

Funding Pathway: Acquired Brain Injury, Complex Neurological and Spinal Injury Cases

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1.0 Introduction

1.1 NHS Lincolnshire Integrated Care Board (LICB) is committed to ensuring that LICB individuals with an acquired brain injury (ABI), complex neurological condition and/or spinal injury are placed on the optimum care pathway at the earliest opportunity.

1.2 As the commissioner, the ICB routinely receives funding requests for this cohort of individuals to agree and inform future care placements and care packages. The ICB recognises its responsibility to ensure a robust process is in place to manage this process.

1.3 NHS Continuing Healthcare (CHC) is a separate pathway to determine primary health need once the individuals long term needs are known and rehabilitation goals and outcomes have been met or it has been determined they have reached their maximum level of rehabilitation. Funding under this pathway does not replace nor give any indication that CHC funding will be awarded at the end of the rehabilitation pathway.

2 Purpose

2.1 The purpose of the pathway is to make sure individuals receive appropriate care to maximise their potential and are reviewed regularly and funding decisions are evidence based

2.2 A guiding principle of this policy is to ensure Lincolnshire County Council (LCC) is engaged at every stage of the process to ensure timely discharge at the conclusion of the rehabilitation process

3 Scope

3.1 This policy applies to all ICB staff members, including Governing Body Members and Practice Representatives who are involved in the ICB's policy-making processes, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).

3.2 This policy will be applied by LICB, to any LICB commissioned organisation that requires a funding decision from LICB to inform an individual's care placement and/or care provision for this cohort of individuals

3.3 This policy applies to all individuals aged 18 years and over who are registered with an LICB GP and have a diagnosis of an ABI, complex neurological or spinal injury.

3.4 The NHS categorise rehabilitation into tiers with tier 3 being non-specialist rehabilitation services and tier 1 being the most complex and specialist. This policy applies to patients who do not require tier 1 specialist rehabilitation which is commissioned by NHS England through regional specialist rehabilitation pathways.

3.5 Although the policy does not apply to any individual who falls within the remit of tier 1 Specialised Commissioning, a ICB's Locality Manager will be responsible for managing the transition of patients from tier 1 into locally commissioned services.

4 Definitions

4.1 Acquired Brain Injury

Acquired brain injury (ABI) is brain damage caused by events after birth, rather than as part of a genetic or congenital disorder. ABI can result in cognitive, physical, emotional or behavioural impairments that lead to permanent or temporary changes in functioning.

4.2 Complex Neurological Condition

A neurological condition resulting from disease, injury or damage to the body's nervous system. A diagnosis in itself would not determine whether someone is complex; however there could be complex presentations such as behavioural issues, cognitive impairment and mobility issues.

4.3 Spinal Injury

A spinal injury is damage to the spinal cord that causes changes in its function, either temporary or permanent. These changes translate into loss of muscle function, sensation or autonomic function in parts of the body served by the spinal cord below the level of the lesion.

5 Roles and Responsibilities

5.1 ICB Governing Body

The Governing Body is ultimately responsible for all programmes and projects within the ICB. Its role is to maintain a strategic oversight of all programmes (and all projects that sit within), ensuring that projects are appropriately commissioned and achieve their objectives through services that will deliver benefits; be these qualitative, innovative, performance or financially related.

5.2 Executive Committee

The Executive Committee will retain an oversight of the progression of the ICB Operational Plan (and its individual programmes and projects). It will primarily be involved at the commissioning stage assessing and approving Business Cases and Project Initiation Documents (PID).

5.3 Risk and Governance Management Committee

The Risk and Governance Management Committee is responsible for:

- Approval of the Programme Management Framework and any associated policies and procedures.
- Oversight of programme and project approval process.

