# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

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| **Service Specification No.** | Version 1 |
| **Service** | Continuing Healthcare Services |
| **Commissioner Lead** |  |
| **Provider Lead** |  |
| **Period** |  |
| **Date of Review** |  |

**Adult Continuing Healthcare and Funded Nursing Care**

1. **Service Summary**
2. Merton and Wandsworth CCGs are seeking services to ensure achievement of the following Outcomes with respect to CHC (which for these purpose includes Funded Nursing Care (FNC) and joint packages of care (for clarity “services for needs that fall to be met as after-care services under section 117 of the Mental Health Act 1983 should be provided under that legislation rather than as NHS continuing healthcare. Only needs that are not section 117 after-care needs should be considered for NHS continuing healthcare eligibility in the usual way”).
3. Merton and Wandsworth CCGs properly discharges their statutory duties with regard to CHC, to commission high quality, safe and effective care that provides value for money, including managing associated spending year-on-year.
4. Merton and Wandsworth CCGs comply with national operational guidance and standards with regard to NHS CHC (NHS England Operating Model for NHS Continuing Healthcare October 2018).
5. Merton and Wandsworth CCGs deal fairly and in a timely way with all claims, appeals and disputes in respect of individuals seeking CHC and in accordance with locally agreed policy and nationally guidance.
6. Merton and Wandsworth CCGs designs and procures placements and/or care packages that meet the needs of eligible individuals. Per existing Pan London and local agreements.
7. Merton and Wandsworth CCGs involve eligible individuals (or their representatives) in the design and ongoing assessment of the care being provided and also offer relevant individuals the ability to self-administer personal health budgets in respect of their CHC.
8. Merton and Wandsworth CCGs continually monitor and assures their selves of the quality and safety of providers supplying CHC in all associated care settings and, where quality or safety cannot be assured, acts to remedy this in a timely fashion and to inform other agencies of shortcomings, as appropriate.
9. Merton and Wandsworth CCGs work with the children continuing care team to ensure transition from children to adult continuing care is well managed and seamless.

The General Principles that will underpin the CHC service are:

1. **Accessibility** - the CHC process of allocation is open to registered patients across the CCGs with physical and complex health needs, and patients with mental health needs over the age of 18 years.
2. **Acceptance criteria -** patients who require completion of the appropriate decision support or fast track pathway tool (on clinical assessment of the individual) for NHS Continuing Care and with reference to the National Framework (DH 2018 revised) and in line with the NHS England Operating Model for NHS Continuing Healthcare. All patients in receipt of CHC must be reviewed after three months, and thereafter, at least annually, unless an earlier assessment is requested or clinically indicated. Review may result in patients no longer being eligible for CHC, or changes in the level of care. In such circumstances, the CHC team will manage the process of transfer of support when appropriate with patient/family/service provider, or changes to packages of care as appropriate.
3. **Safeguarding Children and Young People and Adults at Risk** – the provider will ensure that the CCG’s policies and procedures relating to safeguarding, mental capacity and Deprivation of Liberty safeguards are adhered to, that staff have undertaken training appropriate for their professional role. All staff working with children and young people and adults at risk will have undertaken an enhanced Disclosure and Barring Service (DBS) checks. The provider will ensure that staff have undertaken relevant to role Mental Capacity Act & Deprivation of Liberties training in order to ensure appropriate placements for care.
4. **Competencies** - staff carrying out or contributing to the decision making process through the use of appropriate tools, in line with the National Framework for NHS Continuing Healthcare (DH 2018 revised), must be fully trained in the application of their use.

The CHC service will be designed and provided so as to achieve the following overarching objectives:

* To ensure robust communication pathways with individuals/relatives/advocates, liaising with key stakeholders, acute, community, local authority
* To support the CCG to enhance the quality of life for those in receipt of CHC
* To deliver a high quality cost effective service
* To work in partnership in the delivery of the service with other health and social care professionals
1. **Scope of CHC services:**

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1. **Applicable Legislation, National Standards and Guidance**

The service delivered must adhere to requirements set out in:

