NHS
North Tyneside
Clinical Commissioning Group

Corporate	CO 21: Continuing Healthcare Policy on the Commissioning of Care

Version Number	Date Issued	Review Date
V5	March 2020	March 2023

Prepared By:	Deputy Director of Nursing, Quality and Patient Safety
Consultation Process:	Local Authority Patient Forum CCG Hempson's Solicitors
Formally Approved:	03/03/2020

Policy Adopted From:	V4 CO 21: Continuing Healthcare Policy on the Commissioning of Care
Approval Given By:	Quality & Safety Committee

Document History

Version	Date	Significant Changes
V1	09.02.15	Final Version
V2	11.10.16	Scheduled Review
V3	30.12.17	Scheduled review and update to reflect changes suggested by the EHRC
V4	22.08.18	Review of policy in light of National Framework revision
V5	03.03.20	Minor Amendments clarifying 6.4 and 6.6 'The Role of the Panel'

Equality Impact Assessment

Date	Issues
January 2017	None identified

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Contents

Section	Title	Page
1	Introduction	3
2	Status	4
3	Purpose	4
4	Definitions	5
5	CCG continuing healthcare process - Discharge to assess:-	7
6	The role of the CCG CHC panel:-	8
7	The provision of continuing healthcare	9
8	Personal Health Budgets	11
9	Capacity to Make the Decision	13
10	Top Up	15
11	Review of Continuing Healthcare	16
12	Continuing Healthcare in a Care Home Placement	17
13	Continuing Healthcare at Home	20
14	Fast Track	23
15	Duties and Responsibilities	24
16	Implementation	25
17	Training Implications	26
18	Important Legal Considerations	26
19	Further information:	26

1. Introduction

1.1 This policy describes the way in which NHS North Tyneside Clinical Commissioning Group (CCG) will make provision for the care of people who have been assessed as eligible for fully funded NHS Continuing Healthcare. The term 'Continuing Healthcare' is used in this policy as an abbreviation for 'fully funded NHS Continuing Healthcare'.

1.2 The CCG adheres to the principles set out in the NHS Constitution. CCGs hold the responsibility to promote a comprehensive health service on behalf of the Secretary of State, together with a duty to act effectively, efficiently and economically, to not exceed financial allocations and to enable patients to make choices. The CCG is required to operate in the context of these duties and responsibilities.

1.3 Some patients who require Continuing Healthcare will receive it in a specialised environment. The treatment, care and equipment required to meet very complex, intense and unpredictable health needs often depend on highly trained professionals for safe delivery, management and clinical supervision. Specialised care, particularly for people with very complex disabilities on occasions may only be provided in specialist nursing home or hospital settings, which may be distant from the patient's ordinary place of residence. Placements may be very costly.

1.4 These factors mean that there is likely to be limited choice of a safe and affordable package of care.

1.5 In the light of these constraints, North Tyneside CCG has developed and agreed this policy to guide decision making on the provision of Continuing Healthcare, in a manner that reflects the choice and preferences of individuals but balances the need for the CCG to commission care that is safe and effective and makes best use of available resources.

1.6 The policy sets out to ensure that decisions about the commissioning of Continuing Healthcare packages:

- are robust, fair, consistent and transparent,
- are based on the objective assessment of the patient's clinical need, safety and best interests,
- have regard to the safety and appropriateness of care packages to those involved in care delivery
- involve the individual and their family or advocate
- take into account the need for the CCG to allocate its financial resources in the most cost effective way,
- support choice to the extent possible in the light of the above factors
- are consistent with the principles and values of the NHS Constitution[1] and
- take into account an individual's needs for both their health and their wellbeing

2 Status

This policy is a corporate policy.

3 Purpose

This policy has been developed to help provide a common and shared understanding of CCG commitments in relation to individual choice and resource allocation.
The purpose of the policy is to:

- Inform robust and consistent commissioning decisions for the CCG using a locally developed policy;
- Ensure that there is consistency in the local area over the services that individuals are offered;
- Ensure the CCG achieves value for money in its commissioning of services for individuals eligible for NHS Continuing Healthcare;
- Facilitate effective partnership working between health care providers, NHS bodies and the Local Authority in the area;
- Promote individual choice as far as reasonably possible.