- Oversight of programme/project risks and mitigation that would impact on achieving ICB goals or delivery of ICB objectives

5.4 LWCCG CHC programme board

Programme Boards are responsible for:

- Implementation and effective delivery of all projects within the programme.
- Performance management of QIPP initiatives as part of project and programme delivery.
- Consideration of project issues and risks ensuring that appropriate mitigation strategies are implemented.
- Decision making as appropriate, in accordance with agreed project plans and key milestones.
- Reviewing and advising the Executive Committee on the integrity of submitted Business Cases and PIDs (e.g. completeness, level of detail, quantity/quality of resources/ achievability of schedule, amount of contingency, approach to risk).
- Assessing the delivery of projects and identifying, controlling and mitigating risks where possible.
- Updating the Executive Committee on the progress of the Programme and the individual projects within it, along with escalating any key risks and issues for decisions where required to the Executive Committee.
- Ensuring that good project management practice is being followed, identifying any perceived weaknesses and suggesting improvements.
- Monitoring resources usage and availability (e.g. financial resources).
- Assessing whether communications with stakeholders are appropriate and effective and that their interests are being taken into account by the project teams.
- Helping identify and communicate potential/actual problems in good time for them to be resolved before they damage the integrity of the project.
- Advising on the impact of any changes requested by the SROs/PgMs/PMs.
- Contributing to lessons learnt reviews and integrating these outcomes into future planning.

5.5 ABI Validation panel

Responsible for considering and where appropriate approving all ABI referrals made to the ICB

5.6 Accountable Officer

The Accountable Officer is ultimately accountable for all risks relating to the operations of the organisation and will lead on determination of the strategic approach to risk, establishing and maintaining the structure for risk management. The Accountable Officer will ensure that leadership and expertise in the field of risk management is available to the organisation.

The Accountable Officer is responsible for the governance framework within the ICB and is the lead for Risk Management

5.7 Chief Finance Officer

The Chief Financial Officer is accountable for internal financial control and sound financial governance through the development of sound systems and processes and through the identification and management of financial risks.

5.8 Director for Nursing and Quality

The Director for nursing and quality is responsible for the identification and management of clinical and quality related risks within the ICB and those identified risks within provider organisations that may impact on the quality and safety of patients' care commissioned by the ICB.

5.9 Associate Director of Nursing and Quality

The Associate Director is responsible for the daily operational functions of the Continuing Healthcare Team.

5.10 Clinical Lead for Continuing Healthcare

The Clinical Lead is responsible for the daily operational functions of the Continuing Healthcare Team and to support the Associate Director of Nursing and Quality.

5.11 Locality Lead: Acquired Brain Injury or Spinal Injury

The Locality Lead is responsible for the decision making process regarding the funding pathway for this cohort of patients and will adhere to this policy in their work. The Locality Lead is also responsible for reporting on the effectiveness of the process, including patient outcome and ICB financial spend. The Locality Lead will ensure that copies of admission and progress review documentation are provided to Adult Care to enable on-going monitoring and discharge planning.

5.12 LCC social worker

Engagement in rehabilitation reviews (could be just to consider the reports), and track/monitor progress. Without delay arrange assessments which coincide with the conclusion of rehab placement. Expedite discharge where the ICB is found to not be the responsible commissioner after the DST.

The expectation of the ICB is for a representative from the Local Authority to attend all reviews throughout the process to enable a productive and smooth process. The ICB should provide the local authority with 5 day's notice of a planned review. The Multi-Disciplinary Team (MDT) is responsible for ensuring evidence based practice informs decision making to ensure patients are placed on the most appropriate pathway, taking into account the patient's best interests.

5.13 All Staff

All ICB members of staff have a responsibility to familiarise themselves with the content of this policy. All members of staff have a duty to work within the standards and guidelines as specified in the policy.

5.14 Provider Organisations

The ICB expects provider organisations to familiarise themselves with the content of this policy and to adhere to the standards and guidelines as detailed.

6 Main Body of Policy

6.1 Requests for LICB funding for ABI, complex neurological and spinal injury patients

All funding request referrals must be received at least 7 days prior to the patient's planned discharge from acute services.

All funding requests for this cohort of patients must be sent electronically and securely to the ICB's Continuing Healthcare Team via the following dedicated e-mail address:

licb.chc@nhs.net using the referral form provided (appendix 1). Advice regarding the referral can be obtained by calling 01522 515344 or emailing licb.chc@nhs.net. All referrals must be made in writing; all boxes completed and signed by an appropriate Senior Manager. Referrals will not be accepted verbally.

An appropriate senior Manager is considered to be:

- A consultant responsible for the individuals care
- Senior physiotherapist responsible for the individuals care
- Senior occupational therapist responsible for the individuals care

6.2 Compliance with Data Protection Act

The ICB, and its provider organisations, must comply with the Data Protection Act. Any funding request should be submitted via a secure method to ensure patient confidentiality. If the referral form cannot be submitted securely then advice should be sought from the ICB's Continuing Healthcare Team prior to submission.

