



**North Norfolk, South Norfolk  
West Norfolk, Norwich**  
Clinical Commissioning Groups

**Central and West Norfolk Guide to NHS Adult Continuing Healthcare for  
patients and their carers**

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## 1. Introduction to NHS Continuing Healthcare for Adults

### 1.1. Purpose of the Guide

This guide contains information for patients, carers and families about NHS Continuing Healthcare (NHS CHC) in Norfolk (excluding Great Yarmouth and Waveney.). This is the area covered by the NHS Clinical Commissioning Groups (CCGs) for Norwich, North Norfolk, South Norfolk and West Norfolk.

This information should help patients, their carers and families to understand the national and local NHS CHC processes, as well the choices available to them.

The guide comprises a number of frequently asked questions regarding NHS CHC and the answers to these. It also provides signposting to more detailed guidance.

### 1.2. What is NHS Continuing Healthcare?

NHS CHC is the name given to a package of care for adults aged 18 or over, which is arranged and funded solely by the NHS.

In order to receive NHS CHC funding, a person has to be assessed according to a legally-prescribed decision-making process to determine whether they have a 'primary health need'.

A person can receive NHS CHC in a variety of settings, including their own home or a care home. NHS CHC is free, unlike support provided by local authorities for which a financial charge may be made depending on income and savings.

If a person is eligible for NHS CHC, this means that the NHS will pay for their healthcare and associated social care needs.

There are two national documents that patients and their carers or families may wish to consult for further information. These are:

- A. **The NHS National Framework for Continuing Healthcare and NHS-Funded Nursing Care:** defines the way that eligibility is assessed and established. This ensures fair and consistent access to NHS funding across England, so that people eligible for NHS CHC and with similar needs have an equal likelihood of getting all of their health and social care provided by the NHS. This is available via the GOV.UK website at:

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

**B. The NHS England Operating Model for NHS Continuing Healthcare:** sets out the strategic importance of NHS CHC and the arrangements for NHS England to be assured that CCGs are complying with the National Framework. This is available at:

<https://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf>

### 1.3. What is the process for deciding whether a person is eligible for NHS Continuing Healthcare?

To be eligible for NHS CHC, a person must have a 'primary health need'. This means their need for care is primarily due to their health needs and is determined by a team of healthcare professionals (known as a multi-disciplinary team). A primary health need is not dependent on a particular disease, diagnosis or condition, nor on who provides the care or where that care is provided.

Once eligible for NHS CHC, a person's care will be funded by the NHS. This is subject to regular reviews, and, if a person's care needs change, the funding arrangements for their care package may also change.

The process for establishing if someone is eligible includes the following steps:

#### A. Referral for initial checklist

The purpose of the checklist is to decide whether a person should be given a full assessment for NHS CHC. A professional involved with a person's care may refer them for the initial checklist. A person can also make their own request to be referred.

The checklist can be completed by a nurse, doctor, other healthcare professional or social worker. People should be told that they are being assessed and be asked for their consent. Being referred for a full assessment does not necessarily mean that a person will be eligible for NHS CHC.

The professional(s) completing the checklist should record written reasons for their decision, and sign and date the checklist. The person whose needs are being assessed should be given a copy of the completed checklist. A blank copy of the [NHS continuing healthcare checklist from GOV.UK \(PDF, 168kb\)](#).

#### B. Full assessment for NHS CHC

Full assessments for NHS CHC are carried out by a "multi-disciplinary" team, made up of a minimum of two health or care professionals who are already involved in a person's care. A person should be told who is coordinating their assessment.

The team's assessment will consider a person's needs under the following headings:

- behaviour
- cognition (understanding)
- communication
- psychological/emotional needs
- mobility
- nutrition (food and drink)
- continence
- skin (including wounds and ulcers)
- breathing
- symptom control through drug therapies and medication
- altered states of consciousness
- other significant needs

The team will consider:

- what help is needed
- how complex these needs are
- how intense or severe these needs can be
- how unpredictable they are, including any risks to the person's health if the right care is not provided at the right time

The assessment should take into account a person's own views and the views of any carers. The person being assessed should be given a copy of the decision documents, along with clear reasons for the decision.