This policy details the legal requirements, CCG responsibilities and agreed course of action in commissioning care which meets the individual's assessed needs.

Whilst improving quality and consistency of care, this policy is intended to assist CCGs to make decisions about clinically appropriate care provision for individuals in a robust way and thus improve financial management at the CCG.

4 Definitions

The following terms are used in this document:

'Continuing Healthcare' - refers to care provided over an extended period of time to a person aged 18 or over, to meet physical and/or mental health needs which have arisen as a result of disability, accident or illness.

'NHS Continuing Healthcare' (or "CHC")' - refers to a package of continuing care that is commissioned (arranged and funded) by or on behalf of the NHS.

'The National Framework' – refers to The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (October 2018- revised) which provides the context for the commissioning of NHS Continuing Healthcare, providing clarity and consistency of decision making in regard to eligibility and setting out the systems and processes to be used by the NHS.

‘**Eligible Individual’** - shall within this Policy refer to an individual who has been assessed by the commissioner in line with The National Framework to qualify to have their assessed continuing health care and social care needs met and fully funded by the NHS.

‘Care package’ - A care package is a combination of services put together to meet a person's assessed needs as part of the care plan arising from an assessment or a review.

‘Care placement’ – Care in a Nursing or residential care home, including specialist care settings

‘Accommodation’
In the context of CHC, accommodation relates to an appropriately registered care setting or the individual’s own home.

‘Case Manager’ - Case Manager refers to the person who coordinates the assessment and care planning process. Case Managers are usually the central point of contact with the individual. Social Workers are also referred to as a Case Manager within the context of this Policy.

‘Care Provision’- Care provision takes two main forms:

- Care provided in an individual’s own home and referred to in this document as ‘home care’ or ‘domiciliary care’.
- Care provided in an appropriately registered care setting (such as a nursing home, a residential home or an independent hospital) and referred to in this document as ‘registered care setting’ or ‘care home’.

‘Individual’- In the context of this policy the individual is the patient that has been assessed for and offered continuing healthcare, often referred to as the individual.

‘Representative(s)’- Representative(s) refers to the people or person that liaises between individuals and the CCG. The individual receiving care may elect to have representative(s) act with them or on their behalf, or there may be representative(s) who have a formal power of attorney where the individual does not have the mental capacity to make independent decisions.
Representatives may be legal representatives, individual advocates, family, or other people who are interested in the individual’s wellbeing.
Where the individual has capacity, they must give consent for any representative to act on their behalf.

‘Local Authority’- Local Authority refers to North Tyneside Council.

‘CCG’ - CCG refers to NHS North Tyneside Clinical Commissioning Group

‘Provider’- Provider refers to organisations which provide NHS continuing healthcare on behalf of the CCG.

'Preferred providers'- These providers have been assessed and contracted by the CCG and Local Authority as being able to fulfil the Continuing Healthcare requirements of defined categories of individuals at an agreed cost.

5 CCG continuing healthcare process - Discharge to assess:-

5.1 To avoid unnecessary delays in discharge and in line with DH guidance NTCCG introduced a 'Discharge to Assess' model early in 2017, this involved the following principles:

- Patient identified on ward as requiring community based services and as medically safe to transfer.
- Speedy initial screening undertaken to identify core needs to support safe discharge.

5.2 Discharge to assess follows 3 possible pathways:

- To home with support.
- To a nursing or care home facility (step down bed) with rehabilitation and reablement.
- To a nursing or care home facility with recovery and complex assessment.

5.3 The 'Discharge to Assess' model is intended to ensure speedy discharge from hospital to home and to deliver a comprehensive assessment in the best place for the patient to ensure they can reach their optimum potential.

5.4 NHS Continuing healthcare checklists are completed by those professionals involved in delivery of an individual's care in their preferred setting to ascertain whether consideration for their eligibility for NHS Continuing healthcare is required.

