

Continuing Healthcare Policy

1	SUMMARY	<p>This policy describes the way in which Haringey Clinical Commissioning Group (HCCG) will make provision for the care of people who have been assessed as eligible for fully funded NHS continuing healthcare (CHC)</p>
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4	APPLIES TO:	<p>Version 1.2 NHS Haringey CCG Continuing Healthcare (CHC)Team, Patients, Public, Local Authorities</p> <p>Version 2.2. NHS Haringey CCG Continuing Healthcare (CHC)Team and CHC Commissioning Team, Patients, Public, Local Authorities</p>
5	GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVPT OF THIS POLICY:	<p>Version 1.2: HCCG CHC team LD Commissioning manager HCCG Governing Body GP Lead for Adults LA Adult Commissioners</p> <p>Version 2.2</p> <p>HCCG CHC clinical team HCCG CHC commissioning team</p>

6	GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:	Version 1.2: Haringey CCG Quality Committee Version 2.2 Haringey CCG Executive Management Team			
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September 2015	2.1	Date of formal review extended. Hyperlinks corrected in Appendix 2. CHC team details updated.	
April 2018	2.2	Complete revision of policy to reflect changes in clinical procedures and commissioning. Appendices removed.	
June 2018	2.3	Sections on Dissemination and References added. Formatting corrected. Policy dates added.	

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1. Introduction

- 1.1 This policy describes the way in which Haringey Clinical Commissioning Group (CCG) will make provision for the care of people who have been assessed as eligible for fully funded NHS Continuing Healthcare. The term 'Continuing Healthcare' is used in this policy as an abbreviation for 'fully funded NHS Continuing Healthcare'.
- 1.2 Most patients who require Continuing Healthcare will receive it in a specialised environment. The treatment, care and equipment required to meet complex, intense and unpredictable health needs often depends on highly trained professionals for safe delivery, management and clinical supervision. Specialised care, particularly for people with complex disabilities may only be provided in specialist nursing home or hospital settings, and may be distant from the patient's ordinary place of residence.
- 1.3 CCGs hold the responsibility to promote a comprehensive health service on behalf of the Secretary of State and not to exceed their financial allocations. The CCG is expected to take account of patient choice, but must do so in the context of both responsibilities.
- 1.4 In the light of these constraints, Haringey CCG has developed and agreed this policy to guide decision making on the provision of Continuing Healthcare, in a manner that reflects the choice and preferences of individuals but balances the need for the CCG to commission care that is safe and effective and makes best use of the resources available to the CCG.
- 1.5 The policy sets out to ensure that decisions will:
- be robust, fair, consistent and transparent,
 - be based on the objective assessment of the patient's clinical need, safety and best interests,
 - have regard for the safety and appropriateness of care packages to those involved in care delivery
 - involve the individual and their family or advocate where possible and appropriate,
 - take into account the need for the CCG to allocate its financial resources in the most cost effective way,
 - support choice to the extent possible in the light of the above factors
 - be consistent with the principles and values of the NHS Constitution
 - take into account an individual's needs for both their health and their wellbeing
 - take into account the human rights of the individual for whom care is to be provided
- 1.6 This policy and Continuing Healthcare (Adults) Standard Operating Procedure (2018) form Haringey CCG's Continuing Healthcare framework. Both documents should be read in conjunction with:

- National Framework on Continuing Healthcare and NHS-funded Nursing Care (2012 revised)
- Haringey CCG Health and Safety Policies
- Haringey CCG Policy and Procedure for Safeguarding Adults
- The NHS Constitution

2. Context

2.1 Where an individual normally resident in Haringey has been assessed and the primary need is a health need, then that individual will qualify for Continuing Healthcare. Continuing Healthcare describes a package of on-going care arranged and funded by the NHS. Where an individual is eligible, the NHS is responsible for providing for the individual's assessed care needs.

2.2 Haringey CCG is required to secure and fund a Continuing Healthcare package to meet the reasonable needs of patients as assessed by the relevant professionals. Such needs will be identified through the multi-disciplinary assessment.

2.3 There is no duty on Haringey CCG to provide a specific package of care although the CCG will take individual choice into account when arranging a suitable package.

3. The Provision of Continuing Healthcare

3.1 Continuing Healthcare is provided in a range of settings. These can range from specialised treatment centres for specific conditions to providing care in the patient's own home. However, in order to meet the needs of the individual the most appropriate placement may not always be in the patient's borough of residence.

