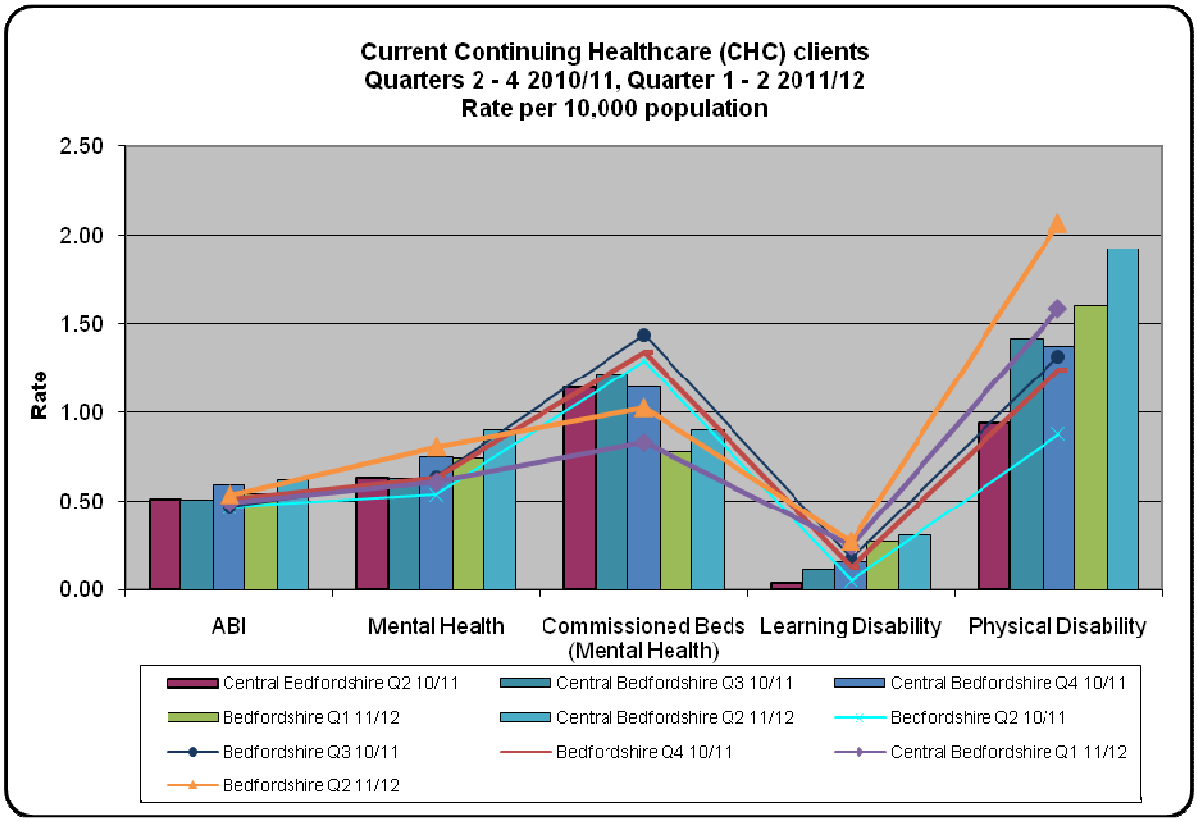
Current Continuing Healthcare (CHC) clients Quarter 2 2011/12 (overleaf) :

