Sheffield Clinical Commissioning Group

CONTINUING HEALTH CARE, FUNDED NURSING CARE, JOINT PACKAGES OF CARE

Guidance on Designing Care Packages for Consideration by Sheffield CCG's commissioning of Care Panel

1.1 The purpose of this guidance is to assist Continuing Healthcare (CHC) Coordinators and associated practitioners, to design appropriate care plans that meet the reasonable requirements of service user. It concerns service users who are eligible for CHC, joint packages of care (JPOC) and for service users where Sheffield CCG funding is limited to the Funded Nursing Care (FNC) rate as a contribution towards respite care. This process applies to adults aged over 18 years. It also applies to young people approaching the age of 18, for a package of care that would begin on their eighteenth birthday.

1.2 Pro formas are usually completed by Nurse Assessors in the Continuing Healthcare Team at Sheffield CCG. Occasionally staff at other trusts or a Local Authority will be asked to complete the pro forma, where they are considered by the CHC team to have the most appropriate knowledge about the patient's needs and suitable services.

1.3 If a practitioner has been asked to complete a pro forma and would like advice on this, they should contact a member of the CHC Team at NHS Sheffield.

1.4 This guidance accompanies version 8 of the Commissioning of Care Panel's pro-forma. It takes effect on 30 September 2013.

2.0 Background

2.1 Decisions regarding packages CHC, JPOC or FNC are subject to legislation and case law. The dominant Act in respect of CHC is the NHS Act 2006, supported by the Directions, National Framework and associated guidance. The judgment of the Court of Appeal in the case between Gunter vs. South Western Staffordshire PCT[1] provided guidance on the factors that commissioners needed to consider when making decisions about care packages.

2.2 Under the The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, any adult who has a Primary Health Need, is eligible for Continuing Healthcare. This means that the NHS must arrange and fund a

[1] http://www.bailii.org/cgi-bin/markup.cgi?doc=/ew/cases/EWHC/Admin/2005/1894.html&query=rachel+and+gunter& method=boolean

package of care, to meet their assessed physical or mental health needs, which have arisen as a result of illness.

2.3 Paragraphs 108-111 and 166-171 of the National Framework[2] for CHC specify PCTs responsibilities in respect of commissioning, care planning and provision. The CHC Practice Guidance provides further guidance on the nature of packages of care.

2.4 Sheffield CCG has implemented a policy on the commissioning of care provision for service users eligible for CHC and associated packages of care. This policy ensures robust and consistent commissioning decisions are made for such packages of care. It includes the factors referred to above, in respect of the case between Gunter vs. South Western Staffordshire PCT. The application of the policy ensures consistency in care provision, value for money, individual choice, transparency and aids partnership working. All such care packages must be designed in accordance with this policy.

3.0 Designing Packages of Care

3.1 Packages of care should be designed to meet the service users assessed health and social care needs only. For service users who have recently become eligible for CHC, these needs will have been identified during their assessment and will be recorded on the Decision Support Tool. For service users who have had an eligibility review, their needs should also be recorded on a Decision Support Tool.

3.2 Where a service user is already receiving CHC and their needs change, these should be identified on the Needs Assessment Tool (CHC 3).

3.3 All service users should receive a copy of NHS Sheffield's leaflet on the commissioning care provision. This leaflet should be provided to the service user when the packages of care are first discussed. Practitioners should ensure that service users understand the content of the leaflet and the associated policy. Where a service user does not have capacity to understand the policy, the leaflet should be given to those listed in paragraphs 5.49 and 5.50 of the Mental Capacity Act Code of Practice issued on 23 April 2007[3].

3.4 All service users, regardless of their eligibility, remain entitled to mainstream primary and secondary health services, which do not need to be individually procured. Individual health, welfare and community services should only be individually procured in exceptional circumstances.

3.5 Sheffield CCG has a Commissioning of Care Panel, which makes decisions on the following packages of care:

a) The package of care is jointly funded with a Local Authority; or

[2] https://www.wp.dh.gov.uk/publications/files/2012/11/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf
[3] http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice-0509.pdf

b) the package of care would cost more per week than Sheffield CCG's standard Higher Environmental rate for care in a local EMI nursing home; or
c) the package of care being proposed would not cost more per week than NHS Sheffield's standard Higher Environmental rate for care in a local EMI nursing home but is unusual or potentially controversial; or
d) the package of care is exceptional, based on the definition of exceptional in Sheffield CCG's CHC Policy on the Commissioning of Care Provision; or
e) the package of care has been developed by a practitioner who does not work for the Continuing Healthcare team at NHS Sheffield or the commissioning support unit delivering continuing healthcare services for the CCG.

