

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
ADULT AND CHILDREN CONTINUING HEALTHCARE ANNUAL REPORT**

Date of the meeting	18/07/2018
Author	P Rennie, Head of Service - Continuing Healthcare
Sponsoring Board member	Dr S Yule, Locality Lead for North Dorset
Purpose of Report	A briefing to advise the Group, and update, on performance within Continuing Healthcare and associated work areas
Recommendation	The Governing Body is asked to note the report
Stakeholder Engagement	N/A
Previous GB/Committee/s Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: PAR



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Continuing Healthcare Annual Report 2017-18



Supporting people in Dorset to lead healthier lives

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1. INTRODUCTION

1.1 Introduction from Head of Continuing Healthcare (CHC)

The Annual Report is the mechanism to provide the Clinical Commissioning Group (CCG) and the public of Dorset, Poole and Bournemouth with an overview of the work undertaken, and outcomes, during 2017-18. These achievements, and the continuing good work, would not have been possible without the hard work and dedication of all members of the Continuing Healthcare team and I want to offer my personal thanks to them all for their continued hard work. There are a number of initiatives that we will be undertaking in order to continue to move the service forward and I am certain that the team will continue in their endeavours in order to provide the high quality and patient focussed service whilst we do this.

Paul Rennie
Head of Continuing Healthcare

1.2 The NHS Dorset CCG CHC Team

The NHS Dorset Clinical Commissioning Group's (CCG) Continuing Healthcare Team covers the county of Dorset and deals with patients who are registered to a Dorset GP Practice.

The CHC Team adhere to the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care 2012 (Revised) and internally process all applications for CHC, Funded Nursing Care (FNC) and Fast Track.

'NHS continuing healthcare' means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in this guidance. Such care is provided to an individual to meet needs that have arisen as a result of disability, accident or illness.

'NHS-funded nursing care' is the funding provided by the NHS to homes providing nursing to support the provision of nursing care by a registered nurse. Since 2007 NHS funded nursing care has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS continuing healthcare before a decision is reached about the need for NHS-funded nursing care.

Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' for immediate provision of NHS continuing healthcare. The Fast Track Tool should be completed by an appropriate clinician, who should give the reasons why the person meets the criterion required for the fast-tracking decision.

The in-house Assessment Team complete the necessary Checklists and Decision Support Tools to assess and make a recommendation regarding eligibility for the funding streams of CHC.

All decisions of eligibility are made by the in-house Decision Making Team who establish whether a 'primary health need' has been substantiated considering the assessment undertaken and evidence provided.

Supporting the clinical aspect of the CHC Team are the Business Support, Commissioning and Finance teams.

In total there are 81.1 WTE posts within the CHC Team with a headcount of 103 based across both sites of the CCG – Vespasian House, Dorchester and Canford House, Poole.

2. THE SERVICE WE PROVIDE

2.1 Business Support

The Business Support function is split across Vespasian House and Canford House as clinicians are working across both sites and the continuing healthcare function is Pan-Dorset. Business Support provides administrative support to the main processes within CHC, and is responsive to changes or improvements that are introduced either locally, or via national initiatives.

In 2017/18 the team focussed on:

- working relationships between sites and continue to review processes through biannual Away Days and monthly Team Meetings, leading to staff working across both sites and reducing the reliance of site-specific teams;
- introducing the processing Fast Track applications having taken this over from Marie Curie. To facilitate this work 2 Whole Time Equivalent (WTE) Admin staff joined the team, and integrated well. By the end of the financial year Dorset received, and processed, the highest number of fast track applications of any CCG nationally;
- introducing a team newsletter to be produced to keep all staff aware of developments or other news items about CHC.

