**LINCOLNSHIRE CONTINUING HEALTHCARE (CHC) SERVICE**

**CHC Collaborative Working Agreement**

Continuing Healthcare Assessment processes between

Lincolnshire Integrated Care Board &

Lincolnshire County Council Adult Social Care Team

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Approved:

**1.0** **Introduction**

The purpose of this document is to set out the processes between Lincolnshire Integrated Care Board (ICB) and Lincolnshire County Council Adult Social Care (ASC) from the point at which the CCG Continuing Healthcare (CHC) Team receives a positive Continuing Healthcare Checklist (Checklist) when:

* ASC have completed and submitted the Checklist
* The Checklist has been completed by a professional from another organisation e.g. a community nurse
* ASC are invited to attend an NHS Continuing Healthcare (CHC) review or joint package review.

The document takes account of the rules and responsibilities for both ICBs and Local Authorities as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022 (revised).

**2.0** **Due regard**

It is essential that both organisations work in partnership to ensure a person-centred approach throughout the CHC process.

Where the CHC team have received a positive Checklist, from either ASC or a professional from another organisation, due regard should be paid to the target set by NHS England whereby a Decision Support Tool (DST) must be completed and a decision on the individual’s eligibility made within 28 days.

When making a request for ASC to attend a multidisciplinary (MDT) meeting in order to complete a DST the CHC team must give reasonable notice of the date and time.

**3.0 Multidisciplinary Team (MDT) members**

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022 (revised) states at point 149 that in accordance with regulations an MDT in this context means a team consisting of at least:

* two professionals who are from different healthcare professions
* one professional who is from a healthcare profession and one person who is responsible for assessing persons who may have needs for care and support under part 1 of the Care Act 2014.

When an MDT is convened as above, this results in the MDT being a quorate MDT. If there are other known professionals involved within an individual’s care, then all efforts should be made to obtain representation from said professionals or alternatively a report to be presented at the time of the DST.

**4.0 ASC submission of a positive Checklist to CHC**

When submitting a positive Checklist to the CHC team via the generic CHC inbox [licb.chcops@nhs.net](mailto:licb.chcops@nhs.net), the ASC practitioner will record dates and times within the 28 day KPI when they are available to attend an Multi- Disciplinary Team (MDT) meeting in Section 4 ‘Rationale for decision’ box on the Checklist.

Within MOSAIC the practitioner will select section 6 ‘Action Tasks’ then select ‘Adult Care CHC Workflow’. This will trigger a CHC monitoring workflow.

Within 2 working days of receipt of the invitation to attend the MDT DST meeting the ASC practitioner will confirm to CHC, via the generic email inbox, whether or not they can attend on the date/time given.

Where the practitioner is unable to attend on the date/time given, the practitioner should also email the generic email box or telephone the CHC department within the next 2 working days and endeavour to agree an alternative date/time. Where this is unable to be achieved, please refer to section 5.0 below.

**4.1** **CHC internal process post receipt of a positive Checklist**

CHC will review all Checklists to ensure the standards required are met and that they indicate eligibility for receipt of service or further assessment for eligibility. All submitted documents must be accompanied by Mental Capacity Assessment and completed consent form. A CHC case manager is allocated to the case and liaises with the referrer, individual and relatives, An MDT meeting is arranged by the operational administration team, who will ensure consideration is given to the practitioner’s availability as recorded on the Checklist. In all but exceptional circumstances a minimum of 10 working days’ notice will be given. Notification of the NHS England 28-day Key Performance Indicator (KPI) end date should be included on the referral to ASC. The MDT meeting will be facilitated by the CHC Case Manager.

When the CHC team have identified a date for the MDT DST meeting they will send an invitation for an ASC practitioner to attend to the Customer Services Centre (CSC).

As part of the CHC Case Manager role, if they have not received an attendance response back from ASC during their forward planning for a case (this should be completed at least one week in advance), they should email the Adult Care CHC inbox [adultcarechc@lincolnshire.gov.uk](mailto:adultcarechc@lincolnshire.gov.uk) and one of the ASC CHC Coordinators will contact the practitioner and/or their Lead Practitioner.