		Activity Breakdown							Ethnicity Breakdown				
	Specialty	Bedfordshire Total	Central Beds Total	Population Rate per 10,000 *	Male	Female	Age 65 and over	Age under 65	White	Mixed	Asian or Asian British	Black or Black British	Not Stated
Q1 11/12 Total	**Total**	**154**	**101**	**3.92**	**51**	**50**	**59**	**42**	**79**	**0**	**0**	**0**	**22**
Q2 By Category	**ABI**	22	16	0.62	9	7	5	11	11	0	0	0	5
	Successful	2	2	0.07	1	1	0	2	1	0	0	0	1
	No longer eligible	1	1	0.03	0	1	1	0	0	0	0	0	1
	Mental Health	33	23	0.90	11	12	17	6	20	0	0	0	3
	Successful	4	3	0.11	0	3	3	0	3	0	0	0	0
	No longer eligible	3	3	0.11	2	1	3	0	3	0	0	0	0
	Commissioned Beds (Mental Health)	42	23	0.90	12	11	23	0	19	0	0	0	4
	Successful	6	3	0.11	2	1	3	0	3	0	0	0	0
	No longer eligible	3	1	0.03	0	1	1	0	1	0	0	0	0
	Learning Disability	11	8	0.31	8	0	8	0	7	0	0	0	1
	Successful	0	0	0	0	0	0	0	0	0	0	0	0
	No longer eligible	0	0	0	0	0	0	0	0	0	0	0	0
	Physical Disability	85	49	1.92	19	30	28	21	30	0	0	0	19
	Successful	15	7	2.74	3	4	6	1	1	0	0	0	6
	No longer eligible	6	3	0.11	1	2	3	0	2	0	0	0	1
	Fast Track	60	35	2.39	17	18	33	2	29	0	0	0	6
	Successful	103	63	2.47	30	33	57	6	56	0	0	0	7
	No longer eligible	51	33	1.29	14	19	29	4	29	0	0	0	4
	End of Life	1	0	0	0	0	0	0	0	0	0	0	0
	Successful	0	0	0	0	0	0	0	0	0	0	0	0
	No longer eligible	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**254**	**154**	**6.04**	**76**	**78**	**114**	**40**	**116**	**0**	**0**	**0**	**38**

* The population rate per 10,000 is based on the 2008 estimated population of 255,000 for Central Bedfordshire

49.1 The above table shows that overall Q2 2011/12 is showing a 65% increase in activity for Central Bedfordshire from Q1 2011/12. This is due to an increase in referrals and will continue to be monitored throughout 2011/12.

49.2 The chart below shows the breakdown of the current continuing care clients for 2010/11 by quarter for Central Bedfordshire compared to Bedfordshire as a whole.



49.3. The overall rate per 10,000 clients for Central Bedfordshire has increased from 3.92 at Q1 2011/12 to 6.04 at Q2 2011/12. The increase is with the following specialties; Learning Disability and Physical Disability. However, the overall activity trend is comparable to that of Bedfordshire as a whole and there are no significant differences between the activity rates for Bedfordshire and Central Bedfordshire.

b) Figures for Fast Track Pathway applications and End of Life application

2011/12 Fast Track and End of Life applications Quarter 2 2011/12:

		Activity Breakdown						Ethnicity Breakdown		
	Specialty	**Bedfordshire Total**	**Central Beds Total**	**Male**	**Female**	**Age 65 and over**	**Age under 65**	**White**	**Other Ethnic Groups**	**Not Stated**
Q1	Fast Track	113	58	28	30	50	8	51	0	7
	End of Life	1	1	1	0	1	0	0	0	1
	Total	**114**	**59**	**29**	**30**	**51**	**8**	**51**	**0**	**8**
Q2	Fast Track	**119**	**74**	**37**	**37**	**70**	**4**	**66**	**0**	**8**
	End of Life	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Total	**120**	**74**	**37**	**37**	**70**	**4**	**66**	**0**	**8**

49.4 NHS Bedfordshire has experienced an increase in the total number of Fast Track applications received during Q2 2011/12 compared with quarter one 2011/12, Central Bedfordshire activity is 62% of the total applications received in Q2The majority of clients at quarter two 2011/12 remain aged 65 and over and are recorded as white ethnicity.

50. The number of Continuing Healthcare (CHC) applications in Central Bedfordshire

Number of Continuing Healthcare (CHC) applications Quarter 2 - 2011/12

	Activity Breakdown						Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Not Stated
Q1	165	84	43	41	72	12	69	1	14
Q2	229	130	64	66	115	15	107	0	23

50.1 The number of Continuing Healthcare applications includes Fast track, General, Mental Health and Learning Disability. Overall there has been increase in applications between Q1 and Q2, Central Bedfordshire is 57% in Q2 of the overall activity breakdown. The ethnicity of new applications for Q2 2011/12 is predominately white.