6.3 LICB Decision Process

A member of the administrative team will;

- Register the details on the Broadcare system.
- Acknowledge receipt of the funding request and inform the referrer of the predicted timescales

All cases will be seen by the ABI validation panel. The panel meets daily and consists of a minimum of 2 people from the list below:

- CHC Head of Service or Deputy
- CHC Locality Lead
- CHC Quality Manager

Within two working days from the date of receipt of all new funding requests the validation panel will;

- Complete an initial clinical triage using the funding validation tool (appendix 2)

As part of the initial review, the panel will consider the appropriate route through which the referral should be processed as per the below:

If the patient meets Tier One criteria the referral form will be returned to the referrer with advice to contact NHS England and the ICB will consider the case closed. The ICB may also make contact with the NHS England Lead to make them aware of the case.

If the referral form is determined to have insufficient information the document will be returned to the referrer to re-submit. The re-submission will be considered a new referral and therefore the above timescales will apply.

When funding is agreed by the validation panel, the Locality Lead will undertake the following actions:

- Ensure there is an agreed patient management plan (including timescales and goals)
- Obtain financial authorisations from the CHC Head of Service or Deputy if within their authorisation limit otherwise escalates to Associate Director of Nursing and Quality for approval. The ICB would prefer 3 provider quotes from brokerage for consideration.
- Communicate the decision outcome to the referrer within 2 working days from the date of the validation panel.

CHC administrator will provide notification to adult care that a service has been agreed

The process from the receipt of referral form to the communication of the outcome of the validation Panel should not breach 5 working days.

6.4 Funding Review

Following the implementation of funding and the commencement of the patient's ABI placement, the CHC Case Manager will assume responsibility for undertaking regular reviews to ensure the patient's care placement remains in line with their needs and is meeting their goals. The frequency of the review will be determined during the validation meeting, but will not normally exceed 8 weeks. All reviews will be supported by the receipt of therapy and clinical reports and information.

Referral to Adult Social Care should be made by representatives from Adult Social Care prior hospital discharge. Whilst recognising that the hospital Adult Social Care team might not have been involved in the acute setting, the CHC Case Manager will ensure a referral is made 5 working days prior to the first review and it is the expectation that the nominated social care worker will attend all reviews with sufficient notice, the review may require face to face or virtual attendance, to ensure a smooth discharge from the pathway.

Reviews will be completed on the ABI review documentation (appendix 3) which should identify progress towards goals. Further goals to be achieved if the recommendation if for funding is to continue.

Each review and recommendation will go to the ABI validation panel for agreement regarding ongoing funding.

When the individual is identified as suitable for discharge from their current care placement, the CHC Case Manager will participate in the discharge planning and involve local services as appropriate. Health and Social care will work collaboratively to manage the individuals discharge within an agreed discharge plan. Discharge from the current service should not progress until the relevant local services are in place. Discharge to a step-down facility such as a care home may be required until local services are in place.

6.5 Notice period

Once the individual has met their identified therapy goals or it is identified that they will not make any further progress towards their goals the individual may be transferred into the care of their GP with support from local services and ICB funding would cease. The CHC Case Manager will close the case with no further action or patient review.

If it is felt the individual may require ongoing care services, early notification and engagement with the relevant local authority is essential. LCC will not accept responsibility for funding post notice period without prior engagement. . LCC is unable to fund health services and therefore the provider needs to confirm the "care home" rate for the service excluding therapies or medic care.

If it is felt the individual may be eligible for Continuing Healthcare funding then a NHS CHC Checklist and Decision Support Tool can be considered. Otherwise funding will cease and the case transferred to statutory services as appropriate. The notice period will be 28 days. Any care required beyond this period due to local services being unable to provide the care package (if applicable), this will need to be discussed and agreed between LICB CHC team and the Local authority.

6.6 Right to appeal

The individual's clinician shall be entitled to lodge an appeal against the decision of the MDT Panel.

6.6.1 The first step in the appeals process: If a clinician indicates they wish to appeal the MDT panel decision, it is for them to set out the reasons for their appeal in writing. The ICB should consider the appeal and decide whether it discloses relevant and significant material or information which was not originally before the ABI validation Panel. This will be represented to the panel for further consideration.