**5. Where CHC and ASC are unable to agree a date/time for the MDT DST**

The CHC administrator responsible for the Case Manager’s diary and the allocated Adult Care Practitioner must work together and make every effort to identify a date and time for the MDT DST meeting that is suitable for both parties.

If an alternative time cannot be achieved, and the ICB has taken all reasonable steps to engage with ASC, but ASC cannot attend the MDT, this will be scheduled to go ahead, and the available MDT members will complete the DST. The ASC allocated practitioner should provide their evidence to support the DST to go ahead. Once the DST has been completed the CHC case manager will contact the ASC allocated Practitioner to inform them of the outcome. This process should take into consideration the NHS England 28-day KPI.

When an Adult Care Practitioner is unable to attend the MDT DST meeting

The situation whereby an Adult Care Practitioner is unable to attend the MDT DST meeting should be exceptional.

Consideration should be given as to whether the Adult Care Practitioner could participate in the meeting virtually or by teleconference if they are unable to attend face to face.

The ASC Practitioner will provide their contact details and agree a date/time for the CHC Case Manager to contact them to discuss the DST.

Taking into account the 28-day KPI for eligibility decisions to be made the ASC Practitioner will need to meet with the individual and, where appropriate, their representative, prior to this discussion.

Where the ASC is unable to participate in any way, the responsibility sits with the ICB CHC Team to satisfy themselves that the MDT participating in the meeting is quorate. Only quorate MDT meetings and resultant DSTs should be shared with adult care in their role as statutory consultee.

The CHC Case Manager and ASC Practitioner will discuss the DST. The discussion will include the care domain narratives, the Key Characteristics and eligibility recommendation made by the CHC Case Manager.

The purpose of this discussion is to fulfil the ICB’S responsibility to liaise with LCC as the relevant local authority before making a decision on the person’s eligibility. It isn’t to make the MDT Recommendation.

Where the ASC Practitioner is in agreement with the eligibility recommendation they will return via email, their agreement with the CHC Case Manager’s eligibility recommendation and confirmation of any actions to be taken by ASC.

Only when all steps have been taken and, in the instance, whereby a DST has had no Local Authority attendance / involvement as part of the MDT, the resulting outcome and recommendation that is made by the MDT who were present at the DST will be agreed by the ICB.

**6.0 ASC attendance at MDT DST meetings where a Checklist has not been submitted by ASC**

This includes:

* FNC reviews where a change in need has been identified that may impact on eligibility for CHC funding
* Joint funded package reviews
* Fast Track reviews
* Cases where a positive Checklist has been completed by a professional from an organisation other than ASC

The CHC team will send an invite to attend an MDT DST meeting via email to CSC who will forward it to the relevant ASC Area Team within 2 working days.

In cases where CHC have undertaken a CHC change in need review, or Joint Funded package Review they will attach a copy of the recent redacted Care Prescription to the invite.

Where the invitation is to complete a DST following the award of Fast Track, CHC will attach a copy of the completed redacted Fast Track Tool.

The ASC team duty worker will pick up the invite and discuss it with the Lead Practitioner (LP) who will allocate the case to an appropriate practitioner within 2 working days, taking account of the date/time indicated on the invitation and whether there is a need to have a previously involved practitioner.

Within 2 working days of allocation, the practitioner will confirm to CHC via the generic email inbox, whether or not they can attend the MDT DST on the date/time given.

Where the practitioner has confirmed their attendance the CHC team will send them an outlook calendar invite.

Where the practitioner is unable to attend on the date/time given the practitioner and the allocated CHC Practitioner should liaise within the next 2 working days and endeavour to agree an alternative date/time. Where this cannot be achieved, please see section 5.0 above for guidance.

If the CHC team have not received an email from the practitioner within 3 working days of sending the invitation they should email the Adult Care CHC inbox [adultcarechc@lincolnshire.gov.uk](mailto:adultcarechc@lincolnshire.gov.uk) and one of the CHC Coordinators will contact the practitioner and/or their Lead Practitioner.