A blank copy of the NHS continuing healthcare decision support tool is available from GOV.UK: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

#### 1.4. What happens if a person becomes eligible for NHS CHC while in receipt of self-funded or local authority-funded care?

If a person is already resident in a nursing home or residential care home (either self-funded or local authority-funded), they will be told before the checklist stage whether their home has an NHS Standard Contract.

**The relevant NHS Clinical Commissioning Group will only arrange care packages with homes that have a valid Standard Contract for NHS CHC.**

If the person wishes to stay in a care home which does not provide contracted NHS CHC services, they may choose to decline the checklist completion and the assessment of eligibility for NHS CHC. These patients will continue to self-fund or, if eligible, will be funded by the local authority.

If a person already receives local authority-funded care and becomes eligible for NHS CHC, the NHS CHC team will do its best to facilitate continuity of care. There may be issues which make this difficult, for example: the provider may not be willing to sign an NHS Standard Contract. If this happens, the NHS CHC team will explain what alternative services are available to meet a person's needs.

#### 1.5. What arrangements are in place for palliative and end-of-life care?

There is an NHS CHC pathway for patients with a rapidly deteriorating condition which may be entering a terminal phase. In these circumstances, a health professional may consider it is appropriate to complete a Fast Track Pathway Tool. Once completed, the documentation will be sent to the NHS CHC Clinical Team for immediate action. This will include the clinical information required to arrange the appropriate placement/package of support as soon as possible (usually within 48 hours).

#### 1.6. How does a person appeal if they not deemed eligible for NHS CHC?

If a person wants to appeal, they will need to submit the reasons why they do not agree with the decision, along with any new or previously unseen evidence to support their statement. An appeal must be lodged *within 6 months* of notification of the eligibility decision, in line with the National Framework. The aim is to complete the appeal process within *3 months* of receipt of an appeal. The NHS will not fund a person's care package during the appeals process. To begin the process the person appealing should write to:

##### Appeals Department

Norfolk Continuing Care Partnership

Lakeside 400

Old Chapel Way

Broadland Business Park,

Norwich

NR7 0WG

Further information on appeals is available in the NHS CHC Information Sheet (Appendix 2).

### 1.7. What can a person expect in the planning and commissioning of their care?

Once eligibility for NHS CHC is established, a care package to meet their needs is agreed. Care planning will be based on the documentation received from the multi-disciplinary team.

The NHS CHC Brokerage Team is responsible for coordinating the planning of a patient's care. They will engage with the person, their family and/or representatives, as well as health professionals, and draw up options for providing services that meet the person's needs. Options are dependent on what services are available in local areas.

In the following circumstances, it may be appropriate for NHS CHC services in the person's own home to be withdrawn and provided in a different setting:

- the situation presents a risk of danger, violence, or harassment of staff who are delivering the care package;
- the NHS considers that the level of clinical and/or safeguarding risk to the individual has become unacceptable and cannot be safely managed;
- the clinical risks of providing care in a specific environment are considered too high – 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. A person can choose to accept clinical risks but if the cost of managing that risk is too high, the NHS in certain circumstances may not agree to fund this option;
- the person who wishes to receive care at home does not have a full understanding of the risks and possible consequences. In these circumstances a 'best interest' meeting may be convened or a mental health capacity assessment made;
- the organisations contracted to provide safe care cannot do so ;
- the patient's primary care team feels it cannot provide adequate medical cover.
- the family/person with whom the person normally lives feel they cannot cope. If action by family members or friends is needed to provide elements of care or to manage risks, they must also agree to the care plan. An example of this would be the care of a patient with behavioural difficulties as a result of brain trauma who needs to be cared for in a quiet environment where activities are highly structured. This cannot be provided by some families within the family

home so the risk is that the person's health will deteriorate and the care plan at home will fail;

- actions to minimise risks will include those that must be taken by the person in receipt of care or their family – an example of this is where a person with severe breathing difficulties is returning to a family home where relatives smoke. Relatives need to agree to refrain from smoking, and the risks need to be explained to the patient if they choose to receive care in that environment.

