

## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

<b>1</b>	<b>Meeting:</b>	<b>Health Select Commission</b>
<b>2</b>	<b>Date:</b>	<b>11th June 2015</b>
<b>3</b>	<b>Title:</b>	<b>Update on Scrutiny Review of Continuing Health Care</b>
<b>4</b>	<b>Directorate:</b>	<b>Adult Social Services</b>

### **5 Summary**

This report is primarily for information as it is relevant to the forthcoming work on health and social care integration. It provides an update on progress on the final outstanding recommendations of the joint scrutiny review.

### **6 Recommendation**

That HSC:

- **Notes the progress on joint working on Continuing Healthcare and considers if there are issues arising to consider in the work programme in 2015-16.**

## **7 Proposals and Details**

### **7.1 Introduction**

Continuing Health Care (CHC) relates to NHS funding which is allocated to people who are assessed as having a “primary health need” in line with a nationally agreed threshold. This may include both healthcare and personal care for a person living in a care home or in their own home.

A Joint scrutiny review of Continuing Health Care by the Health and Improving Lives Select Commissions in 2012 resulted in a number of recommendations intended to improve the experience of people in Rotherham. One issue explored by the review was spending on CHC in Rotherham compared with other local and statistical neighbours.

Since the review was undertaken NHS restructuring has seen responsibility for CHC, including the budget, transfer to Rotherham Clinical Commissioning Group (RCCG), who have commissioned the Commissioning Support Unit (CSU) to carry out assessments and manage the budget. There is now also greater focus on personalisation of health and social care services and the development of personal health budgets.

### **7.2 Current work**

Following the scrutiny review a senior management working group consisting of both RMBC and NHS staff agreed a set of actions to ensure effective multi-disciplinary working and deliver better outcomes for people. Appendix A includes an update regarding progress on the action plan, although it should be noted that this is primarily for information in the context of the forthcoming work on health and social care integration, as most actions were completed by 2013-14.

CHC and social care assessments are completed by health and social care staff presently or recently involved in assessing, reviewing, treating and supporting the individual. In terms of highlights from the process, a better working relationship exists and greater understanding of each professional’s role in participating in a multi-disciplinary assessment and completing the Decision Support Tool (DST). Improved engagement has been achieved through attendance at CHC panels. It is now routine that RMBC CHC champions attend ratification panel meetings as part of the Multi-Disciplinary Team (MDT) and implement joint actions. CHC Champions also ensure issues are addressed in a timely manner.

A group of RCCG and RMBC staff also meet regularly to progress work regarding CHC for children with complex needs in relation to assessments and the timing of payments for care packages for children agreed as eligible for CHC funding.

### **7.3 Performance measures**

RCCG hold monthly operational and bi-monthly strategic meetings to monitor ongoing progress. Several measures to manage the process of CHC have been introduced since last year including clinical audit. Key performance indicators include:

- meeting 48hr targets for fast track & meeting the 28 day framework target
- auditing attendance by the MDT members at assessments
- auditing the number of deferred cases through the Quality Assurance Panels

## **8 Finance**

Yorkshire and Humberside CHC benchmarking information for the final quarter for 2012-2013, showed Rotherham was ranked 7 out of 15 in terms of the number of people receiving CHC funding. In terms of actual expenditure Rotherham was ranked 10<sup>th</sup> and therefore still below the average spend per person within the region.

In the National Funded Care Benchmarking Analysis for quarter 4 2013-14 Rotherham was ranked 33<sup>rd</sup> nationally out of 211 Clinical Commissioning Groups, based on costs per 50,000 population. 2014-15 data is not yet available.

## **9 Risks and Uncertainties**

The following actions were taken forward by RMBC/CHC strategic leads to implement the review recommendations and minimise risk to the council:

- Monthly meetings between strategic leads to consider budget issues, address joint protocols, transitions between funding streams and services.
- Operational leads continue to meet weekly to address day to day issues and improve communication.
- Training – a joint training plan is in place, with plans for dissemination to health and social care professionals.

Numbers of people assessed as being eligible for CHC funding will fluctuate over time with changes in the health of the population and this has implications for both healthcare and social care resources with spending likely to vary each year.

## **10 Policy and Performance Agenda Implications**

RMBC Corporate Plan Priorities:

- Helping to create safe and healthy communities
- Ensuring care and protection are available for those people who need it most.