5.5 Checklists are submitted to the CCG's nursing assessment team for screening and review at which point a decision will be made as to whether further assessment is required. The Checklist must be submitted within 6-8 weeks of discharge for the Discharge to Assess model to apply.

5.6 Should a further consideration of a persons' health needs and consideration of their eligibility for NHS Continuing healthcare be required, North Tyneside CCG Nursing Assessment Team will initiate contact with those individuals involved in the persons care to bring together a multi-disciplinary team to consider their health needs and to make a recommendation of eligibility to North Tyneside CCG.

5.7 Decision making including presentation of the case at the CCG CHC panel should not exceed 28 days.

6 The role of the CCG CHC panel:-

6.1 Once the MDT have made a recommendation of eligibility this will be forwarded to North Tyneside CCG for ratification.

6.2 The National Framework for NHS continuing healthcare and funded nursing care 2018 (revised) indicates that:-

CCGs may choose to verify multidisciplinary team's recommendation in a number of different ways and it is expected that CCGs will normally respond to MDT recommendations within 48 hours (two working days), and that the overall assessment and eligibility decision-making process should, in most cases, not exceed 28 calendar days from the date that the CCG receives the positive Checklist (or, where a Checklist is not used, other notice of potential eligibility) to the eligibility decision being made.

6.3 North Tyneside CHC panel operates on a minimum of :- (appendix 1)

- CCG chair
- Nursing Assessment team representative
- Local Authority representative

6.4 On receipt of completed DSTs, with a recommendation of new CHC eligibility, NTCCG CHC administration team will distribute the completed DST to members of the virtual panel via secure email.

6.5 Those representatives will 'virtually' verify the recommendation within 24 hours ensuring overall decision making is completed within 48 hours as per Department of Health guidance (National framework 2018).

6.6 Where the MDT unanimously agree the recommendation or the outcome for eligibility remains the same as before, the case will be verified by the clinical lead for CHC. Samples of ongoing eligibility and a change in eligibility will be sent to the virtual panel for quality assurance purposes.

6.7 The individual will be informed of the outcome by letter which includes details of how to appeal should they disagree with the decision.

7 The Provision of Continuing Healthcare

7.1 The CCG will only fund services that are identified in the care plan and for which it has a statutory responsibility.

7.2 Continuing Healthcare is generally provided in a range of nursing home settings. These are established and managed specifically for the purpose of providing multi-disciplinary interventions in an environment designed to promote safety, dignity and choice within the constraints of the patient's condition. These may include a registered nursing home or hospice. These

settings have high levels of expertise in the successful management of complex or unusual physical and mental health care, and employ staff trained, managed and supervised in specialist interventions. They often provide care significantly beyond the degree of complexity which can be managed safely in community settings.

7.3 The CCG aims to offer individuals a care package which meets the Individual's assessed needs. This assessment takes into account their needs for both health and their general wellbeing.

7.4 In assessing the quality of the service, the Case Manager/Social Worker will ensure that the placement is CQC registered and will check the status of any known Safeguarding Adults alerts / investigations / CQC improvement notices.

7.5 When the Continuing Healthcare decision on eligibility is agreed, the Case Manager/Social Worker will identify service providers that are capable of meeting the assessed needs of the individual and are in a position to provide a place within a reasonable period of time.

7.6 The Continuing Healthcare Case Manager/Social Worker, in consultation with the current responsible clinical team and the patient/family, will choose the placement based on: -

a) Ability of placement to meet the patient's assessed needs
b) Personal Choice
c) Quality standards
d) Cost.

7.7 The CCG will require written confirmation that the service provider is able to meet the patient's assessed needs.

7.8 The National Framework for Continuing Healthcare (revised 2018) and Practice Guidance (2018) stipulates that that CHC clients (included those funded in Nursing Homes on Funded Nursing Care - FNC) should be reviewed at 3 months and annually thereafter or more frequently if indicated. All funded clients are listed for review and this review will pick up not only commissioning and eligibility issues but any concerns relating to Safeguarding Adults, as appropriate.

