

# Appendix 1



## Continuing Healthcare Action plan June 2011

### Central Bedfordshire Council

	<b>Recommendation</b>	<b>Comments</b>	<b>Action</b>	<b>Lead Officer</b>	<b>Update</b>
<b>1 (G)</b>	Given current trends and the findings of this review (as well as the separate Bedford Borough review), NHS Bedfordshire should make provision for an increase in referrals for consideration of NHS CHC and for an increase in the number of people in receipt of NHS CHC. The PCT and Central Bedfordshire Council should agree on a suitable methodology for modelling and managing future demand. This should take account of young people making the transition from child to adult services.	Work ongoing with Public health colleagues to complete joint needs assessments.  Currently monitoring numbers of referrals received  Monitoring Checklists - both those that screen in and screen out	<ul style="list-style-type: none"> <li>• Spreadsheet developed and used as monitoring tool showing total referrals each month from acute, community and LA's. Audited by joint Funding group</li> <li>• Develop forum to review planning assumptions and pathway for transitions</li> </ul>	G Chapman, NHSB   S Mitchelmore, Central Bedfordshire Council	Referral rates have increased since last LA report  Currently monitoring numbers of referrals received
<b>2 (G)</b>	The PCT should complete current work on the QA database as soon as possible to ensure that reports on NHS Continuing Healthcare (NHS CHC) activity are accurate. This should include mechanisms for logging information on Checklists where the individual concerned has not screened in for full NHS CHC assessment.	Develop system to ensure collection of negative checklists.  Meetings held with partner organisations and request made for this information to be received by CHC department on monthly basis to allow for quality monitoring/audit.  Information currently being received from acute trust.	<ul style="list-style-type: none"> <li>• Ensure that all partner organisations are sending copies of completed CHC checklists in a timely manner</li> <li>• Establish and agree a process for collecting both positive and negative checklists</li> <li>• Information to be</li> </ul>	G Chapman, NHSB  S Mitchelmore, Central Bedfordshire Council	Increased number of checklists being received  Process in place  QA system being updated as identified and required

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			<p>captured on a geographical basis</p> <ul style="list-style-type: none"> <li>• Review QA system to establish if additional fields can be added to capture source of referral</li> <li>• Identify IT support</li> <li>• Acute Trusts to ensure information forwarded to NHSB</li> <li>• 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</li> </ul>		
<b>3 (A)</b>	<p>Central Bedfordshire Council should establish a central means to record and report information regarding NHS CHC, preferably utilising the SWIFT client database. Information collected should include whether a Checklist has been completed, the outcome of this, the outcome of NHS CHC eligibility decisions and whether the reason for a case being 'closed' is that the individual is now in</p>		<ul style="list-style-type: none"> <li>• Investigations will take place on the appropriate recording on Swift. The proposal will be to set up a new questionnaire to record the CHC checklist and</li> </ul>	S Mitchelmore, Central Bedfordshire Council	Work has commenced looking at the recording of CHC on the swift system. Initial issues have been identified and resolved. Further

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	receipt of NHS CHC. The information should be used to monitor whether social services staff are undertaking their responsibilities in relation to NHS CHC referrals and to identify any areas of difficulty.		<p>outcomes. Investigation will include the identification of the appropriate process to attach the questionnaire to.</p> <ul style="list-style-type: none"> <li>• A process mapping session will be held to ensure all processes in relation to CHC are captured.</li> </ul>		work required in relation to the inception of a questionnaire
<b>4 (G)</b>	The NHSB / LA Joint Continuing Healthcare Meeting should agree on the management information it requires to monitor the effectiveness of the NHS CHC system, and should make arrangements for this information to be available on a regular basis to inform operational and strategic planning.	Joint Funding group consist of attendees from both LA's and NHSB.	Agenda for meeting will include dataset as indicated by author: Section 3.15	G Chapman, NHSB	<p>Full group meets for consideration of management information and cases (approx 6 weekly)</p> <p>Appropriate representatives meet when considering cases only (as required)</p>
<b>5 (G)</b>	NHS Bedfordshire and Central Bedfordshire Council should revisit the guidance given to staff regarding when and in what circumstances individuals should be screened for NHS CHC using the Checklist. Care should be taken to ensure that there are no unnecessary barriers to this happening, whilst	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	<ul style="list-style-type: none"> <li>• Develop training strategy</li> <li>• Develop training programme and deliver in partnership</li> </ul>	<p>G Chapman, NHSB</p> <p>S Mitchelmore, Central Bedfordshire Council</p>	<p>JL agreed in principle to deliver training package.</p> <p>Training delivered December 2011.</p>

