



PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Continuing NHS Healthcare: The National Framework for Implementation in Wales, July 2021 (amended February 2022 for implementation in April 2022)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Vicki Broad, Head of NHS Long-Term Care Elaine Kent, Senior Nurse Manager (Retrospective / CHC Process and Commissioned Care at Home) Luke Whitmore, Performance & Service Improvement Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Welsh Government (WG) has undertaken a review of the Continuing NHS Healthcare (CHC) Framework (June 2014) and has published it with changes required to be implemented from April 2022.

<https://gov.wales/sites/default/files/publications/2022-03/continuing-nhs-healthcare-the-national-framework-for--implementation.pdf>

This report provides assurance to the Strategic Development and Operational Delivery Committee (SDODC) that Hywel Dda University Health Board (HDdUHB) will fully comply with the requirements set out in the Framework, including the requirement to deliver training to all staff members who will need to use / reference it, and to report Key Performance Indicators (KPIs) relating to CHC.

Cefndir / Background

Between 2017 and 2021, WG reviewed the 2014 CHC Framework with colleagues from Welsh Health and Social Care organisations, with the intention of updating and implementing the guidance. The deadline for implementation was originally November 2021 but was deferred to April 2022 to allow outstanding matters to be completed in order to accommodate the new requirements.

The main updates to the CHC Framework are as follows:

Layout and Ordering	The revised Framework incorporates a new layout and changes to the order of sections, to ensure that the guidance mirrors the CHC process from start to finish.
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	<p>In addition to the changes to the layout of the Framework, the following amendments have been made:</p> <ul style="list-style-type: none"> • All references to the now redundant Complex Care Information & Support site have been removed. • All annexes have been moved to the end of the document and references to Framework. • Legislation has been updated, most notably aligning requirements to the provisions within the Social Services and Well-being (Wales) Act 2014.
Section 1 – Introduction	Includes information on Welsh Language requirements.
Section 2 – CHC Policy	<p>Includes additional information on the key roles and responsibilities of each of the organisations involved, the individual and / or their family members, carers, and advocates throughout the CHC assessment process.</p> <p>Emphasises the importance of practitioners providing the CHC Booklet to individuals and / or their family members, carers, and advocates as soon as it is determined that the individual may have a Primary Health Need (PHN).</p> <p>Emphasises the importance of appropriate communication.</p> <p>Includes a CHC eligibility assessment flowchart.</p>
Section 3 – Before an Assessment for CHC	<p>Includes additional information on Consent, Capacity, the sharing of information, and Best Interest decisions.</p> <p>Includes additional information relating to the use of the Checklist.</p>
Section 4 – The Assessment of Eligibility for CHC	There is no intention for changes made to the Framework to impact on the eligibility threshold for CHC, which is well-established and based on the consideration of a PHN.

	<p>Includes additional information on ensuring screening for, and assessments of, eligibility for CHC should be undertaken at the appropriate time and location when any ongoing needs are known.</p> <p>Explains how an individual's eligibility for CHC should be based on the totality of their needs, and how, regardless of the outcome, Health Boards and Local Authorities must consider whether a multidisciplinary assessment has identified issues to be addressed.</p> <p>Includes additional information on how, by when and by whom the Decision Support Tool (DST) should be completed, and minor changes to the definitions of some domains of needs. Domains of needs reordered so individuals' needs are considered in a more logical order.</p> <p>Includes additional information on the role and membership of the Multidisciplinary Team (MDT).</p> <p>Includes additional information on how the individual should be engaged in the eligibility process, how recommendations are reached and recorded, and how any final decision is communicated.</p> <p>Includes information on how assessments must be completed during pandemics and other emergency situations, to ensure individuals continue to receive the care and support they need.</p>
Section 5 – Service Provision and Reviews	<p>Includes additional information on arrangements for ongoing monitoring and management of care for adults under part 4 (Meeting Needs) of the Social Services and Well-being (Wales) Act 2014.</p> <p>Includes references to the Responsible Body Guidance for the NHS in Wales.</p> <p>Includes additional information on well-managed needs, with a strong emphasis on how there should be no gap in the provision of care, and that individuals eligible for CHC should be supported in their own home.</p>

	<p>Includes additional information on the interface between direct payments and CHC and how organisations can provide individuals with a voice and control in respect of their health and social care needs.</p> <p>Clarifies the purpose of the 3-month and 12-month reviews and how they should be undertaken.</p>
<p>Section 6 – Links to other Policy Areas</p>	<p>Includes refreshed links to existing provisions.</p> <p>Clarifies and strengthens the wording around aftercare services for mental health services and deprivations of liberty.</p> <p>Reinforces provisions around transitional arrangements for children and young people entering adult CHC services at the age of 18.</p>
<p>Section 7 – Disputes and Appeals Process</p>	<p>Includes the requirement for Health Boards to explain to individuals the arrangements and timescales for managing a review of their eligibility decision.</p> <p>Includes timescales for appeals:</p> <ul style="list-style-type: none"> • An individual or their representative should inform the Health Board in writing of their intention to appeal a decision on eligibility for Funded Nursing Care (FNC) or CHC within 28 days of receipt of the eligibility decision letter. Requests made after this time will only be considered in exceptional circumstances. • An individual or their representative should submit their appeal (in writing) against an eligibility decision for FNC or CHC within 6 months of receipt of the eligibility decision letter. Requests made after this time will only be considered in exceptional circumstances. <p>Includes a requirement for an unresolved dispute within the MDT regarding an eligibility recommendation to be escalated within 48 hours to ensure prompt consideration of the individual's needs.</p>