51. The number of successful Continuing Healthcare (CHC) applications in Central Bedfordshire

Number of successful CHC applications Quarter 2 2011/12

	Activity Breakdown						Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Not Stated
Q1	165	66	33	33	56	10	55	0	11
Q2	166	95	46	49	86	9	81	0	14

51.1 The number of successful Continuing Healthcare applications includes Fast Track, General, Mental Health and Learning Disability. 73% of applications received have gone on to be successful in Q2 - 2011/12.

51.2 Unsuccessful applications are due to clients not meeting the eligibility criteria. As the data is captured as a snapshot some applications are currently being processed and will be carried forward into the next quarter. The ethnicity of successful applicants is predominantly white.

52. **The number of CHC applications leading to appeal by the individual**

a) 2010/11 CHC applications leading to an appeal Quarter 2 - 2011/12:

	Activity Breakdown						Appeal				Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	Appeal Succeeded	Part Success	Original Decision Upheld	Decision Pending	White	Other Ethnic Groups	Not Stated
Q1	2	2	0	2	2	0	0	0	0	1	1	0	1
Q2	2	2	1	1	2	0	1	0	1	0	2	0	0

52.1 In Q2 2011/12 there are two appeals and the outcome of the appeal decision was as above. Both of these clients are in Central Bedfordshire. The appeals above are restricted to those applications made in 2011/12 which resulted in an appeal. Appeals made in earlier financial years which continued in 2011/12 or retrospective appeals are not included. The reasons for appeal could be:

- Financial responsibility – families are seeking redress with regard to payment of fees for care
- Lack of understanding of Continuing Healthcare eligibility criteria systems and processes

The number of successful CHC appeals

b) 2011/12 CHC applications leading to a successful appeal Quarter 2 2011/12

	Activity Breakdown						Appeal				Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	Appeal Succeeded	Part Success	Original Decision Upheld	Decision Pending	White	Other Ethnic Groups	Not Stated
Q1	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2	1	1	1	0	1	0	1	0	0	0	1	0	0

52.2 To date there has been one successful appeal in Q2 - 2011/12.

52.3 NHS Bedfordshire has received two complaints regarding the CHC process during Q2 2011/12, neither of which relates to Central Bedfordshire.

53. **Benchmarking Analysis**

	CHC Cases per 10,000 population YTD		CHC Costs (£'000) per 10,000 population YTD	
	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)
Q1	140	12	143	11
Q2 Draft	126	11	133	7

Source: National Funded Care Benchmarking Report.

53.1. The above table shows the ranking for NHS Bedfordshire both nationally and regionally for the number of CHC cases per 10,000 population and for CHC costs per 10,000 population.

53.2 For the number of CHC cases per 10,000 population there has been improvement nationally in ranking from Q1 2010/11 to Q2 2011/12. Within the East of England there has also been an improvement and the ranking is now at 11 out of 13 PCTs.

53.3 There has been a further improvement in the ranking from Q1 2010/11 to Q2 2011/12 for CHC costs per 10,000 population nationally, NHS Bedfordshire is now positioned as 7th out of 13 PCTs across the East of England.

53.4 The benchmarking analysis data is sourced from the National Funded Benchmarking report managed by NHS North Somerset. NHS North Somerset advise that data rankings should be for information only and form a starting point to try and understand how Funded Care is delivered regionally and nationally.

Conclusion

54. The independent review information reflects the position as at April 2010. The detailed analysis from paragraph 48 onwards shows an increase in activity and the attached action plan appendix 1 evidences a clear commitment from senior staff within NHS Bedfordshire and the Central Bedfordshire Council to address all of the recommendations outlined above and that considerable improvements have and will continue to be made in this important area of service.

