

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	17 February 2014
3	Title:	Response to Scrutiny Review of Continuing Healthcare
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

Continuing Health Care (CHC) relates to NHS funding which is allocated to people whose health care needs meets a nationally agreed threshold. Following concerns that citizens in Rotherham were not being served well due to CHC spend being lower than nearby and statistical neighbours; a Review of Continuing Health Care was led by the Joint Health and Improving Lives Select Commissions in 2012. A number of recommendations were made which it is intended will improve the experience of citizens and ensure that a fairer share of CHC funding is received within Rotherham.

Following receipt of the report, a senior management working group consisting of both RMBC and NHSR staff agreed a set of actions to ensure effective multi disciplinary working and deliver better outcomes for customers. This report provides a further update to Cabinet regarding progress made against the action plan.

CHC and social care assessments are completed by health and social care staff presently or recently involved in assessing, reviewing, treating and supporting the customer. In terms of highlights from the process, a better working relationship exists and understanding of each professional's role in participating in a multi disciplinary assessment and completing the Decision Support Tool (DST), however, it is yet to be seen whether this will impact on the financial position as positively as is required.

6 Recommendations

- **Cabinet Member update on progress and issues arising from scrutiny review of Continuing Healthcare.**
- **Cabinet Member recommends that a further update is received.**

7 Proposals and Details

- 7.1 The recommendations of the Joint Select Commissions have been addressed through joint work between NHS Rotherham and RMBC. Good progress has been made in addressing the recommendations, as can be seen from the attached plan, which has been reviewed. Unfortunately significant changes in the NHS, including the transfer of responsibilities to the Clinical Commissioning Group and the local National Commissioning Board did result in some delays in agreeing the devised joint protocol, which reflects the National Guidance for NHS Continuing Healthcare and NHS Funded Nursing Care and which addresses local issues identified by the Select Commission. This piece of work has been delayed following the restructure and the move of CHC team over to CCG/Commissioning Support Unit, along with the actions required to drive Personalisation of services in Rotherham forward across Health and Social Services.
- 7.2 Attempts to ensure that this process continued were made and a joint leadership meeting took place between the CCG and RMBC to discuss progress. At this meeting, the progress that had been made by Adult Services was noted; however it became clear that there were a number of issues relating to assessment, decision making and access to CHC (Continuing Health Care) for children with complex needs. It became apparent that for children and young people with significant needs, there are two main areas which need to be improved: first, reviews of current cases and consideration of a number of new cases which have yet to be assessed and considered by the Panel; and second, an improved system of decision making through a revised Continuing Care Panel which complies with national guidance on Children's Continuing Healthcare and 'Who Pays'. At this meeting there was a commitment to address the backlog by the end of March 2014. However, it has become apparent that the CCG and CSU are unable to meet these deadlines. As a result, the Chief Executive raised this as a concern with the CCG in writing. The commitment which has now been made is that the CCG will backdate their financial commitment for cases in 2013-4 to the date from which the package of care started for children and young people agreed as eligible for CHC funding; and that they are seeking clinical assessment support to carry out the work. A group of CCG and LA staff are meeting fortnightly to progress the agreed programme of work.
- 7.3 With regards to the joint protocol, it has been drafted and work has commenced with continuing healthcare manager/staff and RMBC CHC champions now CHC lead is in post. 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. The protocol will include how to resolve disputes, and written guidance for staff will be produced to ensure consistency and compliance once it has been issued.
- 7.4 It has been agreed that training will be delivered jointly by CHC/LA 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. Progress on the delivery of the training has been delayed and we now require the CCG to provide information regarding the start date for that training.

7.5 The RMBC/CHC Senior Management group, Personalisation Workstream will continue to meet and consider budget issues and to develop cost effective delivery of personal health budgets by 1st April 2014 based on a pilot project implemented from 1st April 2013.

7.6 Improved engagement has been achieved through the attendance at CHC panels. It is now routine that RMBC CHC champions attend ratification panel meetings as part of the Multi Disciplinary Team and implement joint actions. CHC Champions ensure that issues are addressed in a timely manner.

8 Finance

The latest Yorkshire and Humberside CHC benchmarking information for the final quarter ending 31 March 2013, Rotherham is ranked 7 out of 15 in terms of the number of people receiving CHC funding. In terms of actual expenditure Rotherham is ranked 10th and therefore still below the average spend per person within the region.

9 Risks and Uncertainties

9.1 The following actions have been taken forward by RMBC/CHC strategic leads to implement Scrutiny's recommendations and minimise risk to the council

9.1.1 Monthly meetings are held between strategic leads to consider budget issues, address joint protocols, transitions between funding streams and services etc.

9.1.2 Operational leads continue to meet weekly to address day to day issues and improve communication.

9.1.3 Written protocols – work has commenced and a joint training plan is in place, and plans are in plan to disseminate to health and social care professionals.

10 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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