6.6.2 The second step within the appeals process: Escalation to Director level in the ICB should the patient's clinician disagree with the appeal outcome.

6.6.3 The individual and/or their representative has the right to complain but not appeal the decision

7 Staff Training

7.1 Training on completion of the ABI referral form will be available from LICB CHC team

7.2 The CHC Locality Leads will be trained in considering and validating the request for funding

7.3 The CHC Case Managers will be trained in completing the ABI pathway reviews

7.4 Awareness of the pathway training will be available to adult social care and partner organisations including provider organisations

8 Equality and Diversity Statement

Lincolnshire ICB's aim is to design and implement policies that meet the diverse needs of the services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document policy has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances i.e. the protected characteristics of their age, disability, gender, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status & the principles of the Human Rights Act.

In carrying out its functions, Lincolnshire ICB is committed to having due regard to the Public Sector Equality Duty. This applies to all the activities for Lincolnshire ICB including policy development, review and implementation.

9 Interactions with other Policies

This pathway interacts with the Continuing healthcare operation policy and personal health budget policy

10 References

NHS STANDARD CONTRACT FOR SPECIALISED REHABILITATION FOR PATIENTS WITH HIGHLY COMPLEX NEEDS (ALL AGES) NHS England (2013) [d02-rehab-pat-high-needs-0414.pdf](#) (england.nhs.uk)

Commissioning Guidance for Rehabilitation NHS England (2016) [Commissioning guidance for rehabilitation](#) (england.nhs.uk)

11 Glossary

Term	Meaning
Care Pathway	A care pathway is a multidisciplinary healthcare management tool based on healthcare plans for a specific group of patients with a predictable clinical course
ABI Validation Panel	To act as independent professionals to consider if the individual meets the criteria for ABI pathway and to make a validation decision at the end of the meeting. All members of the panel are equal partners at the validation meeting
Brokerage	Brokerage is the help and support people may need in order to plan spending their budget. Brokerage functions may include: <ul style="list-style-type: none"> • Exploring what is available and possible • Providing information and technical advice • Developing informal support, co-ordinating resources and obtaining clinical support where necessary
Patient management plan	A patient management Plan brings together aspirations, goals and outcomes for an individual and outlines how goals and outcomes will be achieved within set timescales. The plan should be completed by the rehabilitation team working with the individual alongside the individual
Clinical Triage	Clinical check of the referral to ensure it meets the criteria for ABI funding from the ICB and that personalised rehabilitation goals and outcomes have been identified for the individual to achieve whilst in rehabilitation
Tier one Funding	Acute complex specialist rehabilitation funded by NHS England
Locality Manager	Responsible for the line management of the case managers and for the purpose of ABI funding they are responsible for being part of the ABI panel
Case Manager	A clinical professional who is responsible for oversight of an individual's care. For an ABI this includes: <ul style="list-style-type: none"> • Reviewing progress towards goals • Ensuring that the individual can access support to plan their • Ensuring that the individual has a patient management plan in place • Support discharge planning
Clinical Commissioning Group (CCG)	A ICB is a clinically led statutory NHS body, responsible for the planning and commissioning of health care services for their local area. An ICB will work with local authorities and other agencies that provide health and social care locally to make sure that the community's needs are being met

Continuing Healthcare (CHC)	Continuing Healthcare (CHC) services apply to adults over the age of 18 years. It is a complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. It can be provided in any setting including in a person's own home. In care homes, it means that the NHS also makes a contract with the care home and pays the full fees including for the person's accommodation and all their care
Funding Review	Review of current care package and if it is meeting goals and outcomes, if goals have been met or there is more to be gained. Recommendation of current funding to continue or end based on evidence presented
Continuing Healthcare checklist	Screening tool to help identify individuals who may need a referral for a full assessment of eligibility for NHS continuing healthcare.
Decision Support Tool (DST)	The CHC decision support tool is a framework used by the multidisciplinary teams (MDTs) that assess whether someone is eligible for NHS continuing healthcare
Individual	The person eligible for ABI funding
Local Authority (LA)	Lincolnshire County Council
Provider organisation	Organisation that provides the care required to the individual that is registered to CQC
Outcomes	Health and well-being objectives, outlined within the Patient management plan, that an individual wishes to achieve, and can be supported to achieve within ABI rehabilitation
Social Care	Social care in England is defined as the provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty