



NHS Continuing Healthcare Conference

Understanding and navigating the complexities of NHS Continuing Healthcare

11th July 2024 | Virtual Event

Agenda for today:





NHS Continuing Healthcare Conference

Understanding and navigating the
complexities of NHS Continuing Healthcare

Chair Opening Address



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Speaking Now...



Rachel Melton

Deputy Associate Director All Age Continuing
Care & Individual Patient Activity - Lancashire
& South Cumbria ICB

Collaborative Partnerships:

How working together improves patient, stakeholder & staff experience

Rachel Melton

Deputy Associate Director All Age Continuing Healthcare & Individual Patient Activity

Where we started



8 CCG's – 7 with
CSU, 1 integrated
team with LA



High number of
disputes



Lack of trust with
stakeholders



Minimal
collaborative
working

What we did



In housing of service
October 2023



New service model
implemented with end
to end service



Place base teams
rather than Single
Point of Access



Introduction of Quality
Hub & Clinical Support
Teams

Working Well together

- The most important tool we have is our ability to communicate

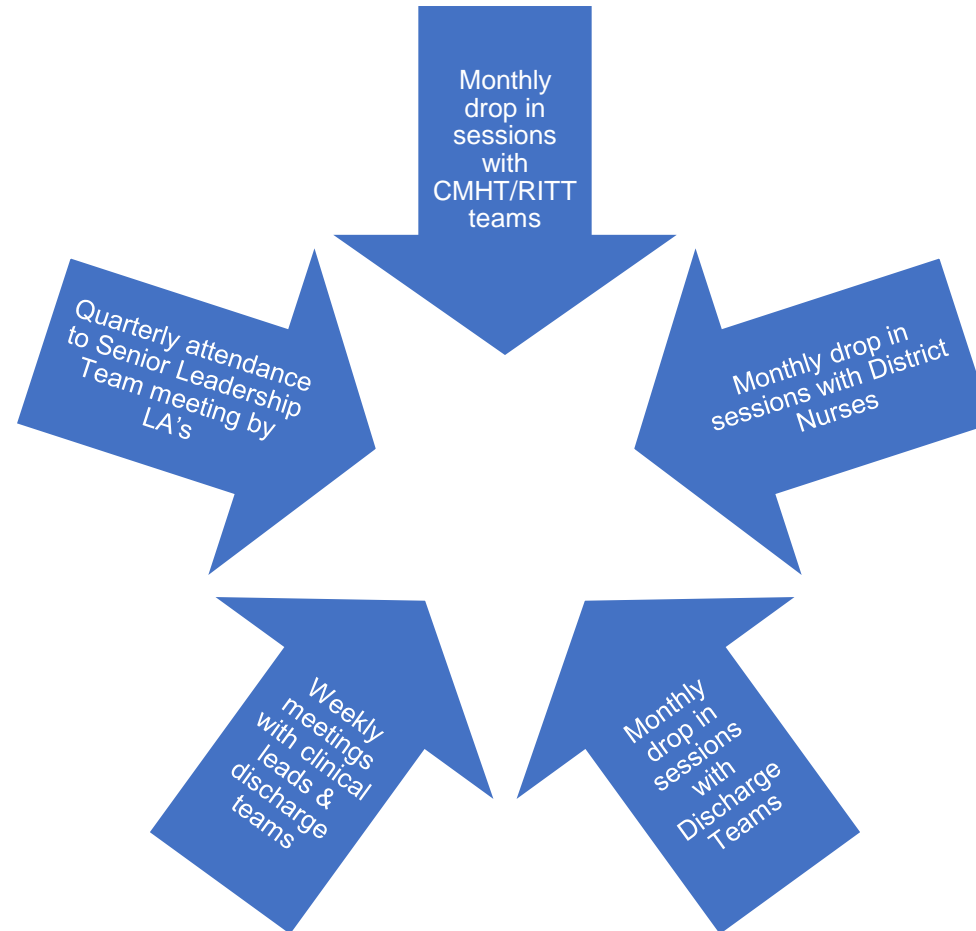


How to improve on Partnership Communication

- Rachel's Roadshow



Partnership Communication



Internal Communication improvements

Weekly meetings with all leadership staff

Monthly senior leadership meeting within Adult Health & Care Directorate – Care Sector, Learning Disability & Autism and AACC/IPA