1. The Care Act 2014
2. The Health and Social Care Act 2012
3. The Equality Act 2010
4. The Disability Discrimination Act 1995
5. The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (November 2012 (Revised))
6. The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
7. Confidentiality , NHS Code of Practice November 2003
8. Mental Capacity Act 2005 including Deprivation of Liberty Safeguards
9. Mental Health Act 1983
10. Independence, choice and risk: a guide to best practice in supported decision making – Executive Summary. Department of Health May 2007
11. Fast Track Pathway Tool for NHS Continuing Healthcare – November 2012 (Revised)
12. Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children (March 2015)
13. Guidance on the “right to have” a Personal Health Budget in Adults NHS Continuing Healthcare and Children and Young People’s Continuing Care
14. NHS England Operating Model for NHS Continuing Healthcare (March 2015)
15. National Framework for Children and Young Peoples Continuing Care (currently in draft – June 2015)
16. **Staffing**
* The provider will provide Merton and Wandsworth CCGs with a staffing structure for the service and will be required to regularly report on vacancy levels
* The provider will ensure sufficient staff appropriately trained are available to deliver and manage the service
* The provider will have a named senior operational manager for the CHC service
* An identified senior nurse / clinical lead and their nominated deputy will have honorary contracts in place with the CCGs in order to ratify the DST MDT recommendation and have delegated authority for decisions and invoice approval on behalf of Merton and Wandsworth CCGs in accordance with SFIs. The provider will have sufficient capacity to provide timely ratification of CHC applications in accordance with the CCG agreed prioritisation process.
* The provider will identify a named nurse for learning disability
* The provider will have an identified senior manager to lead on high cost placements within the scheme of delegation.
* If subsequently both the CCG and the provider jointly agree additional resource is required as a result of growth, it is understood that this would require additional funding from the CCG.

**Minimum Professional Requirements**

The following minimum requirements will apply to CHC service in terms of staffing:

1. Any service provided must include clinical representation, in particular individuals holding relevant Nursing qualifications relevant to the post (Registered Nurse, etc.). These individuals must have current NMC registration, they must remain compliant with any future changes required to maintain registration, including any new revalidation requirements, and must have no restrictions on their ability to practice.
2. **Minimum Service Levels**

The following minimum service levels will apply and reported by exception as part of the contract management meetings:

Provision of summary quality, finance and KPI performance reports in advance of monthly performance meetings.

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| **Performance Criteria** | **Performance Indicator (Monitored monthly)** | **Threshold** |
| Ease of access and timeliness of decision-making | The provider will acknowledge all referrals for CHC consideration within two working days to the referrer. . | 95% |
| The period between a CHC referral first being received and the decision on eligibility will not exceed 28 days, unless for valid and unavoidable reasons (cf. National Framework) | 95% |
| The period between a CHC referral first being made and the decision on eligibility will not exceed 7 working days in acute trust and step down / rehab beds | 95% |
| The period between the MDT recommending that an individual is eligible for funding to ratification of eligibility must not exceed 5 working days. | 95% |
| Where a CHC application is made and a Screening Checklist has been completed, the provider must notify the referrer of any additional information required to process the referral within 5 working days of receipt of that referral.(assuming patient medically optimised at point of referral) | 95% |
| Fast track applications will be responded to within 4 hours during working hours | 95% |
| Fast Track Applications will be processed, and a care package arranged, within required 48 hours of first receiving the relevant application (within the working week), unless for valid and unavoidable reasons (cf. National Framework) | 95% |
| The outcome of any Fast Track Application will be communicated in writing to the individual, with a copy to the relevant service provider, within 14 working days of the application being received | 95% |
| The provider will inform the individual in writing of the result of the assessment, within 10 working days of a decision being made as set out in the National Framework for NHS Continuing Healthcare (DH 2012 revised).  | 95% |
| All appeals will be acknowledged by the provider in writing within 5 working days of receipt. | 95% |
| All appeals subject to the local resolution process will be resolved by the provider within 3 months of receipt. | 95% |
| Effectiveness of care package - Case Reviews | All eligibility decisions will be subject to Case Review within 3 months of the decision on eligibility being made and 12 months thereafter, unless clinically identified otherwise. | 95% |
| Information requests | Requests for information from the provider relating to complaints will be acknowledged within 2 working days of receipt of request | 100% |
| Contract Management | Individual Service User Placement Agreements issued within 3 working days of placement commencement | 100% |
| Finance | Purchase order for CHC package / placement is approved by the provider within 2 working days  | 98% |
| Patient, families and reps experience | Patients, family/reps experience surveys. – the provider will develop with the CCG using learning from complaints to enhance service deliveryThe CCG and the provider will work together to develop an appropriate survey which measures patient (including carer and representative) satisfaction levels across a representational cross-section of patients and experiences. These surveys will be monitored by the provider and reports produced on key findings. The provider will be required to handle any complaints arising as a result of these surveys, take appropriate action and implement lessons learnt.  | To be agreed % |
| Deprivation of Liberty (DOLS) | All patient assessments and reviews should consider MCA and DOLS where indicated and brought to the attention of the managing authority.  | 100% |
| Brokerage | Response times – 2 days to see relevant patient / family following a request* 5 days for us to achieve discharge following referral from an eligible patient in hospital
* 80% of all patients (or patients families as appropriate to be contacted by the provider on the same day a referral is received)
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| High Patient satisfaction – 75% of all patients (or the patients families, as appropriate) rate the service “excellent” or “very good”90% of all patients (or the patients families, as appropriate) rate the service “good or above” |  |

1. **Service Specification**

The provider will deliver the CHC service in line with the National Framework for Continuing Healthcare and Funded Nursing Care (revised 2018), ensuring full compliance with the legislation and promoting best practice.

The provider will ensure that the process of assessment and decision making is person centred.