3.2 The Continuing Healthcare (Adults) Standard Operating Procedure (2018) describes the process of assessing Continuing Healthcare eligibility in detail. When the decision on eligibility is agreed, the continuing healthcare team will identify a package of care capable of meeting the assessed needs and whose providers are in a position to provide a place within a reasonable space of time.

3.3 Any assessment of needs will include, as well as the individual's healthcare, a review of psychological and personal care needs and will take into account the views of the individual assessed and those of the people involved in that individual's care.

3.4 In the creation of any package of care the CCG will give consideration to the wishes of the individual, their human rights and the rights and wishes of family and/or carers, which will include the right of respect for home and family life.

- 3.5 The CCG aims to offer individuals a reasonable choice of care packages which meet the individual's assessed needs. This usually means that up to three packages may be offered, assuming availability.
- 3.6 The Continuing Healthcare commissioner, in consultation with the responsible clinical team and the patient / people involved in that person's care, will choose the package based on quality standards, cost and the factors set out in sections 3.3 - 3.4 above. The CHC commissioner will ensure that the provider is CQC registered and therefore expected to meet the minimum standards and will check the status of any known Safeguarding Adults alerts / investigations / CQC improvement notice/Council embargo etc. A contract or Individual Patient Agreement will be put in place which sets out the nature and expected standards of care from the provider of that care.
- 3.7 The National Framework for Continuing Healthcare and NHS-funded Nursing Care (revised 2012) and Practice Guidance (2010) sets out that CHC clients (including those funded in Nursing Homes on Funded Nursing Care (FNC) should expect to be reviewed at 3 months and at least annually thereafter - more frequently if indicated. All funded clients are listed for review and the purpose of this review will be to ensure that the care package continues to meet the patient's need, to ensure that care is being delivered safely, and that the patient continues to be eligible for CHC/FNC.
- 3.8 If more than one suitable establishment or care package is available, or where there is a request for a care package which is not usually commissioned by the CCG, the total costs of each package will be identified and assessed for overall cost effectiveness by the care management team and commissioners. In almost all circumstances, the CCG will approve the most cost-effective package that meets assessed needs after due consideration to the factors set out in sections 3.3 and 3.4.
- 3.9 However, in certain and exceptional circumstances, the CCG may approve packages which are not considered the most cost effective package available that meets assessed needs. These are in cases where the CCG considers that, on balance of the factors considered in sections 3.3 and 3.4, it would be proportionate and reasonable to approve such a package as to not do so would cause a breach of duties which the CCG could not justify. These considerations will be made on a case by case basis.
- 3.10 Where an individual is found eligible for Continuing Healthcare whilst in acute NHS care or in a placement funded by the NHS, the individual or family must seek prior approval from the CCG for any change in the care package and/or placement location unless they intend to pay for the full care privately. In the event that the preferred choice of the individual or family is not one of the packages offered by the CCG, the CCG will consider the proposed care package in accordance with this policy. For the avoidance of doubt, a patient will not be treated on a different basis from another NHS patient because the individual previously received privately funded treatment.

- 3.11 Should either the patient, or a person with the legal right to act on behalf of the patient, wish to appeal the decision to provide a particular package of care, they must write to the Continuing Healthcare team within 28 days of the engagement of the package giving clear reasons why they believe the package provided to be inappropriate to meet the needs of the patient. Appeals will be considered jointly by the CHC clinical and commissioning team and every effort will be made to resolve the concerns to a mutually agreeable position. However, at all times the CCG will give consideration to the principles laid out in sections 1.3, 3.3, 3.4 and 3.5 of this policy.
- 3.12 If staff, patients, their carers, relatives and families have queries, concerns or complaints about CHC in Haringey, they are encouraged to contact the Haringey CCG complaints team.