**7.0 ASC practitioner preparation for attending an MDT DST meeting**

In all cases, including when the ASC practitioner hasn’t submitted the Checklist, the practitioner must go out to meet the individual and complete and provide a proportionate Adult Needs Assessment/Review to the Nurse Assessor via email no later than 1 working day prior to the MDT DST meeting.

Where a Checklist hasn’t been submitted by the practitioner this means they should go out to meet the individual, and where appropriate their family/representative, as soon as possible after confirming they will be attending the MDT DST meeting so that they can complete and submit a proportionate Adult Needs Assessment/Review.

Where a positive Checklist has been submitted by an ASC practitioner, they must, where appropriate, start to collate additional information as evidence to support the DST. This may include:

* Requesting informal carers to complete a care diary for a period of time prior to the DST being completed
* Asking care home staff to update or complete new care plans, risk assessments, ABC/behaviour charts, weights, food/fluid intake charts, care diary etc.
* If there is an ASC led home care package in place; contact the relevant care provider and request care records/diaries

**8.0 CHC Case Manager preparation for leading an MDT DST meeting**

Prior to the MDT DST meeting the CHC Case Manager will:

* Where possible, contact the individual/their representative/ member of the care home staff/ ASC practitioner 2 working days after the meeting has been put in their diary to introduce themselves, provide advice about the process and to ask if there are any questions.
* Contact relevant known professionals involved in the individual’s case to attend the DST/provide a written report
* If there is a CHC led home care package in place; contact the relevant care provider and request care records/diaries
* Access System 1 for up to date/relevant information
* Access the Care Portal for up to date/relevant information
* Attend the care home at least one hour prior to the meeting start time to look through the care home records, introduce self and complete consent/capacity/best interest documentation
* The CHC Case Manager will attend an individual’s own home at the start time for the DST

**9.0 MDT DST meeting guidelines**

The CHC Case Manager will confirm the individual’s consent for the sharing of information with third parties. Where there is concern that they are not able to give consent and there is no registered Lasting Power of Attorney / Court of Protection Appointed Deputy the CHC Case Manager will undertake a capacity assessment and where appropriate a best interest decision will be made.

The CHC Case Manager will lead the meeting and ask everyone present to introduce themselves. They will then:

* Explain the purpose of the meeting and what format it will take.
* Confirm who the formal members of the MDT are
* Give a full explanation as to how an individual got to the point of the DST
* Briefly explain how the MDT Recommendation will be made with reference to the 4 Key Characteristics.
* Advise what the possible outcomes of the meeting/ completion of the DST are.
* Explain that the decision on the individual’s eligibility will be made by the ICB and may be different to the MDT Recommendation.
* Advise the individual/ family/representative that they can participate in the meeting by providing information, giving their view and asking questions.
* Provide a copy of the descriptors for each care domain to the individual/representatives to follow during the DST.

All members of the MDT must participate in completing the DST care domains and the MDT Recommendation.

Where there is a disagreement over a domain level all members must be mindful that the evidence should be supportive of the domain level they have chosen and be able to provide a rationale for their choice. As per the National Framework, the higher of the domain levels will be recorded and a narrative recorded on the DST as to the disagreement over the disputed levels of need.

Prolonged discussions around disagreements on the care domain levels should be avoided. The perspective of each MDT member will be recorded in the relevant domain.

When all the care domains have been completed the MDT will have a discussion in relation to the individual’s needs and the 4 Key Characteristics and make a Recommendation on their eligibility.

This discussion will usually take place with the individual/ family/representative present so that they may be able to gain an understanding as to how/why the MDT have reached their Recommendation. If for any reason the MDT takes place away from the individual/family/representative the CHC Case Manager will inform them of the Recommendation at the earliest opportunity.

Where the individual/family/representative are unhappy/disagree with MDT Recommendation their views should be discussed and recorded on the DST. There should be a joint approach by all MDT members in answering any questions they may have. By taking time to do this it may be possible to avoid an Individual Appeal being raised.

In cases where the MDT members are unable to reach agreement on the MDT Recommendation, the Interagency Disputes Policy will be followed.

