

## **NHS FRIMLEY INTEGRATED CARE BOARD**

### **CHC Reviews and Reassessment Policy**

**Agreed by**

**Frimley Integrated Care Board,**

**Bracknell Forest Council,**

**Royal Borough of Windsor & Maidenhead,**

**Slough Borough Council**

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## Equality Statement

NHS Frimley Integrated Care Board (ICB) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who have shared a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

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## **PRACTITIONER PRINCIPLES**

1. The primary focus of review is to ensure that the individual's needs are being met with the care arrangements that are in place. In many cases, there will be no need to undertake a CHC eligibility reassessment.
2. CHC will lead the review process. LAs will receive timely invitation to every annual Needs & Outcomes Review & CHC eligibility reassessment where required.
3. LAs will attend CHC eligibility reassessments they are invited to.
4. Practitioners will use the agreed templates and be familiar with the National Framework in regard to Reviews; a summary of content can be found in Appendix 3.
5. It is best practice for the LA to attend the Needs & Outcomes Reviews; this will facilitate early MDT conversations.
6. Practitioners will respect the recommendation of colleagues when a Continuing Healthcare eligibility reassessment is requested to be undertaken. Where this is any disagreement, it will be raised by the Social Worker to the CHC Lead in the LA for discussion with the CHC service.
7. During the Needs & Outcomes review, the CHC Assessor will clearly articulate if they believe that there is a change in need and the impact that has had on the individual to explain the reason for a CHC eligibility reassessment to take place.
8. Where the Needs & Outcomes Review indicates a change in need, amendments to the care package will be put in place prior to the eligibility reassessment taking place. There may be some exceptional instances where there has been a change in need but due to the nature of the commissioned care package no change in care package is required.

## REVIEWS

There are broadly 3 different types of review;

**Needs and Outcomes Review** – This may sometimes have previously been referred to as a Placement Review. The purpose of this review is to ensure the care arrangements in place remain appropriate to meet the individual's needs. Needs and Outcome Reviews will be conducted by the Nurse Assessor from the Frimley ICB or the delegated Authority. These may lead to a review in the Care Arrangements commissioned by the ICB. These reviews may also lead to;

**CHC Eligibility Reassessment** – This is a full Continuing Healthcare eligibility reassessment; by an MDT using the DST and occurs when the individual is already known to the service.

There has been significant confusion between Health and Social Care professionals about the difference between these two types. This policy intends to standardise the language used.

**Welfare Check** - a more holistic review in response to welfare or safeguarding concerns.

### Needs & Outcomes Review

The purpose of the Needs and Outcomes Review is to ensure appropriate care is in place. The timings of Needs and Outcomes Reviews are detailed below.

#### *Needs & Outcomes Review – at 3 Months*

Where an individual has been found eligible for NHS Continuing Healthcare, a Needs and Outcomes Review (Appendix 1) should be undertaken by the Case Manager within three months of the eligibility decision. This Needs and Outcomes Review will be led by the ICB or Delegated Authority to ensure the care in place continues to meet the individual's needs.

The Case Manager will meet with the individual and be responsible for delivering any required adjustments to the care provided to ensure the individual's needs are met. As a result of the review there may be a number of actions which follow, including but not limited to: an action plan for CHC, the Care Provider or other professionals to complete, progression onto a full CHC eligibility reassessment by an MDT using a DST, a change in care arrangements, a Safeguarding Alert or Welfare Check.

The reviewing practitioner will submit their review paperwork to the CHC Team within 48 hours. They will complete a procurement form to capture any changes in care provision required. Where the package of care commissioned by the ICB has reduced due to apparent reduction in needs, the East Berkshire CHC service will notify the Local Authority, and enable a period of stabilisation before any decision is made to undertake a CHC eligibility reassessment.

#### *Needs & Outcomes Review – at 12 Months*

After the 3 months review, a Needs and Outcomes Review will take place on at least an annual basis, although some individuals will require more frequent review. This annual Needs & Outcomes Review will be led by the ICB or Delegated Authority, and the Local Authority Social Worker will be invited via their Authority's generic inbox with a minimum of a month's notice. The most recently completed Decision Support Tool will be made available at the review in order to identify any potential changes in needs. It is best practice for Local Authorities to attend these reviews jointly with CHC:

- Bracknell Forest Council: [CHC@Bracknell-Forest.gov.uk](mailto:CHC@Bracknell-Forest.gov.uk)
- Royal Borough Windsor, Ascot & Maidenhead: [Access.Services@RBWM.gov.uk](mailto:Access.Services@RBWM.gov.uk)
- Slough Borough Council: [AdultSocialCare@slough.gov.uk](mailto:AdultSocialCare@slough.gov.uk)

The reviewing practitioner will complete the Needs & Outcomes Review (Appendix 1). The reviewing practitioner will submit the review to the ICB within 48 hours.

