

Cabinet's Response to Joint Select Commission Review of Continuing Healthcare

| Recommendation | Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i> | Officer Responsible | Action by (Date) |
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| <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/LA protocol which reflects the National guidance for NHS Continuing Healthcare & 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 CCG/CSU and changes within CHC team have been fully implemented.</p> <p>UPDATE This piece of work is delayed and needs to be progressed</p> <p>2/7/2013 Following the restructure of the NHS, CHC has now successfully moved over to be part of the CSU. The implementation of the National Framework for NHS Continuing Health Care and NHS Funded Nursing care December 2012 was implemented from 1st April 2013. CHC continues to follow the National Framework for NHS Continuing Health Care and NHS Funded Nursing Care December 2012 to ensure that reviews are conducted with in a timely manner and work with RMBC. Any issues to be flagged through the joint working Group</p> | <p>MC</p> <p>SMc/SL</p> | <p>Ongoing</p> |
| <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>DB</p> | <p>Complete</p> |

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| <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&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&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 as been discussed with LA Paula Brown and Lyndsay Bishop. A meeting has been arranged with Paula Brown on the 31st October to discuss an plan for dissemination the training package</p> <p>UPDATE</p> <p>Implementation is delayed, CHC to be required to provide a deadline for completion.</p> | <p>DM/SM</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 incorporate 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&B. All training will incorporate case studies</p> <p>24/10/2013 CHC have developed a CHC training package for Health and Social Care professionals. The Package has been discussed with LA Paula Brown and Lyndsay Bishop. A meeting has been arranged with Paula Brown on the 31st October to discuss an plan for dissemination the training package Scenario has been included in the training package</p> | <p>DM/SM</p> | <p>Complete</p> <p>Complete</p> |

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| <p>3. Written Protocols:</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 re commence 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 LA</p> <p>UPDATE</p> <p>This work to be completed by 28.2.14</p> | <p>SMc/SL</p> | <p>28.2.14</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 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>SMc/SL</p> | <p>Ongoing</p> |
| <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 LA - agreed</p> | <p>SMc/SL</p> | <p>Complete</p> |
| <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> <p>22/8/2013 - the current process continues. CHC nurses continue to use Quality of Domiciliary care proforma each time a review is completed – these allows any issues/ compliments to be discussed with care providers therefore improving the service provided to our patients.</p> | <p>SMc/SL</p> | <p>30/8/2013 Ongoing</p> |

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| <p>4. Joint Working</p> <p>4a) To ensure the continuation of MDT meetings on a regular basis to improve joint working and communication across agencies</p> | <p>Currently meeting 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.</p> | <p>DM & Op lead</p> | <p>Complete</p> |
| <p>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)</p> | <p>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.</p> | <p>SMc/SL & CHC lead</p> | <p>Complete</p> |
| <p>4c) For the NHS and Local Authority to agree appropriate arrangements to consider discharge planning to avoid delays</p> | <p>Work has been undertaken through discharge strategy group which includes LA 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.</p> | <p>SMc/SL & CHC lead</p> | <p>Complete</p> |
| <p>4d) To consider options in relation to closer working across agencies, based on examples of good practice e.g Maltby Service Centre</p> | <p>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</p> | <p>SMc/SL & CHC lead</p> | <p>Complete</p> |
| <p>5. Panels and Appeals</p> <p>5a) To address concerns in relation to the lack of representation from the Local Authority at CHC panel meetings</p> | <p>CHC ratification panel undertaken daily LA reps now attending Tuesday and Thursday.</p> | <p>LB/PB & SM</p> | <p>Complete</p> |
| <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. John Williams Service Manager Learning disability Service attends.</p> | <p>DM & Op lead</p> | <p>Complete</p> |

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| 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 | Appeals & 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 | DM & op lead | Complete |
| 5d) To review the decision making process and look to streamline panels where possible to reduce delays and inconsistencies | Ratification of applications as per the principles of the National Framework. Any issues to be discussed through Joint Working Group | DM & op lead | Complete |
| 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 | Principles of National Framework followed - information and/or leaflets supplied routinely. Staffs have access to information, leaflets and explain the appeals process at the offset when assessments are completed and the CHC process explained. | DM & op lead | Complete |
| Reviewing Recommendations: 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. | Progress has/is being made to improve services in Rotherham. These are contained within this report and any further requests for updates to be discussed through Joint Working Group | SMc/SL | Complete |

Key to named individuals:

MC – Michaela Cox DM – Debbie Morton DB – Dominic Blaydon SM – Sheena Moreton
SMc – Shona McFarlane SL – Sarah Lever LB – Lindsay Bishop PB- Paula Brown