4. Capacity to Make the Decision

- 4.1 The Mental Capacity Act (2005) (MCA) provides a statutory framework to empower and protect vulnerable people who are unable to make their own decisions. The MCA's starting point is the assumption that adults have capacity to make decisions for themselves, unless it is shown that they do not. The MCA clarifies the rights and duties of the workers and carers, including how to act and make decisions on behalf of adults who may lack the mental capacity to make decisions. It aims to ensure that people are given the opportunity to participate in decisions about their care and treatment to the best of their capacity. It covers all aspects of health and social care. People should be given all appropriate help and support to enable them to make a decision. People eligible for NHS Continuing Healthcare should be referred to the Independent Mental Capacity Act Advocate service when:
1. a decision is being made about serious medical treatment, or a long-term change in accommodation and
 2. the person lacks capacity to make that decision and
 3. they do not have friends or family whom the decision maker feels are appropriate to consult about the decision.
- 4.2 Where a personal welfare deputy has been appointed by the Court of Protection under the Mental Capacity Act, or a Lasting Power of Attorney with powers extending to healthcare decisions has been appointed, then the CCG will consult with that person and obtain a decision from the appointed person on the preferred care option.

4.3 Deprivation of Liberty Safeguards

Under the Deprivation of Liberty Safeguards the services of an Independent Mental Capacity Advocate (IMCA) can be provided as either a representative of a vulnerable adult or to support their family. This person is known as an 'advocate' and they are discussed in more detail in point 4 in the list below. Where the individual lacks capacity to make the decision on where to live and there is no Lasting Power of Attorney which extends to healthcare decisions then the CCG is under a duty to act in accordance with the individual's best interests in line with the MCA.

The CCG will take the decision on the basis of the best interests of the individual taking into consideration the views of the family/carers. The CCG will need to consider whether there is a requirement for a deprivation of liberty authorisation. In such cases the CCG is expected to follow the following procedure:

1. The CCG will document that it has established beyond reasonable doubt that the individual in question lacks mental capacity according to Part 1, sections 2 and 3 of the Mental Capacity Act 2005. It is expected that this documentation includes written testimony from a clinician.
2. The CCG will document that it has established that there is no Power of Attorney which extends to healthcare decisions.
3. The CCG will document that it has made all reasonable attempts to contact any friends or family and, in cases where they can be involved, has sought their views.
4. The CCG will decide if there is a need to appoint an independent mental capacity advocate in cases where no firm views from friends or family can be obtained. In such cases the CCG will commission an IMCA to assist the decision making process.
5. The CCG will then make a decision on the best interests of the individual, in accordance with Part 1, section 4 of the Mental Capacity Act 2005. It is expected that any views obtained by friends, family or IMCA will be taken into account.

5. Top Up

- 5.1 The CCG is only obliged to provide services that meet the assessed needs and reasonable requirements of an individual. A patient has the right to decline NHS services and make their own private arrangements.
- 5.2 Where an individual is found eligible for Continuing Healthcare, the CCG must provide any services that it is required to provide, free of charge. In the context of care home placements this will be limited to the cost of providing accommodation, care and support necessary to meet the assessed needs of the patient. For 'care at home'

packages this will be the cost of providing the services to meet the assessed needs of the individual. The package of care which the CCG has assessed as being reasonably required to meet the individual's needs is known as the core package.

- 5.3 Where an individual wishes to augment any NHS funded care package to meet their personal preferences they are at liberty to do so. However, this is provided that it does not constitute a subsidy to the core package of care identified by the CCG. The CCG is responsible for the core package and must not allow the individual to contribute to it.
- 5.4 Joint funding arrangements (between NHS & client \ family) are not lawful and any additional private care must be delivered separately from NHS care. The invoices for any extra services must be dealt with directly by the individual and show the service/item that the payment relates to so that it can be clearly seen that payment is not subsidising the CCG's core package.
- 5.5 As a general rule, individuals can purchase services or equipment where these are optional, non-essential items which an individual has chosen (but was not obliged) to receive and are not items which are necessary to meet the individual's assessed needs. Examples include private hairdressers or a personal television.

6. Review of Continuing Healthcare Support

- 6.1 The CCG routinely reviews packages of care and as a result all reviews will comply with the policy.
- 6.2 All individuals will usually have their care reviewed within the first three months of the commencement of the care package – be that in their own home or a residential setting. Subsequent reviews will usually be every twelve months but may be sooner if their care needs indicate that this is necessary.
- 6.3 Individuals with palliative care needs will have their care reviewed more frequently in response to their medical condition.
- 6.4 The review may result in either an increase or a decrease in support offered and will be based on the assessed need of the individual at that time. Reviews will include input from the individual, their family and in the case of those who lack capacity, their advocate.
- 6.5 Where the individual is in receipt of a home support package and the assessment determines the need for a higher level of support the criteria set out in Section 7, below, will apply. This may result in care being offered from a nursing home, hospital or hospice, whichever best meets the criteria overall.
- 6.6 Decisions on proposed changes of placement on financial grounds only would be made at Director level.