Team meetings weekly but in person monthly

Rolling training programme

Offer to staff to attend Senior Leadership Team meeting monthly

Implementation of Clinical Support Team (CST)

- Identified reliance on agency staff & related costs
- Consistency needed for patients & partners
- Implementation of internal team who can be used as demand needs

Senior CHC Assessor

CHC Assessor
X 6.8 WTE

Admin Support

Improvements

28 Day QP being met – Q1 24/25 – 89%

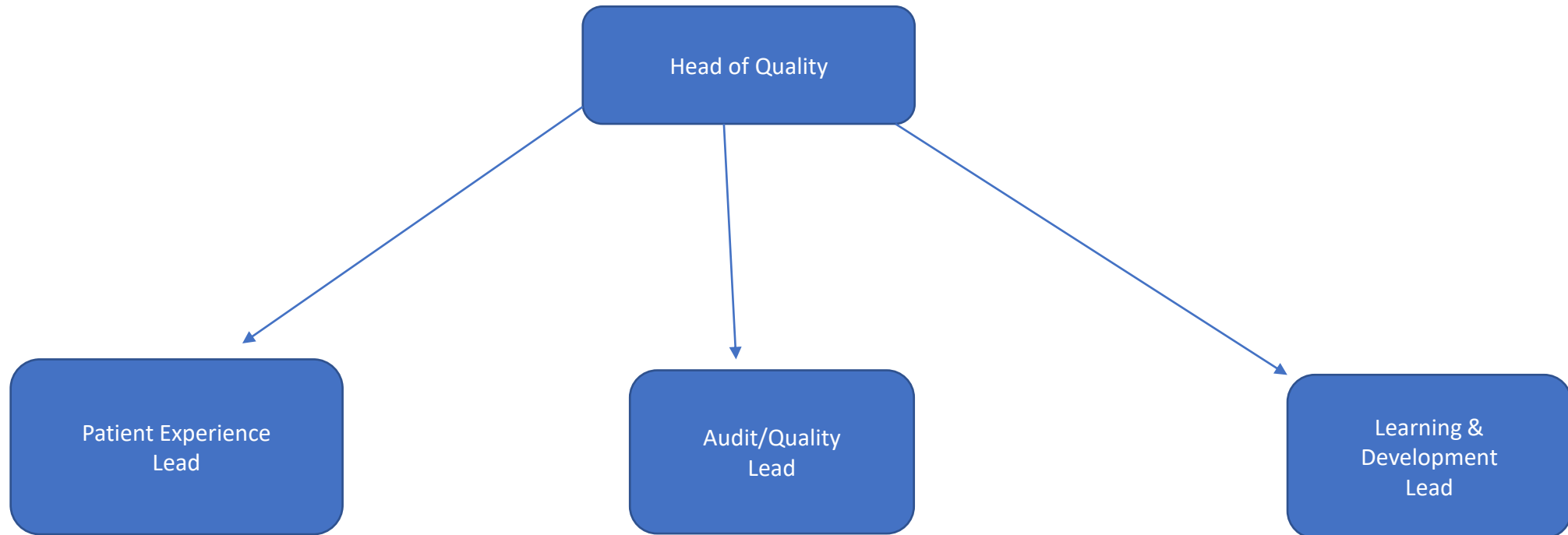
Urgent safeguarding alerts covered

Urgent 1:1 reviews completed

Disputes decreased



AACC Quality Hub:



Programme of Work (for the first 6 months)



Audit & Assurance Lead:

Development of an audit programme plan.
establish a robust system for reporting the outcomes of Audit activity to ensure lessons are learnt.



Patient Experience Lead:

Establish/undertake Focus Groups.
Ensuring the effective management complaints/PALs is established to ensure the prompt responses that address the complainant's concerns.
Produce monthly highlight reports on patient experience and compiling action plans to ensure patient experience learning has been embedded into practice.
Leading on patient feedback, including complaints, concerns and enquiries by utilising all feedback mechanisms (for example, friends and family) and use this feedback to facilitate improving the patient experience.



Learning & Development Lead:

Development of rolling-training programme.
Supporting the development of a robust culture of learning and development to implement strategies to identify, diagnose and plan to address learning and development needs through clear learning needs analysis.

Working with VCFSE Organisations

- Attending VCFSE Assembly
 - being visual & present
- What can we offer that isn't financial?
 - training for ICB staff & VCFSE organisations
 - VCFSE slots within rolling training programme
 - directory within AACCC & IPA intranet & internet pages

Next Steps

Patient & family feedback forms

Roll out of Directory

Service Evaluation with partners & stakeholders

Implementation of rolling audit programme
- ensure learning is shared with all involved in process

A large, vibrant graphic of colorful paint splashes in red, yellow, blue, and green, radiating outwards from the center. The text 'Any Questions' is superimposed in the middle of these splashes.

Any Questions



**Lancashire and
South Cumbria**
Integrated Care Board

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Case Study...

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Speaking Now...



Matt Culpin
Product Director - IEG4



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Speaking Now...



Lesley Broom

Head of Service Continuing Healthcare -
Whittington Health NHS Trust

MAKING SENSE OF NATURE, INTENSITY, COMPLEXITY & UNPREDICTABILITY

Presentation by:
Lesley Broom
Head of Service
Continuing Healthcare
Whittington Health



National Framework For CHC And FNC 2022

LEVELS OF NEED

ELIGIBILITY EXPECTED FOR

- 1 priority
- 2 severe
- A combination of severe, high and moderate
- Largely moderate and low -unlikely to be eligible.

MANAGING PATIENT / FAMILY EXPECTATIONS

Many health and social care professionals struggle with the difference between social and health care - how do we expect families to know.

Always appreciate how distressing this can be for families.

Be empathetic and sensitive.

Never get into heated debates, between you and professionals or families. Agree and promise this will be added to the DST and recommendation.

Concentrate on the need, its impact on wellbeing, how the needs are addressed.

NATURE



Why is the P in receipt of care or placement?



Do they need to be safe and secure?



Do they need to be there because they need a nurse or complex care?



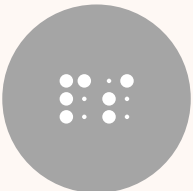
Are there fluctuations in care needs?



Are there additional care plans, for contingency, changes in need?



What are the health needs?

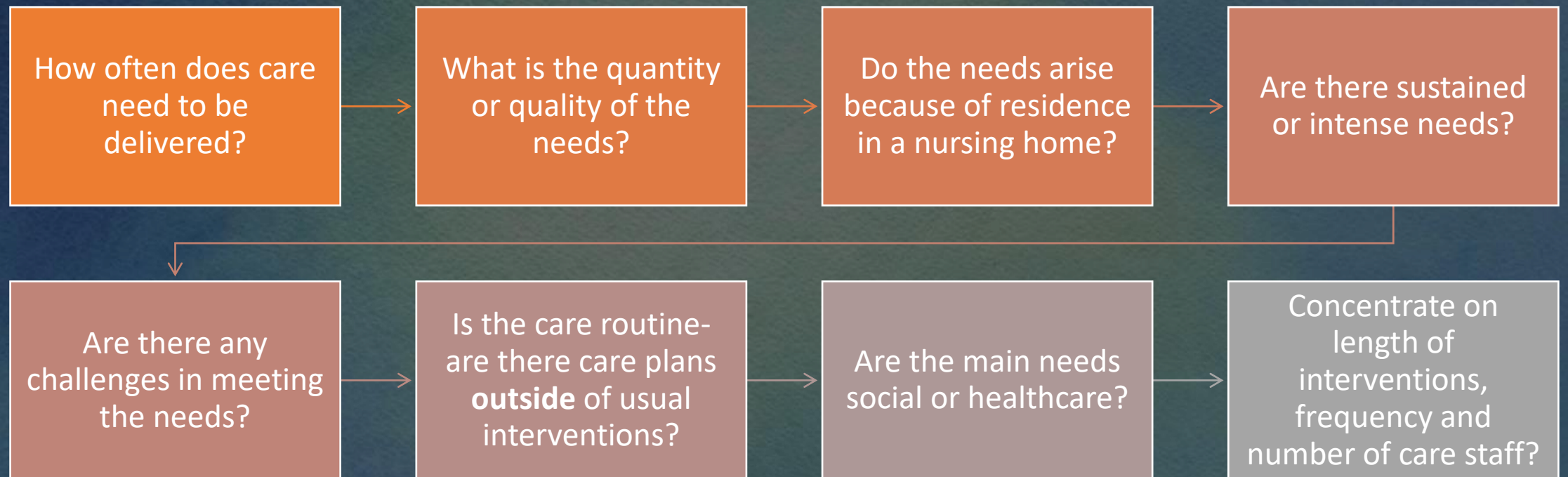


Are there unusual needs, presentation not expected in their condition?



