

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 18 th July 2019
Report Subject	Continuing NHS Healthcare in Wales - Consultation
Portfolio Holder	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	Strategic

EXECUTIVE SUMMARY

Welsh Government are seeking views on their proposed new Continuing Healthcare (CHC) Framework which replaces the previous version published in 2014. This new Framework sets out the arrangements for CHC in Wales and how eligibility is determined. It stipulates that Local Health Boards have the lead responsibility for CHC in their local area. They must, however, work with local authorities, other NHS organisations and independent/voluntary sector partners to ensure effective operation of the Framework.

This report is to provide Members with information on the Council's proposed response to the Welsh Government CHC Consultation. Further detail will be presented to Councillors such as case studies and practicalities at the meeting.

RECOMMENDATIONS

1	Members are aware of the Flintshire position and are adequately informed to respond to the consultation as individuals.
2	Members raise awareness of the consultation with professional and personal networks.

REPORT DETAILS

1.00	Background
1.01	<p>Continuing Health Care (CHC) is a package of care and support for people over 18 years of age who have complex care issues which are primarily health based. The NHS in Wales is responsible for the delivery of CHC, though the Local Authority (LA) has a role.</p> <p>The Health Board for North Wales is Betsi Cadwaladr University Health Board (BCUHB)</p>
1.02	<p>Under the Social Services and Well-being (Wales) Act 2014, Social Services will provide/fund care and support for adults who are in need of this. The LA cannot fund or provide care to undertake health tasks and if this is necessary, BCUHB are asked, through CHC, to provide and/or fund services. Some peoples' needs are clearly identified as all social care, or all health and as such, each agency will fund 100% of the package.</p>
1.03	<p>For a number of people, they have both health and social care needs and their package of care is jointly funded by BCUHB and Social Services. This can be commissioned by either agency with financial settlements through invoices from the commissioner to the lead partner agency.</p> <p>Existing arrangements are set out in the National Framework for Continuing NHS Healthcare in Wales (2014).</p>
1.04	<p>Around 5,000 people in Wales are receiving CHC at any point and this accounts for £360m of the annual Wales NHS budget.</p>
1.05	<p>There is a CHC mechanism to support Children and Young People, although there are some differences between how CHC supports adults and how it supports children.</p>
1.06	<p>The framework for both Adults and Children and Young People are currently being reviewed and some amendments to both the framework and the Decision Support Tool (DST), a document which helps to record evidence of an individual's care needs to determine if they qualify for continuing healthcare funding, have been proposed.</p>
1.07	<p>This consultation is currently being carried out by the Welsh Government and will close on the 21st of August for the Adults framework, and the 9th of August for the Children and Young People's Framework.</p>
1.08	Continuing Healthcare In Flintshire
1.09	<p>The CHC process is well-established and regularly used by Social Services. The current challenges are as follows:</p> <ul style="list-style-type: none"> • As people become older, frailer, or their health deteriorates, their health needs increase. The social care package which used to meet their needs now needs to contain some health tasks. It therefore befalls on Social Services to gain engagement from CHC team in BCUHB to contribute to the cost of care packages. This is a challenge for Social Services. • Flintshire and Wrexham have the highest number of CHC packages across North Wales. This is likely due to the population size and that