The provider will commission and provide care, on behalf of the CCG, in a manner that reflects patient choice and the preferences of individuals but balances the need for CCG to commission care that is safe and effective and makes best use of resources.

1. **Referrals and Assessments**

The provider will ensure the individual’s informed consent should be obtained in writing before the process begins of determining eligibility for NHS CHC**.**

The provider will maintain active and ongoing engagement and communication with the referrer to ensure that the referrer is able to play an appropriate role in the assessment process and is kept fully informed throughout

* 1. Referrals
		1. The provider will receive, acknowledge and administer referrals from relevant referrers in respect of CHC. A referral may take the form of a completed checklist or a request to consider eligibility (for example, a direct contact from an individual or their relative).
		2. The provider will confirm all details are correct and ensure referrals administered are for patients registered with a Merton CCG or Wandsworth CCG GP as per responsible commissioner guidance. Where the CCG is not the responsible commissioner, where appropriate, the request will be directed to the appropriate responsible commissioner.
		3. The provider will provide a responsive single point of contact for referrals. Referrals can be submitted to the provider by letter, fax or secure e-mail. The single point of contact will take enquires by telephone. All enquiries and referrals will be dealt with in a prompt, courteous and efficient manner.
		4. The provider will receive referrals and enquiries Monday – Friday 9 am to 5 pm excluding bank holidays.
		5. The provider will provide specialist advice in relation to the MCCG/WCCG referral submission and assessment process, in order to ensure that best practice is shared and implemented amongst CHC stakeholders.
		6. The provider will acknowledge all referrals for CHC consideration within two working days to the referrer. .
		7. The provider will respond in checklist coordination where referrer is not a professional and is identified as the patient representative or otherwise if such is in the patients’ best interest..
		8. Referrals in the form of completed Checklists will be checked to ensure that they are robust, make appropriate reference to supporting evidence and that the individual and/or their representative have been involved.
		9. If the checklist does not trigger full assessment and the individual is to be admitted to care home (with Nursing) a determination for Funded Nursing care will be completed by an appropriate Registered Nurse
		10. The provider will ensure on receipt of referral all details are uploaded onto the database
	2. Assessments
		1. The provider will ensure the completion of a comprehensive assessment of need for each individual.

 This will occur in a number of ways. The provider will:

* monitor the quality of assessments received, ensuring appropriate consent has been given and liaising with the referrer.
* co-ordinate the assessment process, liaising with the Multidisciplinary team, individual and family.
* undertake checklists and Nursing Needs Assessments as required
* ensure that the MDT assessment is summarised into the National Framework DST and the MDT recommendation is supported by evidence and a robust rationale, prior to ratification by the CHS senior nurse

Assessments (and DSTs) will be allocated by the provider according to clinical priority and risk. The provider will have a prioritisation allocation process with timeframes in place to be reviewed and agreed by the CCG.

* + 1. In accordance with the National Framework for NHS Continuing Healthcare, the provider will ensure all applications are considered by a Multi-Disciplinary Team (MDT) and include a recommendation from the MDT.
		2. The CHC senior nurse, with CCG honorary contract in place, has delegated authority from the CCG to make eligibility decisions on their behalf. A decision not to accept the MDT recommendation should never be made by one person acting unilaterally.
		3. Ratifications will be timely and will be completed in line with clinical and risk prioritisation. Hospital referrals will take priority unless more imminent clinical risk identified on a community referral at point of referral. The provider will review prioritisation on case by case basis.
		4. The provider will provide the outcome of the decision of eligibility for CHC to the referrer within 28 days (day 1 is completion of the checklist) in writing and, where required, verbally, as set out in the National Framework for NHS Continuing Healthcare (DH 2018 revised).
			1. For those people accommodated in a nursing home or moving to a nursing home, where the decision is that the person is not eligible for NHS CHC, the need for care from a registered nurse should be considered.
		5. The provider will inform the individual in writing of the result of the assessment, within 10 working days of a decision being made as set out in the National Framework for NHS Continuing Healthcare (DH 2018 revised).
		6. The provider will maintain an up-to-date and accurate, database which will include, as a minimum, individuals referred to them, identifying individual name, date of birth, GP registration, the referral source, the date the referral was received, date of application assessed for decision, the outcome of that decision and, where relevant, funding type (i.e. CHC or FNC), and provider start and end date of package of care, and weekly / monthly cost.. Care group, review dates and outcomes should be documented within the database. This system will be used to provide the CCG with routine management information reports.
	1. **Acute Continuing Healthcare Pathway – Assessment and Discharge**