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	also ensuring that the Checklist is undertaken at a time when ongoing needs are sufficiently clear.	care.	<ul style="list-style-type: none"> <li>Approach Jim Ledwidge to consider delivering suitable training package for both Health and Social Care</li> </ul>		
<b>6 (G)</b>	NHS Bedfordshire and its LA partners should, as a matter of urgency, resolve the question of whether and in what circumstances LA members of staff will undertake the 'coordinator' role in relation to NHS CHC. They should ensure that the Bedfordshire Continuing Healthcare Processes reflect this agreement and are then properly disseminated throughout the relevant agencies, making sure that front-line staff are familiar with them.	The CHC lead nurses act as coordinator however on occasions the role of coordinator could (by agreement) be a staff member from another organisation such as the LA, an NHS Trust or independent sector organisation. This may need to be negotiated in specific cases due to the skills or responsibilities that the practitioner(s) have in relation to a client group or individual.	<ul style="list-style-type: none"> <li>The role of the coordinator is detailed in job descriptions of CHC lead nurses and reflected within process documents.</li> <li>Agreement to be disseminated to front line staff</li> </ul>	G Chapman, NHSB  S Mitchelmore, Central Bedfordshire Council	Coordinator role clearly defined and line managers ensuring staff have full understanding  Coordinator identified aligned to Lead Commissioner if appropriate
<b>7 (G)</b>	NHS Bedfordshire and Central Bedfordshire should jointly develop guidance/training for staff on the level and type of evidence required to support an application for NHS CHC funding, bearing in mind national guidance and learning from Independent Review Panel experience.	Develop and deliver a joint training package	Jim Ledwidge approached to take on role due to his extensive knowledge of NHS CHC	G Chapman, NHSB  S Mitchelmore, Central Bedfordshire Council	Training programme developed by Jim Ledwidge(JL)  Two days joint training delivered

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	(Links to Recommendation 9)				December 2011
<b>8 (G)</b>	NHS Bedfordshire should reconsider the staffing and structure of its Continuing Healthcare Service to ensure that it is fit for purpose. In particular it should consider with LA partners what arrangements are best as the service moves towards the proposed abolition of the PCT and the expected handover of responsibilities to GP consortia. Opportunities for further work across agency boundaries should be explored, for example with regard to case management.	<p>CHC structure reviewed and staff recruited to current identified posts.</p> <p>CHC team will continue to be reviewed during ongoing transition to clinical commissioning group.</p>	Arranging meetings with colleagues in LA to look at service delivery in Nursing homes, value for money	G Chapman, NHSB	
<b>9 (G)</b>	NHS Bedfordshire and Central Bedfordshire should jointly develop and jointly deliver a suitable training programme to staff across agencies (including advocacy services and provider organisations) that supports the correct implementation of the National Framework and associated guidance, incorporates a consistent message about the lawful limits of local authority responsibility, and enables staff to implement local processes and procedures. Consideration should be given to working with Bedford Borough in the preparation and delivery of this training. (link to Number 5)	Course identified to deliver training on the core competencies required by specialist health and social care staff to successfully implement the National Framework	Course approved in partnership with University of Essex. First course commenced January 2011	G Chapman, NHSB	Two days joint training delivered December 2011 with attendance of staff from NHSB, Central Bedfordshire Council and Bedford Borough.
<b>10 (A)</b>	NHS Bedfordshire and Central Bedfordshire Council should explore opportunities for co-	Identify stakeholders in Bedford Borough and Central	Contacts to be identified for Central	G Chapman, NHSB	

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	operating over systems for commissioning and purchasing care packages/placements where individuals are in receipt of NHS Continuing Healthcare Funding.	<p>Bedfordshire and explore potential opportunities for joint working within this area.</p> <p>Further discussion/work to be undertaken during transition to clinical commissioning groups.</p>	<p>Bedford via the Joint Funding Group.</p> <p>Joint work in place with regards to monitoring nursing homes with Central contract and compliance team.</p> <p>Initial discussions have taken place in relation to potential options for joint contracting. Further discussion and will be required with the procurement teams members of each organisation as part of transition to clinical commissioning groups.</p>	S Mitchelmore, Central Bedfordshire Council	
<b>11 (G)</b>	NHS Bedfordshire and Central Bedfordshire Council should revisit and clarify agreements over interim funding and reimbursement, in line with the requirements of the DH Framework and the national Refunds Guidance. Once clarified, relevant staff should be made aware of and implement the agreed processes so that individuals do not experience unnecessary delay in receiving the care they require in the most appropriate location.	Appropriate contact to be identified and meeting to be arranged to discuss and agree process including roles and responsibilities	Contact to be made with Stuart Mitchelmore agree stakeholders to be involved in agreeing arrangements in relation to interim funding meeting to be arranged by end of July 2011.	G Chapman, NHSB  S Mitchelmore, Central Bedfordshire Council	See response to 5 and 7