	<p>officers have acted promptly and diligently to pursue CHC claims where appropriate.</p> <ul style="list-style-type: none"> • BCUHB employ a team of specialist CHC reviewers and have a management structure to solely undertake this work which affords them resource and capacity. Social Services staff however, undertake this role as part of their work. • At the time of writing this report, there remains an outstanding amount of £565,668.49 owed to Flintshire. This represents 12 CHC cases where the agreed split of care costs is disputed by Social Services. Under the current framework, as soon as a dispute is initiated, BCU and Social Services must fund the package 50/50 until the matter is resolved. • The challenges experienced when working with Childrens Health is that the CHC framework is less prescriptive than the current Adult framework. This can make it a challenge to secure consistent decisions on funding. For information, there are very few children who receive 100% CHC funding, and this can be attributed to how the system operates and is not directly linked to the complexity of need. Often when a child supported through CHC becomes an adult, the contribution from Adult Health BCUHB increases.
1.10	Flintshire's initial response to the Adult CHC Consultation
1.11	<p>One of the most significant changes to this process is how the domains in the DST have been amended. The 'Severe' category that looks at cognition has been removed and the highest that an individual will score in this domain will be 'high'. The implications of this are that individuals with a severe cognitive impairment from, for example, an acquired brain injury or degenerative neurological condition such as dementia, who would under the current framework be funded through CHC, could no longer be eligible under this criteria.</p>
1.12	<p>Another example is that the domain 'other significant care needs' will no longer be scored and will instead be used as supporting evidence. This implies that an individual currently receiving CHC funding as a result of their needs in the domain, would no longer be eligible.</p>
1.13	<p>These two areas are of concern for Flintshire. An individual whose needs are deemed by the Local Authority to be beyond that which Social Services can support and who are currently supported through CHC funding may, under this new framework, no longer access support through CHC. This could lead to an increase in care costs for the authority.</p>
1.14	<p>Further work also needs to be completed to ensure that there is a practical route for those with a Direct Payment to access CHC in a way that is meaningful for the individual. Under the current framework it is not possible for those receiving a Direct Payment from the Local Authority to use the same care and support arrangements when their care costs move to full or partial CHC funding. The proposed changes do not appear to address this anomaly, thus removing control and choice for the individual and their relatives that their Direct Payment would have provided.</p>

1.15	It would appear that the proposed changes to the CHC Framework and DST will result in fewer appropriate packages of care being funded by CHC in the future.
1.16	Flintshire's initial response to the Children and Young People's CHC Consultation
1.17	There are concerns that the wording used for the children's framework is open to interpretation and lacks clarity. This is further complicated by differences between the Children & Young People Framework and the Adult Framework which may result in a person who was not eligible for CHC funding prior to their 18 th birthday, becoming eligible as they move to adulthood.
1.18	Other concerns identified relate to gastrostomy feeding (a tube which is inserted through the abdominal wall into the stomach) which is being identified as the responsibility of either the parent carer or a Social Services carer and not a health professional. Despite the training for these individuals needing to be delivered by a health professional.
1.19	It is also noteworthy that a child or young person's care package will not be able to be funded wholly by CHC (100% CHC is possible under the current and proposed Adult Framework). Whilst Flintshire County Council recognise that Education and Social Services have a substantial role to play in supporting these children, the fact that this arrangement will change on their 18 th birthday again leads to an inconsistent approach.
1.20	This is a short summary of some of the Flintshire has identified in relation to these two consultations.

2.00	RESOURCE IMPLICATIONS
2.01	Delivering the actions contained within the report are within existing human and financial resources.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	The closing date for the consultations are : 21/08/2019 : Adults' Consultation 09/08/2019 : Children and Young People's Consultation.

4.00	RISK MANAGEMENT
4.01	There are no specific risks arising from this report and subsequent actions.

5.00	APPENDICES
5.01	Consultation documents (Adults)
5.02	Consultation documents (Children and Young People)
5.03	Continuing Healthcare Framework
5.04	Decision support tool

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>National Framework for Continuing NHS Healthcare in Wales (2014) https://gov.wales/sites/default/files/consultations/2019-05/continuing-nhs-healthcare-the-national-framework-for-implementation-in-wales_0.pdf</p> <p>Contact Officer: Jane Davies – Senior Manager Safeguarding and Commissioning Telephone: 01352 702503 E-mail: jane.m.davies@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	<p>(1) Decision Support Tool: The purpose of the Decision Support Tool is to support the application of the National Framework for NHS Continuing Healthcare and inform consistent decision making. It should be used in conjunction with the guidance in the National Framework for NHS Continuing Healthcare.</p>