

Guidance for Practitioners: Young People in Transition: Assessment for Adult Continuing Healthcare

1.0 Purpose & Scope

1.1 This guidance informs practitioners of when and how to refer young people in transition to adulthood for assessment for adult continuing healthcare. It explains what actions should be taken by practitioners to ensure such assessments are carried out in line with national guidance and local policies.

1.2 The guidance is aimed at practitioners working with young people who may be eligible for an episode of adult continuing healthcare. A diagram illustrating each stage of the process is attached at appendix A.

1.3 The processes described in this guidance apply to children and young people eligible for children's continuing healthcare. They should be followed when considering whether to refer the child or young person for assessment for an episode of adult continuing healthcare.

1.4 The need for this guidance is required to alleviate confusion about when to seek an assessment for adult continuing healthcare and how this is done. The guidance is also necessary to establish reasonable expectations on the part of patients, families and practitioners on the extent of provision likely to be available if they are eligible for an episode of adult continuing healthcare.

1.5 The processes for referral and assessment are determined nationally and should be followed in every circumstance. Where local policies are referred to, these contain details of any exceptional circumstances that may apply.

2.0 Relationship between Children's and Adults Continuing Healthcare

2.1 Practitioners should note that the legislation and the respective responsibilities of the NHS, social care and other services are different in children's and adult services. The terms 'continuing care' (in relation to children's services) and 'NHS continuing healthcare' (in relation to adults) also have different meanings. It is important that young people and their families are helped to understand this difference and its implications from the start of transition planning. Section 1.1 of the National Framework for Children and Young People's Continuing Care explains the differences between the continuing care for children and NHS continuing healthcare for adults.

2.2 Eligibility for children's continuing healthcare should not be taken as indicating any likelihood of eligibility for adult continuing healthcare.

2.3 Referall for assessment for an episode of adult continuing healthcare should be made within two weeks of the patient's 16th birthday.

2.4 An episode of adult continuing healthcare cannot commence until a patient's 18th birthday.

3.0 **Context**

3.1 The NHS Continuing Healthcare (Responsibilities) Directions 2009 defines continuing healthcare as follows:

“a package of care arranged and funded solely by the health service for a person aged 18 or over to meet physical or mental health needs which have arisen as a result of illness;”

The Directions specify how Primary Care Trusts must determine eligibility for an episode of continuing healthcare, in line with the NHS Act 2006.

3.2 The National Framework for NHS Continuing Healthcare for adults notes that PCTs should clarify future entitlement for an episode of adult NHS continuing healthcare for young people in transition, as early as possible. The Framework states that formal screening should take place at age 16, with eligibility determined by the age of 17. This should allow effective packages of care to be commissioned in time for the individual's 18th birthday.

3.3 The assessment process considers whether the needs of the patient being assessed are primarily health care needs or social services needs. Case law has established that when determining individual cases, questions of complexity, intensity and unpredictability of the patient's needs are relevant. However, the patient's needs must be health care needs, in the first instance. The PCT is the primary decision maker under the National Framework for Continuing Healthcare.

3.4 Both the adult's and children's national frameworks for continuing healthcare note that

“If a young person receiving children's continuing care has been determined by the relevant PCT not to be eligible for adult NHS continuing healthcare, they should be advised of their non-eligibility and of their rights to request an independent review on the same basis as NHS continuing healthcare eligibility decisions regarding adults.”

3.5 The guidance for adult continuing healthcare introduces two tools which are used in assessing patient's eligibility for an episode of adult continuing healthcare. The first is the Checklist, which is used to screen and refer patients for adult continuing healthcare. NHS Sheffield is not permitted to use any other screening tools. All referrals for assessment for adult continuing healthcare by NHS Sheffield must be made using the Checklist.

3.6 The second tool is used to assist with the assessment of patients for adult continuing healthcare. It is known as the Decision Support Tool, or DST, and must be used in every assessment. NHS Sheffield will appoint a coordinator to work with a patient's MDT, to deliver their assessment using the DST.

