

UNDERSTANDING NHS CONTINUING HEALTHCARE



Advocacy Information

WHAT IS NHS CONTINUING HEALTHCARE?

- A package of health and social care that is arranged and funded by the NHS
- For adults aged 18 and over who are assessed as having a "primary health need"
- Based on needs and not a diagnosis
- Can be offered in any setting, including residential care settings such as a care home or a person's own home
- Your local NHS Integrated Care Board is responsible for funding CHC
- The National Framework for Continuing Healthcare and NHS-Funded Nursing Care sets out the principles and processes for eligibility
- An individual can request an initial screening (Checklist) at any point

ICB RESPONSIBILITIES

ICBs are responsible and accountable for system leadership for CHC in their locality and must ensure:

- Delivery of and compliance with the National Framework
 - Promote awareness of CHC
 - Carry out assessments for CHC
 - Make decisions on eligibility
 - Review either 3 or 12 monthly
 - Commission safe care
- Consider requests to review negative decisions
- Good governance of CHC
- Quality standards are met and sustained
- Training is in place for practitioners in the NHS and Local Authority

WHAT IS A HEALTH NEED?

"In general terms it can be said that such a need is one related to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional)"

Framework para 51

WHAT IS A SOCIAL CARE NEED?

There is no legal definition, but see para 52 of the Framework: Care Act 2014 introduced the National Eligibility Criteria, which includes the following:

- Managing and maintaining nutrition
- Maintaining personal hygiene/toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the community
- Carrying out caring responsibilities the adult has for a child



CONSENT

There are a **number of principles which underpin the NHS Continuing Healthcare process**: most importantly assessments and reviews should always focus on the individual's needs and follow a person-centred approach. The individual should be fully informed and empowered to participate actively in the assessment process and any subsequent reviews, and their views should be considered.

In addition, there are a number of legal requirements when it comes to an individual's consent for parts of the NHS Continuing Healthcare process.

- As with any examination or treatment, the individual's informed consent must be obtained before the start of the process for Fast Track funding
- If the patient is deemed to have capacity, then a consent form needs to be signed by them
- If the patient lacks the mental capacity to give or refuses consent, then a 'best interest' decision should be taken. A Mental Capacity Assessment (decision specific) will need to be completed and Best Interest meeting minutes both need to be sent with the application
- A third party cannot give or refuse consent of the application on behalf of a person who lacks capacity, unless they have a valid and applicable Lasting Power of Attorney for Health and Welfare (NOT FINANCE) or have been appointed as Welfare Deputy by the court of protection
- A copy of the relevant document will be required with the application

CHECKLIST (SCREENING)

- An individual or their representatives can request a Checklist at any point
- The Checklist identifies who needs a full CHC assessment
- Individuals should not be assessed in a hospital (where possible)
- Completion is meant to be quick and straightforward - can be completed by a range of health and social care practitioners who have been trained in its use
- The threshold of the Checklist is intentionally low
- Nationally approximately 30% of individuals with a positive checklist are assessed as eligible for CHC funding
- **If the Checklist is positive, then a Decision Support Tool can be completed. This is the full assessment for eligibility**

CHC DECISION SUPPORT TOOL: Full Assessment

- Assessment by a Multidisciplinary Team (MDT) involved in the individual's care
- MDT is Two Healthcare Professionals or One Health and one Social Care Professional
- Assessment across 12 Domains of needs
- Gathering of all relevant information from previous assessments by Health and Social Care
- Involvement and engagement of the individual and their representatives
- The assessment process should include the views of the individual, their representatives, and care providers
- A recommendation upon eligibility is required by the MDT

PREPARING FOR A DST

- It is advisable to seek independent advice before the DST. Such as **Beacon CHC 0345 548 0300** at the earliest opportunity, ideally at the Checklist. They can also support the Assessment
- Have all relevant information and evidence relating to the care or treatment ready
- Be clear on the wishes of the individual so that these can be included in the MDT discussion
- Engage with the care provider to understand the care requirements or delivery before the assessment
- Understand the potential cost of care to meet the needs of the individual
- Read up on the public information available

*'Get early advice, gather your own care needs evidence and have a good understanding of the rules of the CHC assessment process and eligibility criteria. **Do not wait until you are in crisis.** For success, information is power. Be warned, be prepared!'*

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Solihull

Martin Bird
Lived Experience, Next of Kin

4 KEY CHARACTERISTICS OF A PRIMARY HEALTH NEED

The 4 key characteristics that the MDT will be assessing are:

- **Nature** – what type (quality) of care does someone need?
- **Intensity** – what is the extent (quantity) and severity (degree) of needs?
- **Complexity** – what is the interaction of needs and the skill required to manage the care?
- **Unpredictability** – to what degree do needs fluctuate, creating challenges in managing them?

It is, therefore, advisable to have a good understanding of how the individual is impacted in this context prior to the Assessment.

Additional Options

FUNDED NURSING CARE

- If an individual is not eligible for CHC and is in a care home with nursing, then they must be considered for eligibility for FNC
- This is a funding stream to meet Registered Nursing (RN) needs
- The registered nurse input is defined in the following terms:
 - Services provided by a registered nurse and involving either provision of care or...
 - the planning, supervision or delegation of provision of care other than any services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse
- We use the National determination tool for an FNC assessment
- For individuals at home or in a care home, RGN needs are met by Community Services
- FNC assessments can only be completed by RNs

Additional Options

FAST TRACK

- The FT process is used to enable the immediate provision of CHC when an individual has 'rapidly deteriorating condition that may be entering a terminal phase'
- The FT tool must not be used unless these criteria are met
- It is not intended as a way of avoiding the normal eligibility assessment process... except when someone has a rapidly deteriorating condition that may be entering a terminal phase
- There is a difference between Palliative care and Fast Track
- The Fast Track tool must be completed by an appropriate clinician

Additional Options

REQUEST FOR REVIEW OF A DECISION

- Individuals have the right to request that the ICB review its decision
- The ICB will:
 - Review all evidence and information from the individual
 - Will undertake a local resolution meeting with the individual to explain how the decision was made
 - Advise the individual of their next steps in relation to NHSE Independent Review or NHS Ombudsman

Finally,

WHATEVER THE OUTCOME

- It's important to note:
 - There must be no gap in the provision of care
 - People should not find themselves in a situation where neither the NHS nor the relevant LA will fund care, either separately or together, IF they have eligible care needs
 - There should be joint working to transition funding within mutually agreeable timescales

Contact

**FOR ADDITIONAL ADVICE
AND SUPPORT**

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