### 1.8. How are decisions about the funding of a person's care package made?

Once a person's eligibility for NHS CHC is established, a care package has to be agreed. The person and their family will be involved with other health professionals in considering the available options.

Complex Case Review Panels (CCRPs) make decisions about the care to be offered under NHS CHC to meet a person's needs. In agreeing the funding for a person's care, they will take into account:

- A person's needs and the outcomes which they wish to achieve from their care
- Preferences expressed by a person and/or their family, and their views on the choices available
- The Human Rights Act and any other Disability Rights legislation
- Clinical and safeguarding risks and the views of a person and/or their family on these. (A person's own personal view would apply where they fully understand risks in the choices they would like to make but still wish to take those risks.)
- The price and affordability of the various options for providing care, in light of the need to ensure equitable use of NHS resources.

Also

- Panels will have to take into account the availability of services and choices as this may be an important factor.

CCRPs and NHS CHC staff will be knowledgeable of the following:

- Human Rights Act 1998
- Disability Rights legislation
- Equality Act 2010
- The UN Convention on disability rights
- The Harwood Care and Support Charter
- Part A "I" statements from the NHS England Operating Model for NHS Continuing Healthcare

Please see the appendix for the links to each of these.

In exceptional cases, and where there is clear evidence to support health benefits, the NHS may be prepared to consider funding a package of care where the anticipated cost is more than the NHS would usually expect to pay; or elements of the care package are not usually funded from NHS CHC budgets.

The NHS recognises that exceptional circumstances may require exceptional consideration but will retain its obligation to make best use of NHS resources. Exceptionality will be determined by the relevant CCG on a case by case basis. The grounds for and appropriateness of exceptionality will be determined by the merits of each case by the Commissioner.

### 1.9. What does NHS CHC funding cover?

If a person is eligible for NHS CHC, the NHS will pay to provide their healthcare (e.g. services from a community nurse or specialist therapist) and associated social care needs (e.g. personal care and domestic tasks, help with bathing, dressing, food preparation and shopping) in their own home.

For a person in a care home, the NHS also pays care home fees, including board and accommodation.

The Brokerage Team can only arrange NHS CHC care packages with providers that have signed up to NHS Standard Contracts. Despite this, there may be occasions when the team is unable to arrange care packages with contracted providers. This may be due to:

- Concerns regarding the quality of care
- Concerns regarding safeguarding
- The provider is unable to safely deliver the care required to meet the person's needs
- The provider is unable to deliver the care required in a person's geographical location
- Financial dispute

To ensure that everyone is treated equally and NHS resources are used fairly and efficiently, careful consideration has been given to what can be provided from NHS CHC. The following table is a guide to what can be funded by NHS CHC and what can be provided from mainstream NHS services. Please note: for a Personal Health Budget, the table below will be used to calculate the value of that PHB. Once the value has been established, the individual will have choice and control over choosing services to meet their health need, subject to agreement with the CCG and ensuring existing services are fully utilised. This is clarified further in section 2.

Service	Is this service available within mainstream NHS provision?	Is this service available within an NHS CHC budget?
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Domiciliary care	No	Yes. Available from locally contracted providers.
Planned care to replace informal care provision	No	Yes – if identified following care review
Additional unplanned care to replace informal care provision	Yes – short term urgent support is available via Local Authority.	No – except in exceptional circumstances.
Carer advice and befriending services	No	No
Physiotherapy	Yes	No – except in exceptional circumstances.
Occupational Therapy	Yes	No
Speech and Language Therapy	Yes	No
Podiatry	Yes	No
Advocacy	Yes	No
Transport	Yes, but only to and from medical or clinical appointments if a person meets the eligibility criteria for the transport.	No – except in exceptional circumstances.
Assistive technology - smart house technology and safety equipment	Yes	No
Standard Equipment (including pressure care)	Yes	No
Bespoke equipment (including pressure care)	No	Yes
Respiratory support equipment (e.g. ventilators)	No	Yes
Wheelchairs and seating systems including electric and outdoor chairs	Yes	No
Equipment for leisure and social activities (e.g. swimming gear or horse riding boots).	No	No
Day services	No	Yes
Computers, laptops, Wi-Fi and Broadband	No	No – except exceptional circumstances

