Appendix **A**

Bedfordshire Clinical Commissioning Group

Central Bedfordshire Council
Social Care, Health and Housing Overview and Scrutiny Committee - October 2012

NHS Continuing Health Care

better care, better value, better health

Report By: Bedfordshire Clinical Commissioning Group
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To: Social Care, Health and Housing Overview and Scrutiny Committee

Subject: Continuing Health Care Progress and Performance update for Central Bedfordshire Council

1. Executive Summary

- This document from Bedfordshire Clinical Commissioning Group (BCCG) provides the Social Care, Health and Housing Overview and Scrutiny Committee with an update report in relation to NHS Continuing Health Care activity and Funding.

- This document is the latest in a series of updates regarding this area of care the last of which was received by the Committee in March.

- The main points to note are

a) Sections 2.3 and 2.4 of this report provide updated information on National and Regional Benchmarking based on the outturn position for Bedfordshire for 20/12. Bedfordshire is now approaching mid table in terms of ranking both for activity and cost.

b) Specific Activity and Spend for Central Bedfordshire are included in Section 6 of this document focused on activity in the first quarter of 2012/13.

c) Proposals are made in this document for a further joint review to ensure that the increased investment in this area of care is being used effectively and that all opportunities for close collaborative working between Health and Social Care are optimised making best use of this additional resource.

2. Recommendations

The Overview and Scrutiny Committee is asked to consider and note the report.

3. Introduction and Background

3.1 What is NHS Continuing Health Care and Funded Nursing Care?

- "Continuing Health Care" means care provided over an extended period of time for a person aged 18 or over to meet physical and mental health needs that have arisen as a result of disability, accident or illness.

- "NHS Continuing Health Care" means a package of continuing care that is arranged and funded solely by the NHS. When a person's primary need is a health need, they are eligible for NHS continuing health care and this eligibility is determined by looking at the totality of the relevant needs.

- If a person does not qualify for NHS Continuing Health Care the NHS may still have the responsibility to contribute to that individual'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 Local Authority Adult Social Care and the NHS this is known as a joint package of care, which includes NHS "Funded Nursing Care" and other NHS services that are beyond the powers of a Local Authority to meet.

- A joint package of care could involve both the Health and Local Authority contributing to the cost of the care package with Health commissioning and/or directly providing part of the package.

3.2 Strategic Reviews

- Over the last 3 years considerable work has been undertaken to update and improve processes and procedures in relation to CHC in response to an historically low level of spend on NHS CHC in Bedfordshire.

- Between February and April 2010 a review of NHS CHC was undertaken in the East of England region. This was funded by Improvement East and carried out by the Joint Improvement Partnership in collaboration with the Association of Directors of Adult Social Care (ADASS) and NHS East of England. The review focused on the low level of patients being funded by CHC across the Region.

- This was followed up by a local review for Bedfordshire early in 2011 which identified a number of issues locally relating to overall level of patients funded, rate of referral through Checklist and Fast Track, and lower rates specifically for Learning Disability.

- The principal reasons for lower access to CHC were identified by the review as –
  - Lack of clarity and systems to ensure appropriate individuals are screened;
  - Uncertainty as to which professional should take a lead role as coordinator;
  - Lack of understanding between Local Authorities and NHS regarding evidence required to support a CHC application;
  - Need to implement new DH guidance regarding children approaching transition to Adult Services who may require CHC funding.
- A series of recommendations were made to address these issues and progress reports have been made to the Overview and Scrutiny Committee. An updated action plan is attached at Appendix 1 to this report.

4. Current Position

4.1 The CHC Team and Joint Working

- The NHS Continuing Health Care and Funded Nursing Care Team are in the process of being established within Bedfordshire Clinical Commissioning Group.
- The team has worked hard in response to the reviews described above to improve service delivery and address the historically low number of referrals.
- Although the CHC and FNC spend combined is approximately 3% of the overall PCT budget, the complexity attached to delivery and the risks are disproportionate to the level of spend.
- The process of assessment, review, monitoring and evaluation requires a high level of partnership working and effective patient/family engagement. Each partner organisation needs to participate in the process in a well informed and evidence based way.
- Joint Health and Local Authority processes are in place for CHC and FNC which reflect the requirements of the National Framework 2009 and Practice Guidance 2010.
- A CHC Joint Group has been established attended by Senior Managers from Health, Bedford Borough and Central Bedfordshire Councils which provides a forum for managers to discuss the ongoing development of systems and processes, joint funding packages and other service development issues.

