**Continuing Healthcare Updated for Social Care, Health and Housing Overview and Scrutiny Committee**

**Report by: NHS Bedfordshire**

**To: Social Care, Health and Housing Overview and Scrutiny Committee**

**Subject: Continuing Healthcare Progress and Performance Update for Central Bedfordshire Local Authority**

## 1. Executive Summary

This document has been produced by NHS Bedfordshire to provide a briefing on the background to NHS Continuing Healthcare the current assessment process, activity for Central Bedfordshire and actions arising from a review undertaken in the East of England funded by the Joint Improvement Partnership. A copy of the Action plan is attached for information.

## 2. Recommendation

The Overview and Scrutiny Committee is asked to consider and accept the report.

## 3. What is Continuing Healthcare

The National Framework for Continuing Healthcare 2009 guidance sets out the following definitions: '**Continuing care'** means care provided over an extended period of time for a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.

**'NHS continuing healthcare'** means a package of continuing care that is arranged and funded solely by the NHS. An individual who needs continuing care may require services from NHS bodies and/or from Local Authorities (LAs). Both NHS bodies and LAs, therefore have a responsibility to ensure that the assessment of eligibility for continuing care and its provision take place in a timely and consistent manner.

If a person does not qualify for NHS continuing healthcare, the NHS may still have a responsibility to contribute to that person's health needs – either by directly providing services or by part funding the package of support. Where a package of support is provided by both LA and an NHS body, this is known as a 'joint package' of continuing healthcare and should include NHS funded nursing care and other NHS services that are beyond the powers of a LA to meet. The joint package could involve both the Primary Care Trust (PCT) and LA contributing to the cost of the care package, or the PCT commissioning and/or providing part of the package.

Where a person's primary need is a health need, they are eligible for NHS continuing healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs.

The following provides a brief understanding of what is defined by a primary health need:

Whether someone has a 'primary health need' is assessed by looking at all of their care needs and relating them to four key indicators:

• **Nature** – this describes the particular characteristics and type of the individual's needs (which can include physical, mental health or psychological needs) and the overall effect of those needs on the individual, including the type (quality) of interventions required to manage those needs.

• **Intensity** – this relates to the extent (quantity) and severity (degree) of the needs and to the support required to meet them, including the need for sustained/ongoing care (continuity).

• **Complexity** – this is about how the individual's needs present and interact to increase the skill required to monitor the systems, treat the condition(s) and/or manage care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.

• **Unpredictability** – this describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. Someone with an unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.

How decisions are made about who is eligible for NHS continuing healthcare is explained on page 6 of the Department of Health public information booklet NHS continuing healthcare and NHS-funded nursing care a copy of which has been provided.

NHS Bedfordshire has been working in partnership with both Local Authority Representatives to align local systems and processes to ensure compliance with the requirements of the National Framework for Continuing Health Care and Funded Nursing Care July 2009 and NHS Continuing Healthcare Practice Guidance March 2010.

## 4. How are decisions made about who is eligible for NHS continuing healthcare?

The decision making process should be 'person centred'. This means putting the individual and their views about their needs and the care and support required at the centre of the process and ensuring that the individual is involved in the assessment and decision making process and gets support to do this where needed. The individual may ask a friend or relative to help them explain their views. It may be appropriate for a Primary Care Trust (PCT) or other organisation to make the individual aware of advocacy support services who may be able to assist.

For most individuals the first step in the process will be the Checklist Tool. This is a screening tool to help health and social care staff work out whether needs might possibly be of a level or type that might make the individual entitled to NHS continuing healthcare. The Checklist will usually be completed when someone is assessing or reviewing health or social care needs. Before applying the checklist the individual or their representative should be informed that completing the checklist is not an indication of the likelihood that the individual will necessarily be determined as being eligible for NHS continuing healthcare.

If a completed Checklist suggests that there is a possibility that the individual may be eligible for NHS continuing healthcare, the individual completing the Checklist should contact the PCT who will arrange for a multidisciplinary (MDT) team to carry out an up-to-date assessment of needs. A multidisciplinary team is made up of two or more health and social care professionals who are involved in the individuals care. The assessment will, with consent, involve contributions from all of the health and social care professionals involved in the persons care and collation of information/evidence to provide an overall picture of needs. In some cases, the multidisciplinary team will ask for more detailed specialist assessments from these professionals.