Health and Wellbeing Strategy

Public Health Outcomes Framework

## **11 Background Papers and Consultation**

Review of Continuing Health Care in Rotherham – Joint Report of the Health and Improving lives Select Commissions

National Framework for Continuing Health Care – Department of Health

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Recommendation	Response	Action by (Date)
<p>1. Assessments:</p> <p>1a) To consider options for ensuring the CHC and social care assessments are undertaken together and develop an agreed protocol for how this should be delivered</p>	<p>Requirement within the National Framework to conduct reviews in a timely manner and work with RMBC through Joint Working Group.</p> <p>Work has commenced to devise a joint local CHC/Local Authority protocol which reflects the National guidance for NHS Continuing Healthcare &amp; NHS Funded Nursing Care which addresses local issues. This piece of work will continue following the restructure and the move of CHC team over to the Clinical Commissioning Group (CCG)/Commissioning Support Unit (CSU) and changes within CHC team have been fully implemented.</p> <p>2/7/2013</p> <p>Following the restructure of the NHS, CHC has now successfully moved over to be part of the CSU. The National Framework for NHS Continuing Health Care and NHS Funded Nursing care December 2012 was implemented from 1<sup>st</sup> April 2013. CHC continues to follow the National Framework to ensure that reviews are conducted with in a timely manner and work with RMBC. Any issues are to be flagged through the joint working Group</p> <p>March 2014</p> <p>Specific training for those working in children's services will be based on regional advice, following the National Guidance on CHC, and take account of the new Panel arrangements.</p> <p><b>UPDATE – 02.06.15</b> Over the last year CHC have developed a Standard operating policy that is currently being considered by the CCG and will be shared with RMBC and also a dispute resolution process which will be shared with RMBC for agreement, and once all agreed will be available to the public on the RCCG website.</p>	Ongoing
<p>1b) To consider options for utilising the use of step up/step down units much more widely, and enable assessments to be undertaken in this setting</p>	<p>Community hospital now in operation providing a degree of step up/down care. Additional Step Up Step Down beds in Intermediate Care Service have 89% occupancy rate. Impact of community hospital to be monitored.</p> <p><b>UPDATE – 02.06.15</b></p>	Complete

	Discharge to assess beds are now in operation in both the community hospital and Waterside Grange nursing home. A step down/ recuperation, therapy and assessment service is provided offsite.	Ongoing
<p>2. Training:</p> <p>2a) To refresh the CHC training package, ensuring it is up to date, appropriate for the different staff involved and rolled out to all relevant staff periodically</p>	<p>Refreshed National Framework released for implementation April 2013 CSU nominated lead to develop an appropriate CHC training package to be rolled out locally across SY&amp;B area</p> <p>2/7/2013 The CSU has appointed an individual who is in post to develop an appropriate CHC training package to be rolled out locally across SY&amp;B area. The training will be accessible to all health professionals and Social workers and Social services officers</p> <p>24/10/2013 CHC have developed a CHC training package for Health and Social Care professionals. The Package has been discussed with RMBC and a meeting on the 31<sup>st</sup> October to discuss a plan for dissemination the training package</p> <p>March 2014 It has been agreed that training will be delivered jointly by CHC/RMBC leads and rolled out across hospital, community health and social care teams. As recommended, examples of local case studies, with examples of completed and anonymised Decision Support Tools will be used, ensuring that staff can learn from the experience of Rotherham customers. Implementation was delayed.</p>	<p>Complete</p> <p>Ongoing</p>
<p>2b) To ensure the training package incorporates local case studies and opportunities for feedback to relevant workers on completing the assessment process to enable shared learning</p>	<p>CHC training package incorporates case studies to assist in application and learning. CSU operational lead with responsibilities for training to undertake training delivery. Examples of local case studies, completed and anonymised DST will be used and feedback given.</p> <p>2/7/2013 The CSU has appointed an individual to develop an appropriate training package to be rolled out across SY&amp;B. All training will incorporate case studies</p> <p>24/10/2013 As in 2a. Scenario has been included in the training package</p>	<p>Complete</p> <p>Complete</p>