4.2 Appeals and Retrospective Claims

- Meeting the rising expectations of service users and their families is becoming increasingly complex. There is automatic right of appeal, both if the individual and family believe that Health has not considered eligibility using the correct process and also if the individual and family does not agree with the decision made.

- Appeals have to be re-examined at local level and may then be escalated to NHS Regional level or to the Health Service Ombudsman. Local health systems may be asked to overturn their original decision at any point in this appeal process or be asked to do further work and review their decision again.

- NHS Bedfordshire has seen a very significant increase in workload regarding retrospective claims for NHS CHC funding. This follows a Department of Health led national programme which invited individuals and families who have been in care situations in the past and have not been assessed for CHC to request retrospective consideration of this right to funding. The CHC team are obliged to review this.

- There was a national deadline of the 30th September for submitting retrospective claims for the period between April 2004 and March 201. Based on claims received at the time of preparing this report, the overall number received within the Bedfordshire system submitted by that date was 470. This is completely consistent with the scale of claims being received by neighbouring health systems but is much higher than that anticipated by the Department of Health.

- Many of the retrospective claims are managed on behalf of patients and families by solicitors and other independent agencies set up as experts in CHC to support claimants. This requires the CHC team to be knowledgeable and skilled in terms of the changing systems and regulations for CHC going back to 2004.These regulations have changed three times during that period.

- The workload associated with the retrospective assessment of 470 claims is considerable and will almost certainly require a dedicated resource of assessors and administrative support to address them within a reasonable time-frame. Details of the Department of Health expectations in this regard are awaited.

- The Strategic Health Authority are considering setting up support mechanisms for local systems including legal advice to ensure there is a high level of consistency in the way claims are dealt with across the East of England.

- Responding to these retrospective claims will require a very careful and considered approach particularly with regard to collecting information on the care needs and actual care provided in the past. A Multidisciplinary Team will then need to consider the information is collected to establish whether a claim against CHC funds is appropriate. Supporting this process is likely to be a considerable challenge to the system.

- An initial appraisal of retrospective claims is underway which will provide an indication of the financial risk to the BCCG.

4.3 Bedfordshire Benchmarking Position – National and Regional

- The reviews undertaken in 2010 and 2011 were in response to an apparent low level of spend and low level of patients supported when measured against national benchmarks.

- The NHS CHC team with Social Care partners have worked hard over the last two years to improve service delivery and increase the numbers of individuals being supported in response to the referrals and assessments performed. Table 1 below provides a summary of the changing rank position for Bedfordshire from Q1 2010/11 to Q1 2012/13.

Table 1 Bedfordshire National and Regional Ranking NHS CHC cases and spend/10,000 population (weighted)
Source: National Benchmarking Analysis

Period	CHC Cases per 10,000 population		CHC Spend per 10,000 population	
	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)
Q1 2010/11	150	13	136	8
Q1 2011/12	139	12	141	11
Q1 2012/13	94	8	86	5

- This table indicates that there has been a significant change and improvement in the national and Regional position of Bedfordshire both in terms of numbers of individuals receiving NHS CHC and associated spending.

- The position at Quarter 1 for 2012/13 shows steady progress towards the national average for the 150 former PCT areas (i.e. pre-cluster arrangements) upon which the national benchmarking is based.

- National benchmarking forecasts also indicate that if sustained, the pattern of increased spending will result in Bedfordshire being ranked 5th out of 13 former PCT areas in East of England by the end of 2012/13.

4.4 Bedfordshire Benchmarking by Care Group – Regional Comparison

- The National Benchmarking Information enables Bedfordshire to make a comparison of activity and spend by care group for the East of England. The equivalent care group analysis at national level is not readily available.