The multidisciplinary team will use the information from the assessment to complete a Decision Support Tool (DST). The Decision Support Tool looks at 11 different types of need such as mobility, nutrition and behaviour. The purpose of the tool is to help decide what are the nature, complexity, intensity and unpredictability of the individuals needs and so whether the primary needs are health needs. The multidisciplinary team will then make a recommendation to the PCT as to whether the individual is eligible for NHS continuing healthcare.

If the individual has a rapidly deteriorating condition and requires an urgent package of care then the Fast Track Tool may be used instead of the Decision Support Tool. If this is the case, an appropriate clinician will complete the Fast Track Tool and send it directly to the PCT who will arrange for care to be provided as quickly as possible. Once this has happened, a PCT may then arrange in some cases for a Decision Support Tool to be completed after the Fast Track Tool has been used. This could lead to a decision that the individual is no longer eligible for NHS continuing healthcare funding. In all cases, the individual or their representative should receive confirmation in writing with regards to a decision as to whether they are entitled to NHS continuing healthcare.

## 5. East of England Review

Between February and April 2010 a review of NHS Continuing Healthcare (NHS CHC) was undertaken in the East of England region. This review, funded by Improvement East, was carried out through the Joint Improvement Partnership and was supported by both The Association of Directors of Adult Social Services (ADASS) and NHS East of England. The aims of the review were to improve adult social care by local authorities working in partnership with a range of health and social care organisations to transform adult social care across the region.

### KEY ELEMENTS OF THE REVIEW

**Overview:** Through a process of primary and secondary research to:

- Review the processes and practices of referral, assessment and decision-making in relation to eligibility for NHS Continuing Healthcare of the Primary Care Trusts in the East of England.
- Make clear recommendations arising from the review.

**Specifically, to**

- Identify the underlying reasons why the East of England region has the lowest number of patients per weighted 10,000 population assessed as eligible for NHS Continuing Healthcare

- Identify the reasons behind the variation in the number of patients per weighted 10,000 population assessed as eligible for NHS Continuing Healthcare across PCTs in the East of England.
- Identify patient groups which are under-represented or disadvantaged in terms of being assessed as eligible for NHS Continuing Healthcare across the region
- Identify referral, assessment and decision-making processes and practices which are contributing to low numbers of patients per weighted 10,000 population being assessed as eligible for NHS Continuing Healthcare
- Identify referral, assessment and decision- making processes and practices which result in numbers of patients per weighted 10,000 population being assessed as eligible for NHS Continuing Healthcare being close to the national average for PCTs
- Identify the spending levels on NHS Continuing Healthcare across the East of England
- Identify if there are any gaps in workforce development across the region (training needs)
- Identify the range of decision making (including fast track) and dispute resolution processes in use across the region.

Following completion of the review and subsequent report, both PCTs and LAs were encouraged to take a joint approach to addressing the recommendations from the review. Joint action plans to address recommendations have been developed and as the East of England Strategic Health Authority has a governance role in relation to NHS CHC across the region it will be supporting and monitoring the implementation of the action plans.

## 6. Activity Data

The data for quarter three in this report is a snapshot as at 31st December 2010. The CHC database (QA+ system) is populated with 'live' client data and as such is liable to change each quarter when the report is produced.

### 1) *The number of NHS Continuing Care clients in Central Bedfordshire, as a total and number per 10,000 population*

*a) The breakdown in relation in relation to Learning Disabilities/Physical Disability/Dementia and other health categories/age*

*Current Continuing Healthcare (CHC) clients Quarter 1 – Quarter 3 2010/11*

| | Activity Breakdown | | | | | | | | Ethnicity Breakdown | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Specialty | Bedfordshire Total | Central Beds Total | Population Rate per 10,000 * | Male | Female | Age 65 and over | Age under 65 | White | Other Ethnic Groups | Asian or Asian British | Black or Black British | Not Stated |
| Q1 | All | 130 | 83 | 3.25 | 45 | 38 | 49 | 34 | 69 | 0 | 0 | 0 | 14 |
| Q2 | All | 146 | 97 | 3.80 | 51 | 46 | 59 | 38 | 76 | 0 | 0 | 0 | 21 |
| Q3 | ABI | 19 | 13 | 0.51 | 8 | 5 | 5 | 8 | 8 | 0 | 0 | 0 | 5 |
| | Mental Health | 26 | 16 | 0.63 | 9 | 7 | 10 | 6 | 15 | 0 | 0 | 0 | 1 |
| | Commissioned Beds (Mental Health) | 59 | 31 | 1.22 | 16 | 15 | 31 | 0 | 22 | 0 | 0 | 0 | 9 |
| | Learning Disability | 7 | 3 | 0.12 | 3 | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 1 |
| | Physical Disability | 54 | 36 | 1.41 | 13 | 23 | 15 | 21 | 29 | 0 | 0 | 0 | 7 |
| | **Total** | **165** | **99** | **3.88** | **49** | **50** | **61** | **38** | **76** | **0** | **0** | **0** | **23** |

