

**Public Consultation on 'Continuing Healthcare in Northern Ireland:
Introducing a Transparent and Fair System'
[Department of Health]
Draft Consultation Response from Fermanagh and Omagh District Council**

Brief Background to the Fermanagh and Omagh District Council Area

The District Council area is home to 115,799 people, approximately 52,500 jobs and 7,175 businesses. The District Council area is Northern Ireland's largest region in terms of land mass - approximately 3,000km² (or 20% of NI) - and is the smallest in terms of population. As a result, the population density of approximately 41 people per km² is the sparsest in Northern Ireland. This is a key feature of the district but presents challenges in terms of accessibility and service delivery.

Consultation Response

Fermanagh and Omagh District Council welcomes the opportunity to respond to the Department's public consultation entitled 'Continuing Healthcare in Northern Ireland'.

The Council understands that the term Continuing Healthcare is used for the practice in which the Health Service meets the cost of any social care need which is primarily driven by health requirements and that whilst there are other Continuing Healthcare policies (or similar) in place in England, Wales and Scotland, in Northern Ireland there is (as yet) no specific guidance for Continuing Healthcare assessment.

The Council acknowledges that the Department's preferred option is Option 3, which is similar to the Scottish model 'Hospital Based Complex Clinical Care'. This model replaced the Scottish 'NHS Continuing Care' model on 1 June 2015.

The introduction of the new Hospital Based Complex Clinical Care system in Scotland, was intended to aid individuals by assisting them to stay in their own home (or in a homely setting) for as long as possible, leaving long-term care in a hospital as a 'last resort'.

Health Boards and other relevant bodies/organisations in Scotland spent long periods of time working to develop services to support this new model, including Intermediate Care services like re-ablement, hospital at home, intensive home care services and others. Council stresses that it is vital that the Department of Health, the Regional Health and Social Care Trusts and the Health and Social Care Board work collaboratively to ensure there are appropriate services in place to ensure successful patient outcomes. Council stresses that there must be clarity in the proposed models in relation to the provision of adequate sustainable funding and the integration of pathways and budgets between health and social care, including addressing cross boundary issues and delayed transfers of care.

All individuals, whether they are being cared for (or treated) in a hospital setting, or other setting, should have their individual medical needs and requirements met.

In addition, whilst there is no legal definition of 'primary health needs', there are eligibility criteria tests in place in other areas of the UK and this is something that should be replicated in Northern Ireland.

The Council welcomes the Department's aspirations to provide guidance and clarity in relation to the Continuing Healthcare system, however there are also a number of concerns which should be addressed before any changes are implemented.

Promotion and Communication

The Council is concerned that the concept and the model of Continuing Healthcare is not well-known throughout Northern Ireland. There is research and other related articles which point to a lack of understanding in relation to Continuing Healthcare amongst the public as well as some Health Service employees.:

Therefore, the Council would strongly encourage the Department to undertake a period of promotion for Continuing Healthcare aimed at service users and staff. It is vital that all relevant staff are informed so that individuals, and/or their families, can receive the appropriate information in a timely manner.

Transparency and Consistency

Transparency and consistency is fundamental to the success of any project. All individuals should be provided with necessary information, at the earliest possible point, and this information (or advice) should be consistent across all areas.

Although the Council acknowledges that the individual circumstances are rarely identical, it is important that any assessment criteria is applied consistently and fairly for everyone.

With the increased publicity, UK wide, in relation to Continuing Healthcare and other similar initiatives/programmes, it is important that there is a single set of criteria which are being applied to each person. Health service staff, members of the public, and potential beneficiaries/applications for Continuing Healthcare should be better informed as to the eligibility question and to the factors which will be evaluated in gauging whether individuals are eligible for Continuing Healthcare.

Eligibility Question

The Council acknowledges that the prime focus of Option 3, the Department's preferred option, will be the response to the question 'Can your needs be properly met in any setting other than a hospital?'

Whilst the Council agrees that this should be the overarching principle, there are inevitably going to be certain factors which are assessed in determining an individual's circumstance in relation to the eligibility criteria question.

It would be beneficial to have a simple and straightforward system of assessing eligibility and there should be an acknowledgment as to the how the question will be assessed and the varying factors involved in this.

Along with the eligibility question - the Council believes that the 'assessment factors' are published and formally acknowledged. Some of these factors may include:

- Behaviour and/or cognition.
- Psychological and/or emotional needs.
- Communication.
- Mobility issues.
- Nutritional needs.
- Continence issues.
- Breathing or respiratory problems.
- Drug therapies, medication and any potential side effects that these may have.
- Any other significant care needs.
- Wishes/needs of the individual and their carers/family members.

By publishing which factors are being used to assess an individual's eligibility, allows everyone involved in the process (assessors and those being assessed) to understand what is required so it can be fairly applied to all.