Where the cost of a package of care exceeds the delegated authority of members of the Commissioning of Care Panel, it will be submitted to the Chief Officer or Chief Financial Officer of Sheffield CCG for approval.

The full remit of the Commissioning of Care Panel is set out in its terms of reference.

3.6 Packages of care which do not need to be approved by the Commissioning of Care Panel and cost less than £30,000 pa can be authorised by:

- The Chief Nurse or other Director of Sheffield Clinical Commissioning Group
- The Head of Clinical Services Sheffield Clinical Commissioning Group
- The Operational Lead for Continuing Healthcare in Sheffield for the Commissioning Support Unit supporting Sheffield CCG or its successor service provider
- The Integrated Care Services Lead for the Commissioning Support Unit supporting Sheffield CCG or its successor service provider,

3.7 All packages of care must be presented on the Commissioning of Care Panel pro forma, except:

- Service Users eligible for CHC, whose care is to be provided in a Sheffield nursing home and payable at a standard rate; or
- Service Users assessed as eligible for CHC on the Fast Track, whose care costs less per week than Sheffield CCG's standard higher environmental rate for care in a local EMI nursing home; or
- Service Users eligible for FNC unless the package of care that they are being offered is particularly contentious.

3.8 Details of how to complete the Commissioning of Care Panel Pro Forma are at section 5 of this guidance, below.

3.9 The NHS is also responsible for arranging and paying for the healthcare interventions for service users eligible for joint packages of care.

The proposed package for these service users should also be set out on the same form. However, in such cases Sheffield CCG should only procure services to meet the service user's assessed health needs, where those services are beyond the scope of primary or secondary health services and beyond the legal powers of the Local Authority.

3.10 Colleagues from both the Sheffield CHC Team and Sheffield City Council should always be consulted about joint packages of care. Both agencies have agreed that the division of costs for joint packages should be agreed by each, in line with the Sheffield Joint Packages of Care guidance.

3.11 Where a service user is eligible for Funded Nursing Care, the care package would not usually need to be authorised at Commissioning of Care Panel. Where a service user would be eligible for Funded Nursing Care, but that service user has chosen to return home, Sheffield CCG will contribute the Funded Nursing Care rate towards any episode of planned respite care. Such respite care must be planned in and approved by Sheffield CCG in advance of its commencement.

3.12 Sheffield CCG has a separate process for dealing with requests for Funded Nursing Care contributions for emergency respite.

3.13 Sheffield CCG has a scheme of delegation which sets out the levels of delegated authority for approving care packages, within approved financial limits. All packages should be approved in accordance with the scheme of delegation. No package should be taken as approved until it has been authorised by a member of the CHC senior team or a Chief Officer of Sheffield CCG. Coordinators and Nurse Assessors should ensure that providers, service users, family members and other professionals are aware that packages require approval, before services can commence.

3.14 Where care is provided to a service user which has not been authorised in line with the above, Sheffield CCG will not accept liability for the costs incurred.

4.0 Best Interest Meetings

4.1 Where a service user has been determined as eligible for CHC, JPOC or FNC, the Coordinator is responsible for determining whether the service user has the capacity to accept an offer of care (and potentially to decide where they should live) from Sheffield CCG. If the service user does not have capacity to make these decisions, a Best Interest Meeting should be convened, following the Mental Capacity Act Code of Practice.

4.2 NHSS will be represented at all Best Interest Meetings for service users eligible for CHC. The NHSS representative will be the Decision Maker at such Best Interest Meetings. An IMCA may need to be invited to attend, where the service user needs an advocate to be appointed for them.

4.3 The decision as to which package of care should be provided for a

service user must be taken in accordance with NHS Sheffield's policy on the commissioning of care provision. Attendees at a Best Interest Meeting should carefully consider the impact of rejecting an offer of care. If an offer of care is rejected, Sheffield CCG is not obliged to make an alternative offer.

4.4 The offer of care will be made using one of Sheffield CCG's standard letters. The letter will be issued by the CCG (or by the Commissioning Support Unit on its behalf). Offer of care letters will be sent to all service users who are being offered a package of care.