* The population rate per 10,000 is based on the 2008 estimated population of 255,000 for Central Bedfordshire

There has been a steady increase in the number of clients accessing Continuing Healthcare over the last three quarters of 2010/11. Compared to quarter one, quarter three has experienced an increase of 19%.

*b) Figures for Fast Track Pathway applications and End of Life applications*

*2010/11 Fast Track and End of Life applications Quarter 1 – Quarter 3 2010/11*

| | Activity Breakdown | | | | | | | Ethnicity Breakdown | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Specialty** | **Bedfordshire Total** | **Central Beds Total** | **Male** | **Female** | **Age 65 and over** | **Age under 65** | **White** | **Other Ethnic Groups** | **Not Stated** |
| **Q1** | Fast Track | 44 | 24 | 10 | 14 | 22 | 2 | 24 | 0 | 0 |
| | End of Life | 6 | 4 | 2 | 2 | 2 | 2 | 4 | 0 | 0 |
| | **Total** | **50** | **28** | **12** | **16** | **24** | **4** | **28** | **0** | **0** |
| **Q2** | Fast Track | 60 | 40 | 22 | 18 | 32 | 7 | 35 | 0 | 5 |
| | End of Life | 3 | 2 | 1 | 1 | 1 | 1 | 2 | 0 | 0 |
| | **Total** | **63** | **42** | **23** | **19** | **33** | **8** | **37** | **0** | **5** |
| **Q3** | Fast Track | 56 | 32 | 13 | 19 | 27 | 5 | 30 | 0 | 2 |
| | End of Life | 3 | 3 | 2 | 1 | 3 | 0 | 2 | 0 | 1 |
| | **Total** | **59** | **35** | **15** | **20** | **30** | **5** | **32** | **0** | **3** |

NHS Bedfordshire has experienced a decrease in the total number of Fast Track applications received during quarter three compared with quarter two and this has been mirrored in the Fast Track figures for Central Bedfordshire. The majority of clients at quarter three are aged 65 and over and are recorded as white ethnicity.

All Fast Track applications during 2010/11 have been approved.

## *2) The number of Continuing Healthcare (CHC) applications in Central Bedfordshire*

*Number of Continuing Healthcare (CHC) applications Quarter 1 – Quarter 3 2010/11*

| | Activity Breakdown | | | | | | Ethnicity Breakdown | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Bedfordshire Total** | **Central Beds Total** | **Male** | **Female** | **Age 65 and over** | **Age under 65** | **White** | **Other Ethnic Groups** | **Not Stated** |
| **Q1** | 95 | 68 | 30 | 38 | 60 | 8 | 54 | 1 | 13 |
| **Q2** | 126 | 85 | 39 | 46 | 69 | 16 | 64 | 0 | 21 |
| **Q3** | 127 | 79 | 42 | 37 | 69 | 10 | 66 | 10 | 3 |

The number of Continuing Healthcare applications includes Fast track, General, Mental Health and Learning Disability. There has been a slight decrease in applications since quarter two. The ethnicity of new applications for quarter three is predominately white.

### 3) *The number of successful Continuing Healthcare (CHC) applications in Central Bedfordshire*

*Number of successful CHC applications Quarter 1 – Quarter 3 2010/11*

| | Activity Breakdown | | | | | | Ethnicity Breakdown | | |
|---|---|---|---|---|---|---|---|---|---|
| | Bedfordshire Total | Central Beds Total | Male | Female | Age 65 and over | Age under 65 | White | Other Ethnic Groups | Not Stated |
| **Q1** | 64 | 47 | 20 | 27 | 40 | 7 | 41 | 0 | 6 |
| **Q2** | 72 | 52 | 26 | 26 | 41 | 11 | 46 | 0 | 6 |
| **Q3** | 69 | 46 | 25 | 21 | 41 | 5 | 39 | 0 | 7 |

The number of successful Continuing Healthcare applications includes Fast Track, General, Mental Health and Learning Disability. 58% of applications received have gone on to be successful in quarter three.