3.7 NHS Sheffield's policy on appeals and retrospective reviews sets out the process to be followed should a patient wish to appeal against an eligibility decision. This policy should only be followed by patients or their representatives. A separate Disputes Policy has been established by NHS Sheffield and Sheffield City Council to disagreements between them regarding eligibility for adult continuing healthcare. NHS Sheffield and Sheffield City Council have also agreed an Escalation Process, to be followed when multidisciplinary teams are unable to agree on a recommendation regarding eligibility.

3.8 NHS Sheffield's CHC policy on the commissioning of care sets out the principles by which decisions about funding care packages will be made. This policy applies equally to packages being designed for young people in transition to adult continuing healthcare, as it does to all other packages of care for eligible adults.

3.9 NHS Sheffield is working towards introducing personal health budgets, in line with national requirements. This will introduce the facility to make direct payments to patients to pay for care, in specific circumstances. NHS Sheffield aims to introduce this process by March 2014. In the meantime NHS Sheffield is also able to provide some packages of care using a 3rd party to manage funds and support patients to procure care.

4.0 Determining Eligibility and Provision under Adult Continuing Healthcare

4.1 There are five stages to go through, when assessing a child or young person for adult continuing healthcare. These are:

- Stage 1: consideration of when to refer a child or young person for assessment for adult continuing healthcare.
- Stage 2: gaining the patient's consent for assessment or determining whether assessment is in their best interest.
- Stage 3: completing the Checklist, and determining whether to assess a patient for adult continuing healthcare, including appointing a coordinator to lead any assessment.
- Stage 4: determining eligibility for adult continuing healthcare
- Stage 5: making an offer of a care package, to a patient eligible for adult continuing healthcare.

4.2 Guidance for each of these stages is set out below.

5.0 When to Refer for Assessment for Adult Continuing Healthcare (Stage 1)

5.1 Practitioners should only consider referring young people for assessment for an episode of adult continuing healthcare, when the young person is currently eligible for children's continuing healthcare. Where the young person is not eligible for children's continuing healthcare these transitional arrangements do not apply. A Checklist should not be completed for any person under the age of 18 unless they are already eligible for children's continuing healthcare.

5.2 Prior to referring a patient for assessment for an episode of adult continuing healthcare, practitioners should identify whether NHS Sheffield is the "responsible commissioner". The Department of Health publishes guidance on this in, "*Who Pays: Establishing the Responsible Commissioner*". Practitioners should note that responsibility for paying for care is determined differently in the NHS than it is for Local Authorities. The PCT in which the patient is resident is not necessarily responsible for paying for the patients care. Nor is the PCT in which the patient's GP is based necessarily responsible for paying for the patients care.

5.3 Where the patient is eligible for children's continuing healthcare, practitioners should consider referring them for assessment for an episode of adult continuing healthcare within two weeks of their 16th birthday. NHS Sheffield will not be able to commence the assessment for a young person before their sixteenth birthday. However, NHS Sheffield may be able to advise in general terms about the sort of package that may be available, should the patient be assessed as eligible for adult continuing healthcare.

5.5 Before referring the patient, the practitioner should identify whether their patient is subject to an order made under s3, 37 or 41 of the Mental Health Act. In such cases, the patient will be receiving care in CAMHS setting. If the patient is not subject to such an order, the practitioner should progress to consideration of the patient's capacity to consent to referral and assessment. Guidance on this is set out at section 6, below.

5.6 Where the young person is in a CAMHS inpatient setting informally or detained this will be commissioned by Yorkshire & Humber office, North of England Specialist Commissioning group (SCG), the relevant SCG Case Manager will refer into this process if appropriate.

6.0 Consent and Capacity (Stage 2)

6.1 The National Framework for Continuing Healthcare for adults states that,

"the individual's informed consent should be obtained before the start of the process to determine eligibility for NHS continuing healthcare..."