**The provider will:**

* provide support with CHC assessments to the acute Hospital sites and will prioritise the ratification of CHC (DST recommendations) applications for MCCG/WCCG patients from acute hospitals in order to support timely discharge.
* work with existing acute pathways at St Georges Hospital in order to support the timely assessment and discharge of MCCG/WCCG patients including the identification of appropriate patients for placement without prejudice pathway (and the “discharge home to assess” pathway).
* review the current acute pathway including placement without prejudice pathway (timeframe to be agreed with the CCG) liaising with other key stakeholders and agree any proposed revisions to the pathway with the CCG in order to most effectively and efficiently support the acute sector within available resources.
* provide support with assessments at the SGH site by:
* Deploying a consistent named nurse assessor in the role of St Georges Hospital link CHC nurse assessor role Screening checklist and identifying patients appropriate for the CHC "placement without prejudice" pathway
* Providing a responsive (within same day) single point of contact for acute to ask for advice / queries regarding CHC process, assessments, DST
* Timely response (same day and at least within 1 working day) to SGH request for a DST meeting date and times.
* Chair the Decision Support Tool Multidisciplinary team Meeting
* prepare for the MDT meeting and complete the national tool
* Provide advice and ad hoc training to Hospital staff to complete the Checklist and London Health Needs Assessment
* Record and report all activity of the SGH nurse assessor separately so that the efficiency and effectiveness of this role can be monitored.
	+ - * support acute hospital sites with arranging timely discharge of eligible patients.
			* provide sufficient trained staff to receive referrals, meet patients and their families where appropriate and make placements in a timely manner.
			* have staff available at short notice to visit patients and relatives to assist in expediting the discharge process, including out of hours where required
			* accompany relatives and / or patients on home visits at short notice whenever deemed appropriate / necessary
			* liaise with hospital discharge teams at least weekly to identify eligible patients requiring placements / POC arranging and minimise DTOC
			* support the CCG in the reconciliation of monthly delayed transfers of care (DTOC) data in relation to CHC delays for Wandsworth
			* Hospital patients will be discharged in line with identified discharge date and wherever possible this should not be more than 5 working days from referral to the CHS brokerage team
			* record the details of patients on the acute pathway including timeframes on the database
	1. **Fast-Track Applications and Wandsworth end of Life Care Coordination Centre @ Trinity**
		1. The provider shall only accept Fast Track Applications (as defined in the National Framework for NHS funded Continuing healthcare (DH 2018 revised)), from an appropriate clinician, defined in Standing Rules Regulations of that National Framework for NHS Continuing Healthcare (DH 2012 revised) as “*a person who is:*
			1. *responsible for the diagnosis, treatment or care of the person under the 2006 Act in respect of whom a Fast Track Pathway Tool is being completed, and*
			2. *a registered nurse or a registered medical practitioner*”

1.4.2 The provider will develop and agree a written pathway with the Wandsworth End of Life care Coordination centre (WEoLCCC) to support timely coordinated care at end of life compliant with the national agreed standards and provide a copy of the pathway for approval by WCCG commissioners.

1.4.3 Wandsworth CCG commission Trinity Hospice to provide the Wandsworth End of Life Care Coordination Centre (WEoLCCC) which aims to deliver a joined up approach at end of life improving the quality of care for patients and their carer’s while reducing avoidable hospital admissions.

1.4.4 The role of the WEoLCCC team is to work with all providers to coordinate a package of individualised care for the patient that incorporates all available resources within the system. This includes the CHC fast-track element (using the Centre HCAs wherever possible and as agreed with the CHS CHC team) clinical resources (e.g. GP, community nurse, CNS, OOH GP etc.), voluntary resources (home visiting service, practical support etc.) or other services such as local pharmacies to ensure drugs are available or requesting a social work visits. The Centre brokers care from an agreed list of agencies for WCCG patients on the fast track CHC pathway as agreed with CHS.

* + 1. The provider will ensure Fast Track Applications are responded to and ratified within four hours during working hours[[1]](#footnote-1).
		2. The provider will inform the outcome of the Fast Track Application in writing to the referrer with a copy being sent to the service provider within 14 working days of the referral.
		3. The provider will ensure any agreed Fast Track Applications are reviewed no later than three months (unless clinically indicated for earlier review) after a care placement / package has commenced. Where this review identifies a significant change in an individual’s circumstances, the provider will undertake a full assessment of CHC eligibility.
		4. The provider will complete a monthly audit of a sample of fast track applications to monitor its appropriate use. Findings will be reported to the senior nurse and any necessary action plan developed including targeted training. The provider will report findings and action plan to the CCG on a monthly basis.
		5. The provider will deliver regular targeted training linked to the outcome of monthly audit to ensure appropriate use of FT tool and process.

**2. Care Planning, Sourcing Provision and Ongoing Case Management:**

Working with and involving the MDT, will ensure that packages of care and placements for people who are eligible for fully funded NHS Continuing healthcare are appropriately assessed, managed, monitored, evaluated and reviewed.