Unsuccessful applications are due to clients not meeting the eligibility criteria. As the data is captured as a snapshot some applications are currently being processed and will be carried forward into the next quarter. The ethnicity of successful applicants is predominantly white.

### 4) *The number of CHC applications leading to appeal by the individual*

*2010/11 CHC applications leading to an appeal Quarter 1 – Quarter 3 2010/11*

| | Activity Breakdown | | | | | | Appeal | | | | Ethnicity Breakdown | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bedfordshire Total | Central Beds Total | Male | Female | Age 65 and over | Age under 65 | Appeal Succeeded | Part Success | Original Decision Upheld | Decision Pending | White | Other Ethnic Groups | Not Stated |
| **Q1** | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| **Q2** | 2 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| **Q3** | 5 | 3 | 1 | 2 | 3 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 0 |

In quarter three there are five applicants where the appeal decision is pending. Three of these clients are in Central Bedfordshire, one male and two female. The appeals above are restricted to those applications made in 2010/11 which resulted in an appeal. Appeals made in earlier financial years which continued in 2010/11 or retrospective appeals are not included.

The reasons for appeal could be:

- Financial responsibility – families are seeking redress with regard to payment of fees for care
- Lack of understanding of Continuing Healthcare eligibility criteria systems and processes

### *a) The number of successful CHC appeals*

*2010/11 CHC applications leading to a successful appeal Quarter 1 – Quarter 3 2010/11*

| | Activity Breakdown | | | | | | Appeal | | | | Ethnicity Breakdown | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bedfordshire Total | Central Beds Total | Male | Female | Age 65 and over | Age under 65 | Appeal Succeeded | Part Success | Original Decision Upheld | Decision Pending | White | Other Ethnic Groups | Not Stated |
| **Q1** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Q2** | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| **Q3** | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

To date there has been one successful appeal in 2010/11. The three appeals in quarter three are still decision pending.

NHS Bedfordshire has received one complaint regarding the CHC process during quarter three 2010/11 which relates to Central Bedfordshire.

### *5) Benchmarking Analysis*

| | CHC Cases per 10,000 population YTD | | CHC Costs (£'000) per 10,000 population YTD | |
|---|---|---|---|---|
| | National Ranking (150 PCTs) | East of England Ranking (13 PCTs) | National Ranking (150 PCTs) | East of England Ranking (13 PCTs) |
| **Q1** | 150 | 13 | 136 | 8 |
| **Q2** | 149 | 13 | 145 | 10 |
| **Q3** | 149 | 13 | 143 | 10 |

Source: National Funded Care Benchmarking Report. Data for Q3 is provisional.

The above table shows the ranking for NHS Bedfordshire both nationally and regionally for the number of CHC cases per 10,000 population and for CHC costs per 10,000 population.

For the number of CHC cases per 10,000 population there has been little movement in ranking from quarter one to quarter two, however within the East of England there has been no movement and the ranking remains at 13 out of 13 PCTs.

There has been downward movement for CHC costs per 10,000 population both nationally and regionally.

The benchmarking analysis data is sourced from the National Funded Benchmarking report managed by NHS North Somerset. NHS North Somerset advise that data rankings should be for information only and form a starting point to try and understand how Funded Care is delivered regionally and nationally.

## 7. Conclusion

NHS Bedfordshire will continue to improve on the CHC service within Bedfordshire ensuring a consistent and transparent process for all users.

# ACTION PLAN FOLLOWING

# REVIEW OF NHS CONTINUING HEALTHCARE

# IN THE EAST OF ENGLAND May 2010

## 1. Introduction

1.1 Between February and April 2010 a review of NHS Continuing Healthcare (NHS CHC) was undertaken in the East of England region. This review, funded by Improvement East, was carried out through the Joint Improvement Partnership and was supported by both ADASS and NHS East of England. The findings and recommendations of the review have been accepted by these organisations. The review focused specifically on the reasons for the East of England Region consistently reporting lower numbers eligible for NHS CHC per 10,000 population than any other SHA region.