7.9 Where the individual declines all of the preferred providers proposed by the CCG, the individual can suggest a different provider provided that provider satisfies the following criteria:

7.9.1 The individual's preferred care setting is considered by the CCG to be suitable in relation to the individual's needs as assessed by the CCG;

7.9.2 The cost of making arrangements for the individual at their preferred care setting would not require the CCG to pay more than they would have for the original offered placement

7.9.3 The individual's preferred care setting is readily available;

7.9.4 The preferred care setting is able to provide the required care to the individual subject to the CCG's usual terms and conditions.

7.10 Disagreement between the CCG and patient regarding the assessment process will be processed via the local appeals policy.

7.11 This is the most effective, fair and sustainable use of finite resources, as set out in the principles and values of the NHS Constitution. CCGs hold the responsibility to promote a comprehensive health service on behalf of the Secretary of State and to not exceed its financial allocations. North Tyneside CCG is expected to take account of patient choice, but must do so in the context of those two responsibilities. This is further underpinned in the National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (October 2018- revised), in which it is directed that *"in some situations, a model of support preferred by the individual will be more expensive than other options. CCGs can take comparative costs and value for money into account when determining the model of support to be provided."*

7.12 Where an individual is determined to be eligible for Continuing Healthcare whilst in acute NHS care or in a placement funded by the NHS, the individual or family must seek prior approval from the CCG for any change in the care package location unless they intend to pay for the full package of care privately. In the event that the proposed new placement is not one of the packages offered by the CCG, the CCG will consider the proposed placement in accordance with this policy.

8 Personal Health Budgets

8.1 From October 2014, individuals who are eligible for NHS Continuing Healthcare have the right to ask for a personal health budget. By April 2019, NHS England expects that unless there are exceptional circumstances, everyone living in their own home who is in receipt of NHS Continuing Healthcare funding will be offered a personal health budget.

8.2 Personal health budgets will be calculated from the assessment of their health and wellbeing needs and the cost of meeting these needs. This money will then be offered to the patient.

8.3 A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team.

8.4 CCGs are encouraged to use personal health budgets where appropriate. A personal health budget helps people to get the services they need to achieve their health outcomes. The aim of a Personal health budget is to offer individuals more choice and control over the way their care and support is arranged. It does not necessarily mean giving them the money itself. Personal health budgets could work in a number of ways, including:

- a notional budget held by the CCG commissioner
- a budget managed on the individual's behalf by a third party, and
- a cash payment to the individual (a 'healthcare direct payment').

8.5 A wide variety of resources are available via the personal health budgets learning network website. This includes a range of resources to support personalised commissioning generally beyond personal health budgets.

8.6 Materials developed for LA social care personalisation and individual budgets include many principles which are also relevant to health services. These can be accessed through the above website. CCGs and LAs are encouraged to work closely together with regard to the personalisation of care and support in order to share expertise and develop arrangements that provide for smooth transfers of care where necessary.

8.7 The CCG has a separate policy on Personal Health Budgets which addresses how to apply, the decision making process and how Personal Health Budgets are managed.

9 Capacity to Make the Decision

9.1 The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect vulnerable people who are unable to make their own decisions. The MCA's starting point is the assumption that adults have capacity to make decisions for themselves unless it is shown that they do not.

The MCA clarifies the rights and duties of the workers and carers, including how to act and make decisions on behalf of adults who may lack the mental capacity to make decisions. It aims to ensure that people are given the opportunity to participate in decisions about their care and treatment to the best of their capacity. It covers all aspects of health and social care. People should be given all appropriate help and support to enable them to make a decision.

People eligible for NHS Continuing Healthcare should be referred to the Independent Mental Capacity Act Advocate service when:

- A decision is being made about serious medical treatment, **or** a long term change in accommodation **and**
- The person lacks capacity to make that decision **and**
- They do not have friends or family with whom the decision maker feels is appropriate to consult with about the decision.