**2.1 Care Planning and Sourcing Care Packages**

 **The CHC provider will:**

* + 1. provide specialist advice and support to the CCGs in designing and developing the range of options available for care provision for those eligible to obtain NHS-funded CHC, NHS-funded Nursing Care or joint care packages.
		2. discuss available options for care provision with eligible individuals (or their representatives) and identify and agree the best option for the individual to meet their assessed needs, in accordance with locally developed procedures and available resources, timeframes and/or framework agreements.
		3. work with the CCG and its partners to develop agreed protocols and pathway for placement without prejudice.
		4. document the agreed package of care in a Care Plan, identifying any specialised equipment (according to agreed protocols) associated with the Care Plan and identify clear outcomes expected for the individuals concerned.
		5. ensure all relevant eligible individuals are advised of the opportunity to take a Personal Health Budget (PHB) in accordance with the MCCG/WCCG Personal Health Budget Policy.
		6. ensure all their staff are familiar with the MCCG/WCCG PHB policy and act in accordance with the policy.
		7. in conjunction with the CCG Lead maintain an up to date register of all placements / packages of care made (including those made by the WEoLCCC) and provide management reports as requested.
		8. attend meetings where necessary and work in partnership with other staff in other organisations, including the Local Authority, Hospital etc. to facilitate an appropriate discharge date.
		9. Liaise with patients and families to ensure a smooth transition into appropriately defined care. Facilitate packages placements arranged timely and in line with clinical and risk prioritisation. Hospital referrals will take priority unless more imminent clinical risk identified on a community referral at point of referral. Review prioritisation on case by case
		10. Support the discharge of patients from hospital in line with the identified discharge date which should not be more than five working days from instruction from the CHC Lead.

Ensure that the cost of all care packages is authorised in advance by the CHC Lead in accordance with the CCGs authorisation procedure using the authorisation forms in place. (to be developed)

Provide a weekly verification of domiciliary care providers detailing actual care delivered that week, this should then be recorded on the database alongside the domiciliary commissioned care package. This generates quality assurance and financial efficiency.

Work with the CCGs and their partners to develop processes to ensure local care providers adherence to quality care standards

* 1. **For care home placements**

2.2.1

**The provider will:**

* + - 1. In the first instance, broker care with a provider using the Pan London AQP framework agreement, any successor framework procured by the CCGs or other route to market as agreed with the CCGs.
			2. Issue an Individual Service User Placement Agreement (ISUPA) for all eligible placements commissioned from this framework agreement before delivery of the care package commences ensuring that the provider has signed and returned the documentation and also ensuring it has been signed off by the CCG Lead. All contracts to be stored electronically on the client’s electronic ***database*** file.
			3. Where it is impractical to use the local Continuing Healthcare AQP framework agreement, identify suitable providers to meet an individual’s needs to negotiate the most cost effective placement based on the patients’ needs., ensuring the provider is suitably qualified and registered with the appropriate authorities to offer such care.
			4. follow agreed local guidelines when seeking to offer a residential care setting from a provider not on the local framework once the above necessary checks have been completed. This may include instances when an individual becomes eligible for CHC funding but is already in a residential care provider setting.
			5. issue contracts relevant to the placement ensuring that the provider has signed and returned the documentation. All contracts to be stored electronically on the client's electronic file and notify the CCGs to upload on Co Flow by an agreed process.
			6. Where there are two or more care providers able to meet the criteria with 10% - 15 % of the same price, the provider will provide the individual (and/or their representatives) with choice of provider in line with the Patient Choice and Equity Policy.
			7. Where the provider determines there is only one care provider able to meet the criteria, a reasonable offer of care[[2]](#footnote-2), based on the assessment of an individual’s needs, will be made to the individual, in line with the Patient Choice and Equity Policy. Where the offer of care placement is rejected by the individual, the Supplier will refer the case to the CCG for resolution.
	1. **For domiciliary care placements**

**The provider will consider the following factors through the assessment process before making a reasonable offer of care.**

* + - 1. Whether it is possible to commission care services within the proposed domiciliary care setting, which meet the assessed care needs of the individual to standards acceptable to the CCG.
			2. Whether such care services can be delivered safely in the home and without presenting an unacceptable level of risk to either the individual or to those involved in the delivery of such care, or to any other person, such assessment to test the:
				1. availability of necessary equipment and the timeliness within which such equipment can be installed
				2. quality and suitability of the environment where care is to be provided
				3. availability of appropriately trained carers to deliver the care required
			3. Where domiciliary care is to be provided, commission packages from domiciliary care providers in line with the Patient Choice and Equity Policy
			4. WEoLCCC will commission packages of domiciliary care for patients on the fast track pathway. The provider will develop and agree processes with the WEoLCCC in line with best practice and the aims of the WEoLCCC to be approved by the CCG. The provider will record details of all patients and monitor process.
			5. Compile and maintain a directory of domiciliary care providers, identifying key features, including price. The Supplier will negotiate the cost of care with the provider within CCG approved limits.
			6. Issue relevant contract ensuring that the provider has signed and returned the documentation (including all those packages brokered by the WEoLCCC). All contracts to be stored electronically on the client's electronic Caretrack file.
	1. **Case Management and Care Co-ordination**

**The provider will:**

 **2.3.1** identify and put in place appropriate case management/care co-ordination arrangements for all recipients of CHC. This must be provided by professionals with the relevant specialist experience, at a sufficient level of capacity to ensure safe care, effective management of people and value for money.