*N.b there is no need to repeat the narrative in the DST

INTENSITY



COMPLEXITY

Is there a diagnosis which gives an understanding of the needs?

Is there exceptional interactions between needs ?

Is there input from other universal services?

Are there additional training needs for staff?

Are there additional skills required?

Deterioration or Projected deterioration

*there will always be some interactions

UNPREDICTABILITY



This is unpredictability in needs, not really condition or prognosis.



Are the needs unstable?



Are there necessary and frequent changes to the careplan needed to manage needs?



Do those fluctuation mean additional skills are required in order to manage needs.

GENERAL CONSIDERATIONS

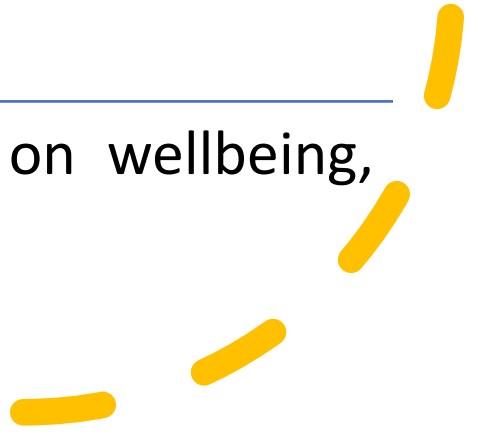
There is no need to repeat the narrative in the DST.

Look at health needs- be mindful that P/ family may not appreciate the division between social and health.

Is the care within the remit of social services?

Ignore the diagnosis or the reason for the needs?

Concentrate on the need, its impact on wellbeing, how the needs are addressed.





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Case Study...





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Speaking Now...



Brogan Archer
AACC Software Specialist
The Access Group



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Speaking Now...



Fergus Campbell


Clinical Lead for Court of Protection/Mental Capacity Act - NHS Midlands and Lancashire Commissioning Support Unit

Mental Capacity Act within All Age Continuing Care

A Patient Journey through a Deprivation of Liberty

Presented by: Fergus Campbell – Clinical Lead CoP/MCA

The Person

- Person at the centre
 - Purpose of this process
 - “What is in it for me?”,
 - “They're not deprived of their liberty”,
 - “I've never heard of this before”
 - “P lacks capacity”
 - Language accessible, (initialisations, acronyms), accurate
- 

Legislation

- Human Rights Act 1998
- Mental Capacity Act 2005
- NHS Act 2006

- National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care



Fairness

- Providing relevant information
- Seeking consent
- Protecting personal information
- Promoting supported decision making

Respect

- Communication
- Person centred planning
- Supporting Relationships

Equality

- Providing accessible information
- Encouraging equality and a human rights-friendly service

Dignity

- Meeting Need
- Maintaining privacy
- Communicating effectively

Autonomy

- Seeking consent
- Understanding and respecting a person's preferences



Considerations for Public Bodies

- Backlogs – 126,100 DOLS outstanding in England during 2022-23, COPDOLS are a hidden number
- Identifying a DOL - acid test, imputable to the state
- Challenges (S21a)/ COP Applications/ Appeals/Judicial Review
- If unlawfully detained – breaches



In Practice

- Capacity Assessment – Principles
 - Education, support, accessibility, timeliness of the decision, delaying a decision
- Recording and Decision Making
 - Who, What, Where, Why, How
 - If it's not recorded, did it happen?
- Triangulation of Information
 - Facts, sources and strength of evidence