- The information in Table 2 provides information on overall activity and spend for the financial year 2011/12. This indicates that for some patient groups there are

significant variations between Bedfordshire activity and cost and the Regional average. Also that within some care groups in Bedfordshire there is an apparent high level of spend compared to the numbers of individuals supported.

- It is important that the local Health and Social Care system understands these variations to ensure that the resource committed is being used appropriately and effectively.

Table 2 Bedfordshire NHS Continuing Health Care Activity and Costs – Bedfordshire & East of England
Source: National Benchmarking Analysis – 2011/12

Care Group	Spend/10,000 population (weighted)			Cases/10,000 population (weighted)		
	Beds	EoE	Variation	Beds	EoE	Variation
Fast Track	33.2	28.1	+18%	13.5	11.5	+17%
LD (<65)	58.6	26.6	+120%	0.4	0.6	- 33%
LD (>65)	0.8	2.0	-60%	0.1	0.1	-
MH (<65)	19.7	10.1	+95%	0.3	0.3	-
MH (>65)	79.8	96.9	-17%	2.4	3.9	-38%
PD (<65)	90.6	57.8	+75%	1.6	1.7	-6%
PD (>65)	31.6	66.5	-52%	2.6	4.3	-39%

Note:
LD – Learning Disability
MH – Mental Health
PD – Physical Disability

- Table 3 provides a breakdown of Bedfordshire's position for Funded Nursing Care and Joint Funded Care Packages.

Table 3 Bedfordshire Funded Nursing Care and Jointly Funded Packages – Outturn 2011/12
Source: National Benchmarking Analysis – 2011/12

Category	Cases/10,000 population				Spend/10,000 population			
	Beds	EoE	EoE Rank	National	Beds	EoE	EoE Rank	National
Funded Nursing Care	19	22	7	98	77	78	5	86
Joint Packages	0.7	0.8	4	N/A	13.8	18.7	3	N/A

- The table indicates that activity and spend on Funded Nursing Care by Bedfordshire is in line with the regional average and progress is being made toward national average.

- The position for Joint Packages of Care indicates that activity is in line with the Regional Average but spending is ranked third within the Region. The regional average spend is influenced however by two Local systems (Cambridgeshire & Luton) which spend 4-5 times as much as other systems in East of England `on Joint Packages.

5. Effective Working Arrangements for CHC in Bedfordshire

- Continuing Health Care and to a lesser extent Funded Nursing Care are areas that are largely governed by national policy and guidance and are both complex and litigious requiring a skilled workforce to ensure operational issues are managed effectively. There are significant risks, particularly financial risks, associated with retrospective claims, appeals and litigation.

- The BCCG Continuing Health Care Team has the responsibility for managing the CHC system for Adults Their responsibilities include –

  - Commissioning services from care organisations;
  - Responding to referrals and ensuring that assessments are undertaken;
  - Coordination of the assessment and ensuring the care commissioned is delivered;
  - Monitoring care provided and reviews of patient needs;
  - Retrospective claims, appeals and litigation.

- Close working arrangements with Local Authorities are extremely important both in the management of CHC processes and the delivery of effective services. The resources available to both Health & Social Care to support individuals with complex care needs are becoming increasingly pressured and close cooperation between Health and Social Care will ensure the best use of resources.

- Closer joint working between Health and Social Care might enable –

  - Improved procurement of commissioned services both in terms of cost and quality;
  - Improved coordination of the assessment process;
  - More integrated approach to monitoring and review of individual care needs, particularly joint care packages, and the quality of care provided.

- To ensure the Bedfordshire system is working in an effective way it is proposed that a further joint review is undertaken. This scope of this review would include.

  - Taking stock and responding to any issues which remain outstanding from previous reviews.
  - Identifying and addressing current issues such as activity levels, timeliness of assessment and decision making.
  - Developing proposals for a new model for Continuing Health Care which is robust, fair, consistent, person outlined and cost effective and in line with National guidance, to include
    - Assessment in relation to eligibility
    - Decision making on eligibility
    - Commissioning care and support including Personal Health Budgets
    - Case management arrangements

- Governance, performance management and system issues.