2.2 Commissioning Team

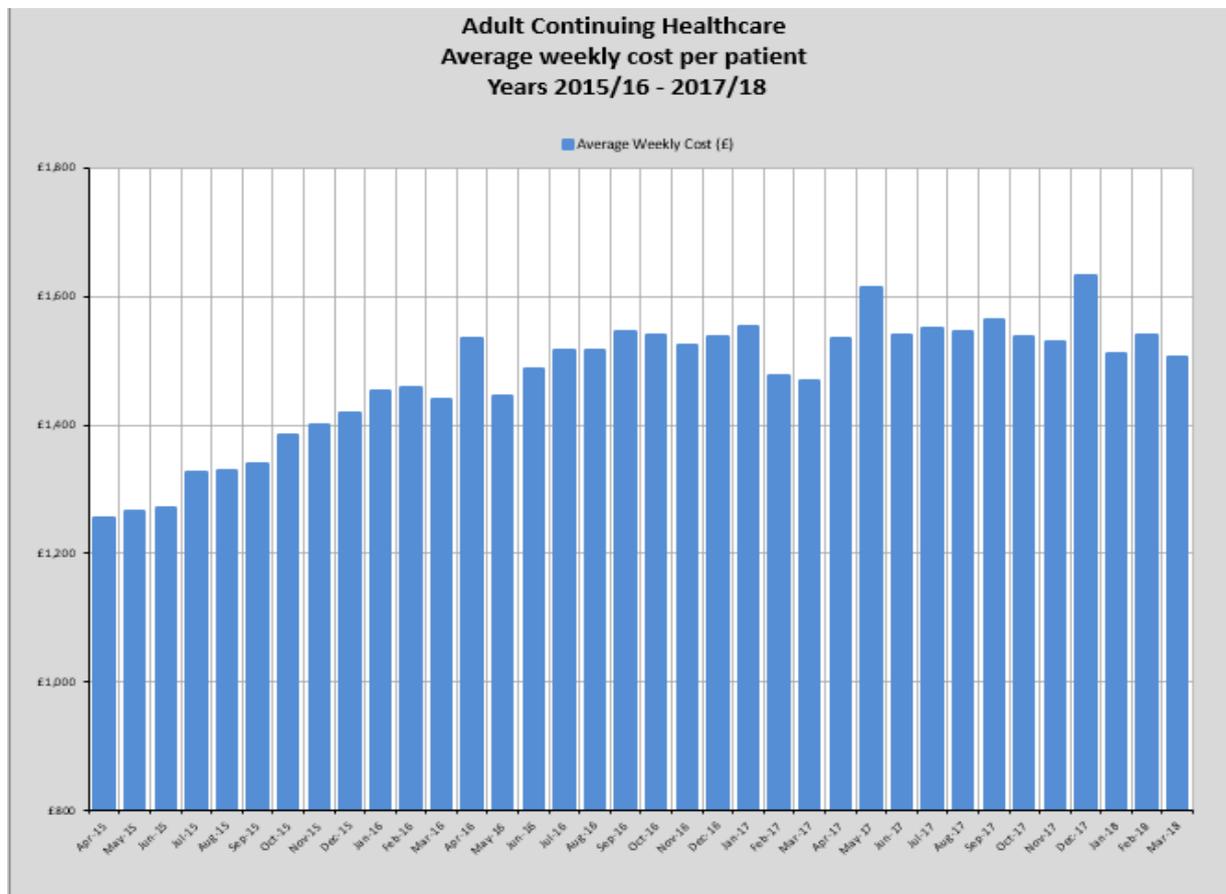
The CHC Commissioning Team consists of a Commissioning Manager, Commissioning and Contracts Managers, Commissioning Support Officers and Commissioning Support Administrators. The team has the aim to bring stability and sustainability to the care provider market across Dorset, sourcing new providers, issuing contracts and ensuring high quality care being provided and compliance with contract terms. In addition, we look to ensure the efficiency of internal processes so as to ensure the team are working efficiently and effectively and that value for money is achieved.

In 2017/18 the team focussed on:

- working together with one of our partner LAs to redesign learning disability services to ensure they are fit for purpose and offer more person centred outcomes for individuals;
- the management of the children's NHS Standard Contracts for complex care, hospice and respite provision, has been taken on by the team during 2017/18;
- enhanced contract management, managing costs and expenditure, having a record of agreed fees with providers gives the team better control over prices being quoted at the brokerage stage.

Table 1 below shows how, through effective contract management and robust commissioning practices, the CHC team have been able to maintain average costs at the same level as 2016 following a month on month increase in the preceding year.

Table 1.



2.3 Finance Team

The team is managed by a Senior Finance Manager, a jointly funded post between CHC and Corporate Finance. There are three Finance and Information Managers, two Finance Administrators and two temporary staff. The team is also responsible for all management reporting, ad-hoc analysis and analysis for Freedom of Information requests. The team are responsible for forecasting on a monthly basis an accurate financial position for CHC, FNC and PHB and reporting this to senior management team and Corporate Finance.

Information regarding the achievements of the finance team are captured later in this report.

2.4 Operations Team

2.4.1 CHC and FNC assessments

There are 22 CHC assessors who carry out reviews and assessments across Dorset from Christchurch to Lyme Regis and as far North as Gillingham. The team also

carries out assessments for out of area patients which has taken them as far north as Scotland.