Major adaptations to housing and environment	No	No
Specialist foods and fluids	Yes - if provided on prescription.	No
Hearing and low vision services	Yes	No
Gardening, domestic and window cleaning	No	No
Path clearance to aid access	No	No - except in exceptional circumstances
Falls assessments	Yes	No
Palliative care and end of life services	Yes	Yes
Continence services	Yes	No

In exceptional cases, and where there is clear evidence to support health benefits, the NHS may be prepared to consider funding a package of care where the anticipated cost is more than it would usually expect to pay; or where elements of the care package are not usually funded from NHS CHC.

#### 1.10. After the NHS has defined a person 'needs', how do they commission additional private services for things they 'want'?

NHS CHC funding is only available to cover the care required to meet a person's assessed needs. People who wish to make separate arrangements for additional services (such as aromatherapy, a private garden area, manicures etc.), can arrange and pay for these separately.

A person who wants to take up this option is advised to inform the people drawing up the care package before making any arrangements, to ensure they do not end up paying for services that NHS CHC funding already covers (i.e. services that meet an assessed need).

**Admissions into NHS CHC-funded care for nursing care, residential care or domiciliary care packages with a provider are not conditional on a person or their family entering additional services contracts.**

If a person or their family has any concerns about a provider's request for payments for additional services, please contact the Single Point of Access via e-mail:

[NorwichCCG.CHCClinicalTeam@nhs.net](mailto:NorwichCCG.CHCClinicalTeam@nhs.net)

### 1.11. How can a person plan activities to promote their physical and mental health?

People will be encouraged to think about ways of improving their physical and mental wellbeing but it is also important to take into consideration the carer support needed to help them throughout the day. People will be supported to undertake a range of hobbies such as swimming or horse riding for the disabled. The hours required for a carer to help people access these activities will be covered by NHS CHC funding.

Older people living in their own homes will be encouraged to participate in local community activities. If living alone, they will also be encouraged to get involved in local befriending schemes to reduce social isolation. Care planning needs to identify the activities which are most enjoyed by an older person.

Example:

*Mr B lives alone and needs support to help him with mobility and his personal care. He loves to do crosswords, read the local paper, and going to a local bridge club. In planning his care, consideration is given to making sure he always has a good supply of large-print crosswords, a daily newspaper is brought to him by his carer, and his carer is funded to take him to the local bridge club once a month.*

### 1.12. What is the process for out-of-area placements?

A number of people are cared for close to their families in other parts of the country. These people are still funded by their local NHS.

In exceptional cases, care packages outside Norfolk may also be arranged where specific clinical needs cannot be met locally.

Individual requests for commissioning care in another area will be considered as part of the CCRP decision-making process outlined in "How are decisions about the funding of a person's care package made?". In certain circumstances, such as for end-of-life care, placements can be considered in Scotland and Northern Ireland but not outside the UK.

If patients move to another county, their local NHS will remain responsible for their care and reviews of eligibility are in cooperation with the local NHS team in the area they live in.

Families and carers are encouraged to inform the NHS CHC Clinical Team at Norfolk Continuing Care Partnership (NCCP) if there are any concerns about the out-of-area care home as soon as possible. This will enable discussions to be held with the relevant local services and registration bodies.

### 1.13. What is the process if family or friends are providing care as part of a person's care package?

Families and friends who are actively involved in the provision of care are very much part of the care planning process. Care plans start with the care that family or friends are able and willing to provide.

