COMMUNITY CARE CONFERENCE 11 OCTOBER 2021

CHC UPDATE

PRESENTER: MORAG DUFF

Impact of Covid

- Coronavirus Act 2020 Assessments were suspended between 19 March and 31 August 2020

- Expectation that all outstanding assessments to be completed by 1 April 2021

National Statistics

- Current position:
- Q1 2021-22 snapshot **total eligible: 53,563**

- Q4 2018–19: 56,036
- Q4 2019-20: 54,102 *[3% drop]*
    - Coronavirus Act: Suspension of CHC assessments
        - 19 March 2020 – 31 Aug 2020
- Q1 2020-21: 46,875 *[13% drop]*
- Q4 2020-21: 51,563 *[10% increase]*

Regional Variations

- Q1 2019 – 2020
- 15 times more likely to get CHC in Salford than in Berkshire

- Q1 2020 – 2021
- 15 times more likely to get CHC in Salford than Berkshire

- Q1 2021 – 2022
- 11 times more likely to get CHC in Bury than Berkshire

Regional Variations

- **2017** – National Audit Office reported that local variation in eligibility rates could not be explained by population differences – meaning differences down to how CCGs interpret and apply eligibility criteria and the National Framework
  - Limited assurance processes to ensure consistency in decision-making at CCGs
  - Shortage of data on NHS CHC
- **2018** – Public Accounts Committee Inquiry and Report also found too much local variation in the interpretation of the National Framework and its assessment tools

Developments in CHC

November 2020

- Ombudsman Report: Continuing Healthcare: Getting it right first time
  - Highlighted 2 main areas of concern
    - Care Planning & Delivery
      - Top ups
      - Ceilings for uplifts
      - No care & support plan
      - Reductions in care without consultation
    - PUPOC
      - deadlines for cases from after 2012 being imposed where none exist
      - Decisions that are not robust due to relying on previous flawed processes arbitrary barriers (eg around evidence)
      - Negative screen leading to decision not to assess retrospectively

Myths, Legends and Prohibited Grounds

- Contribute to inconsistencies in interpretation
- Present hurdles to eligibility not based on the eligibility criteria – i.e. is there a primary health need?
- Reduce transparency
- Red herrings

NHS Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

- Primary Health Need is determined by Regulation 21(7)
- A CCG **MUST** decide a person has a primary health need when the **totality** of the nursing (or other health needs) are –

a. (Where the person is in registered accommodation) more than incidental or ancillary to the provision of accommodation which a social services authority is, under a duty to provide **OR**

b. Of a nature beyond which a social services authority could be expected to provide

So what does that mean?

- A. ***Incidental/Ancillary***
  - Quantitative analysis
  - Intensity
  - The health needs are more than a minor part of the overall care required
  - The majority of care required is addressing health needs

- B. ***Nature***
  - Qualitative analysis
  - Nature, intensity, complexity, unpredictability
  - It is not legally appropriate for the local authority to be managing these risks

What does applying the test involve?

- Being able to identify health and social care needs

- Analysing risk:
- Establish what adverse occurrences might happen
- What is the likelihood – frequency and proximity of risk
- What is the impact – consequences, control measures (preventative and responsive)

- Being able to quantify care directed towards each

Health needs

- **About the management of illness (and risks that flow from illness)**

- NHS Act 2006
- Illness includes physical or non physical impairments: disease, illness, injury or disability
- prevention, treatment, care and aftercare

Examples of health risks

- Death
- Illness
- Injury (infection, wound care, pressure care)
- Obstruction of airways
- Malnutrition
- Management of risks arising from clinical interventions

Social Care Needs

- **About the achievement of specified outcomes** related to functional daily activities

- Functional daily activities
  - washing, dressing, eating, drinking, toileting
- Prevention from harm
- Promotion of independence and wellbeing

Examples of social care risks

- Failure to achieve social care outcomes
- Isolation
- Dignity
- Neglect

MythBusters 3.6

- “You can’t double score”

MythBusters 3.8

- “Challenging behaviour that is normal presentation for an individual with autism can be disregarded”

MythBusters 4.5

- “Routine and non-problematic needs do not contribute towards a primary health need”

Have you heard…?

- “The health needs are covered by the funded nursing contribution”

Have you heard…?

- “The needs can be managed within the standard care plans for the individual”
- “The needs can be managed within the routine of the home”

Resources

- **NHS England Statistics** https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/
- Parliamentary and Health Service Ombudsman – Continuing Healthcare: Getting it right first time November 2020
- https://www.nao.org.uk/wp-content/uploads/2017/07/Investigation-into-NHS-continuing-healthcare-funding-1.pdf
- https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/455/455.pdf

Further information

- For independent advice on local processes, dispute resolution and training around CHC issues please contact Morag Duff at:

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