Information regarding the activity relating to the assessment teams is captured later in this report.

2.4.2 Hospital Discharge

The Hospital Desk's purpose is to facilitate timely and safe discharge from hospitals in line with the locally agreed Funded out of Hospital (FoH) pathway. In addition to this they spend time training and supporting the hospitals with the interpretation and application of the National Framework.

Once discharge has been facilitated the Hospital Desk arranges the CHC assessment within the community. Of the patients funded out on the pathway only 4 % became eligible for CHC.

The CCG entered into an agreement with Lewis Manning Hospice in December 2016 and commissioned 6 beds for Fast Track patients. This initiative has been successful throughout the year, with high occupancy rates and a length of stays that are supported by the fast track decision.

2.4.3 Fast Track

Within NHS England Dorset CCG is the third largest recipient of Fast Track applications with an equal distribution, on average, between applications received from hospitals and community services. During the year 2017-18, Dorset CCG received 1700 fast track application, with a conversion rate of 965 (against an NHS England target of 98%).

2.4.4 Children's and Young People's Continuing Care (CYPCC)

There are 96 children in receipt of CYPCC, and during the year the team faced challenges due to staffing issues. However, despite this, the team has performed extremely well and has reviewed processes in order to make the delivery of the service more streamlined.

The Panel process has been further reviewed with new terms of reference and paperwork, and feedback continues to be excellent.

2.4.5 Decision Making and Co-ordination

There are 11 CHC co-ordinators who, like the assessment team, commission care Pan-Dorset and further away for 667 patients with complex needs. Complexity can range from fully ventilated patients in the community through to those with the most challenging behaviour which impacts on their health and wellbeing. The commissioned care can be commissioned with additional one to one to support for the patient, personal health budgets, those in residential settings or Learning Disability patients. The team also co-ordinate care for patients who are jointly-funded with the Local Authority.

The triage role has been developed in the last 12 months, to become a vital part of the decision making team. Triage is able to advise, guide, support, listen to and signpost patients and their relatives as appropriate.

In light of feedback from recent Independent review panels (IRP) at NHS England, the decision making team have worked on refining processes and better ways of working, resulting in far better feedback from NHS England and reduced numbers of overturned decision.

The decision making team also support student nurses from Bournemouth University on an ongoing basis.

2.4.6 Disputes

NHS Dorset CCG works alongside 3 local authorities (Dorset County Council, Borough of Poole and Bournemouth Borough Council) plus out of area local authorities. A dispute arises when the Local Authority disagrees with the decision the CCG has made regarding eligibility. There are 3 stages to our disputes process with each stage being managed as follows:

Stage 1 – Team leaders and Operational Managers

Stage 2 – Head of Service and his deputy

Stage 3 – Independent CCG

Tables 2-4 below show the activity related to 2017-18.

Table 2.

Disputes Heard 2017

LA	Stage 1	Stage 2	
DCC	26	17	
BoP	15	6	
BBC	11	5	
Other	1	0	
Total	53	28	81

Table 3.

Final Outcomes 2017

Final Outcome	Amount
Eligible	17
Not Eligible	36
Joint Funded	9
Withdrawn	3
Interim Funded	3
	68

Table 4.

Local Authority Breakdown of Outcomes

Local Authority	Eligible	Not Eligible	Joint Funding	Withdrawn	Interim	New DST	Total
DCC	4	30	6	2	1	2	45
BoP	7	3	3	2	0	0	15
BBC	6	2	0	0	2	0	10
Other	0	1	0	0	0	0	1

2.4.7 Appeals

There are 3.5 WTE members of staff working on appeals for Dorset CCG. This includes managing the end to end process which is a 3 stage process:

- Stage 1 – Local Appeal Meeting – held between the family/patient/representative and Dorset CCG
- Stage 2 – Appeals Meeting – 2 members of the senior management team
- Stage 3 – Independent Review Panel (IRP) with NHS England

The process that was implemented by Dorset CCG in the previous year is seen as best practice by NHS England and is used as a model to streamline processes elsewhere.

Table 5 below shows the activity for 2017-18.