It should be made explicit to the individual whether their consent is being sought for a specific aspect of the eligibility consideration process (e.g. completion of the Checklist) or for the full process. It should also be noted that individuals may withdraw their consent at any time in the process.”

6.2 The Practice Guidance for Continuing Healthcare for adults expands on this, citing the NHS Code of Confidentiality. It is essential, therefore, that explicit consent is sought from patients, which must cover:

- the completing of a Checklist for adult continuing healthcare; and
- assessment for adult continuing healthcare; and
- the sharing of information with other professionals involved in the assessment, including those working for different organisations

Practitioners wishing to refer a patient for assessment for adult continuing healthcare should evidence that consent has been given, completing the Consent Form at appendix B of this guidance.

6.3 Where the practitioner considers that the patient may not have capacity to consent to the above, they should refer to the Mental Capacity Act Code of Conduct. Of particular note is the fact that the Mental Capacity Act uses different definitions of the terms “child,” “children” and “young adult” than those used in The Children Act 1989. The Mental Capacity Act applies to young people aged 16-17, except for several specific exclusions. Therefore any practitioner wishing to refer a patient aged 16-17 for assessment for adult continuing healthcare, and has doubts about the patient’s capacity to consent, must follow the processes set out in the Code of Conduct, for determining what decision would be in the patient’s best interest.

6.4 Where a patient with capacity consents to the decisions set out in paragraph 6.2, the practitioner should proceed to stage 3 (Checklist and Assessment). Similarly, where the patient does not have capacity, and where it has been legitimately determined that assessment for Adult Continuing Healthcare, and the sharing of relevant information, is in their best interest, the practitioner should proceed to stage 3.

6.5 Where a patient with capacity declines to give their consent to any of the questions at paragraph 6.2, then the impact of this decision must be explained to them. The patient will need to be informed that this will limit the ability of the NHS and the Local Authority to provide services for them. The fact that a patient declines to be assessed for Adult Continuing Healthcare does not create additional responsibilities for the Local Authority to meet their needs. Where there are concerns that an individual may have significant ongoing needs, and that the level of appropriate support could be affected by their decision not to give consent, the appropriate way forward should be considered jointly by the PCT and the LA, taking account of each organisation’s legal powers and duties.

6.6 Where a patient does not have capacity to assent to assessment, it may be determined that assessment for adult continuing healthcare is not in their best interest. In this scenario the family and practitioners are the best interest meeting should indicate what alternative options should be pursued for the patient, if they are likely to need ongoing health or social care services.

7.0 Checklist and Assessment (Stage 3)

7.1 Where a practitioner is working with a young person who is currently eligible for Children's CHC, and has followed the appropriate process for gaining consent or determining best interest, they should complete a Checklist. The Checklist should be completed within two weeks of the young person's 16th birthday. A link to the Checklist can be found towards the end of this guidance. This link is accurate at July 2012.

7.2 This link also contains notes on completing the Checklist. The Checklist should be completed in line with these notes. NHS Sheffield has produced guidance on the completing of a Checklist. This guidance should also be followed when completing any Checklist.

7.3 The purpose of the Checklist is to help practitioners identify people who need a full assessment for NHS continuing healthcare. Please note that referral for assessment for NHS continuing healthcare is not an indication of the outcome of the eligibility decision. This fact should also be communicated to the individual and, where appropriate, their representative.

7.4 The Checklist has been produced by the Department of Health. It is the only initial screening process that PCTs are permitted to use in order to decide whether to undertake an assessment of a person's eligibility for NHS continuing healthcare. No other screening tools are allowed by the Department of Health.

7.5 The Checklist can be completed by any health or social care professional. In many cases the care manager most actively involved with the patient will be best placed to complete the Checklist. The practitioner completing the Checklist should provide any supporting information, in line with NHS Sheffield's guidance.

7.6 All staff who apply the Checklist will need to be familiar with the principles of the National Framework for Continuing Healthcare. The equality monitoring data form at the end of the Checklist should be completed in every case.