As a result of the review there may be a number of actions which follow, including but not limited to: an action plan for CHC, the Care Provider or other professionals to complete, progression onto a full CHC eligibility reassessment by an MDT using a DST, a change in care arrangements, a Safeguarding Alert or Welfare Check.

Where the package of care commissioned by the ICB has been reduced following a Needs & Outcomes Review, the East Berkshire CHC service will notify the Local Authority. It is best practice to ensure a period of stabilisation takes place (typically 3 months) before any decision is made to undertake a CHC eligibility reassessment. Once;

- the ICB is satisfied the amended care arrangements in place are safely meeting the individual's needs, and
- Where there is clear evidence of a change in needs to such an extent that it may impact on the individual's eligibility for NHS Continuing Healthcare,

The CHC Case Management Lead/Referral Management Lead will co-ordinate a properly constituted multidisciplinary team in order to complete a CHC eligibility reassessment. The Local Authority will participate in the reassessment in accordance with the CHC Assessment section of the Operational Policy.

#### ***Needs & Outcomes Review – at 3 Month following Fast Track***

As with all CHC Needs & Outcomes Reviews, the purpose of the Fast Track review is to consider whether the individual's needs are being appropriately met given that their condition was rapidly deteriorating as they approach the end of their life.

This review will be led by the ICB at 3 months and will involve completion of the same form in Appendix 1. As a result of the review there may be a number of actions which follow, including but not limited to: an action plan for CHC, the Care Provider or other professionals to complete, progression onto a full CHC eligibility reassessment by an MDT using a DST, a change in care arrangements, a Safeguarding Alert or Welfare Check.

CHC Nurses and Social Workers are asked to consider the prognosis of individual's in receipt of CHC following Fast Track in collaboration with professionals involved. Considered and compassionate approach will be taken to identify whether it is an appropriate time to undertake a CHC eligibility reassessment at 3 months. Where it is apparent the individual is ending their life and the original eligibility decision was appropriate it is unlikely that a review of eligibility will be necessary. Examples of when it may not be appropriate to undertake a CHC eligibility reassessment include, but are not limited to: an individual who is entering their terminal phase; this may be observed by the use of a syringe driver, someone who is not eating or drinking, someone who has a prognosis of short days to weeks.



## **Safeguarding Alert and Welfare Check**

Where East Berkshire CHC Service has a safeguarding concern for an individual who is in receipt of CHC, this will be reported to the relevant Local Authority using the local safeguarding procedures (i.e. where the individual is currently living). East Berkshire CHC Service will adhere with their safeguarding duties under the Care Act 2014 ICB and the ICB's *Safeguarding Children and Adults at Risk Policy*.

East Berkshire CHC Service will complete a Welfare Check where this is an agreed part of the Safeguarding Plan, or where this is appropriate due to concerns about an individual's immediate welfare. The Welfare Check is a more holistic review taking into consideration the person's environment, provider engagement and adherence to legislation and regulation, any evidence of unmet clinical or social needs. See Appendix 2, Welfare Check Template.

## **ADDENDUM – MAY 2020 – COVID-19 ARRANGEMENTS**

Due to the impact of the current Covid-19 pandemic, in line with guidance in COVID-19 Hospital Discharge Service Requirements (DHSC 2020), ICBs will not be held to account on the NHS CHC Assurance Standards or timeframes. CHC assessments may need to be deferred until after the end of the COVID-19 emergency period.

Needs & Outcomes Reviews may need to be deferred or completed in a way that complies with relevant Covid-19 health & safety guidance, such as via teleconference. Needs and Outcomes reviews will focus on ensuring that the individual's care package is meeting their needs and to ensure that any concerns raised are addressed as appropriate.

In order to ensure appropriate professional input is available, CHC eligibility reassessments are likely to be deferred until after the end of the COVID-19 emergency period.

## APPENDIX 1 – NEEDS & OUTCOMES REVIEW TEMPLATE



Review Document -  
CHC.docx

NB – The Review Document will be updated at a later date to focus more clearly on whether the person's Needs and desired Outcomes are being met.