9.2 Where a personal welfare deputy has been appointed by the Court of Protection under the Mental Capacity Act, or a Lasting Power of Attorney with powers extending to healthcare decisions has been appointed, then the CCG will consult with that person and obtain a decision from the appointed person on the preferred care option.

9.3 Deprivation of Liberty Safeguards

The CCG is committed to the least restrictive principles in accordance with the Mental Capacity Act (MCA) 2005 when making arrangements for a person’s care and support.

Case managers/Social Workers are expected to minimise planned restrictions and restraints and consider only those which are appropriate and therefore necessary components of the care to be provided.
The MCA provides legal protection for acts of restraint only if the act is necessary to prevent harm to the person, a proportionate response to the likelihood of the person suffering harm and the seriousness of that harm, and in the person's best interests.
If the degree and intensity of the planned restraints necessary to protect the person from harm are significant, they may amount to a Deprivation of Liberty (DoL). The Supreme Court (2014) has clarified that there is a Deprivation of Liberty for the purposes of Article 5 of the European Convention on Human rights in the following circumstances:

- The person is under continuous supervision and control and is not free to leave and the person lacks capacity to consent to those arrangements.

The CCG will ensure that its Cases Managers/Social Workers or those acting on its behalf:

- Are familiar with the MCA 2005.

The CCG expects its Case Managers/Social Workers or those acting on its behalf, to work cooperatively and collaboratively with:

- Hospitals and registered care homes (the managing authorities) to identify potential Deprivation of Liberty cases and take appropriate action.
- The responsible local authority (the supervisory body) or Court of Protection when an assessment and decision is required regarding a Deprivation of Liberty authorisation.
- The person; the persons Relevant Persons Representative (RPR) [if appointed]; Independent Mental Capacity Advocate (IMCA) [if appointed]; other family members [as circumstances require]; Deputy [appointed by the Court of Protection]; Donee [appointed under a relevant Lasting Power of Attorney]; Best Interests assessor and Medical assessor [undertaking a DoLs assessment], as appropriate, to promote the best interests of the person to protect them from harm within a lawful framework.

10 Top Up

10.1 The CCG is only obliged to fund services that meet the assessed needs and reasonable requirements of an individual. A patient has the right to decline NHS services and make their own private arrangements.

10.2 Where an individual is eligible for Continuing Healthcare, the CCG fully funds the services that it is required to commission. In the context of care homes placements this will be limited to the cost of providing accommodation, care and support necessary to meet the assessed needs of the patient. For 'care at

home' packages this will be the cost of providing the services to meet the assessed needs of the individual.

10.3 Where an individual wishes to augment any NHS funded care package to meet their personal preferences, they are at liberty to do so. However, this is provided that it does not constitute a subsidy to the core package of care identified by the Case Manager/Social Worker. The CCG is responsible for the core package and must not allow the individual to contribute to it. An example of an acceptable augmentation would be a larger room in a care home.

10.4 Joint funding arrangements (between NHS & client/family) are not lawful and any additional private care must be delivered separately from NHS care. The invoices for any extra services must be dealt with directly by the individual and show the service/item that the payment relates to so that it can be clearly seen that payment is not subsidising the CCG's core package.

10.5 As a general rule individuals can purchase services or equipment where these are optional, non-essential items which an individual has chosen (but was not obliged) to receive and are not items which are necessary to meet the individual's assessed needs, for example private hairdressing.

11 Review of Continuing Healthcare

11.1 The CCG routinely reviews care packages. All reviews will comply with this policy.

11.2 All individuals will have their care reviewed within the first three months of its start. Subsequent to any review, including this first, all patients must be reviewed at least once every twelve months thereafter or sooner if their care needs indicate that this is necessary.
The National Framework for NHS Continuing healthcare and funded nursing care 2018(revised) stipulates these reviews should primarily focus on whether care plan arrangements remain appropriate to meet individuals needs and it is expected that in the majority of cases there will be no need to reassess for eligibility. However where reassessment of eligibility for NHS Continuing healthcare is required, a new DST (Decision Support Tool)must be completed by a properly constituted multi-disciplinary team (MDT) as set out in the National framework.