DOLS/COPDOL


Deprivation of Liberty Safeguards (DOLS)	JUDICIAL AUTHORISATION OF DEPRIVATION OF LIBERTY (COPDOL/Re X)
18 +	16+
Hospitals or Care homes	Placements outside hospitals or care homes
Local Authority responsible for Authorisations (in England)	Local Authorities and Integrated Care Boards
	Fully Funded, Joint Package of Care, S117 Aftercare



Considering Streamlined Applications

- Age – under 18
 - Objection from P
 - Any contest to the provided information
 - Conflict- advance decision, LPA or deputy
 - Failure to consult
 - Concerns requiring judicial scrutiny
- 

Case Study

- Noah is a 21-year-old male
 - Has a diagnosis of an Acquired Brain Injury, following a road traffic collision
 - Currently in a specialist rehab provision and is ready to move from the service
 - Proposed Noah returns to live in the family home with a health funded package of care of 24-hour support (including family support)
 - Noah can indicate basic likes and dislikes, will use objects of reference and a small spoken vocabulary
 - He has good relationships with his family overall and particularly with his elder sister
 - Noah has developed a consensual relationship with another person at specialist rehab provision
- 

COPDOL Application

- Confirmation of “unsound mind”
- COP3 – Capacity Assessment
- Best Interest Discussion – minuted
- COP11 – Application
 - Annex A - all the restrictions P is subject to
 - Annex B – Consultation with others
 - Annex C – Consultation with P
- P’s consistent quality care plans – signed and dated!
- Medication - covert medication plans
- Tenancy agreements
- LPA/Deputyship
- Previous orders
- Valid advanced decisions
- Rule 1.2 Representative – Identified and providing a COP24 statement to the court.

Protection from Liability

- Section 5 of the MCA provides ‘protection from liability.’
- Family/Heath and Social Care professionals
- For acts that could otherwise be considered a crime.
- Before taking action, carers must first reasonably believe that:
 - The person lacks the capacity to make that particular decision at the time it needs to be made
 - The action is in the person's best interests.’



LPS

- Current processes may change
- Timeframe unknown



Thank You!

Email: fergus.campbell2@nhs.net

Website for Personalised Healthcare Commissioning:
<https://www.midlandsandlancashirecsu.nhs.uk/personalised-healthcare-commissioning-services/>

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Case Study...

xyla

Part of Acacium Group



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Speaking Now...



Alex Reed

Client Partnership Manager - Xyla



Part of Acacium Group

Approaching patient-centred care collaboratively



Hosted by Alex Reed

Client Partnership Manager at Xyla





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xyla digital therapies
Part of Acacium Group

xyla health & wellbeing
Part of Acacium Group

xyla health & social services
Part of Acacium Group

Who we are



CHS Healthcare was founded in 1995

specialising in supporting clients across CHC, software, brokerage and self funders throughout the UK, working in partnership with ICBs, NHS trusts and local authorities.

In 2024, CHS joined its sister brands

within Acacium Group to unite under one brand, now known as Xyla.

The same service

All services and processes offered by CHS remain the same under Xyla.





Part of Acacium Group

Partnering for better outcomes





Part of Acacium Group

CHC

Software

Financial
assurance

Brokerage

End-to-end

Partnering for better outcomes



➤ Full spectrum of core AACC managed clinical services, including:

- CHC checklists, assessments and reviews
- retrospective reviews
- appeals management
- commissioning reviews
- LeDeR services

Leading
healthcare
delivery
partner

Technology
enabled
services

Clinical
excellence

Patient
centered





Part of Acacium Group

CHC

Software

Financial
assurance

Brokerage

End-to-end

Partnering for better outcomes

...

Last 12 months

2024

significant investments in our digital products, including:

- enhancing our referral portal and business intelligence tools
- workflow
- dedicated DoLS module
- automated data retention tool

deliver a new provider portal enhancing brokerage, contracting and payment validation processes for ICBs





Part of Acacium Group

CHC

Software

Financial
assurance

Brokerage

End-to-end

Partnering for better outcomes



Proven solution
for enhancing
financial control
over
commissioned
care

Complete more
than 2,000 care
quality audits
monthly

Delivered over
£7m savings in
the last
financial year

Commit to
providing 5%
saving to the
ICB's
commissioned
budget





Part of Acacium Group

CHC

Software

Financial
assurance

Brokerage

End-to-end

Partnering for better outcomes



Supporting brokerage teams nationwide in sourcing personalised care for residents.