4.5 Service-users may decline offers of care. However, this does not mean that Sheffield CCG or any other body will be obliged to make an alternative offer of care. Those parties involved in making a best interest decision should carefully consider the impact of rejecting an offer of care.

4.6 Service users may appeal against an offer of care, using NHS Sheffield's complaints process.

5.0 Completing the Pro Forma

5.1 The purpose of the pro forma is to allow a Coordinator or Nurse Assessor to describe the nature and cost of the current and proposed care packages, including providing a rationale for any changes. It also enables colleagues authorising packages of care to ensure that it is in line with Sheffield CCG's CHC Policy on the Commissioning of Care Provision.

5.2 The plan should be completed as soon as practical after an eligibility decision has been made. For service users eligible for CHC, the plan should be completed within 15 calendar days of an eligibility decision being made. Where the service user' care was previously having care funded by a Local Authority, the 15 days will begin on receipt of information about the current package of care from the Local Authority. Where a CHC Coordinator or Nurse Assessor involved in producing a care plan believes this timeline will be exceeded, this must be reported to the manager of the Business Support Team. For joint packages of care, Sheffield CCG has agreed with the LA that these packages should be agreed within 40 working days.

5.3 A pro forma is required for every package of care, apart from those detailed at paragraph 3.7, above. All sections of the pro forma must be completed in every case, except where indicated below. Short term or temporary packages should be treated as if they were permanent. EG a 6 week emergency placement in a care home should be treated as if it were a permanent placement, to allow for an appropriate comparison of care costs. Packages of care which are phased, should include a costing and timescale for each phase.

Page 1

5.4 Practitioners must provide details of the patient's identity, residence, eligibility and the funding of any current care package on this page, by ticking

the relevant boxes. The reason for the request for the care package should also be provided.

Page 2

5.5 Practitioners should provide a description of the client's needs, family situation and any history of safeguarding alerts. The purpose of this section is to assist colleagues authorising packages of care to understand the wider context for the service user and how the package will meet their needs.

Page 3

5.6 The current care provision for the service user must be clearly stated. If a Support Plan Sign-Off Record (SPSOR) has been completed, this should also be provided.

5.7 The ratio of staff is required in the following circumstances:

- All domiciliary packages, including supported living.
- In a care home or hospital, where the proposed package includes additional care beyond a standard package. In this case the ratio should indicate the additional amount of care the service-user will have, beyond a standard package.

5.8 The type of service to be identified means domiciliary care, nursing home care, housing-related support or other description of the nature of care provision.

5.9 Practitioners should identify regular care provision separately from episodic provision. Examples of episodic provision are respite care, fees for support planning or the cost of any contingency plans. The CCG does not routinely fund contingency plans. However, their inclusion in the design of the care package means they can be arranged more easily should they be required.

5.10 The information on this page is required so that the CCG commissioners can understand any changes proposed to a care package.

Page 4

5.11 The table titled "Summary Financial Contributions to Current Package" should only be completed for joint packages of care. This assists the CCG to verify that all components of a joint package have been identified.

5.12 The description of current services should always be completed, including an explanation of the intended outcomes. This assists the CCG to understand the purpose of the care that the service user is receiving.

5.13 In every case, a brief description of all of the services being provided by other organisations to augment the package of care should be set out in

the space provided 3. This should include details of any housing-related support, welfare services or other support funded by the Local Authority. This ensures that the services arranged by the CCG can be coordinated with other support provided for the service-user, including any that might be coming to an end.

Page 5

5.14 The proposed care provision should be set out on this page. It should be accompanied by forms CHC 7, 15 or external F8 as appropriate.

5.15 The ratio of staff is required in the following circumstances:

- All domiciliary packages, including supported living.
- In a care home or hospital, where the proposed package includes additional care beyond a standard package. In this case the ratio should indicate the additional amount of care the service-user will have, beyond a standard package.

5.16 The type of service to be identified means domiciliary care, nursing home care, housing-related support or other description of the nature of care provision.

5.17 Practitioners should identify regular care provision separately from episodic provision. Examples of episodic provision are respite care, fees for support planning or the cost of any contingency plans. The CCG does not routinely fund contingency plans. However, their inclusion in the design of the care package means they can be arranged more easily should they be required.