11.3 Individuals with palliative care needs will have their care reviewed more frequently in response to their condition.

11.4 The review may result in either an increase or a decrease in support offered and will be based on the assessed need of the individual at that time. Reviews will include input from the individual, their family and in the case of those who lack capacity, their advocate also.

11.5 Should individuals or their representatives disagree with the outcome of any review, an appeal may be submitted in line with the NHS Continuing

Healthcare Local Appeals Process. Where an individual or their representative asks the CCG to review the eligibility decision, this should be addressed through the local resolution procedure, which is normally expected to resolve the matter. CCG's should deal with requests for review in a timely manner. All requests for appeals must be made in writing within 6 months of the patient/representative receiving a written decision from the CCG.

11.6 Where the individual is in receipt of a home support package and the assessment determines the need for a higher level of support, the criteria set out in Section 11, below, will apply. This may result in care being offered from a nursing home, hospital or hospice, whichever best meets the criteria overall.

11.7 Decisions on proposed changes of placement on financial grounds only shall be made at Executive Director level.

11.8 The individual's condition may have improved or stabilised to such an extent that they no longer meet the criteria for NHS fully funded Continuing Healthcare. Consequently, the individual will be guided through this process by their Case Manager/Social Worker who will assess their needs against the Fair Access to Care criteria. This may mean that the individual will be charged for all or part of their ongoing care. Transition to Local Authority care will be managed by the named Case Manager/Social Worker aligned to the individual.

12 Continuing Healthcare in a Care Home Placement

12.1 **CCG contracted providers**

To assist the CCG in achieving consistent, equitable care, the CCG will endeavour to offer and place individuals with contracted providers. Contracted providers are:

a) Registered with the Care Quality Commission (or any successor) as providing the appropriate form of care to meet the individual's needs; **and**

b) Open to admission.

c) Contracted by the CCG to provide nursing care at the standard rate. **or**

d) Contracted by the CCG to provide care at an enhanced rate, where the CCG determines enhanced care is required.

12.2 Where a contracted provider is not available to meet the individual's reasonable requirements, the CCG may make a specific arrangement and place the individual with another care provider who meets the individual's assessed needs. Where such an arrangement has been agreed, the CCG reserves the right to move the individual to a suitable contracted provider when capacity becomes available, where this will provide a clinical advantage to the patient and/or is more cost effective to the CCG. This will never be undertaken without consultation with the individual and/or their representative, for example, if an individual has a specific care need which cannot be met in an available CCG contracted setting; the CCG will need to specifically commission a place for the individual, potentially through an individually

negotiated agreement. The CCG will notify the individual and/or their representative(s) that they may be moved should a preferred provider subsequently have capacity

12.3 Though all reasonable requests from individuals and their families will be considered, CCGs are not obliged to accept requests from individuals for specific care providers which have not been classified as contracted providers.

12.4 Where the CCG deems that a provider is not providing care of an acceptable quality and standard, the CCG will work with the provider, in partnership with the Local Authority to ensure that standards improve. The CCG reserves the right to move the individual to an alternative provider if standards do not improve.

12.5 An individual has the right to decline NHS funding and make private arrangements. For the avoidance of doubt, in the event that an individual has been assessed and found to be eligible for Continuing Healthcare if they decline NHS funding they will no longer be able to receive funding from the Local Authority towards their care.

12.6 In exceptional circumstances, including where there is a high risk I moving the individual, the CCG will consider whether it is appropriate to commission a package outside of the CCG's commissioned providers. In this instance, the CCG will consider:

- the clinical assessment of the individual's needs;
- the risk of any change to the individual's health;
- the psychological needs of the individual in determining whether the CCG will continue to commission care at the care home
- the appropriateness of the package;
- the likely length of the proposed package;
- the Care Quality Commission's assessed standard;
- the cost of the package.

12.7 In the event that the CCG commissions care in a home that is not normally commissioned by the CCG, the appropriateness of the placement will be reviewed at the initial review and any subsequent reviews.