Comprehensive BI reporting on care costs and availability to help identify barriers and gaps in care provision.

We fulfill service users' needs by providing current care information and arranging suitable long-term placements or home care packages.

Facilitating timely transfers from high-cost interim or hospital beds to long-term care or home.





Part of Acacium Group

CHC

Software

Financial
assurance

Brokerage

End-to-end

Partnering for better outcomes



Xyla can provide a comprehensive, in-house, end-to-end solution

- referral management,
- clinical assessment,
- care planning and reviews,
- case management, care brokerage,
- retrospective reviews and appeals,
- quality assurance,
- administration and finance
- supported by our market-leading infrastructure and technology.

Benefits of our end-to-end solution

Service user at
the heart of our
service

We provide
certainty of
delivery

Efficiency

High-quality, fair
and timely
service delivery

Tailored by the
community



xyla

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Q&A



Find out more here



xyla

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Thank You.

www.xylaservices.com

Get in touch



Phone

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Osprey House, Newcastle under
Lyme



Website

xylaservices.com

Find out more here





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Speaking Now...



Paula Marten
Assistant Headteacher
Chailey Heritage Foundation



Overcoming the Barriers of Transitioning from NHS Continuing Care to Continuing Healthcare

Paula Marten, Assistant Headteacher, Chailey Heritage School

Chailey Heritage Foundation



About Chailey Heritage Foundation



- Education and care services for children and young people with complex neurodisabilities.
- Most have severe cerebral palsy, many have visual and/or other sensory impairments.
- All are wheelchair users; very few have verbal communication.
- Maximising independence and choice, developing effective communication and providing powered mobility opportunities.

Decision making on behalf of young people



Transition to Adult Services

Where do young people go when they leave Chailey Heritage School?

- A specialist or local college
- Futures provision at Chailey Heritage
- Living at home with additional support, accessing daytime activities
- A residential care home

NHS Continuing Healthcare

- Some of the children here will be assessed for **NHS Continuing Care** which can be used to fund a care package at home, including through a Personal Health Budget.
- When they are coming up to 18, some young people will be assessed for **NHS Continuing Healthcare**. This can be provided in a range of settings. It can fund home care or cover residential home fees – via a Personal Health Budget.
- If a child has received Continuing Care funding, this does **not** mean that they are more likely to receive adults' Continuing Healthcare funding.

NHS Continuing Healthcare

NHS Continuing Healthcare funding can have a **direct bearing on the choices available** to a young person when they move to Adult Services.

We want to support families with CHC assessments so that they can get the right support packages at home and for wider funding purposes.

NHS Continuing Healthcare

- To be eligible for CHC, an assessment must take place, led by a CHC Nurse Assessor, with a Social Worker.
- This assessment requires a lot of information from parents and practitioners who know the young person well.

What support do we provide?

- We offer support, advice and guidance to parents about the process.
- We provide the CHC Nurse Assessor with comprehensive, up to date reports about the young person's health, education, and care needs.
- We give the Nurse Assessor the contact details of the key professionals so that they can be invited to join the assessment.
- We employ Family Liaison Workers, who are available to attend the assessment.
- We support parents who are appealing a CHC decision.

Preparation for CHC assessments - the process for children and young people attending school

EMAIL/WRITTEN REQUEST RECEIVED REQUESTING PAPERWORK FOR CHC ASSESSMENT PROCESS (Adults coming up to 18 years on onwards).
Recipient of email/request to inform Future Placement Planning Coordinator and School Office who will contact Family Liaison Worker, Home Manager, Social Care Placement Manager, Social Care admin & CCS admin

Future Placement Planning Coordinator to check parental/YP consent to share information with CHC Nurse Assessor
School Office, Social Care and CCS Admin then submit paperwork below to CHC Nurse Assessor. Please cc to Family Liaison Worker, School admin & Social Care admin who will circulate to their relevant teams involved in the assessments

CHF (School and Residential)

