

**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 3<sup>rd</sup> March 2020

**By:** Executive Managing Director, East Sussex Clinical Commissioning Groups (CCGs)

**Title:** East Sussex Continuing Healthcare interim report

**Purpose:** To provide an update on key developments relating to Continuing Healthcare (CHC) in East Sussex

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## **RECOMMENDATIONS**

**The Board is recommended to:**

- 1. Consider the progress that has been made to date in respect of Continuing Healthcare in East Sussex.**
  - 2. Agree to receive a further progress report to be submitted to the Board in July 2020.**
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### **1. Background**

1.1. NHS continuing healthcare is the name given to a package of care or placement that is arranged and funded solely by the NHS for individuals outside of hospital, who have long-term complex health needs.

1.2. People can receive NHS continuing healthcare in any setting, including their own home or in a care home. NHS continuing healthcare is free, unlike support provided by local authorities for which a financial charge may be made, depending on a person's income and savings.

1.3. In order to receive NHS CHC funding, people have to be assessed by Clinical Commissioning Groups (CCGs), according to a legally prescribed decision-making process, to determine whether the individual has a primary health need. The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (revised 2018) sets out the principles and processes for determining eligibility. It takes account of legislative changes brought about by the Care Act 2014, which preserves the existing boundary and limits of local authority responsibility in relation to the provision of nursing and/ or healthcare.

1.4. Anyone over the age of 18 assessed as having a certain level of health care needs may be entitled to NHS continuing healthcare. It is not dependent on a particular disease, diagnosis or condition, nor upon who provides the care or where that care is provided. Once eligible, care will be fully funded by the NHS and subject to regular review, to monitor whether a person's needs and therefore their eligibility has changed.

1.5. People who are not eligible for CHC may still be eligible for additional NHS support through Funded Nursing Care (FNC). Funded nursing care is a contribution towards the cost of registered nursing care, funded by the NHS for eligible nursing home residents.

## **2. Supporting information**

### **Our local context**

2.1. The continuing healthcare team in East Sussex covers all three Clinical Commissioning Groups and works closely, co-located in the same building, with East Sussex County Council Adult Social Care and Health assessment and care management staff. Whilst the responsibility for funding continuing healthcare sits with the CCGs, social care plays an important part in supporting assessments to determine need and, therefore, eligibility for continuing healthcare and funded nursing care.

### **Our local challenges**

2.2. Across Sussex, the CCGs' benchmark is lower than the England average for eligibility per 50,000 population. We are undertaking work to understand this and address as appropriate. Within East Sussex, there is a variable referral rate into the service, with some recent variation in performance relating to the number of assessments undertaken in a hospital, rather than community setting. The national expectation is that no more than 15% of CHC assessments are undertaken within an acute hospital setting.

2.3. Action has been taken to address this, together with timeliness of decision-making and assessments within the community, with a new pathway in place, is demonstrating an improving picture.

2.4. Staff training and development has been strengthened with a focus on the consistent application of the framework supported by case audits.

### **Our local strengths**

2.5. There has been strengthened leadership to the NHS Continuing Healthcare Team, together with agreed shared approaches between the CCG and County Council to ensure a key focus on delivering high-quality, patient-centred assessment. This includes:

- a new pathway out of hospital for assessment in the community;
- an agreement to implement a policy across health and care so that any differences of view regarding eligibility can be speedily resolved in an integrated way;
- ways of operational working across our health and care teams that promote transparency and support;
- regular meetings at a senior level across the system to monitor performance and quality improvement and resolve any identified challenges.

### **Next Steps**

2.6. Across Sussex, we have recently reviewed all continuing healthcare services to ensure we are delivering a service of good quality and compliant with the National Framework, providing a fair and equitable services for the local population, and ensuring best value in commissioned care.

2.7. As a result of this, we have established a Continuing Healthcare Transformation Board of which all Sussex CCGs and local authorities are members to develop longer term strategic improvements to CHC services. Internally within the CCGs there has also been a recent in-depth review of these services to test performance, key challenges, and any additional action to be agreed. This Board is finalising a delivery plan that addresses strategic workforce; market development; application of the National Framework, including consistency of policies and working across health and social care; and wider engagement and communication.

## **3. Conclusion and Recommendations**

3.1. The CCGs have identified some opportunities for improvement relating to the delivery of CHC within East Sussex and have clear plans in place, alongside the County Council, to deliver a range of service improvements, both on an East Sussex and Sussex-wide footprint.

3.2. It is recommended that a further report is submitted to the July 2020 meeting of the Health and Wellbeing Board outlining progress against these plans.

**JESSICA BRITTON**

**Executive Managing Director, East Sussex CCGs**

Background documents

None