12.8 If the individual or their family/representative indicates that they are unwilling to accept any of the placements/packages of care/care offers offered by the CCG then the CCG shall issue a final offer letter setting out the options available. If the CCG does not receive confirmation that the individual has accepted one of the placements/packages of care/care offers within 14 days, then the CCG will assume that alternative arrangements are being made and that funding is no longer required.

12.9 If after receipt of the final offer letter setting out the options available, the individual or their family/representative do not confirm acceptance of a placement/package or care but subsequently decide that they want to access NHS services, they remain entitled to do so and can re-enter the Continuing Healthcare process

12.10 If the individual or their family /representative do not accept the decision of the CCG regarding the placement that is offered, then they may access the appeals process

13 Continuing Healthcare at Home

13.1 The CCG supports the use of 'care at home' packages where appropriate and recognises the importance of patient choice. However, there may be situations where the CCG cannot provide the individual's choice of having a 'care at home' package either because of the risks associated with the package or the cost.

13.2 The CCG will benchmark a 'care at home package' at the equivalent cost of a placement in an establishment

13.3 Should the CCG identify that assessed needs cannot be adequately and appropriately met, the CCG may find that 'care at home' is not appropriate.

13.4 To determine whether a particular service is funded, the CCG will review whether that particular service is required in order to meet that individual's personal or health care needs.

13.5 North Tyneside CCG will only consider the provision of Continuing Healthcare at home in the following circumstances:

- Care can be delivered safely to the individual and without undue risk to the individual, the staff or other resident members of the household
- The safety will be determined by professional assessment of risk which will include the availability of equipment, the environment and appropriately trained carers to deliver care whenever it is required;
- The acceptance by the individual, the CCG and each person involved in the individual's care of any risks relating to the care package.
- The patient's General Practitioner's opinion on the suitability of the package and confirmation that he/she agrees to provide primary medical support
- The opinion of a secondary care, specialist clinician, will be taken into account
- It is the individual's informed and preferred choice.
- The suitability, accessibility and availability of alternative arrangements
- The extent of a patient's needs
- The CCG will benchmark a 'care at home package' at the equivalent cost of a placement in an establishment
- The psychological, social and physical impact on the individual
- The individual's human rights and the rights of their family and/or carers

including the right of respect for home and family life.

- The willingness and ability of family members or friends to provide elements of care where this is a necessary / desirable part of the care plan and the agreement of those persons to the care plan.

13.6 The resilience of the package will be assessed and contingency arrangements will need to be put in place for each component of the package in case any component of the package fails.

13.7 If the individual has capacity to make an informed decision and still wishes to be cared for at home, the following conditions apply:

- A full risk assessment must be made covering all the assessed needs and reflecting the proposed environment in which the care is to be provided.
- The individual agrees to receive care at home with a full understanding of the risks and possible consequences.
- The organisation with responsibility for providing the care agrees to accept the risks to their staff of managing the care package.
- The patient's primary care team agrees to provide clinical supervision of the care package, accepting the risks, which will need to be made explicit on a case by case basis.
- If action by family members or friends is needed to provide elements of care they must also agree to the care plan.
- Actions to be taken to minimise risk will include those that must be taken by the individual or their family.
- Any objections from other members of the household are taken into consideration.

The 'care at home package' providing care is of the equivalent cost of a placement in an establishment unless in exceptional cases this may include but is not limited to:

- End of life care
- Where there may be a risk to a person's physical/psychological health
- A partner is living in the same home
- The person's relatives are skilled carers
- Where there is a high risk in moving the individual.
- Specialist facilities required to meet the person's need
- A bespoke package of care is required due to the complexity of need which cannot be provided in a nursing home environment
- Specialist domiciliary providers are required to meet identified needs.

13.8 If an individual does not have the mental capacity to make an informed choice and is placing themselves at risk by indicating choice of a care package at home, a mental capacity assessment will be undertaken. An independent advocate will be offered to support the user in this process, under the provisions of the Mental Capacity Act 2005.

13.9 If the individual does not have the capacity to make an informed choice the CCG will deliver the safest and most cost effective care available based on an assessment of best interests and in conjunction with any advocate, close family member or other person who should be consulted under the terms of the Mental Capacity Act.