1. maintain and update records and associated patient information that enables ongoing case management for recipients of CHC, supported by a CHC database system.
2. oversee the provision of each individual’s care needs and will undertake case reviews in line with the requirements of the National Framework and, as a minimum no later than 3 months after the initial decision to fund CHC and annually thereafter, and in line with the CCG’s locally agreed case review process.
3. ensure annual reviews focus on quality and to ensure that their needs are being met and that the level of care provided is appropriate to their needs and this is made clear to individuals and family and those involved in their care.
4. provide the CCG a summary of placements and costs.
5. Where required, attend complex care case MDTs and review meetings, and provide the necessary administration to support the management of complex cases.
6. ensure that the outcomes of case reviews are recorded within 24 hours of the completion of a review and the outcome of the decision on review of eligibility be made known within 28 days of the completion of the review.
7. maintain and update records and associated patient information on Caretrack regarding consideration of MCA assessments and DOLs applications.
8. provide timely responses to any crisis situations that arise with any individual in receipt of NHS-funded care packages.
9. undertake urgent reviews of individual clients where safeguarding/serious quality/safety concerns have been identified.
10. provide information and/or specialist input into multi-agency risk reviews in the event of heightened concerns and/or quality/safety concerns about a care package provider.

The CCG will confirm with the provider their role with respect to management of equipment associated with agreed care packages (e.g. ventilators).

If, on review, an individual is found to be no longer eligible for CHC, the provider will inform the individual (or their representative), the care provider and the appropriate Local Authority, giving 28 working days from the review date for the Local Authority to assume responsibility for meeting any ongoing care needs of the individual.

**3. Transition from Children’s Continuing Care**

The CHC team will work with Children’s services to identify young people for whom it is likely that adult Continuing Healthcare may be necessary and to support the transition process in line with the MCCG/WCCGs children’s continuing care policy and operating protocol.

1. **Appeals and Disputes**

**5.1 Appeals:**

**The provider will**

1. receive, acknowledge and administer any appeal for review of an eligibility decision made and/or the process used to reach it, within timeframes and by reference to processes determined in the National Framework, as augmented by any locally developed procedures.
2. prepare the case-ensuring all documents are available for the appeals process
3. Local Resolution Meeting- arrange and hold the local resolution meeting on behalf of the CCG
4. complete any appeals review process in line with national and local procedures and report outcomes to relevant parties (e.g. the CCG, the appellant etc.).
5. maintain active and ongoing engagement and communication with the appellant to ensure that they are able to play an appropriate role in the appeals process and are kept fully informed throughout.
6. Appeal panel- support the appeals panel process as agreed with the CCG including presenting the case to panel.
7. Prepare cases and act as representative on behalf of the CCG for the NHS England Independent Review Panels
	1. **Disputes & Complaints and FoI:**

**The provider will:**

* + 1. work with any complaints management service provided / commissioned on behalf of the CCG to ensure that complaints are responded to in line with contracted timescales
		2. ensure that all members of staff employed in providing the service are familiar with the CCG Complaints Procedure.
		3. report all complaints immediately or at the earliest possible moment to the named CCG lead or whoever the CCG shall otherwise instruct.
		4. receive, acknowledge and administer any disputes or complaints registered by a relevant body (e.g. a Local Authority) regarding an individual's eligibility for CHC, or the apportionment of funding in a joint package of care, within timeframes and by reference to processes determined either in the National Framework or, where not, in accordance with the CCG’s complaints handling procedures.
		5. work with the CCG to develop and agree a Joint Agreement with the Local Authority that includes a local dispute resolution policy and implement across the service.
		6. inform the CCG of any disputes or complaints received directly by it in respect of its own conduct or of the conduct of a care provider or staff member within two working days of receiving that dispute or complaint. In such cases, the administration of the dispute or complaint will transfer to the CCG.
		7. manage all necessary Freedom of Information requests that relate to CHC and CHC processes the CCG is responsible for, to comply with the Freedom of Information Act 2000 and with the Freedom of Information policy of the CCG. CHS will not respond directly to FoI requests.
		8. inform the CCG of the timescale to be able to respond to any requests for information and/or data to enable the CCG to respond to Freedom of Information requests it is administering, but which involve CHC or CHC processes, within 10 working days of the request being made.