- ☐ Annual Review report and EHCP (SCH)
- ☐ Manual Handling Assessment (SCH)
- ☐ PBS (SCH OR RESID)
- ☐ EMAR and medication lists (SCH OR RESID)
- ☐ Daily Care chart (SCH)
- ☐ Medical appointments, dentists, opticians etc (RESID)
- ☐ Hospital admissions (RESID)
- ☐ Seizure activity records (RESID)
- ☐ About me document (RESID)
- ☐ Support Plan (RESID)
- ☐ Health & Wellbeing document (RESID)
- ☐ Medical appointments attended (RESID)

CCS

- Health Reviews (CCS)
- Annual therapy report (CCS)
- Eating & Drinking guidance (CCS)
- Dietician clinic letters (CCS)
- Psychologist letter (CCS)
- Feed regime (CCS)
- Seizure Profile (CCS)
- Emergency regime (CCS)
- Nursing care plans (CCS)
- Respiratory Management Plan (CCS)
- Positioning equipment guidance (CCS)
- Hospital letters (CCS)

Future Placement Planning Coordinator/Social Care Placement Manager to follow up with parents and CHC nurse assessor if not previously aware of assessment.

Future Placement Planning Coordinator liaises with Social Worker and/or CHC Nurse Assessor/CCS administrator in coordinating TEAMS meeting

- ☐ FPP Coordinator to send CHC nurse assessor appropriate attendees
- ☐ CHC Nurse Assessor to send invitations
- ☐ FLW to contact parents re: support needs

Recommended Attendees:

External

Parents
CHC Nurse Assessor
Social Worker

CHF (School and Residential)

Future Placement Planning Coordinator
Social Care Placement Manager (Resid only)
House Manager (Resid only)
S/Education Assistant
Keyworker/ Night Keyworker (Resid only)

CCS (Initial Decision Support Tool only)

Nurse
Therapists
Family Liaison Worker
Psychologist
(Attending if clinically appropriate)

Information sent to the CHC assessor

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CCS

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- Hospital letters (CCS)

Case Study - Helping a Parent to Prepare.

- Amanda's daughter was to be assessed for CHC in late September 2023. She had received CC funding.
- Early September: the Family Liaison Worker and I met with Amanda, having sent her the blank DST, along with our CHC 'Guide for Parents'. This meeting took 1 hour and 45 minutes.
- We talked about the young person's needs in relation to each of the twelve domains. Amanda described what she does to meet those needs.
- We gave Amanda guidance as to what she could produce as evidence. We send comprehensive records to the assessor, but they need to know what happens at home too.
- All evidence should be recent, detailed, and quantifiable. It should reflect the full extent of the young person's needs and the impact on the whole family.
- Amanda gained an understanding of what will happen at the assessment. She went away with a list of tasks that she will complete in preparation.
- She gained familiarity with the terms that will be used in the assessment. Amanda now knows to refer to the four key characteristics which influence the outcome of the assessment along with the specific categories of need.

How has our practice changed?



- We needed to improve and develop what we do to support young people and families with the transition from Continuing Care to Continuing Healthcare.
- ICBs make the requests for assessments. We now **respond** to these requests quickly and efficiently.
- We support parents throughout the process in a variety of ways.

What we now have in place

- A cohesive administration system to respond to requests.
- A new approach to written language in reports.
- Training for all staff.
- Written guides for parents.
- Coffee mornings/breakfast events for parents, with NHS professionals present to talk about CHC and respond to questions.
- Strong links with ICBs.



Thank You



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CPD Certificate...



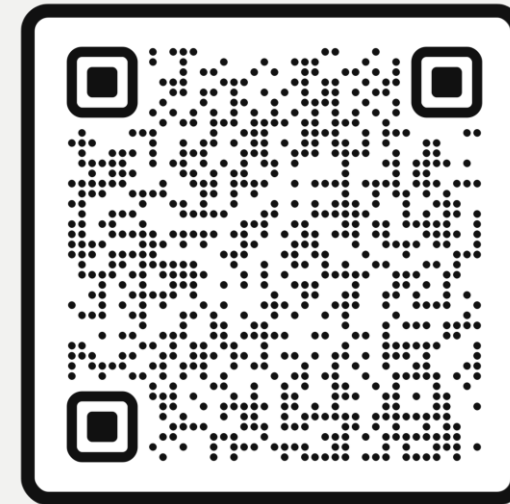
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