1.2 This action plan is in two sections: the first section summarises the core recommendations which apply to all PCT areas in the region; the second section contains recommendations which are specific to particular organisations, along with space to add other relevant actions to be taken locally. You should receive the version of the plan that is relevant to your organisation/area so if there are no recommendations and/or action points already provided in section two this means that the review did not make separate recommendations specific to your area. However, you should still use this section to list additional relevant actions which you believe are appropriate.

1.3 PCTs and LAs are urged to take a joint approach to addressing the recommendations from this review and therefore PCT and LA Leads are asked to do the following:

a) meet as soon as possible to consider the action they will take locally to implement the recommendations from the review
b) complete the blank boxes in the table below to turn the recommendations in to specific, achievable actions in their area with lead arrangements and target dates for completion.
c) add any additional actions to be taken locally to achieve a more equitable and consistent application of the National Framework.
d) return the completed form to Emma Greenfield by 30th June 2010

1.4 The SHA has a governance role in relation to NHS CHC across the region and will be supporting and monitoring the implementation of this action plan.

**SECTION ONE: CORE RECOMMENDATIONS**

| | **Recommendation** | **Comments** | **Action to be taken locally** | **Lead Officer** | **Target Date For Completion** |
|---|---|---|---|---|---|
| 1 | PCT's should reconsider the systems they have for checking data quality in relation to NHS CHC and engage performance management and IT colleagues where necessary. Systems need to be flexible to add new data fields e.g. receipt of Checklists. | A review and further enhancements were made to NHSB CHC QA database earlier this year. The additional fields have been added to allow capture and extraction of reliable and robust data to include ethnic group etc. | • Initial work completed which allows extraction of more meaningful reports<br>• Further discussions with QA on further enhancements of the system<br>• Review process for receipt of checklists from both health and social care for processing and auditing purposes<br>• Learning to be indentified and delivered within education training programme to ensure improvement in quality of information<br>• Audit system and processes to ensure fit for purpose | G Chapman, NHSB<br><br>J Simpson, Bedford Borough<br><br>S Mitchelmore, Central Bedfordshire. | Completed May 2010<br><br>February 2011<br><br>In progress commenced January 2011 |
| 2 | PCT's should make arrangements to collect data from both positive and negative Checklists and record information on source of referral and client group. | Develop system to ensure collection of negative checklists.<br><br>Meetings held with partner organisations and request made for this information to be received by CHC department on monthly | • Ensure that all partner organisations are sending copies of completed CHC checklists in a timely manner<br>• Establish and agree a process for collecting both positive and negative checklists<br>• Information to be captured on a geographical basis<br>• Review QA system to | G Chapman, NHSB | |

| | | | | | |
|---|---|---|---|---|---|
| | | basis to allow for quality monitoring/audit.<br><br>Information currently being received from acute trust. | establish if additional fields can be added to capture source of referral<br>• Identify IT support<br>• Acute Trusts to ensure information forwarded to NHSB<br>• LA colleagues to review internal processes/systems to ensure information is forwarded to NHSB on monthly basis to allow for auditing to ensure consistency and quality of decision making | Discharge Team<br><br>J Simpson, Bedford Borough.<br><br>S Mitchelmore, Central Bedfordshire. | Complete Sept 2010<br><br>February 2011 |
| 3 | PCT's and LA's should jointly review their arrangements and any existing legacy/pooled funding agreements for under-represented people with LD, to ensure that NHS CHC is being applied correctly. | A group led by NHSB with representatives from LA's has in recent months reviewed local systems/processes to ensure compliance with the National Framework.<br><br>This group will continue to meet in the future in relation to joint funding arrangements.<br><br>CHC lead nurse Learning Disability working closely | • Establish terms of reference for Joint Funding Group in partnership with LAs, Bedford Borough Council and Central Bedfordshire Council.<br>• Continue joint working arrangements to ensure the facilitation of assessment and funding of eligible LD individuals.<br>• Establish regular Joint Health/LA Funding Group meetings. | G Chapman | Completed January 2011<br><br>Completed January 2011 |