1. **Patient, families/ reps experience**

**The provider will:**

* work with the CCG to develop mechanisms to capture patient and family experience and use findings to improve the service delivery.
* ensure that the individual (and/or their representative) are informed and involved as fully as possible throughout the process, and their views sought and recorded at each stage.
* use a range of methods to gather service user experience including but not limited to; postal surveys, capturing verbal feedback, hand-outs, telephone surveys, complaints and incidents, etc. be expected to do this at all appropriate points of contact which should include post assessment, following panel decisions and at reviews.
* carry out proactive patient, families/reps surveys that capture experience of assessment of eligibility that includes:
* be able to demonstrate confidence in staff carrying out assessments
* be committed to openness and honesty of staff, supportive and committed
* encourage to participate
* offer choice
* be kept well informed
* carry out regular quality monitoring from patients and their advocates regarding their satisfaction with the placement process.
* evidence that the service user responses have been analysed, considered and that any pertinent issues have been identified and actions implemented to resolve these.
* support the CCG in the development of Public Information leaflets and website development for our local populace to increase awareness of CHC and the process.

**7. Administration and Financial management, Planning and invoice validation:**

**7.1 Administration**

The provider will:

* + provide a single point of administrative access operating Monday – Friday 9 – 5 (excluding bank holidays) to include:
		- Answering the telephone
		- Processing referrals – including respite and fast tracks
		- Ensuring that all referrals are appropriate – e.g. checking GP and responsible commissioner status
		- Support for panels – preparation and data entry
		- Support for appeals (not retrospective cases) – preparation of paperwork
		- Filing and archiving
	+ provide and operate a fully integrated and hosted IT system which records all relevant data concerning patients.
	+ produce robust processes for the input and maintenance of patient records, reviews, assessments, RIPs and associated funding lines on the database.
	+ provide the CCG with appropriate support and training to access to the system for the purpose of management and overview
	+ prepare all letters relating to placements, all contracts associated with placements and the uploading of all new patient details to the database.
	+ prepare all management reports as requested by the CCG CHC Lead such as the SHA report, monthly management reports on spend and activity, any FOI requests, plus all DH and CCG requirements.
	+ manage allocation of reviews to the nurse assessors and provide monthly reports on outstanding reviews.
	+ Complete any FOIs as instructed by the CCG.
	+ Provide monthly data for the CCG Lead in support of the Key Performance Indicators (KPIs) required by the CCG and any other ad hoc information as required.
	+ Provide data on an agreed basis to support the delivery of the three month and annual year reviews which will be carried out by the CHS nursing team.
	+ Maintain responsibility for ongoing data entry and cleansing of data e.g. updating the database when a patient is deceased.
	+ Provide on-site support on the completion and collation of the quarterly national benchmarking reports, and for complex areas of reporting provide remote support from head office.
	+ Manage the equipment listed with CHC funded patients to ensure it is returned when no longer needed by the patient.
	+ Conduct monthly audit of care homes for the purposes of client data management on **the database** for all care groups specified in referrals below.
	+ Provide a weekly verification of domiciliary care providers detailing actual care delivered that week, this is then recorded on **the database** alongside the domiciliary commissioned care package. This generates quality assurance and ensures financial efficiency.

**7.2 Financial management, planning and invoice validation**

The provider will support the CCG’s annual planning and budgeting processes by providing:

* + 1. Complete, accurate and timely information on all active placements and care packages associated with the CCG, along with estimates of the period over which these obligations are expected to continue.
		2. Information on all claims (and appeals/disputes) under consideration at the time of planning and budgeting.
		3. Information on any expected significant changes in provider costs that may affect the CCGs spend in the future.

The provider will support the CCG’s financial management and accounting processes during the financial year by:

* + 1. Summarising year-to-date spend and forecast outturn in respect of “live” contracts on a monthly basis for both CHC and Personal Health Budgets
		2. Providing the CCG with variance analysis to enable comparison with their budgeted spend on a monthly basis
		3. Providing the CCG with a reconciliation of the year to date costs entered into the Contactor’s continuing care information system against the CCG’s financial ledger on a monthly basis
		4. Providing the CCG with financial reporting based on monthly growth, case by case review and new and closed CHC packages at CCG, local and national level

The provider will:

* Adopt a rigorous system for invoice processing related to CHC, receiving and reviewing all service provider invoices submitted and, in the light of agreed activity and contract obligations, confirming accuracy and validity to the CCG to enable payments to be processed in line with agreed payment terms and processes
* Rrespond to queries raised by either providers or the CCG in respect of any financial queries on a timely basis.
* Provide finance reports within existing suite of reports and ad hoc reports by agreement.
* Attend monthly contract meetings.
* Provide monthly finance reports to CCG Finance by 4th working day of the month.

**8. Safeguarding / Incidents**

The provider is responsible for ensuring that their staff have received training on the Merton & Wandsworth Multi Agency Safeguarding Adults Policy and Procedures and are familiar with the reporting processes.

The provider will:

1)      Investigate safeguarding incidents for those clients on the caseload

2)      Attend case conferences and strategy meetings as necessary

3)      Report safeguarding concerns to the Local Authority as per policy

4)      Follow Merton and Wandsworth CCGs policy

5)      Work with the Adult Safeguarding Lead Nurse to address concerns etc.