13.10 The risk assessment must consider all risks that could potentially cause harm to the individual, any family and the staff. Where an identified risk to the care providers or the individual can be mitigated through actions by the individual or his/her family and/or carers, those individuals must agree to comply with the steps required. Where the individual requires any particular equipment then this must be able to be suitably accommodated within the home.

13.11 The CCG is not responsible for any alterations required to a property to enable a home care package to be provided. For the avoidance of doubt, where an individual or representative has made alterations to the home but the CCG has declined to fund the package, the CCG will not provide any compensation for those alterations.

14 Fast Track

Where an individual, not previously awarded NHS Continuing Healthcare on the basis of need, has a rapidly deteriorating condition, which may be entering a terminal phase - there may be a need to expedite NHS Continuing Healthcare funding 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 in place.

Care provision for individuals assessed on the fast track will be subject to the same principles as set out in sections 5 and 10 of this policy.

15 Duties and Responsibilities

Council of Practices	The Council of Practices has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief Officer has overall responsibility for ensuring that the CCG has appropriate strategies, structures, policies and procedures in place to ensure that the organisation complies with all relevant national legislation and discharges its duties effectively.
CCG Continuing Health Care Lead	The CCG Continuing Healthcare Lead will: • Identify the appropriate process for regular evaluation of the implementation and effectiveness of this policy. • Identify and implement revisions to this policy and arrange for superseded versions of this policy to be retained in accordance with Records Management: NHS Code of Practice (2009). • Maintain the policy management system.
NECS	NECS will oversee the development and approval of organisational policies for the CCG in accordance with the Policy for the Development and Approval of Policies. The specific role is: • To advise on organisational policy management, having regard to any guidance issued by The Department of Health, central and local government, and professional organisations. • To oversee the organisation-wide coordination, prioritisation and development of policy issues and provide assurance that there is continuing development of all aspects of policies. • To determine the appropriateness of policies in use or proposed for development. • To undertake all equality impact assessments on policies, and ratify new policies prior to formal approval by the CCG.

	• To formally approve updates to existing policies which have previously been approved by CCGs. • Where policies are updated due to changes in legislation, financial requirements or legal requirements, they will be directed to the appropriate CCG Committee for approval. • To ensure that the CCG is updated on the nature and titles of approved updated policies, and the perceived impact they will have on the organisation. • To ensure that existing policies are reviewed in a timely fashion by the designated author.
All Staff	CCG employees are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and in particular; All staff, including temporary and agency staff, are responsible for: • Compliance with relevant applicable documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

16 Implementation

16.1 This policy will be available to all staff for use in relation to Continuing Healthcare.

16.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

17 Training Implications

It has been determined that there are no specific training requirements associated with this policy/procedure.

18 Important Legal Considerations

The UN Convention of the Rights of Person with Disabilities reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

Article 8 of the European Convention on Human Rights requires a respect for an individual's private and family life, home and correspondence. Refusing an individual's request for a package of care at home is an interference with this right and will be unlawful unless there are clear reasons why their wishes cannot be followed. The cost of such a package can justify a refusal to fund care at home but each case will require careful analysis in line with the criteria set out in this policy.

Under the Equality Act 2010, assessment and decision-making should be fair and consistent without discrimination.

19 Further information:

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/690426/National_Framework_for_CHC_and_FNC_-_October_2018_Revised.pdf

North Tyneside CCG Local Appeal Process
http://northtynesideccg.nhs.uk/wp-content/uploads/2014/12/NHS-ContinuingHealthcare-North-Tyneside-Local-Appeals-Process.pdf

Personal Health Budgets Guide - Advice, advocacy and brokerage
http://www.personalhealthbudgets.england.nhs.uk/_library/Resources/Personalhealthbudgets/Toolkit/HowPHBwork/Providinginformationandadvice/Personal_health_budgets_guide_Brokerage.pdf

Equality Impact Assessment

chc Equality Impact Assessment has beer