Table 5.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total number of appeals	89	84	78	79	75	65	64	60	55	49	45	36
New referrals	12	9	3	5	2	6	5	5	3	5	3	0
Number awaiting Local appeal meeting	51	49	42	41	31	27	24	17	13	10	6	4
Number awaiting appeal panel	6	10	12	18	19	21	21	21	21	20	20	19

Number awaiting IRP	89	93	98	104	100	99	97	92	96	98	97	100
Number of local appeal meetings held	11	10	14	6	11	6	12	12	7	9	5	6
Number of appeal panels held	2	3	2	2	2	5	4	4	6	6	5	5
Number of appeals completed	8	12	9	7	16	13	12	10	10	15	9	11
Number of appeals overturned (in part or full)	0	2	1	2	1	2	2	2	4	2	4	3
Percentage conversion to eligible	0.0	16.7	11.1	28.6	6.3	15.4	16.7	20.0	40.0	13.3	44.4	27.3

Within the table:

- the high number of appeals at the start of the reporting period have been addressed due to an increased number of panels. These numbers have also reduced due to the completion of the PUPOC initiative;
- the high number of cases waiting to be heard by NHS England at IRP are out of the control of Dorset CCG. All of our local processes have been concluded, there is a capacity issue relating to the NHS England panels.

3. DORSET CARE PROJECT

CHC Commissioning are working in partnership with Dorset County Council on the new Framework arrangement for the provision of high quality care and support interventions to older people, adults with physical disabilities and those with mental health issues, in both the community and in residential settings.

Older people are likely to require both Health and Social Care to meet their needs. Better integration between Health and Social Care is regarded as prerequisite for achieving efficiencies, relieving pressure on services and for improving user outcomes and experience.

The key benefits of the Dorset Care Framework include:

- Ensuring we are contractually compliant in line with Public Contracts Regulations 2015;
- Ensuring we deliver high quality, personalised Care and Support services which focus on meeting Service User outcomes and are delivered and financed in a sustainable way;

- Working together with providers and Dorset County Council to utilise assets and develop coordinated, innovative services;
- Providing a clear strategic model to manage demand, supply and costs;
- Improved support and engagement with Providers.

The new framework contract started on 1 December 2017 and will run for five years, with an approximate value of £500m over the duration. Early indications are that this is working well, and work has commenced on rolling this out for care home providers.

Work also commenced on aligning the same arrangements with a framework of providers in Bournemouth and Poole localities.

4. FINANCE & PERFORMANCE

4.1 Financial Performance.

Table 6 below shows the financial position within continuing healthcare at the end of financial year 2017-18.

Table 6.

	YTD Budget	YTD	YTD Variance Over / (Under) spend	Full Year Budget	Full Year FOT	Full Year Variance Over / (Under) spend	Previous month FOT	Movement
Adult CHC	52,031,768	53,226,593	1,194,825	52,031,768	53,226,593	1,194,825	52,707,925	518,668
FNC	12,338,930	12,074,348	-264,582	12,338,930	12,074,348	-264,582	12,166,648	-92,300
Children's	2,806,216	3,333,159	526,943	2,806,216	3,333,159	526,943	3,611,609	-278,450
Total	67,176,914	68,634,100	1,457,186	67,176,914	68,634,100	1,457,186	68,486,182	147,918

From the above table it can be seen the cost pressures are around both children's and adult's continuing healthcare. Work continues within both the finance and commissioning teams to ensure cost effective packages are sought in order to meet the patient needs as identified. Table 7 below identifies those savings at year end.

Table 7.

CHC Cost Avoidance/Savings		
	2016/17 £	2017/18 £ YTD
Audit work	192,569	208,291
Debt Recovery	107,782	28,596
PHB: Reclaims Rec'd	1,340,908	1,064,997
PHB: Reclaims pending receipt		31,000
Finance Team: Savings	182,315	77,719
Commissioning: Cost Avoidance		589,648
Commissioning: Reclaims		690,647
	1,823,574	2,690,898
Increase on last year		48%

The QIPP savings for 2018-19 have been agreed based on an NHS England formula applied to continuing healthcare of £1.8 million. A separate plan has been approved and the finance and commissioning team are working towards delivering on the key areas detailed in the plan.

A key component to delivering these savings, and ensuring quality, is the purchase of a bespoke IT system to support the work of the entire continuing healthcare team. Approval has been given for the purchase of this system and the procurement process has commenced. It is hoped that the system will be operational in the financial year 2018-19 in order to realise savings against plan.

4.2 Outstanding and Current Activity

At the end of 2017-18 there were 279 assessments for NHS funded Continuing Healthcare which is an increase due to the number of funded nursing care cases that have been completed leading to requirement for full assessment.