- 6.7 The individual's condition may have improved or stabilised to such an extent that they no longer meet eligibility for NHS Continuing Healthcare. Consequently, the individual may be referred to the Local Authority who will assess their needs against the Guidance on Eligibility Criteria for Adult Social Care (2010). This may mean that the individual will be charged for all or part of their ongoing care. Transition to Local Authority care will be managed by agreement between the respective authorities.
- 6.8 An individual may appeal the decision in writing within six months of the decision by writing to the Continuing Healthcare team giving a clear rationale why they believe the decision to be wrong. Further detail is in the Continuing Healthcare (Adults) Standard Operating Procedure (2018).

7. Continuing Healthcare in a Care Home Placement

- 7.1 As set out above, the CCG aims to offer individuals a reasonable choice of between two to three care homes and care providers. The CCG will provide information to individuals/representatives about the choice of care homes so that they are able to make an informed choice.
- 7.2 An individual has the right to decline NHS funding and make private arrangements. For the avoidance of doubt, in the event that an individual has been assessed and found to be eligible for Continuing Healthcare they will no longer be able to receive funding from the Local Authority towards their care even if they decline NHS funding.
- 7.3 Where, immediately prior to being found eligible for Continuing Healthcare, an individual is residing in a care home which is not one of the CCG's preferred providers and that individual does not wish to move, the CCG will undertake a clinical assessment of the individual to consider the clinical or psychological risk of a move to an alternative placement.
- 7.4 In exceptional circumstances, including where there is a high risk in moving the individual, the CCG will consider whether it is appropriate to commission a package outside of the CCG's preferred providers. In this instance, the CCG will consider:
- the cost of the package;
 - the Care Quality Commission's assessed standard;
 - the appropriateness of the package;
 - the clinical assessment of the individual's needs;
 - the risk of any the change to the individual's health;
 - the likely length of the proposed package;
 - the psychological needs of the individual in determining whether the CCG will continue to commission care at the care home.

- 7.5 In the event that the CCG commissions care in a home that is not normally commissioned by the CCG, the appropriateness of the placement will be reviewed at the initial and any subsequent reviews.
- 7.6 Where an individual is in hospital at the point that he/she is found eligible for Continuing Healthcare then he/she will not be considered resident in a care home. This will be the case even if prior to the admission to hospital the individual was resident in a care home.
- 7.7 The CCG will not normally fund a placement where the requested care home is not the most suitable place for the provision of care and the care package can only be provided safely or resiliently at the current home with additional staffing at significant extra cost to the CCG.
- 7.8 If the individual or their family/representative indicates that they are unwilling to accept any of the placements offered by the CCG then the CCG shall issue a final offer letter setting out the options available. If the CCG does not receive confirmation that the individual has accepted one of the placements within 14 days then the CCG will write to the individual confirming that the NHS funding has been turned down and NHS funding will cease from 28 days after the date of this notice.
- 7.9 Where the individual or their family/representative choose to turn down Continuing Healthcare funding, they will not be able to access local authority funding for the care and will need to make private arrangements.
- 7.10 If after receipt of a letter from the CCG, stating that funding has been turned down, the individual or their representatives want to access NHS services, they remain entitled to do so and can re-enter the Continuing Healthcare process.

8. Continuing Healthcare at Home

- 8.1 The CCG only supports the use of 'care at home' packages where appropriate and recognises the importance of patient choice. However, there may be situations where the CCG cannot provide the individual's choice of having a 'care at home' package either because of the cost or risks associated with the package. The CCG considers that packages which require a high level of input may be more appropriately and safely met in another care setting.
- 8.2 The CCG's duty to fund services does not extend to funding for the wide variety of different, non-health and non-personal care related services that may be necessary to maintain the patient in their home environment. Should the CCG identify that such basic needs are not going to be (or have not been) properly met, the CCG may find that a 'care at home' is not or no longer appropriate.

8.3 Whether a particular service should be provided by the CCG will depend on the review by the CCG of whether that particular service is required in order to meet that individual's personal or health care needs.