## APPENDIX 2 – WELFARE CHECK TEMPLATE



Nursing Home  
Welfare Review Form

This is the Welfare Check Template, completed where a Safeguarding or other urgent concern is raised and the individual is in receipt of NHS funded continuing healthcare

## **APPENDIX 3 – EXCERPTS FROM NATIONAL FRAMEWORK - REVIEWS**

This section contains excerpts from the National Framework in relation to Reviews.

### **NHS Continuing Healthcare Reviews (at three and 12 months) - Purpose and frequency of reviews**

181. Where an individual has been found eligible for NHS Continuing Healthcare, a review should be undertaken within three months of the eligibility decision being made. After this, further reviews should be undertaken on at least an annual basis, although some individuals will require more frequent review in line with clinical judgement and changing needs.

182. Bearing in mind the minimum standards set out above, a guiding principle is that the frequency, format and attendance at reviews should be proportionate to the situation in question in order to ensure that time and resources are used effectively.

183. These reviews should primarily focus on whether the care plan or arrangements remain appropriate to meet the individual's needs. It is expected that in the majority of cases there will be no need to reassess for eligibility.

184. It is expected that the most recently completed Decision Support Tool (DST) will normally be available at the review and should be used as a point of reference to identify any potential change in needs. Where there is clear evidence of a change in needs to such an extent that it may impact on the individual's eligibility for NHS Continuing Healthcare, and then the ICB should arrange a full reassessment of eligibility for NHS Continuing Healthcare.

185. Where reassessment of eligibility for NHS Continuing Healthcare is required, a new DST must be completed by a properly constituted multidisciplinary team (MDT), as set out in this National Framework. Where appropriate, comparison should be made to the information provided in the previous DST. ICBs are reminded that they must (in so far as is reasonably practicable) consult with the local authority before making an NHS Continuing Healthcare eligibility decision, including any reassessment of eligibility. This duty is normally discharged by the involvement of the local authority in the MDT process, as set out in the Assessment of Eligibility section of this National Framework. ICBs should ensure an individual's needs continue to be met during this reassessment of eligibility process.

### **Role of the Local Authority in Reviews**

186. If the local authority is responsible for any part of the care, both the ICB and the local authority will have a requirement to review needs and the service provided. In such circumstances, it would be beneficial for them to conduct a joint review where practicable.

187. Even if all the services are currently the responsibility of the NHS, it may sometimes be beneficial for the review to be held jointly by the NHS and the local authority where there is an indication of a possible need for a care and support assessment as part of the review process.

### **Well-Managed Needs and Reviews**

188. When undertaking NHS Continuing Healthcare reviews, care must be taken not to misinterpret a situation where the individual's care needs are being well managed as being a reduction in their actual day-to-day care needs. This may be particularly relevant where the

individual has a progressive illness or condition, although it is recognised that with some progressive conditions care needs can reduce over time. More information on well-managed needs can be found in the Assessment of Eligibility section in this National Framework.

### Outcomes of an NHS Continuing Healthcare Review

189. The outcome of an NHS Continuing Healthcare review will determine whether:

- a) the individual's needs are being met appropriately, and
- b) whether eligibility should be reconsidered through reassessment for NHS Continuing Healthcare.

190. It is a core principle that neither a ICB nor a local authority should unilaterally withdraw from an existing funding arrangement without a joint reassessment of the individual, and without first consulting one another and the individual about the proposed change of arrangement. Therefore, if there is a change in eligibility, it is essential that alternative funding arrangements are agreed and put into effect before any withdrawal of existing funding, in order to ensure continuity of care.

Any proposed change should be put in writing to the individual by the organisation that is proposing to make such a change. If agreement between the local authority and the NHS cannot be reached on the proposed change, the local disputes procedure should be invoked, and current funding and care management responsibilities should remain in place until the dispute has been resolved. There is a separate disputes procedure for when the individual disagrees with the decision (refer to paragraphs 192-207).

191. The risks and benefits to the individual of a change of location or support (including funding) should be considered carefully before any move or change is confirmed. Neither the ICB nor the local authority should unilaterally withdraw from funding of an existing package until there has been appropriate reassessment and agreement on future funding responsibilities and any alternative funding arrangements have been put into effect. Further details on responsibilities during changes (including approaches to disputes) are set out in Annex E.

Figure 2: Flow diagram for 3 months 12 month reviews of NHS Continuing Healthcare