5.18 For service users eligible for a Joint Package of Care, the health interventions of the package should be clearly differentiated. Where the practitioner believes this is not possible, eg where one service is meeting a range of needs, the practitioner should take advice from a Team Leader in the Sheffield CCG CHC Team as to how to allocate the split in funding.

5.19 Determining whether a need should be met by the NHS or the LA is sometimes complicated. However, it is particularly important to try to do so, when designing joint packages of care. For the avoidance of doubt, the National Framework states, at paragraph 108, that “It is the responsibility of the CCG to …[provide] the healthcare part of a joint care package.”.

5.20 The information on this page is required so that the CCG commissioners can understand the full extent of a proposed to a care package. It also ensures that all providers are paid the correct amount, reducing the risk of a package failing.

Page 6

5.21 The “Summary Contributions to Financial Package” should be

completed in every case, including total costs, to all other parties, including the service user, where known. Where the LA has yet to complete a financial assessment, and therefore any service user's contribution has not yet been determined, the gross cost to the LA should be entered. Gross cost means the amount the LA will pay for the care, before any costs are recharged to service-users. This assists the CCG to verify that all components of a package that it is becoming responsible for have been identified.

5.22 In every case, the assessor should indicate whether the service user or a third party has indicated that they will be paying for any additional care services for the service user. Where the assessor has been informed about additional services, these should be described in the space below. Where the assessor has been informed about additional services, they must indicate whether a contract will be put in place for these services. The assessor must also clarify with the proposed provider whether the remainder of the package will be viable, if the additional services were to cease. Sheffield CCG needs to be assured that the service user's assessed health and social care needs will continue to be met by the provider, should they cease to fund the additional services, within the resources agreed for the service user.

Page 7

5.23 The description of current services should always be completed, including an explanation of the intended outcomes. This assists the CCG to understand the purpose of the care that the service user is receiving.

5.24 In every case, a brief description of all of the services being provided by other organisations to augment the package of care should be set out in the space provided 3. This should include details of any housing-related support, welfare services or other support funded by the Local Authority. This ensures that the services arranged by the CCG can be coordinated with other support provided for the service-user.

Page 8

5.25 In every case, the Coordinator should provide three options for meeting the service user's assessed health and social care needs. These should include the option that would meet the service user's needs at lowest cost and the fee that would have to be paid to a care home to meet the service user's needs. This information should be provided even if it is not the service user's preferred method of meeting their needs and if they have a pre-existing package of care. This information will assist the CCG to apply its CHC Policy on the Commissioning of Care to all packages, including those where the service-user has a pre-existing package of care. Further information can be provided on the continuation sheets if necessary.

5.26 For every service user, assessors should provide an explanation of why they believe the proposed care plan is the best option and how this accords with Sheffield CCG's CHC Policy on the Commissioning of Care Provision. This should be provided in the space on page 6.

Pages 9-12 “Considerations”

5.27 For every service user eligible for CHC or a joint package of care, Coordinators should ensure that all of the questions listed under “Considerations” are answered. Brief answers only are required. Answers should not reference other documents unless stated, in which case a copy should be provided.

5.28 If the service user does not have capacity to accept or reject an offer of care, or to choose where they live, a copy of the Capacity Assessment must be provided with the pro forma. Assessments of capacity should be made in accordance with the Mental Capacity Act and its guidance.

5.29 Where a service user has an Attorney, a copy of the Power of Attorney must be supplied with the pro forma. Where a patient has had a Deputy appointed for them by the Court of Protection, a copy of the order must be supplied with the pro forma. Where a patient has made an Advanced Directive, a copy of the Directive must be provided.

5.30 It is essential that the CCG only commissions care from providers who are competent to provide it. Where a registered provider is to be arranged for a service-user, the practitioner must ensure that they hold appropriate registration. Any concerns about the provider raised either locally or by the CCG should be noted on the pro forma. Where the package is arranged by the Council’s Resource Management Team, the practitioner can assume that the quality has been checked on their behalf.

5.31 Practitioners should ensure that an appropriate risk assessment of providing the proposed package of care is provided with the pro forma.

5.32 Sheffield CCG’s acknowledges that it is difficult to design a policy on the commissioning of care provision for service users eligible for CHC that can cover every eventuality. Therefore NHS Sheffield accepts that occasionally exceptional circumstances will arise, when a package exceeds usual expectations.