Training and equipment can be provided to support carers in the safe provision of care. If families or friends are providing elements of care, they need to agree the care plan and be clear about who to notify if they are suddenly unable to provide it.

## 2. Personal Health Budgets

### 2.1. What is a Personal Health Budget?

A Personal Health Budget (PHB) is a sum of money provided to support a person's identified health and wellbeing needs.

PHBs are being introduced to help people manage their care in a way that suits them. The aim is to give people with long-term conditions and disabilities greater choice and control over the healthcare and support they receive.

A PHB is planned and agreed between the person and the NHS.

People can use PHBs to pay for a wide range of items and services (for example, employ their own care staff or pay for items which can be funded by NHS CHC).

### 2.2. Who can have a Personal Health Budget and how does this work?

Anyone who is eligible for NHS CHC, has not gone through the Fast Track Pathway, and is living in their own home, is eligible for a PHB. This includes both adults and children.

An assessment is made to determine the care they need and the NHS can then provide a sum of money to meet their assessed needs.

Once a budget has been approved, the person will need to complete a support plan which explains how they intend to use the funding to meet their assessed care needs. A PHB support officer will be able to help with this. Once completed, the support plan will be checked and signed by the NHS.

A start date will be agreed and the person will need to complete a care plan. This document will tell carers what they need to do to meet the person's needs. This will help in reviewing their care and CHC eligibility.

### 2.3. What is the difference between a Personal Health Budget (PHB), a Personal Budget, an Individual Budget and a Direct Payment?

- A PHB is for healthcare and is delivered by the NHS. To be eligible for a PHB you need to meet the criteria above.
- A Personal Budget is delivered by Norfolk County Council and is for social care only. If a person is eligible for NHS CHC they will not be able to have both a Personal Budget and a PHB.
- An Individual Budget is another term for a Personal Budget.
- A Direct Payment is one way of receiving funding. This means the money is paid into an account solely for a PHB (or for a Personal Budget) and can be used to employ carers.

### 2.4. What can a person spend their PHB on?

- There is no "set menu" of services a PHB can be spent on, as each person is unique.
- However, each PHB-holder will need to ensure they have used their PHB to meet the identified care needs of the CHC-eligible person. This means if a person was identified as needing a certain number of hours a day for care, it would be expected the PHB would be used to meet that care.
- PHBs do encourage innovation and choice, and this could include using the PHB for services and activities. If this is the case, the PHB-holder will need to explain the benefit to the person's health, and this will need to be agreed by the relevant CCG.
- A PHB may not be used for equipment without first checking with the relevant OT and with the Integrated Community Equipment Service, as this is something which has already been funded.
- A PHB may be used for transport to activities, provided the PHB-holder can demonstrate the benefit to the health of the person. PHBs will not be used to cover the maintenance / insurance of a vehicle. It is suggested any transport costs are allocated a sum of money which will then be reviewed.
- PHBs cannot be used for the daily cost of living – this includes food, utility bills (unless in exceptional circumstances e.g. live-in carers), and cleaning / gardening services
- PHBs should be used to provide full insurance cover, costs of being an employer (including pensions) and support as needed.

### 3. Reviewing care and eligibility for NHS CHC funding

#### 3.1. How is a person's care and eligibility be reviewed?

A person's eligibility for NHS CHC is assessed three months after they are found eligible and at least once a year afterwards.

For people whose needs may change quickly, the review programme may be more regular than this, to ensure they receive the right care. These reviews may also assess ongoing eligibility.

If relatives, carers or other health professionals believe a care package is no longer meeting a person's assessed needs, they can contact the NHS CHC Team and request a review.

#### 3.2. What happens, if upon review, a person is deemed not eligible for NHS CHC funding?

The process for reviewing care is in line with the National Framework. Anyone eligible for NHS CHC is reviewed after three months and thereafter at least once a year. The process for defining ineligibility is exactly the same as the process for agreeing eligibility (as described in "What is the process for knowing whether a person is eligible for NHS Continuing Healthcare?"). This is dependent on a person's needs and how their condition changes.