| | | | | | |
|---|---|---|---|---|---|
| | | with LD Commissioner / LA Learning Disability Lead regarding service provision. | | | |
| 4 | PCT's and LA's should target 'awareness raising' training on areas where there is an identified lack of referrals for consideration of NHS CHC. They should then support staff in those areas to ensure they make correct use of the Checklist tool for screening. | Training was placed on hold in Bedfordshire during the review and update of local processes. This has reinstated following review of CHC processes August 2010.<br><br>Discussions are taking place with LA's to agree and implement joint training to meet the needs of individual staff groups. Currently training is delivered by NHSB across all disciplines health/social care. | • Agree local training package<br><br>• Develop training strategy<br>• Develop training programme and deliver in partnership | G Chapman, NHSB<br><br>J Simpson, Bedford Borough.<br><br>S Mitchelmore, Central Bedfordshire | Completed August 2010<br><br>March 2011 |
| 5 | PCT's should give strategic and long-term consideration to the use and availability of rehabilitation and assessment facilities outside of the acute hospital setting. The NHS CHC should be considered at the most appropriate point in each individual's care pathway. | | ABI review taking place in conjunction with CHC looking at Rehabilitation and Assessment. | E Bolton/L Willis, NHSB | March 2011 (first area) |
| 6 | Each PCT and LA in the EoE should develop a simple public information strategy to ensure accurate information is readily available to | Review and develop NHSB CHC website. | • CHC public information booklets made available in acute trusts, Drs Surgeries, LA premises. | G Chapman | Completed September 2010 |

| | | | | | |
|---|---|---|---|---|---|
| | members of the public. E.g. use of PCT's and LA's websites and distribution of the 2009 DH public information leaflet. Consideration should be given to how information is disseminated to hard to reach groups. | | • NHSB CHC webpage reviewed and updated | | Completed January 2011 |
| 7 | PCT's and LA's in the EoE should share knowledge and resources regarding training on NHS CHC and identify funding to support a project which focuses on; the core competencies required by specialist health and social care staff to successfully implement the National Framework, designs an advanced training programme which draws on the NHS Continuing Healthcare Practice Guidance and also works with a professional training/higher education body to assist in designing, delivering and accrediting the training with a view to it leading to a suitable qualification. | Funding has been agreed by Improvement East to support this work in 2010-11 | Course approved in partnership with University of Essex. First course commenced January 2011. | Jim Ledwidge (freelance) will work with a core group of PCT and LA leads to deliver this project. | Milestones to be incorporated into separate action plan to be monitored by JIP. Project to be completed by end of March 2011 |
| 8 | LA's should seek clarification from their PCT colleagues regarding any difficulties in engaging social care staffing their area and take action to address any concerns arising, bearing in mind the 28 day timescale to complete the NHS CHC process. Where LA lead arrangements are unclear, this should be addressed ensuring the officer given this role has sufficient seniority. | Issues addressed through partnership working and discussion at regular joint Health/LA meetings | • Schedule of meetings to be agreed<br>• Ensure representatives from health/LA in attendance<br>• TOR developed<br>• Joint processes in place | Gail Chapman<br><br>J Simpson, Bedford Borough.<br><br>S Mitchelmore, Central Bedfordshire | Completed August 2010 |
| 9 | PCT's where a lack of staffing has been identified as a factor restricting their ability to implement the | Current establishment considered and being | • Continue to work in partnership with LA | NHSB Executive | |

| | | | | | |
|---|---|---|---|---|---|
| | NHS CHC framework should urgently consider how this could be addressed. | reviewed in line with NHSB restructuring/future state. | colleagues.<br>• Initial meeting arranged Feb 2011 to explore future cluster working with other PCT colleagues.<br>• NHSB are recruiting two Nurse Assessors on 6 month secondment to support CHC | Team | Completed February 2011<br><br>In progress February 2011 |
| 10 | PCT's that have not yet amended their panel and decision making process should review them in light of the updated Framework and recently published Practice Guidance. This should be done in consultation with LA colleagues to ensure they are compliant with DH requirements. | Compliant with DH requirements. | | G Chapman | Completed February 2010 |
| 11 | The EoE region should consider how best to periodically audit eligibility decisions in order to ensure consistency across the region. In establishing this audit, particular attention should be given to those client groups where concerns about equity have been expressed, notably individuals with LD, MH issues and dementia. | This recommendation is to be discussed by the PCT leads group so that the SHA can devise appropriate auditing mechanisms. | Action by EoE SHA | EOE | |