

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:		Executive Member for Adult Social Care and Health	
Date:		3 June 2019	
Title:		Continuing Healthcare – Discharge to Assess Pathway – 2019/20 Section 75 Agreement	
Report From:		Director of Adults' Health and Care	
Contact name:		Jess Hutchinson	
Tel:	01962 847966	Email:	jessica.hutchinson@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to set out the reasons why a Section 75 Agreement is required to support the Continuing Healthcare Discharge to Assess (CHC D2A) pathway, and to seek approval for entering into the Agreement.

Recommendation(s)

2. That the Executive Member for Adult Social Care and Health approves the entering into a Section 75 Agreement with Hampshire Clinical Commissioning Groups for Hampshire County Council to be the Lead Commissioner and for a Pooled Budget to enable joint working between health and social care in Hampshire for the delivery of a continuing healthcare discharge to assess pathway.
3. That the Executive Member for Adult Social Care and Health give delegated authority to the Director of Adults' Health and Care in consultation with the Executive Member, to finalise the terms and conditions of the Section 75 Agreement.

Executive Summary

4. This report seeks to;
 - Set out the background to the CHC D2A project
 - Highlight the impact the project can have on the performance of the County Council
 - Set out the reasons for the recommendations
 - look at key issues

Contextual information

5. Background

6. The July 2018 Care Quality Commission (CQC) report and local system review action plan identified areas of improvement that it expects the Hampshire system to address in relation to NHS Continuing Healthcare.
7. NHS Continuing Healthcare (CHC) is the name given to a package of care which is arranged and funded solely by the NHS for individuals outside of hospital who have on going health care needs. An individual can receive NHS continuing healthcare in any setting, including in their own home or in a care home.
8. The briefing paper submitted to the Improvement and Transformation board in September 2018 advised of the shared response to the CQC report and action plan, outlining the aim of achieving the completion of at least 85% of all CHC assessments in the community and reducing the period of time that patients are delayed in hospital.
9. A system wide collaborative approach is required to ensure that eligibility for CHC is determined, assessments are conducted at the right time and in the right place within the 28 day time frame from checklist to decision. Ongoing funding responsibilities should be agreed in a timely manner following the CHC assessment, with as little impact on the individual as possible.
10. Current data shows that nationally at least 70% of those assessed for CHC will be found not eligible. Those not eligible for CHC will either fund their own ongoing care or will be eligible for services from the Local Authority.

11. CHC D2A Pathway

A CHC Discharge to Assess pathway was introduced on 1 April 2018 to explore how the discharge pathway would be delivered operationally within a live setting. The CHC D2A pathway discharges individuals to an appropriate and preferred setting, that is likely to be their long term setting. The CHC assessment is carried out in this setting, thus reducing the number of moves often required with interim placements.

12. As at March 2019, the CHC D2A pathway has been implemented in 5 hospitals, and has delivered the following outcomes;
 - *Assessments Undertaken Outside of an Acute Setting*

90% of all CHC assessments have taken place outside of the acute setting. This was previously 60% prior to the introduction of the pathway.
 - *Improved Patient Experience*

No outcomes disputed and no complaints received due to CHC assessment. Anecdotal evidence suggests that patient experience has improved following implementation of the pathway.
13. Both parties are committed to better integration of NHS and Health Related Functions and an initial Section 75 Agreement was entered into for part of the last financial year up to 31 March 2019, to jointly develop the CHC D2A

pathway. Arrangements have continued pending the formalisation of the Section 75 Agreement requested in this report.

14. The project is limited to a small number of people (estimated at around 33-45 per month). The timescale for those on the pathway is approximately 28 days but this can sometimes be longer.

Section 75 Agreement

15. Section 75 of the NHS Act 2006 and accompanying regulations support flexible working between the NHS and local authorities by providing lead commissioning, pooled budget and integrated management arrangements to be put in place.
16. A lead commissioning arrangement refers to one organisation entering into a single contract for both health and social care provision. In this instance Hampshire County Council will be lead commissioner for the Discharge to Assess in nursing and residential settings, using the Adults' Health and Care brokerage function to source placements at an agreed weekly rate. A weekly enhancement of £250 will apply for the CHC assessment period.
17. Clinical Commissioning Groups (CCG) will continue to commission domiciliary care for the D2A pathway via their own brokerage function, under CCG contract terms.
18. The Section 75 Agreement will include how respective liabilities will be covered. Appropriate contract terms and conditions between Hampshire County Council and providers will be put in place. The arrangements for Hampshire County Council hosting the pooled budget will also be set out in the Section 75 Agreement.
19. It is proposed that the Section 75 Agreement be for an initial term of 1 year. Continuation of the Section 75 Agreement beyond 31 March 2020 would be subject to agreement between Hampshire County Council and CCGs regarding financial arrangements.
20. The Section 75 Agreement will be subject to approval by the CCG Boards.