If a person is found ineligible for NHS CHC, there are four possible outcomes:

##### **A. Care and support is no longer required**

##### **B. Care and support is required and the person opts to self-fund**

If a person is not eligible for social care (which is means-tested), they will need to meet the costs of their own care. Responsibility for meeting these costs will be transferred to them within 28 days of the date they are assessed as ineligible for NHS CHC. The person, or a named representative with power of attorney, will be notified of this in writing and given contact details. Mainstream NHS healthcare services will still be available to them.

### **C. Care and support is required and the person is eligible for NHS-funded nursing care**

For enquires about NHS-funded nursing care (for people found ineligible for NHS CHC) please contact:

NHS Funded Nursing Care  
Norfolk County Council  
Room 614  
Sixth Floor  
County Hall  
Martineau Lane  
Norwich  
NR1 2SQ

### **D. Care and support is required and the person is eligible for local authority-funding**

If a person is ineligible for NHS CHC funding, a referral will be made to Norfolk County Council social services requesting an assessment. Social services then has 28 days in which to complete the assessment of the person's needs.

The NHS CHC Team will explain the process and liaise with social services in an effort to ensure continuity of care. If a person employs their own staff as part of a PHB, carers can be made redundant or transferred to a PB.

For enquiries about a person's care if they are found ineligible for NHS CHC, please contact:

Adult Community Care- Norfolk County Council  
Norfolk Care First  
Tel: 0344 800 8020

Anyone who wishes to appeal against ineligibility should contact the Appeals Department using the contact details set out under "How does a person appeal if they are found to be ineligible for NHS CHC?". The NHS will not fund a person's care package during the appeals process.

### **3.3. What are the arrangements for people transferring to local authority funding or self-funding?**

For people transferring to social services support (which is means-tested), the assessment of ongoing needs will be completed by Norfolk County Council social services within 28 days.

If a person chooses to self-fund their own care, they will be asked to meet these costs within 28 days of being notified that they are ineligible for NHS CHC. Anyone affected, or their named representative with power of attorney, will be notified of this in writing and will be given contact details.

## 4. Assurance, Providing Feedback and Getting in Touch

### 4.1. How can people give feedback on their experience of NHS CHC services and help to improve provision?

It is important that people who receive NHS CHC and carers are able to let us know about their experiences. This helps us to improve services.

If a person or their carer wishes to provide feedback about a service which is not working well, they can write to or email if they prefer. Comments are also welcomed from people who have not been able to find a service in their local area which might be of benefit to them.

Harwood Charter

- CCGs in North Norfolk, South Norfolk, West Norfolk and Norwich have signed up to the Harwood Charter (see appendix 2) and monitor all providers that have also signed it.
- CCGs and NHS CHC clinical teams offer patients the option of using the charter cards if they feel this gives them greater confidence in voicing their needs and giving feedback on services.

### 4.2. How do people complain if they are not happy with their care or the options available to them?

**People can contact the Complaints Team directly via:**

[nelcsu.angliacomplaints@nhs.net](mailto:nelcsu.angliacomplaints@nhs.net)

The CSU Complaints Team will log the complaint and send a letter acknowledging its receipt within 2 working days. An investigation will then take place and on (or before) working day 25, the person will be sent a letter detailing the outcome.

**People can also contact the Care Quality Commission (CQC) at their England based National Customer Service Centre:**

Telephone: 03000 616161

Fax: 03000 616171

**People can also write to the CQC at:**

CQC National Customer Service Centre  
Citygate, Gallowgate  
Newcastle upon Tyne  
NE1 4PA

#### 4.3. What can people do if they have concerns about a person's safety?

Safeguarding is preventing the physical, emotional, sexual, psychological and financial abuse of adults who have care and support needs, and acting quickly when abuse is suspected. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse. Norfolk County Council Adult Social Services is the lead agency for safeguarding adults.

**Within Norfolk**, all referrals should be made to 0344 800 8020, which is a 24 hour number.

If the patient is receiving care outside of Norfolk, then a safeguarding referral can be made by contacting the County Council for that area.