<p>3. <i>Written Protocols:</i></p> <p>3a) To clarify issues in relation to who should be the lead worker for individual cases and how to resolve disputes by producing written, agreed guidance for all to adhere to</p>	<p>As per National framework Work to be undertaken through Joint Working Group Joint protocol, work will recommence with continuing healthcare manager/staff and RMBC CHC champions. Protocol is drafted – includes how to resolve disputes, written guidance will be produced.</p> <p>2/7/2013 Work to be undertaken through the joint working group to revisit the local resolution/ dispute process which is currently in place and to develop a protocol to include a written guidance to include and resolve disputes with agreement with all parties involved – CSU, CCG and RMBC</p> <p><b>UPDATE - 02.06.15</b> Answered in question 1</p>	
<p>3b) To put in place written agreement regarding the backdating of funding when a person is admitted to a nursing unit based on a fast track or checklist, pending a full Decision Support Tool (DST) being completed (protocols for weekends/holidays etc.)</p>	<p>As per Framework. Any issues to be discussed through Joint Working Group. Guidance will be provided within the joint protocol.</p> <p>2/7/2013 The National Framework For NHS Continuing Healthcare and NHS Funded nursing Care December 2012 and Refund Guidance will be followed with regards backdating of funding when a person is admitted to a nursing unit based on a fast track or checklist - pending a DST being completed</p> <p><b>UPDATE - 02.06.15</b> Cases regarding CHC and children with complex needs cases that were outstanding have been reviewed by the CCG. A meeting is scheduled with the lead commissioner in June to finalise the final offer after the Operational Executive Committee agreed the verbal proposal.</p>	Ongoing
<p>3c) To agree and put in place an appropriate joint 'exit strategy' for people moving from high level of care to lower level (within and across service providers)</p>	<p>Agreed 14 day turnaround in principle with RMBC - agreed</p>	Complete
<p>3d) To agree joint protocols for engaging with service users to gather their experience and views for the purpose of service improvement</p>	<p>Currently patient feedback sought for Domiciliary care packages and captured in service user/customers survey. Outcomes are fed through to Joint Working Group. Customer Outcomes also to be monitored through new Personal Health Budgets pilot.</p>	

	22/8/2013 - the current process continues. CHC nurses continue to use Quality of Domiciliary care pro forma each time a review is completed – these allow any issues/ compliments to be discussed with care providers therefore improving the service provided to our patients.	Ongoing
4. <i>Joint Working</i>	Currently meetings are organised by RMBC. To continue with inclusion of the identified CHC leads within the CSU. RMBC CHC champions to continue to attend eligibility panel as part of the MDT.	Complete
4a) To ensure the continuation of MDT meetings on a regular basis to improve joint working and communication across agencies		
4b) To put in place joint strategic liaison meetings on a twice yearly basis, to allow for issues to be raised across agencies in an open and honest forum (including budget issues, transition planning and implementing the proposals within the Care and Support Bill)	Joint approach between RMBC & CCG agreed to take place alternate months with input from CHC nominated lead.  RMBC/CHC working group to continue to meet and address budget issues and implementing the proposals within the Care and Support Bill.	Complete
4c) For the NHS and Local Authority to agree appropriate arrangements to consider discharge planning to avoid delays	Work has been undertaken through discharge strategy group which includes RMBC and CHC members. NHS and Local Authority consider a customer's needs and start planning for discharge on admission. Guidance will be given in the joint protocol.	Complete
4d) To consider options in relation to closer working across agencies, based on examples of good practice e.g. Maltby Service Centre	RCCG commissioned integrated Health & Social care teams across Rotherham as part of the wider strategy to improve the care of patients with long term conditions	Complete
5. Panels and Appeals	CHC ratification panel undertaken daily with RMBC reps now attending Tuesday and Thursday.	Complete
5a) To address concerns in relation to the lack of representation from the Local Authority at CHC panel meetings		

<p>5b) To ensure there is expert knowledge via an appropriate worker (such as a learning disabilities representative) on future CHC and Dispute Panels</p>	<p>Currently distinct LD panel runs monthly. CHC rep present on appeal panels also attended by LD service leads.</p> <p>John Williams Service Manager Learning disability Service attends.</p>	<p>Complete</p>
<p>5c) To review the current Dispute Panel, and take action to ensure this is an independent, multi-disciplinary panel which includes representation from the Local Authority</p>	<p>Appeals &amp; disputes currently handled by central CSU retrospective team who organise MDT panel inclusive of a LA rep. Any revision to be taken forward through Joint Working Group</p>	<p>Complete</p>
<p>5d) To review the decision making process and look to streamline panels where possible to reduce delays and inconsistencies</p>	<p>Ratification of applications as per the principles of the National Framework. Any issues to be discussed through Joint Working Group</p>	<p>Complete</p>
<p>5e) To ensure that all workers are routinely giving service users information leaflets and that the appeals process and their right to appeal is clearly explained at the beginning of the process</p>	<p>Principles of National Framework followed - information and/or leaflets supplied routinely.</p> <p>Staff have access to information, leaflets and explain the appeals process at the offset when assessments are completed and the CHC process explained.</p> <p><b>UPDATE – 02.06.15</b>  <a href="#">The process is explained at the offset, staff have access to information, leaflets regarding the appeals process which is explained to customers and carers.</a></p>	<p>Complete</p>
<p>Reviewing Recommendations:</p> <p>6) For the Health Select Commission to receive a report from the CHC manager 6 months from the recommendations being approved, to ensure they are being implemented and making progress to improve this service in Rotherham.</p>	<p>Progress has/is being made to improve services in Rotherham. These are contained within the initial response from the former Cabinet and any further requests for updates to be discussed through Joint Working Group</p>	<p>Complete</p>