<p>Section 8 – Retrospective reviews</p>	<p>Includes information on the 2-stage Retrospective Claims process (established in April 2019) to allow for effective, timely and correct resolution of these Claims.</p> <p>Stage 1 – Employ the CHC Checklist Tool to identify triggers for eligibility.</p> <p>Stage 2 – Where triggers are found, the information in the chronology will be reviewed and assessed against the 4 PHN indicators (nature, intensity, complexity, and unpredictability).</p> <p>Analytical information is compiled within an additional document, detailing the recommendation, which is then peer reviewed by a different clinician to ensure the recommendation and supporting evidence is robust and that the criteria have been consistently applied. To further ensure the timely resolution of claims, cases with no eligibility are peer-reviewed by “at least one different clinician”. This differs from the requirement set out in the previous Framework that states “2 different clinicians” should review a no-eligibility decision.</p>
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Asesiad / Assessment

Eligibility & Quality Assurance

There have been no amendments to the eligibility or quality assurance (QA) criteria for CHC, meaning the Health Board will not be impacted any differently by an eligibility or QA decision as a result of the new Framework being implemented.

Independent User Trusts

The Framework refers to the use of Independent User Trusts (IUTs), through which a Health Board could consider providing funding to manage an individual’s care. A relative of the individual (or another interested party) would set-up an IUT, which would become the provider of care for the individual. The Health Board would then contract with the IUT to provide specified health care services for the individual, provided the Health Board confirmed that the individual was able to provide the care required. This could lead to an increase in the number of individuals consenting to CHC assessments, as they would be able to exercise choice over who delivers their care. This would likely result in a greater cost pressure to the Health Board.

Governance arrangements and responsibilities will need to be established when considering provision of care via an IUT. The process for considering the use of IUTs is yet to be finalised by WG, therefore the Health Board is currently unable to commission care through this route until such time as the guidance is available

Performance Reporting

As yet, the performance reporting requirements have not been published, therefore the Health Board is currently unable to develop mechanisms for the capture and reporting of KPIs relating to the revised CHC Framework.

Training

The Health Board is currently developing two local training packages (a foundation one and standard one) relating to the new Framework. This will be referenced in all training sessions with staff members who will need to use / reference the Framework (including Social Care colleagues), to ensure compliance with the new requirements. The training packages cannot currently be finalised, however, the Health Board is awaiting clarity from WG on some of the changes that have been made to the Framework.

Associated operational documents have been amended to reflect the changes made within the Framework, including nursing needs assessment templates, consent forms and retrospective review templates.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- take assurance from the ongoing work with WG, and Health and Social Care colleagues to ensure social compliance with the requirements set out in the new CHC Framework.
- note that further assurance will follow post-implementation of the Framework, with specific reference being made to the use of IUTs, performance reporting, and training.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.9 Consider the new process that is established, involving all clinical service areas and individual clinical professionals, whereby the Health Board is assessed against local and national clinical effectiveness standards / NHS Delivery Framework requirements and fully contribute to all agreed national and local audits, including mortality audits (PO 5K).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2. Safe Care 3. Effective Care 6. Individual care
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Continuing NHS Healthcare: The National Framework for Implementation in Wales, 2014 Continuing NHS Healthcare: The National Framework for Implementation in Wales, 2021 Responsible Body Guidance for NHS in Wales, 2013 Social Services and Well-being (Wales) Act, 2014
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Busnes a Sicrhau Perfformiad: Parties / Committees consulted prior to SDODC	All Wales CHC Leads and the WG.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There is potential for an increase in the number of people consenting to CHC assessments if care begins to be provided via IUTs. This would likely result in an increased cost pressure to the Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	There have been no amendments to the eligibility or QA criteria for CHC, meaning the Health Board will not be impacted any differently by an eligibility or QA decision because of the new Framework being implemented.
Gweithlu: Workforce:	No workforce issues identified.
Risg: Risk:	No other risks identified.
Cyfreithiol: Legal:	The Health Board could be put at risk of legal challenge from patients, their family members, and Social Care colleagues (among others) if the WG does not provide clear guidance as to the process we must follow when considering the commissioning of care via IUTs.

Enw Da: Reputational:	The Health Board could be put at risk of reputational damage if the WG does not provide clear guidance as to the process we must follow when considering the commissioning of care via IUTs.
Gyfrinachedd: Privacy:	No privacy issues identified.
Cydraddoldeb: Equality:	No equality issues identified.