If you feel an individual in receipt of NHS CHC is at risk of harm and abuse, you can also contact the NHS CHC team for help and support in dealing with your concern.

#### 4.4. What should patients or their families do if they have further questions?

Carers can be referred to the local authority for a carer's assessment. Norfolk County Council has responsibility for these in Norfolk. You can contact Norfolk County Council via:

E-mail - [information@norfolk.gov.uk](mailto:information@norfolk.gov.uk)

Telephone - 0344 800 8020 (Monday to Friday 9am - 5pm)

Fax - 0344 800 8012 (Monday to Friday 9am – 5pm)

Text message - 07767 647670 (Monday to Friday 9am - 4.45pm)

Post

Norfolk County Council  
County Hall  
Martineau Lane  
Norwich  
Norfolk  
NR1 2DH

**For enquiries about NHS Continuing Healthcare please contact:**

Norfolk Continuing Care Partnership  
Lakeside 400  
Old Chapel Way  
Broadland Business Park  
Thorpe St Andrew  
Norwich  
NR7 0WG

Email: <mailto:NorwichCCG.CHCClinicalTeam@nhs.net>

Tel: 01603 257 243

**For enquiries regarding Retrospective Claims please contact:**

Retrospective Claims  
Norfolk Continuing Care Partnership  
Lakeside 400  
Old Chapel Way  
Broadland Business Park  
Thorpe St Andrew  
Norwich  
NR7 0WG  
Email: [NELCSU.RetrospectiveClaims@nhs.net](mailto:NELCSU.RetrospectiveClaims@nhs.net)

Tel: 01603 257 284

Appendices

Ref	Document title	Location
1	Glossary of Terms	Page 25
2	The Harwood Care and Support Charter	<a href="http://www.norfolk.gov.uk/view/NC117232">http://www.norfolk.gov.uk/view/NC117232</a>
3	Part A - "1" statements from the NHS England Operating Model for NHS Continuing Healthcare	<a href="https://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf</a>
4	CHC Public Information Leaflet	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193700/NHS_CHC_Public_Information_Leaflet_Final.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193700/NHS_CHC_Public_Information_Leaflet_Final.pdf</a>

5	List of organisations engaged with in producing this guide	<a href="#">Stakeholder meetings\2015.12.18 List of organisations engaged with.docx</a>
6	The Human Rights Act 1998	<a href="http://www.legislation.gov.uk/ukpga/1998/42/contents">http://www.legislation.gov.uk/ukpga/1998/42/contents</a>
7	Further information on Disability Rights	<a href="https://www.gov.uk/rights-disabled-person/overview">https://www.gov.uk/rights-disabled-person/overview</a>
8	Equality Act 2010	<a href="http://www.legislation.gov.uk/ukpga/2010/15/contents">http://www.legislation.gov.uk/ukpga/2010/15/contents</a>
9	The UN Convention on disability rights	<a href="http://www.un.org/disabilities/convention/conventionfull.shtml">http://www.un.org/disabilities/convention/conventionfull.shtml</a>

### Appendix 1 Glossary of Terms

These definitions describe various terms used in this document. This glossary is a developing document and we will be working with partners to refine, update, and develop this over the coming year.

Term	Definition
<b>NHS CHC Brokerage Team</b>	Refers to the NHS CHC team
<b>Best interest meeting</b>	A formal best interests meeting is likely to be required where the decisions facing the patient are complex and cannot be easily made by the decision-maker and immediate colleagues. There may be a range of options and issues that require the considered input of a number of different staff as well as those with a personal and/or legal interest in the needs of the person lacking mental capacity. Making sense of these issues and options can only be properly covered and addressed through holding such a meeting, and clearly recording the discussions.
<b>Carer</b>	Someone who provides unpaid support to family or friends who cannot manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Source: <a href="#">Carers Trust</a>