- All care groups supported through CHC arrangements will need to be considered but specific focus will be required for End of Life care Pathways, Acute and Urgent Care Pathways and transition from Children's Services.

- It is anticipated that the review will be supported and facilitated by Jim Ledwidge an acknowledged national expert in CHC who was been previously involved in earlier CHC reviews in Bedfordshire. This will help to ensure both consistency in the review process and also greater awareness of national best practice that might be introduced into the local Bedfordshire system.

6. Activity Data – Central Bedfordshire Council

- The information in this section of the report is based largely upon a snapshot of CHC activity for the First Quarter of 2012/13

- The CHC database (QA+ system) is populated with 'live' client data and as such is liable to change each quarter when reports are produced retrospectively.

1. How many NHS Continuing Healthcare clients are there in Central Bedfordshire, both as a total and number per 10,000 population?

- The table below provides information on the current year. Rates are based on the Mid-2010 population estimate of 255,000 for Central Bedfordshire.

Period		Number of Clients	Rate/10 population
2010/11	Qtr 1	83	3.25
	Qtr 2	97	3.80
	Qtr 3	99	3.88
	Qtr 4	97	3.80
2011/12	Qtr 1	101	3.92
	Qtr 2	154	6.04
	Qtr 3	143	5.61
	Qtr 4	-	-
2011/12	Qtr 1	155	6.07

- The increased number of individuals supported by CHC evident in the figures above underpins the shift in national benchmarking position described in section 4.3. of this report

- There are data quality issues with Q4 2011/12

2. **What is the breakdown in relation to health categories?**

   - The break down by client group for Qr 1 and Qtrs for previous two years is provided below.

Health category	Q1 2012/13	Q1 2011/12	Q3 2010/11
Fast-track	52	58	29*
Learning Disability	12	7	3
Mental Health	36	19	16
Physical Disability	54	41	36
Total	155	125	84

*estimate

3. **How many of the clients are in NHS commissioned Continuing Care beds?**

   - 11 CHC clients from Central Beds area are in commissioned beds.

4. **How many CHC applications were there in the Central Bedfordshire area?**

   - This information will be available from Quarter 2 2012/13. Processes have been put into place to ensure this information is entered onto the QA+ system. In total there were 159 new CHC applications for Bedfordshire as a whole.

5. **How many CHC applications were successful?**

   - During Quarter 1 2012/13 the number of successful CHC applications for Central Bedfordshire area totalled 104.

6. **How many CHC applications led to an appeal by the individual?**

   - The position for Central Bedfordshire in the twelve month period July 2010 to June 2011 was that 8 individuals made appeals.

7. What is the ethnicity, gender and age breakdown for questions 1-4?

- **CHC:**

Gender	Age Group	Ethnicity	Number of Clients
Female	**65 & Over**	Asian	1
		Black	1
		Chinese	1
		Unrecorded	11
		White	50
	Under 65	Unrecorded	2
		White	12
Male	**65 & Over**	Unrecorded	9
		White	37
	Under 65	Unrecorded	5
		White	26
Grand Total			**155**

Fast Track:

Gender	Age Group	Ethnicity	Number of Clients
Female	**65 & Over**	Chinese	1
		Unrecorded	3
		White	23
	Under 65	White	1
Male	**65 & Over**	Unrecorded	5
		White	18
	Under 65	White	1
Grand Total			**52**

Learning Disabilities Adult under 65 years old:

Gender	Ethnicity	Number of Clients
Female	White	1
Male	White	11
Grand Total		**12**

Mental Health Adult under 65 years old:

Gender	Ethnicity	Number of Clients
Female	White	1
Male	White	5
Grand Total		**6**

Mental Health Adult over 65 years old:

Gender	Ethnicity	Number of Clients
Female	Asian	1
	Unrecorded	1
	White	17
Male	Unrecorded	1
	White	11
Grand Total		**31**

Physical Disabilities Adult under 65 years old:

Gender	Ethnicity	Number of Clients
Female	Unrecorded	2
	White	9
Male	Unrecorded	5
	White	9
Grand Total		**25**