7.7 Practitioners should ensure that patients and their families are provided with information on the assessments for adult continuing healthcare prior to completing the Checklist. The information should include the NHS booklet on NHS continuing healthcare and NHS-funded nursing care and an internet link to this document can be found below. NHS Sheffield will also be producing leaflets for young people in transition to share with patients, which should also

be shared with patients and their families. A further leaflet, on NHS Sheffield's CHC policy on commissioning of care packages should also be shared.

7.8 Practitioners should use the above information to ensure patients and their families have a realistic understanding of the assessment process. In particular practitioners should discuss with patients and their families their options, should they prove to be ineligible for adult continuing healthcare. Practitioners should also ensure that patients and their families understand the NHS Sheffield CHC Policy on the Commissioning of Care. This is necessary to ensure patients and their families are aware of the issues that will be considered when determining any offer of a care package.

7.9 Once a practitioner has finished drafting a Checklist it must be submitted to NHS Sheffield for review to:

- the fax number 0114 3051371 (which is a 'safe haven' fax) or
- from a secure email address to shef-pct.CHC-FNC@nhs.net; or,
- posted to The Business Support Team, Continuing Healthcare, NHS Sheffield, 722 Prince of Wales Road, Sheffield, S9 4EU.

7.10 NHS Sheffield will review the Checklist and consider whether the patient should be assessed for continuing healthcare. NHS Sheffield may seek further information from the practitioner, where it is necessary to clarify any issues raised.

7.11 Where the outcome of the Checklist is that the patient should be assessed for an episode of adult continuing healthcare, NHS Sheffield will appoint a Coordinator, to oversee the assessment. The Coordinator will be responsible for ensuring that the multidisciplinary team supporting the patient contributes to the assessment in a timely manner. The Coordinator may be a health or social care practitioner, identified by NHS Sheffield.

7.12 Where the outcome of the Checklist is that the patient should not be assessed for adult continuing healthcare, the patient or their family may request that an assessment is undertaken in any event. The families request should be supported by evidence, to explain why the original decision not to assess should be overturned. The Lead Nurse will base her decision on whether there are exceptional circumstances as to whether an assessment should be carried out. In this context exceptional circumstances are:

- where additional information is provided by the individual or carer, which suggests they may be eligible for an episode of adult Continuing Healthcare, and which was not available when the Checklist was first submitted to NHS Sheffield.

7.13 NHS Sheffield will write to the patient or their family to inform them of the outcome of the Checklist. Where the outcome does not recommend assessment for CHC NHS Sheffield inform the patient of their right to appeal.

8.0 Determining eligibility (Stage 4)

8.1 Once the assessment for adult continuing healthcare is completed, one of four recommendations will be made. These are

- A. Eligibility for continuing healthcare; or
- B. Eligibility for joint-funded package of care; or
- C. Eligibility for Funded Nursing Care; or
- D. Eligibility for social care only, subject to the Local Authorities criteria and financial assessment

8.2 Where the outcome of the patient's assessment is either A or B, the care manager should consider whether to refer the patient to the Local Authority for assessment for adult social care.

8.3 Where the outcome of the patient's assessment is C, the patient's care manager should contact NHS Sheffield for a named nurse to work with, to jointly develop a package of care. The care package should be developed in line with NHS Sheffield's CHC Policy on the Commissioning of Care.

8.4 Where the outcome of the patient's assessment is D, the care manager should contact NHS Sheffield, to identify who will be the patient's care manager once they reach the age of 18. Patients with a learning disability are care managed by Sheffield City Council on behalf of NHS Sheffield. Patients with a mental health condition may be care managed by practitioners at Sheffield Care Trust. Other patients will general be care managed by practitioners by NHS Sheffield's clinicians.

8.5 Where the outcome of an assessment is A, B or C, the patient may seek an appeal. The appeal will be considered in line with NHS Sheffield's Continuing Healthcare and Funded Nursing Care Appeals and Retrospective Cases Policy.