Tables:

The number of NHS Continuing Healthcare clients as a total and number per 10,000 population (para 49)

Table 49a) shows a cumulative breakdown of clients in relation to the following specialties:

- **Learning Disabilities Adult** - Covers individuals, aged 18 years of age and over, whose eligibility is attributed to a learning disability need.
- **Mental Health Adult** - Covers individuals, aged 18 years of age and over, whose eligibility is attributed to a mental health need, inclusive of dementias.
- **Physical Disabilities Adult** - Covers individuals, aged 18 years of age and over, whose eligibility is attributed to a physical disability. This category also includes physically frail, acquired brain injury, and any end of life care or palliative care which is not fast track.

Fast Track pathway applications and End of Life applications (para 49b)

Para 49b shows the number of Fast Track and End of life applications and is a snapshot as at the end of the relevant quarter. Where an individual does not currently receive NHS Continuing Healthcare (CHC) on the basis of need and now has a rapidly deteriorating condition which may be entering a terminal phase. They may need CHC to enable their needs to be urgently met (e.g. to allow them to go home to die or to allow appropriate end of life support to be put into place). Any end of life care which is not fast track is recorded under physical disabilities. This includes anyone who has gone through the fast track process regardless of their health need. Also included are End of Life or Palliative care patients who fall outside the CHC criteria.

The number of NHS Continuing Healthcare (CHC) applications (para 50)

Para 50 shows the number of Continuing Healthcare applications as a snapshot as at the end of the relevant quarter. Included is the number of applications received in the quarter for all specialties (Fast Track, Physical Disability, Mental Health, Learning Disability and Commissioned Beds).

The number of successful NHS Continuing Care (CHC) applications (para 51)

Para 51 shows the number of successful Continuing Healthcare applications as a snapshot as at the end of the relevant quarter. Included is the number of successful applications received in the quarter for all specialties (Fast Track, Physical Disability, Mental Health, Learning Disability and Commissioned Beds). As the data is captured as a snapshot, applications being processed will appear in the figures for the following quarter.

The number of NHS Continuing Healthcare (CHC) applications leading to an appeal by the individual (Para 52)

Para 52a) shows the number of CHC applications leading to an appeal by the individual and is shown as a snapshot at the end of the relevant quarter. These include cases which have gone through local resolution or the Strategic Health Authority Independent Review Panel.

Appeals made in earlier financial years which continued in 2010/11 or retrospective appeals are not included. The reasons for appeal could be:

- Financial responsibility – families are seeking redress with regard to payment of fees for care
- Lack of understanding of Continuing Healthcare eligibility criteria systems and processes

The number of successful NHS Continuing Healthcare (CHC) appeals (Para 52b)

Para 52b) shows the number of CHC applications leading to a successful appeal and resulting in CHC funding. The number is shown as a snapshot at the end of the relevant quarter

Ethnicity

The information recorded about Ethnic categories is obtained by asking the client. Ethnicity is divided into the following categories:

- **White** – includes British, Irish and any other White background
- **Asian or Asian British** – includes Indian, Pakistani, Bangladeshi and any other Asian background
- **Black or Black British** – includes Caribbean, African and any other Black background
- **Other Ethnic Groups** – Includes White and Black Caribbean, White and Black African, White and Black Asian, any other mixed background, Chinese or any other ethnic group
- **Not Stated** – Where ethnicity was **not disclosed** or **unrecorded**

Activity

Snapshot Activity is an isolated observation of numbers eligible *as at* a specific date e.g. the last day of the quarter. It only includes those eligible on that day and does not include anyone who became no longer eligible before that date due to death, discharge or being no longer eligible for any other reason. For example, snapshot activity at the end of quarter two is all those eligible on 30th September.

Cumulative Activity is the running total of all people who have been eligible *for any period* within the year to date even if they also become no longer eligible within the year to date. The figure includes those who were already eligible at the beginning of the financial year in addition to anyone newly eligible within the year to date up to the last day of the current reporting quarter. For example, cumulative activity at the end of quarter two is all those eligible for **any** period between 1st April and 30th September.