Physical Disabilities Adult over 65 years old:

Gender	Ethnicity	Number of Clients
Female	Black	1
	Unrecorded	7
	White	10
Male	Unrecorded	3
	White	8
Grand Total		**29**

Mental Health Commissioned Beds:

Gender	Age Group	Ethnicity	Number of Clients
Female	**65 & Over**	Unrecorded	1
		White	4
Male	**65 & Over**	White	6
Grand Total			**11**

8. How long does the whole process take, on average, from identification of a potential client?

- The process varies in terms of timescales. Fast track assessments, usually associated with End of Life care which account for approximately 30% of all claims, are processed within 24hours of receipt in CHC office.

- The process of dealing with mainstream Checklists, follow-up Decision Support Tool assessments and MDT panels can take 6 – 8 weeks from start to finish although the National Framework process sets a target of 4 weeks. This situation has come about partly through the rapid increase in the volume of applications being made for CHC support over the last year and also the complexity of gathering all necessary information together to enable the MDT to make a decision. New CHC office staffing structures and review of operating processes will be key to reducing the timescales to the target level.

- This current situation does not mean individual's care needs are not being met as those with an urgent need e.g. hospital patients which may need to be discharged to Nursing Home type provision can be discharged 'without prejudice' as longer-term funding arrangements are determined through the CHC process.

9. **Is there a waiting list for applications, both at pre-screening and assessment stage? If so, what are the numbers?**

   - The CHC office is not aware of a waiting-list for applications. The Checklist, which is the first stage of an application, can be completed by appropriate Health and Social care professionals in all care sectors.

   - Time-scales for collecting information for Decision Support Tools and MDTs are described above.

10. **In relation to appeals by individuals, what have been the grounds for appeal?**

   - The number of appeals compared to overall numbers supported by CHC is relatively small (see 7 above).

   - The principal reason for appeals is disputes over the level of assessed need within the DST process and dissatisfaction with the resultant MDT decision.

11. **Have there been complaints about the process and have any been upheld?**

   - The CHC team is not aware of any complaints about the CHC assessment process

12. **How much is the PCT allocated budget for CHC, and what is the allocation for the Central Bedfordshire area?**

   - As stated in the main document, the anticipated expenditure for Bedfordshire as a whole is estimated at £16m in 2012/13 and budgetary reviews are under way to support this.

   - The CHC team does not hold a discreet budget for the Central Beds Area but an indicative capitation based share based on anticipated outturn would be approximately £9.8m.

13. **How much is the PCT actual spend on CHC, in the Central Bedfordshire area and as a whole?**

   - Answered above

14. **How does this compare as a share of total spend with other PCTs for 2008/9 and 2009/10?**

   - Information for these years is not readily available, however the level of spend in the current year is rapidly moving Bedfordshire to mid-table using National benchmarking information.

15. **How does the PCT explain the wide variation in the NHS CHC client numbers between PCTs both nationally and with our comparator authorities?**

- As explained above the variation previously apparent is reducing rapidly**.**

16. **How many cases are in dispute with the local authority in 2011/12 and to date? How many were resolved so that the client received CHC?**

- The CHC team is not aware of any disputes with the Local Authority

17. **How many people were assessed 'out' of CHC and how many then appealed and what was the outcome?**

- As stated above there were 8 appeals during the twelve month period July 2010 to June 2011. During that same period there were two successful appeals.

18. **What is being done to ensure continuity and improvement in relation to CHC during the transition from the PCT to the CCG?**

- Section 5 of the report identifies the need for a further review of working arrangements to both ensure a smooth transition from PCT to BCCG management and also ensure there is effective collaborative working between Health and Social Care Services to ensure the best use of overall resources for Continuing Care

19. **What is the target for CHC? The Committee was informed in March 2012 that the aim was to get the PCT to mid-table out of 153 PCTs. Is this going to be achieved and by when?**

- As stated above and set out in section 4.3 of the document, the Bedfordshire area is moving rapidly to mid table position nationally. Updates can be provided to further meetings of the committee.

Sonia Jordan - October 4th 2012.