**10.0 Post MDT DST meeting where an MDT Recommendation has been agreed**

The CHC Case Manager will ensure the DST is fully completed, convert it into PDF format and send it to the ASC practitioner with the recommendation sheet for them to sign and return within 2 working days.

In the case of the Local Authority wishing for CHC to continue with the package of care on their behalf whilst they are sourcing/seeking approval for a package of care, 48 hours’ notice post DST recommendation should be given to CHC to continue with this package of care.

The completion of a ‘Continuing Healthcare (CHC) Interim Funding on Behalf of the Local Authority (LA)’ document must be completed at this point.

A letter of outcome following the DST will be sent to the Individual/Representative/ASC/Care provider from the ICB confirming the outcome from the MDT DST.

**11.0 Panel Process**

**11.1 Purpose**

The purpose of the Local Lincolnshire CHC panel is to give an independent perspective of an individual’s eligibility decision in cases whereby there is:

* Individual Appeal
* Inter-Agency Dispute

The Local Lincolnshire CHC panel will also formally agree the health element and funding of Joint Packages of Care and make decisions at the Joint Fund consideration meeting.

**11.2 Membership of the Panel meeting**

Panel should consist of a Panel Chair (RGN. RMN or RNLD), Opposing Nurse to the Panel Chair (RGN, RMN, RNLD) and a member from the Local Authority.

**11.3 Decision making responsibility**

The National Framework for Continuing Healthcare and Funded Nursing Care (Revised July 2022) states that the decision making for an individual’s eligibility for CHC funding lays with the Integrated Care Board (ICB).

**11.4 Process**

**Individual Appeal** – CHC will gather and collate all evidence required from appropriate professionals, organisations, next of kin etc.

**Inter-Agency Dispute** – The CHC Case Manager will ensure that they collate all evidence available to them eg care records, systemOne records etc and create an evidence for panel folder in which to keep them. The assessor will then inform the quality team when a case is ready to be seen at panel.

Adult Social Care (ASC) will ensure that all evidence collated by them will be passed to the assessor involved in the case to be collated within their evidence for panel folder within 5 working days from final discussions and agreement of dispute. This may be additional evidence that has been collated since the DST meeting was held.

**Joint** **Fund Dispute** – as above for Inter-Agency Disputes, however, ASC should endeavour to send a written submission to the CHC Case Manager setting out which elements of the person’s care needs they believe should be provided and funded by Health.

**Joint Fund Consideration** – once a recommendation has been made by the Multi-Disciplinary Team (MDT) in relation to a Joint Funded package of care, this is then validated by the Locality Band 7’s. The CHC Case Manager will then collate all evidence to support this recommendation and submit a request for the case to be seen at Joint Fund Consideration Panel. Where CHC feel existing commissioned services are available to meet health needs, confirmation should be sought from the provider to confirm availability of the service prior to the panel.

CHC will endeavour where possible to ensure that all case files that are to be presented to panel are sent to the appropriate Panel members approximately 5 working days before panel.

If all Panel members are in agreement, all decisions made at panel are final. Any disagreements between Health and Adult Care at panel will follow the escalation process as set out in the Inter-Agency Dispute Policy. This includes the provision to acquiesce after consultation with senior managers and withdraw the dispute.

Panel Logs are completed for all cases presented to the Local Lincolnshire CHC Panel, however, only Inter-Agency and Joint Fund Dispute panel logs will be sent to ASC for review and approval. These should be signed and returned within 3 working days of receipt to CHC.

**11.5 Informing the person**

It is the ICB’s responsibility to inform the individual and or their representatives, Care Provider and Adult Care of the outcome from panel in line with local policy. This will be in the form of a letter.

**APPENDIX 1**

**National Guidance**

The guidance takes account of, and where appropriate, makes reference, to relevant sections of the following documents:

* The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care *July 2022 (Revised) (*National Framework)
  + The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (Standing rules)
  + The Care Act 2014
  + The Care and Support Statutory Guidance June 2014 *issued under the Care Act 2014*