Term	Definition
<b>Care Package</b>	A combination of support and services designed to meet an individual's assessed health and associated social care needs.
<b>Care Plan</b>	A document recording the reason why support and services are being provided, what they are and the outcomes that they seek.
<b>Care Planning</b>	A process based on assessment of a person's needs that involves working with them to identify the level and type of support to meet his/her assessed health and associated social care needs, and the objectives and potential outcomes that can be achieved.
<b>CCGs (Clinical Commissioning Groups)</b>	Refers to NHS North Norfolk Clinical Commissioning Group, NHS South Norfolk Clinical Commissioning Group, NHS West Norfolk Clinical Commissioning Group, and NHS Norwich Clinical Commissioning Group.
<b>Commissioning</b>	<p>The process used to secure the best quality and best value care for local people. This involves planning and procuring services for the local population, translating people's aspirations and needs into services that:</p> <ul style="list-style-type: none"> <li>• Deliver the best possible health and well-being outcomes, including promoting equality;</li> <li>• Provide the best possible health and social care provision; and</li> <li>• Achieve the above with the best use of available resources.</li> </ul>
<b>Complex Case Review Panel</b>	A panel which meets on a regular basis to consider, review and/or approve the care to be offered under NHS CHC to meet each individual patient's needs.
<b>NHS Continuing Healthcare</b>	A package of ongoing care that is arranged and funded solely by the NHS for a person who has been found to have a primary health need. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. Source: <a href="#">National Framework for NHS Funded Nursing Care</a>

<b>Term</b>	<b>Definition</b>
<b>Direct payments</b>	One way of managing a Personal Health Budget (PHB) where money is given directly to a person or their representative for the management of their NHS care. This option became legal on 1 August 2013 and is in addition to the pre-existing legal options for managing a PHB – by the NHS, or through a third party. Personal budgets for social care needs via local authorities have been available in the same format since 1997
<b>Home Care</b>	Care provided in a patient's own home.
<b>Local Authority</b>	In this guide, refers to Norfolk County Council.
<b>Long-term conditions (LTCs)</b>	Illnesses that people live with for a long time and that currently cannot be cured, such as diabetes, heart disease, dementia and asthma.
<b>NEL Commissioning Support Unit (NEL CSU)</b>	NEL CSU is an NHS body which provides NHS CHC services to patients in Norfolk and other areas.
<b>NHS Standard Contract</b>	A standard contract mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care.
<b>Multi-disciplinary team</b>	A team composed of members from different healthcare professions with specialised skills and expertise. The members work together to make treatment recommendations that facilitate quality patient care.
<b>Patient Experience</b>	A term used for individual and collective feedback. (1) A person's feedback about their experiences of care or a service e.g. whether they understood the information they were given, their views on the cleanliness of the hospital where they were treated. (2) A combination of all the intelligence held about what patients experience in services, drawing on a range of sources including complaints, compliments, and reporting of incidents and serious incidents.

Term	Definition
<b>Person-centred care</b>	Person-centred care takes patients and their families as the starting point of all decisions. Patients are equal partners with health professionals in planning, developing and assessing care to ensure it is most appropriate to their needs. It involves putting patients and their families at the heart of all decisions and requires a different kind of interaction between patients and healthcare professionals.
<b>Personal Health budgets</b>	A personal health budget is an amount of money to support an individual's identified healthcare and wellbeing needs, planned and agreed between them, or their representative, and their local NHS team. At the centre of a personal health budget is a care plan. The plan sets out the individual's health and wellbeing needs, the health outcomes they want to achieve, the amount of money in the budget and how they are going to spend it. Personal health budgets can be used to pay for a wide range of items and services, including therapies, personal care and equipment. This allows individuals to have more choice and control over the health services and care they receive. For more information please visit the <a href="#">NHS England website</a> .
<b>Primary Care</b>	Health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.
<b>Representative</b>	Any family member, friend or unpaid carer who is supporting the individual, as well as anyone acting in a more formal capacity (e.g. welfare deputy or power of attorney, or any organisation representing the individual). Where an individual has capacity, s/he must give consent for any representative to act on his/her behalf.