The Council is concerned about the potential for Continuing Healthcare to become a mechanism for simply discharging people from hospital. If assessment factors are identified and published this will deliver greater transparency in relation to the discharge process and onward placement of individuals.

Assessment Panel

The Council believes that any assessment that takes place must be carried out by a group of people, as opposed to one single person. This group of people may include:

- A consultant, or other specialist, and
- A team of multi-disciplinary individuals with knowledge of the services available in the locality

This will not only help to ensure consistency for all, but it will also be reflective of a consensus view in relation to the decision in relation to an individual's entitlement to Continuing Healthcare.

Discharging Arrangements

The Council has particular concerns in relation to the Discharging Arrangements being outlined within the consultation document. The Consultation Documentation recommends that individuals who will be discharged from hospital receive any necessary care in one of the following “homely” settings:

1. Being placed in a residential home.
2. Being placed in a nursing home.
3. Being placed in their own home.

There are drawbacks to each of the three settings outlined above, and the Council strongly believes that further circumstances being assessed could include:

- Location of an individual’s home, and access to immediate family members.
- The financial impact upon an individual and their family (i.e. have they been able to forward-plan) for any additional costs being imposed upon them.
- An individual’s wishes / thoughts.
- The availability of an appropriate home care package if required.

Any poor decision made at this point could have severe consequences for the individual and their families. There also needs to be safeguards, and reassurances, made that people living in rural areas won’t be adversely affected by any decisions made at this point. People in rural areas do not have the same access to services and have poorer transport / infrastructure links, and these should not be ignored or underestimated.

For individuals who are being discharged to either a residential home or nursing home, it is essential that there is clear information and advice available to provide clarity on the financial costs associated with the choice of care and outlining any financial assistance which is available. This additional, and/or unexpected, cost could be difficult for the individual or their family members to manage and as such it is vital that there is the necessary support available to manage it.

Fast Track Options

Within the consultation document there is no mention of a fast track option, within the Department’s preferred option 3. Continuing Healthcare models in other regions have provisions in place for individuals who may have a rapidly deteriorating condition or illness. These provisions allow decision-making panels to make quick decisions, usually within 48 hours, and Council stresses that there should be such provisions in place in Northern Ireland.

The criterion detailed in other regions for the Fast Track tool includes two elements, namely:

1. An individual who has a rapidly deteriorating condition.
2. An individual that may be entering a terminal phase within their illness.

Decision-makers in this instance should ensure that there is a care package available, and in place, within a maximum of 48 hours. Decision-makers, within a Fast Track case, should also take account the wishes of an individual and their families. For example, if a person is living in a residential home (or their own home) and they have expressed a preference to remain there, the decision-makers should make every effort to enable this to happen – provided, of course, that it is clinically safe to do so.

Review and/or Appeals Procedures

The Council also notes that there is no review/appeals procedure outlined within the Department's preferred option. This should be central within any model of Continuing Healthcare which is implemented by the Department.

Individuals who are dissatisfied with the outcome of their case should be able to have their situation reviewed, and ultimately appeal the decision. As such, the Council believes that these procedures should be promoted as widely as possible as well as being outlined to any individual (and their family) who is involved in the process.

What happens after Discharge?

Being discharged from hospital care can be a bewildering time for patients (they can be excited about getting home but confused or anxious about future care arrangements) and therefore the process should be as straightforward as possible.

The Council believes that planning for hospital discharge should be centred around the individual. The process should consider the medical/healthcare needs, and wishes, of the individual and their family.

It is also imperative that regular reviews are carried out until a time when an individual's situation (and their need for further care and support) is deemed to be settled and not likely to change in the near future.

The Council believes that an individual should not stay in hospital for a length of time that is longer than necessary, however they should only be discharged when the appropriate care plan is in place, and that they are medically fit for discharge. Staff should be able to give the patient an 'expected date' of discharge and this should be met as far as is possible – this will not only allow the patient to plan, but also give their families/carers a chance put in place any appropriate measures that they need.

At the point of when the 'expected date' of discharge is communicated to individuals, information should be given to explain how the discharge process will be managed, as well as a 'Discharge Co-ordinator' being appointed who will act as the main point of contact for family members.

Family members, if they will be providing the 'out of hospital' care, should also be informed about any potential carer's allowances that they may be eligible for – this could be done by the Discharge Co-ordinator.

Conclusion

Fermanagh and Omagh District Council welcomes the opportunity to respond to the public consultation on 'Continuing Healthcare in Northern Ireland'. The Council understands that the funding arrangements for Continuing Healthcare is both complex and sensitive, and affects individuals are vulnerable stages of their lives.

It is essential that the guidance, and option chosen, provides a consistent and fair access to healthcare across Northern Ireland – regardless of the individual's location (urban or rural). The Department should ensure that there are no individuals who do not receive the support they are entitled to, or indeed require.