9.0 Developing an Offer of a Package of Care (Stage 5)

9.1 In all cases, packages of care will be offered to patients in accordance with NHS Sheffield's CHC Policy on the Commissioning of Care.

9.2 Proposed care packages for patients eligible for continuing healthcare or a joint package of care, should be made using the NHS Sheffield Resource Panel pro forma. The pro forma is accompanied by guidance, which practitioners should also follow.

9.3 NHS Sheffield's Resource Panel will consider the proposed packages of care. Where a patient is eligible for NHS continuing healthcare, the details of the package of care to be offered to the patient will be set out in writing for the patient. Where the patient is eligible for a joint package of care, NHS Sheffield's will inform the patient of its offered contribution.

9.4 The patient or their family can appeal against a decision of Resource Panel, using the NHS Sheffield complaints process.

9.5 Patients can decide to reject NHS Sheffield's offer of care. However, this does not mean that NHS Sheffield, or another agency, will have an obligation to meet their needs in another manner.

9.6 NHS Sheffield's offer of a package of care will only cover its responsibilities, in line with the NHS Act 2006. Other agencies may continue to have obligations to patients eligible for continuing healthcare.

9.7 NHS Sheffield will work with patients and families to ensure any changes to service provision are carried out in patient-centred manner. Patients who have existing services in place funded under children's continuing healthcare will not have services stopped simply because they attain the age of 18. NHS Sheffield will develop a plan for making such changes, to a reasonable timescale, in a phased manner and in consultation with the young person.

10.0 Review

10.1 When an adult is receiving care arranged by the NHS under these arrangements, NHS Sheffield is required to regularly review whether they remain eligible for continuing healthcare. A patient's eligibility will be reviewed no later than three months after the initial eligibility decision, to ensure they continue to be entitled to an episode of continuing healthcare. After this first review, eligibility is subsequently reviewed annually, as a minimum.

10.2 Each review consists of a new assessment of the patient's eligibility for further episodes of adult continuing healthcare. Just because a review has a certain outcome, this does not necessarily indicate that a previous assessment should have had the same outcome, provided the previous assessment was carried out properly and the decision reached on the basis of that assessment was based on sound reasoning.

Governance

10.1 This guidance is owned by NHS Sheffield's Continuing Healthcare Team. It has been developed in consultation with stakeholders through the CHC Operational Group.

10.2 Where this guidance refers to NHS Sheffield, this should be taken to mean Sheffield's Clinical Commissioning Group, from 1 April 2013.

10.3 This guidance will be reviewed during August 2013.

Additional Information

Department of Health Checklist	http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103328.pdf
National Framework for Continuing Healthcare for adults	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103161.pdf
National Framework for Children's Continuing Healthcare	Link
Practice Guidance for continuing healthcare for adults	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115133
The NHS booklet on NHS continuing healthcare and NHS-funded nursing care	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106229.pdf
NHS Sheffield's guidance on completing a Checklist	TBD
NHS Sheffield's leaflet on Transitions	TBD
NHS Sheffield's leaflet on completing a Checklist	TBD
Who Pays: Establishing the Responsible Commissioner	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078466
NHS Sheffield/Sheffield City Council policy on aftercare	TBD

Version Control

Version	Date	Name	Comment
0.1	January 2012	E Harrigan	For comment from CHC and KL
0.2	21 February 2012	E Harrigan	For wider NHSS comments
0.3	February 2012	E Harrigan	For comments from Operational Group, SCT and SCC
0.4	1 May 2012	E Harrigan	Contains one amendment, at 5.6 from Rita Thomas.
0.5 (final)	11 July 2012	E Harrigan	Following meetings with SCC
0.6 (final)	Januety 2013	E Harrigan	Correcterd typo in

			paragraph 10.1 and remove out of date consent form.
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Appendix A – process map

Appendix B – Consent Forms