

Corporate	Continuing Healthcare Policy for High Cost Packages of Care
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V3	March 2020	March 2023

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Consultation Process:	Liaison with North Tyneside CCG Continuing healthcare Team and North Tyneside Local Authority.
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Policy Adopted From:	V2 Continuing Healthcare Policy for High Cost Packages of Care
Approval Given By:	Quality and Safety Committee

Document History

Version	Date	Significant Changes
V1	04/04/2017	New policy
V2	22/02/2019	Minor changes in response to revised framework
V3	03/03/2020	Minor changes to the Introduction (Section1).

Equality Impact Assessment

Date	Issues
31/05/2017	None

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.

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1. Introduction

This policy describes the way in which NHS North Tyneside Clinical Commissioning Group (CCG) will deliberate and determine spending on individual packages of care for patients who are eligible for Continuing Healthcare (CHC) and the health element of a jointly funded package of care. It will also be used to cover requests for specialised and bespoke equipment for CHC funded patients.

The policy incorporates North Tyneside CCGs Continuing Healthcare Policy on the Commissioning of Care and adheres to the principles set out in the NHS Constitution. It promotes the CCG's duty to provide a comprehensive health service on behalf of the Secretary of State together with a duty to act effectively, efficiently and economically. The CCG has a duty not to exceed financial allocations and to enable patients to make choices – areas of contention which do not always sit together.

Outlined within this policy is the process to be used to ensure transparency, fairness and robustness of allocation of budget spend for CHC and joint funded patients. It is to be used for decision making for all packages of care which are over the approximate amount that the CCG will commit to pay for a nursing home placement (residential cost, funded nursing care contribution and enhanced payment). Any provision which exceeds this amount must be justified and agreed by the CCG prior to its commencement.

By its definition, CHC patients have a high level of need, often intense, complex and unpredictable and some individuals will require a specialised environment in order to meet these needs. These packages will dictate that there will be limited choice of placement due to the speciality of needs and these can be very costly. They are likely to be out of the North Tyneside area which may be some distance from the patients' ordinary place of residence. Only the CCG can agree to an Out of Area (OOA) placement and the cost implication for any of its patients.

All decisions regarding the commissioning of care needs to be evidenced to demonstrate that they are:

- Fair, transparent and robust.
- Based on the identified needs as illustrated in Care Plans and Risk Assessments of the patient.
- Take into account the safety and wellbeing of the patient and all others involved in the delivery of care.
- Involve the patient and their family/representative and take into account personal choices and preferences.
- Compliant with the CCGs duty to allocate its financial resources in the most cost effective way.
- Other alternatives have been considered.

2 Status

This policy is a corporate policy.

3 Purpose

It will facilitate the CCG to make appropriate and robust decisions to fulfil their duty to provide a comprehensive health service for their patient population while promoting and securing value for money. This will be carried out in partnership with North Tyneside Local Authority who are contracted to provide the CHC service on behalf of the CCG.

Data collated from the process of the High Cost Panel will be used for the purpose of identifying gaps in contracted commissioned services so these can be addressed and rectified. It will also inform future commissioning intentions to develop, shape and align local services to meet needs of the CCG patient population as this is a transient, changing and evolving service.

The policy will:

- Inform robust and consistent commissioning decisions are made with the patient at the centre of the process.
- The CCG will promote individual choice as far as reasonably practicable.
- Ensure consistency of choice is offered to the patients within the local area.
- Facilitate effective partnership working between health and social care professionals so the CCG are fully informed and have a good awareness of the care packages and requests in place.
- Enable the CCG to achieve value for money in its commissioning of services for individuals eligible for CHC funding.

4 Definitions

The following terms are used in this document:

(The National Framework)	The National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care (Revised Oct 2018).
(CHC)	Continuing Healthcare
(MDT)	Multi-disciplinary Team
(DST)	Decision Support Tool
(CCG)	Clinical Commissioning Group
(LA)	Local Authority
(PHN)	Primary Health Need
(FNC)	Funded Nursing Care
(OOA)	Out of Area
(PHB)	Personal Health Budget

5 High Cost Panel Process

The National Framework directs 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.”

All packages of care which are CHC funded or joint funded and any requests for bespoke equipment above the identified threshold amount are to be prepared and presented to the High Cost Panel. A completed care plan and any further documents evidencing needs must be presented to the panel. The documentation presented must include a comprehensive rationale for the provision request and a breakdown of the costs. The rationale should detail what other alternative provision and services have been discussed and considered, including the use of a Personal Health Budget (PHB).

With equipment requests, 2 x quotes are to be included so that a comparison can be made to ensure competitive tendering and value for money has been considered by the CCG and provided by the LA. A rationale of why the equipment cannot be accessed via Loan Equipment Services is also requested as this will inform future commissioning and purchasing requirements for the service to compliment the changing needs of the population.

In line with the CHC Eligibility Panel process, the High Cost/Shared Care Panel will meet on a two weekly basis. **These panels are completely separate processes and will not be held together as there is no financial consideration involved when determining CHC eligibility.**

The quorum members will consist of a representative from North Tyneside CCG, North Tyneside Nursing Assessment Team and North Tyneside Local Authority. All packages are to be presented by the LA representative as they are commissioned to provide the CHC Service on behalf of the CCG. It would be envisaged that the High Cost Panel will run as per the CHC eligibility panel with set cut off days and times for presentation each week. This will make the most efficient use of senior staff time and resources

The Panel Members will then consider all of the information presented and determine if a decision can be made. If further details are required, this will be documented on Appendix 1, High Cost Ratification Sheet. If the CCG agree to the costings, they will be signed off together with a start date for commencement of agreement.

All details will be recorded on the High Cost Ratification Sheet so that there is an audit process documenting CCG agreement to care package costs. The L.A. will record these on their patient data base.

The CCG does recognise that, in exceptional circumstances and due to changes in patient needs, provision may have been commissioned prior to the sign off and agreement by the CCG delegate. These will be discussed on an individual basis

when they arise and it would be preferable if this has occurred, the CCG have an email/phone call to explain this prior to presentation at the High Cost Panel.

6. Duties and Responsibilities

Council of Members	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 the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice requirements.
Author	CCG CHC Lead or a member of the Quality and Patient Safety Team will review the policy on an annual basis or where DoH updates become available which may impact on the process.
Staff	All staff, including temporary and agency staff are responsible for: <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures 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. • Identify training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training/awareness sessions when provided.

7. Implementation

This policy will be available to all Staff for use in relation to CHC High Cost Panel cases and process.

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

8. Training Implications

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

9. Related Documents

- The National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care. (Nov 2012, Revised).
- North Tyneside CCG, CHC Policy on the Commissioning of Care.
- North Tyneside CCG, Terms of Reference for the CHC Eligibility Panel.

10. Monitoring, Review and Archiving

Monitoring:

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

Review:

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

Archiving:

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

10. Equality Impact Assessment



Equality Impact
Assessment High Cost

APPENDIX 1

**High Cost Care Package Ratification Sheet
(CHC, Bespoke Equipment, Joint Funded Agreements).**

Name:			
Address:			
Date of Birth:		NHS No:	

Funding Status:	DST Date:		
	Fast Track Date:		
	Joint Funding Date:		
	Equipment:		
New Request:		Change to care package:	
Summary of Request:			
Evidence/Support Plan submitted:			
Financial Cost Agreed by CCG:			
Start Date:			
Any Further Actions:			
Name of CCG Rep:			
Signature of CCG Rep:			
Date:			