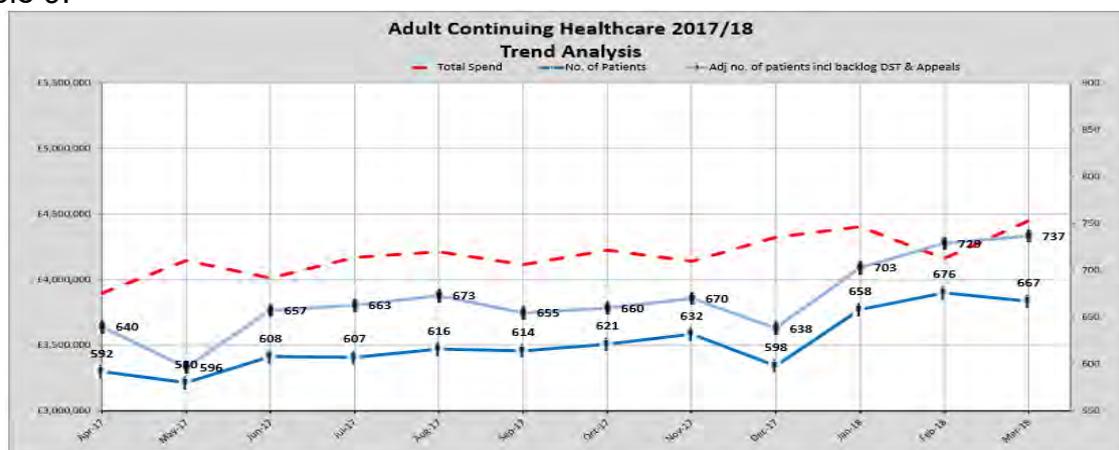
New initiatives within the CHC team relating to new applications have helped address this, with new applications being prioritised, as can be seen with the position at year end relating to the quality premium is shown in Table 8 below.

Table 8.

Quality Premium													
	Target - cumulative	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
% of DST's completed within 28 days	> 80%			40%			35%			33%			39%
% of DST completed in acute hospital setting	< 15%			9%			4%			1%			5%

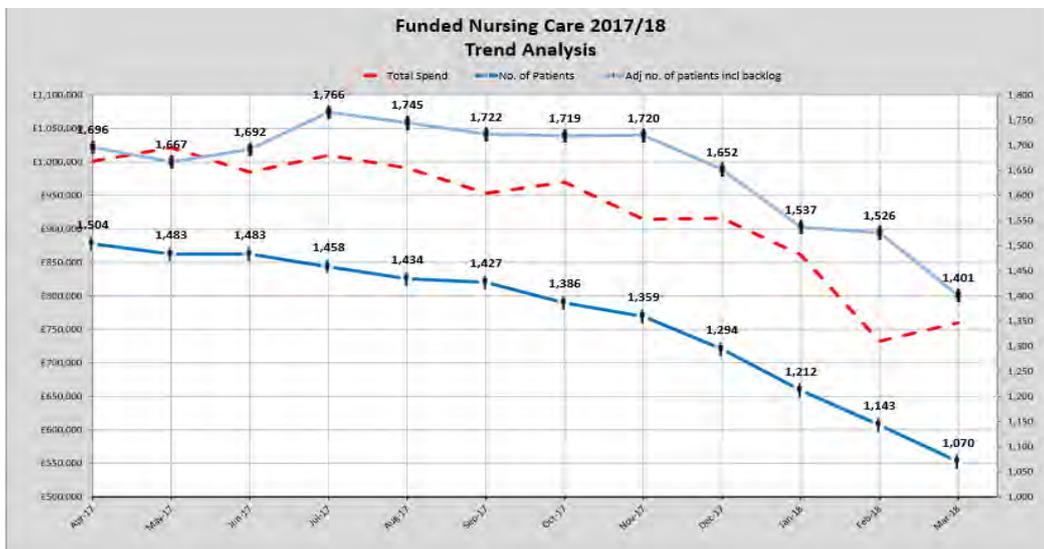
Table 9 below shows the trend analysis of patients supported by continuing healthcare the last financial year. This indicates a slight upward trend in overall numbers of patients, however the main driver for this rise is the number of patients who remain on continuing healthcare once it has been agreed.

Table 9.



A further explanation for this increase in numbers is the reduction in numbers of patients in receipt of Funded Nursing Care (FNC). Table 10 shows the trend over the year.

Table 10.