8.4 Haringey CCG will only consider the provision of Continuing Healthcare at home in the following circumstances:

- Care can be delivered safely to the individual and without undue risk to the individual, the staff or other resident members of the household. The safety will be determined by professional assessment of risk which will include the availability of equipment, the environment and appropriately trained carers to deliver care whenever it is required;
- The acceptance by the individual, the CCG and each person involved in the individual's care of any risks relating to the care package.
- The patient's General Practitioner has provided an opinion on the suitability of the package and agrees to provide primary medical support
- The placement is consistent with the opinion of secondary care and /or specialist clinicians involved in the individual's care
- Where it is the individual's preferred choice, considering the suitability, accessibility and availability of alternative arrangements and the psychological, social and physical impact on the individual
- The extent of a patient's needs can be managed effectively in a domiciliary setting
- The cost of providing the package of choice is consistent with the CCG's duty not to exceed financial constraints (see 1.3)
- The cost (or range of costs) of the care package(s) identified by the CCG as suitable to meet the individual's assessed care needs.
- The family and/or friends of the individual have a willingness to provide elements of care where this is a necessary / desirable as part of the care plan and with the agreement of those persons to the care plan.

8.5 If the service user has capacity to make an informed decision and still wishes to be cared for at home, the following conditions apply:

- A full risk assessment must be made covering all the assessed needs and reflecting the proposed environment in which the care is to be provided.
- The individual agrees to receive care at home with a full understanding of the risks and possible consequences.
- The organisation with responsibility for providing the care agrees to accept the risks to their staff of managing the care package.

- The patient's primary care team agrees to provide clinical supervision of the care package, accepting the risks, which will need to be made explicit on a case by case basis.
- If action by family members or friends is needed to provide elements of care they must also agree to the care plan.
- Actions to be taken to minimize risk will include those that must be taken by the individual or their family.
- Any objections from other members of the household are taken into consideration.
- There has been consideration of a Personal Health Budget so the patient can self-direct their care.
- Care is provided by an organisation or individual under a formal agreement and meets standards acceptable to NHS commissioners.

8.6 If a service user does not have the mental capacity to make an informed choice and is placing themselves at risk by indicating choice of a care package at home a mental capacity assessment will be undertaken. An independent advocate will be offered to support the user in this process, under the provisions of the Mental Capacity Act (2005).

8.7 If the service user does not have the capacity to make an informed choice the CCG will deliver the safest and most cost effective care available based on an assessment of best interests and in conjunction with any advocate, close family member or other person who should be consulted under the terms of the Mental Capacity Act (2005).

8.8 An individual may appeal the decision in writing within six months of the decision by writing to the Continuing Healthcare team giving a clear rationale why they believe the decision to be wrong. Further detail is in the Continuing Healthcare (Adults) Standard Operating Procedure (2018).

9. Assessments for Continuing Healthcare at Home

9.1 In order to establish whether it is appropriate to fund a 'care at home' package, the CCG will undertake a number of assessments prior to agreeing to any package.

9.2 Safety of the package will be determined by a formal assessment of risk, undertaken by appropriately qualified professionals. The risk assessment will include the availability of equipment, the appropriateness of the physical environment and availability of appropriately trained carers and/or staff to deliver care whenever it is required.

9.3 The resilience of the package will be assessed and contingency arrangements will need to be put in place for each component of the package in case any component of the package fails.

9.4 An environmental risk assessment

- 9.4.1 The risk assessment must consider all risks that could potentially cause harm to the individual, any family and the staff. Where an identified risk to the care providers or the individual can be minimised through actions by the individual or his/her family and/or carers, those individuals must agree to comply with the steps required to minimise such identified risk. Where the individual requires any particular equipment then this must be able to be suitably accommodated within the home.
- 9.4.2 The CCG is not responsible for any alterations required to a property to enable a home care package to be provided. For the avoidance of doubt, where an individual or representative has made alterations to the home but the CCG has declined to fund the package, the CCG will not provide any compensation for those alterations. Included in the risk assessment will be a robust Safeguarding Adult assessment in order to assess whether there are any actual or potential risks to the individual.

9.5 A clinical assessment

- 9.5.1 When considering whether a package of care is suitable, the CCG will undertake a clinical assessment of the patient's needs and the extent to which that clinician considers that the proposed 'care at home' package meets those needs. The clinical assessment will consider the benefits of a 'care at home' package against the benefits of a care home placement.
- 9.5.2 A nurse and the individual's GP will be asked to consider the proposed arrangements in order to determine whether it is the most appropriate care package. This will include current and likely future clinical needs and psychological needs. Where part of the package is based on care being provided by a family carer(s) it will also include consideration of how needs will be met in the event that the carer is temporarily unable to provide the care.