6) Follow CCG local reporting arrangements and the London Multi-Agency Adult Safeguarding Policy & Procedures (Launched on 9 February 2016).

7) Deliver outcome focused assurance visits as agreed with the CCG (work with the CCG to develop monthly reporting to the Lead Nurse for quality assurance purposes).

8) Please note that the provider will participate in all safeguarding investigations in partnership with the Local Authority (as Lead Investigator), the CCG (as interested stakeholder) and partner organisations in responding to safeguarding concerns for patients eligible for NHS Continuing Healthcare or NHS Funded Nursing Care in accordance with the London multi-agency policy and procedures to safeguard adults. The role of the provider in such instances is to provide assurance to the Lead Authorities over the immediate safety of the Adult At Risk, and to engage in any review process necessary as at the point of Action Planning post Strategy / Professional’s meeting

The provider will act as investigator on behalf of the CCG in relation to the health element of any safeguarding investigation/concerns.

**9. Mental Capacity Act**

CHC staff should have an understanding of the implications around the Mental Capacity Act on clients and sufficient knowledge to ensure compliance to the legislative framework.

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in all aspects of planning for an individual’s on-going care arrangements. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

This includes their ability:

• To understand the implications of their situation.

• To take action themselves to prevent abuse.

• To participate to the fullest extent possible in decision making about interventions.

• The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf.

1. **System-Wide Assurance / Strategy Work**

**The provider will:**

* 1. work in collaboration with the CCG to ensure that the service contributes to overall strategic objectives in Merton & Wandsworth
	2. Support the CCGs in developing a policy suite and documentation to support governance and delivery of CHC. The CCG will agree a work plan and deliverables with the provider
	3. attend relevant network meetings at the request of the CCG
	4. Work closely and collaboratively with partner agencies (including Local Authorities, the CQC and the Registered Care Providers Association), including supporting and, where relevant, attending, planning and management meetings, case conference meetings and investigations into specific relevant cases, etc.
	5. Report issues and concerns to the CCG (or, where relevant, to other bodies, such as the Local Authority or CQC) in a timely fashion.
	6. Maintain and make accessible to the CCG all records pertaining to an individual’s request for CHC for six years.
	7. Undertake a quarterly internal audit of data on quality of procedures including CHC assessment processes. The nature, content and outcomes of these respective audits will be discussed, agreed and shared with the CCG.
	8. work with the CCG to develop training and advice to staff in partnership with relevant agencies in relation to CHC in order to ensure local health economies deliver CHC to individuals in accordance with the National Framework for NHS Continuing Healthcare (DH 2018 revised) and relevant legislation. Training should include system wide improvements such as appropriate referral criteria and documentation completion (e.g. Checklist, DST, Fast Track).
	9. undertake quality audits on three individual CHC cases every three months. The focus will be on quality of assessment, outcomes and data input quality. The results of such audits, and any actions resulting from them, will be summarised and reported to the CCG on a quarterly basis
1. **Contract Management and Market Management**

**The provider will:**

**work with the CCG and partners to develop intelligence, commissioning strategy and contract management processes**

support the CCGs in the application of the Care Homes NHS Standard Contract to all agreements with relevant providers of residential care for recipients of NHS-funded CHC. **Including relationship management with the London Purchased Healthcare**

provide input and support to the CCG for all relevant contracts with providers including: service reviews.

work with the CCG and partner agencies, to share any concerns that might surface through contract management and/or service reviews.

report any performance or quality issues with a care provider to the CCG

attend collaborative contract network meetings, at the request of the CCG

**12. Quality Standards**

The provider may be asked to provide copies of their operational and quality assurance systems as part of the contract monitoring arrangements. In relation to this specification, quality standards evaluation will include assessment of the following:

* User involvement.
* Partnership working and referral arrangements with relevant local agencies. Systematic structures for monitoring outcomes, including:
* Defined principles and aims of the project.
* Staff and staff performance assessment.
* Performance monitoring, including shortfall or unmet need.
* User feedback.
* Management Committee or Board involvement and representation.
* Complaints procedures.
* Confidentiality policy.
* Health and Safety policies.
* Protection of the Service User through Manual Handling policies and Risk Assessment policies (where appropriate).
* Staff Grievance and Disciplinary Procedures.
* Equal Opportunities Policy.
* Business Continuity

**13. Publicity**

Any press, media or information releases, in the private or public domain that is of indirect or direct relevance to the WCCG or CHS, must be agreed between both parties before issue.

1. Working hours are defined as Monday – Friday 9 am – 5 pm **excluding** bank holidays [↑](#footnote-ref-1)
2. A “reasonable offer of care” in this context needs to framed in accordance with NHS eligibility criteria which enable an individual who has a primary health need to apply for and receive NHS Continuing Healthcare, and where the NHS will be responsible for providing all of that individual’s assessed needs, including accommodation, if that is part of the overall need assessed (cf. Para 33, National Framework (DH 2012 revised)) [↑](#footnote-ref-2)