4.3 Personal Health Budgets

All individuals who are found eligible for Continuing Healthcare funding are offered a PHB account which they are able to manage in three different ways.

- Non-managed account - the account holder has chosen to manage the account themselves and will receive the PHB direct payment in to a bank account that they have specifically opened for the PHB direct payment;
- Account managed by a third party - ProDisability or Enham are the organisations currently offered by the CCG as support for individuals who do not wish to manage the account themselves. These organisations offer different levels of support, either a holding account where simple processing of payments is undertaken or for an additional cost the account holder can purchase payroll support.
- Notional budget - when the CCG would arrange the agreed care and support.

In 2017 NHS England announced that in 2019-20 all domiciliary care packages where patients are found eligible for NHS funded Continuing healthcare will be supported by a personal health budget. Plans are being developed in order to meet this target, with on-going discussion with NHS England.

At the end of 2017-18 150 patients were supported by Dorset CCG with a personal health budget funding their packages of care.

5. DORSET CARE FRAMEWORK STRATEGY FOR 2017/18 AND INTEGRATION

With effect from 4th April 2017 the majority of Continuing Healthcare activity (excluding patients with Learning Disabilities, Complex care and the Marie Curie component of Fast Track) within the Dorset County Council geographic area was the subject of an aligned budget. The scope of this activity is covered by the Dorset care framework which went live on December 1st 2017, reflecting the first substantial tangible result of greater Better Care Fund driven integration between Health and Social Care. The Dorset Care Project, and resulting framework, was co-produced with Dorset County Council, and is the key transformational work stream within Continuing Healthcare. Although there is little data to date, it is estimated that the cost savings produced for the initial patients (49) amounted to £6000 to year end.

A project manager was appointed to lead this work across the system, and works closely with colleagues from both health and social care, together with the wider health community. The range of this work has expanded during the course of the year to include integration of services to benefit all patients across the pan Dorset area.

6. OVERALL CHC PRIORITIES 2017/18

6.1 Alternative Patient Management System

The current Caretrack system is not fit for purpose for the way that the CHC Team work as it doesn't have all of the functionality that is required, nor does it capture all of the information, meaning for both instances separate spreadsheets are kept in order to manage workflow and produce statistics.

The procurement process for the new system has begun following agreement to purchase a new system. It is anticipated this will be in place during the financial year 2018-19.

6.2 CHC Quality Premium (QP)

The indicators set are for the CHC Quality Premium and therefore these are national targets, and if achieved over the financial year then a financial benefit will be realised. Table 11 shows the new indicators:

Table 11.

Continuing Healthcare Key Performance Indicators		
QP	Target	Achievement
% of new CHC applications determined within 28 days (Adults)	80%	39%
% of CHC assessments taking place outside of acute hospital setting (Adults)	85%	95%

7. OVERALL CHC PRIORITIES TO BE DELIVERED IN 2018/19

7.1 Introduction of the Revised National Framework.

In April 2018 NHS England issued the draft revised National Framework for NHS funded Continuing healthcare. The implementation date for this is to be October 1 2018 and work is underway in order to prepare the health and social care teams for the introduction. Training is planned for acute and community providers and processes, documentation and systems are being revised in order to ensure compliance from that date.

7.2 Management of Section 117 Aftercare

Due to the changing directorate structures within the CCG, the continuing healthcare team will take up the management of all services linked to Section 117 aftercare. It has been identified that staff will need to be trained in this area, and recruitment will take place to ensure the function is correctly resourced in order to deliver the service.

7.3 Procurement and Introduction of New IT system

Agreement was reached by the CCG to procure a new patient management system in order to ensure a streamlined, quality service in delivering continuing healthcare to all stakeholders. It is anticipated that the procurement process will be completed by the end of July 2018, giving 5 months to cleanse all current data and transfer the patient information for a start date of January 2019.

7.4 Review of Services Following the Autumn Green Paper

Although the impact of this is currently unknown, there may implications within it that impact on the interaction between health and social care and how this affects continuing healthcare.

8. CONCLUSION

In conclusion, what can be seen from the above report is the range of work undertaken by the continuing healthcare team over the year. The team is fully engaged with both patients and their families, together with our partners in social care, community care and the acute hospitals. It is only through this collaborative working that the team is able to deliver in this often challenging arena, and strive to ensure that the service provided is as good as it can be. With this in mind, there are a number of initiatives to be delivered in the coming year in order to further improve the service, and position itself to meet the changing nature of delivering high quality, integrated health and social care in the future.