5.33 Sheffield CCG’s CHC policy on the commissioning of care provision for service users eligible for CHC identifies two criteria which must be met for an exception to apply. Both of the conditions must be met for an exception to apply.

Page 12 Practitioner Details

5.34 Practitioners should include relevant contact details, so they can be contacted if there is a query regarding the information provided.

5.35 For joint packages of care, practitioners should ensure that the agreement, or otherwise, of both the CHC Team and the Local Authority is recorded.

6.0 Urgent Requests

6.1 Requests for urgent changes to packages of care will be considered by the Head of Clinical Services at Sheffield CCG or senior staff within the Commissioning Support Unit as contracted to the CHC.[4] Urgent packages will only be considered where there is a demonstrable risk to service user safety or to the safety of the general public.

6.2 Where an urgent package of care would exceed the limits delegated to the CHC General Manager, details of the package will be submitted to a Director of Sheffield CCG for consideration

6.3 Requests for urgent Funded Nursing Care, are dealt with under a separate process.

7.0 Fast Track

7.1 Fast Track packages of care usually have to be mobilised at short notice. Such packages may be authorised by the Head of Clinical Services at Sheffield CCG, the CCG's Directors or senior staff within the Commissioning Support Unit as contracted to the CHC[5] may authorise such packages, within their delegated financial limits.

7.2 Fast Track packages that meet the description at paragraphs 3.5 should be considered at the next Commissioning of Care Panel for confirmation of their suitability.

7.3 Where a Fast Track package of care would exceed the limits delegated to the CHC General Manager, details of the package will be submitted to a Director of Sheffield CCG for consideration

8.0 Submitting Proposed Care Plans to Commissioning of Care Panel

8.1 Commissioning of Care Panel meets each week on Thursday morning from 9-11.30. All pro formas and accompanying documents should be submitted to Business Support by noon on the preceding Tuesday to ensure consideration at that week's panel. Pro formas and accompanying documents should be submitted to submitted to Sheffield CCG on the fax number 0114 3051371 (which is a 'safe haven' fax) or from a secure email address to

8.2 Practitioners should inform service users or their representatives of the outcome of panel decisions within 1 working day of the outcome of the panel decision.

8.3 The CCG will write to service users to confirm the offer of care it will

[4] At August 2013 these are the Integrated Care Services Lead and the Operational Lead for continuing healthcare in Sheffield at South Yorkshire and Bassetlaw Commissioning Support Unit.
[5] At August 2013 these are the Integrated Care Services Lead, the Operational Manager and Team Leaders in the continuing healthcare in Sheffield at South Yorkshire and Bassetlaw Commissioning Support Unit.

make to them, within 7 days of the decision being made. Where the service user has an appointed representative and the CCG has been informed of this, the letter will be sent to them instead. Where the service user has asked the CCG to correspond with a family member, it will do so.

8.4 Service users have the right to reject an offer of care. However, service users should be made aware that rejecting an offer of care does not entitle them to an alternative package of care. Furthermore, rejecting an NHS-funded package of care does not entitle service users to a Local Authority funded package of care.

8.5 Service users may appeal against a decision of the Commissioning of Care Panel by using Sheffield CCG's complaints process.

9.0 Governance

9.1 This guidance will take effect once approved by Chief Nurse of Sheffield CCG.

9.2 This guidance will be subject to consultation at the NHS Sheffield Operational Group prior to implementation.

9.3 Any reference to Sheffield CCG should be taken to refer to NHS Sheffield until, as applicable.

9.4 Sheffield CCG may choose to discharge some of its responsibilities in this guidance via a third party such as a commissioning support unit.

9. 5 This guidance will be due for review in October 2014.

END

Version Control

Version	Date	Author	Status	Comment
01	June 2012	E Harrigan	Draft	Initial working version
02	29 June 2012	E Harrigan	Draft	To NHS CHC for comment
03	28 August 2012	E Harrigan	Draft	To NHS CHC for comment
04	7 September 2012	E Harrigan	Draft	For initial discussion at Operational Group
05	12 September	E Harrigan	Draft	For discussion at CHC Team Meeting October 2012
06	10 October	E Harrigan	Draft	Following team Meeting comments
07	29 November 2012	E Harrigan	Draft	Following Operational Group, November 2012
08	9 September 2013	E Harrigan	Final (approved by Sheffield CCG Chief Nurse)	Amendments following changes agreed to pro-forma, August 2013