Finance

21. The Hampshire County Council contribution to the Section 75 Agreement will be up to a maximum of £0.89m for the financial year 2019/20. This will be funded from existing one-off resources within the Adults' Health and Care department that have been earmarked for this purpose.
22. The County Council's contribution represents an equal share of additional net cost for this project to partners of £1.78m with the remaining share coming from the five CCGs.
23. The estimated gross cost of the CHC D2A care that will be included within the proposed Section 75 agreement is £1.95m of which the County Council will contribute up to £0.65m. The total CCG contribution will be £1.29m. The CCG contribution will be funded in part from estimated savings from reduced CHC

costs of £0.52m, delivered through this proposal, with the remaining contribution being an additional expense to the CCGs.

24. The staffing resource required to undertake assessments to support this proposal is estimated to be £0.36m. The contributions from each partner will be split accordingly: CCGs - £0.12m, Hampshire County Council - £0.24m.
25. The total net additional expense borne by each partner after assumed savings is therefore £0.89m, whilst the total amount to be pooled under this arrangement will be £2.31m.
26. The financial risk to the County Council within this proposal has been limited to £0.89m. As this proposal relates to demand led services it is possible that the overall net cost could exceed £1.78m. Should this eventuality arise under the risk sharing arrangement any additional costs will be met by the CCGs.
27. As stated previously this arrangement is for one year only. At the end of this period it is anticipated that a review to secure recurring funding from NHS will be concluded with the findings implemented in order to continue this service development on a financially sustainable basis and will be subject to any further approval by the Executive Member for Adult Social Care and Health, as required.
28. Details of project funding for the 2019/20 financial year is included as Appendix 1.

Risks & Issues

29. If the CHC pathway is discontinued, there is a risk that we will not continue to meet our target of 85% of assessments taking place outside of an acute environment. This may result in reputational damage to both parties if we do not comply with CQC action plan.
30. If the CHC pathway is discontinued, it is also likely to have a negative impact on patients as they are likely to remain in hospital longer than is necessary. This may lead to an increase in Delayed Transfers of Care (DTC) levels.

Consultation and Equalities

31. Hampshire County Council undertook an Equalities Impact Assessment in December 2018.

Conclusion

32. The introduction of the CHC D2A pathway has demonstrated the positive impact that the pathway can have on the performance of Adult's Health and Care in ensuring that individuals are assessed for CHC eligibility 'at the right time and in the right place' to avoid deterioration in health associated with remaining within the acute environment. It can also enable a joined up approach in supporting the individual through the pathway and that the process is carried out in a timely manner.

33. The pathway enables the County Council and CCGs to meet shared objectives against CQC recommendations, including the completion of at least 85% of all CHC assessments in the community.
34. Ensuring that a higher number of assessments are completed in the community can reduce the level of DTOCs, a key priority for the NHS and LAs, with delays needing to reduce from approximately 6,428 to 4,080 nationally per day in order to release the required bed capacity within health systems.
35. The CHC D2A pathway model can enable closer integrated working to develop services within the residential and domiciliary care markets.
36. In conclusion, it is considered that putting in place the Section 75 agreement, as outlined above, will support us in achieving the objectives outlined above.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title:</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Section 75 of the NHS Act 2006	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

It is considered that the project will not impact negatively on groups with protected characteristics.

The majority of patients going through the CHC D2A pathway will be older persons or people with physical disabilities. Ensuring that the assessment is carried out in a more suitable environment will be beneficial to these individual's wellbeing and improve their experience of the CHC pathway.

The detailed EIA can be found using the following link:

<https://www.hants.gov.uk/aboutthecouncil/equality/equality-impact-assessment/adults-health-care>

Appendix 1: Cost Breakdown for CHC D2A Funding Options – 2019/20

Net cost of implementation is risk-shared across CCG and LA	
<u>5 CCGs in Hampshire</u>	
Impact on CCG Budgets	
D2A care costs	£1,945,648
CCG share of staffing costs	£118,600
Savings to CHC budget	-£525,024
Ongoing FNC Costs/(Savings)	-£54,557
LA Reimbursement for not eligible clients	£0
Risk Share net costs 50/50	-£651,012
Total impact to CHC budget	£833,655
Impact on LA Budgets	
LA share of staffing costs	£237,200
LA Reimbursement for not eligible clients	£0
LA Reimbursement of self- funders	£0
Ongoing LA Package Costs/(Savings)	-£95,354
Risk Share net costs 50/50	£651,012
Total impact to LA budget	£792,858
Total Costs/(Savings)	£1,626,512
*Maximum contribution based on volume of D2A beds procured above baseline	
Of Which:	
Impact on CCG budgets (risk shared)	£888,212
Impact on CCG budget (not risk shared)	-£54,557
Impact on LA budgets (risk shared)	£888,212
Impact on LA budgets (not risk shared)	-£95,354
Total Costs/(Savings)	£1,626,512
Memo Item:	
Theoretical acute bed day savings	£2,770,200