9.6 Staffing Assessment

- 9.6.1 The CCG will assess the care need and the input required by the individual to meet those needs. The CCG shall consider the qualification of any required staff and the sustainable availability of appropriately qualified staff including appropriate contingency arrangements.
- 9.6.2 The CCG has a duty to its staff to assess any potential harm and take steps to prevent it. This covers both physical risks and any potential psychological risks that may arise. The CCG's Health and Safety policies and procedures will apply. This includes manual handling policies and lone worker policies.

9.7 The individual (or representatives) are responsible for ensuring that the environment is safe for the provision of the care package. Where the safety assessment identifies a potential risk associated with the home, the individual is responsible for remedying that. The individual (or representatives) are also responsible for ensuring that the environment is appropriate for the provision of the care package by staff. This includes ensuring staff are able to have access to toilet, bathroom and kitchen areas and such areas are kept in a clean state and ensuring that staff are treated with dignity and respect.

10. Termination of a 'Care at Home' Package

- 10.1 In any circumstance where the CCG considers that the safety of its staff or its agents/contractors are at risk it shall take such action as it considers appropriate to remove that risk. Where this relates to the conduct of the individual or the home environment it shall request that the individual/representatives take the necessary action to remove the risk.
- 10.2 Where a review identifies, or the CCG otherwise becomes aware that an action to reduce an identified risk to either the people involved providing care to the individual or to the individual has not been observed and such failure may put those individuals providing care at risk or may significantly increase the cost of the package then the CCG will take the necessary steps to protect the individual and staff involved with a view to ensuring the safety of all concerned. Harassment or bullying of care workers by the individual, carers or family members will not be accepted and the CCG will take any action considered necessary to protect its staff and contractors.
- 10.3 Where safety of the individual and/or those people involved in providing care is likely to be compromised without such action and the individual or representative does not take the required action then the CCG may write formally to the individual. Where there is a threat to the safety of CCG Staff or agents then the CCG retains the right to take any action it considers necessary to remove the threat including the immediate withdrawal of the care provision.
- 10.4 Where the individual is in receipt of a home care package and an assessment determines that this is no longer appropriate for any reason (including increase in care needs, inability for family to provide agreed care or identified risk) then an alternative package will be discussed and agreed. If the individual declines to accept alternative suitable provision, the CCG may write formally to the individual, giving no less than 28 days' notice for alternative arrangements to be put in place by the individual.

11. Responding to Concerns

- 11.1 When concerns arise the CHC team will undertake a timely review involving the patient, and where appropriate the family members.
- 11.2 The Case Manager will establish any unmet need and revise the care plan and package of care to ensure needs are met.
- 11.3 The CHC team will arrange for the review of their commissioned placements in any establishment where concerns are highlighted to establish the overall quality of service and ensure patients' needs are being met. All quality concerns will be discussed with the provider and appropriate actions agreed with timescales to resolve these.
- 11.4 If necessary the CCG may raise a provider alert with internal or external safeguarding organisations or regulatory bodies ..
- 11.5 The CHC team will receive regular updates from London Borough of Haringey safeguarding team about the local provider market and will take account of the possible impact of any concerns on proposed or existing placements.
- 11.6 The CHC team will take account of information received through informal links with community service teams and other sources to trigger investigation of quality concerns, particularly for domiciliary providers and Residential Care Homes.

12. Dissemination

- 12.1 This policy will be disseminated to the Continuing Healthcare Clinical and Commissioning teams on implementation. It will also be available on the Haringey CCG website.

13. Review

- 13.1 This policy will be reviewed in accordance with changes or guidance issued by the Department of Health and Social Care, or as a minimum of every three years.
- 13.2 The National Framework for Continuing Healthcare and NHS-funded nursing care was revised in March 2018 and this policy will be updated in October 2018 to reflect that update.

14. References

- Guidance on Eligibility Criteria for Adult Social Care (2010)
- Mental Capacity Act (2005)

- National Framework for Continuing Healthcare and NHS-funded Nursing Care (2012)
- National Framework for Continuing Healthcare and NHS-funded Nursing Care (2018)