

Appendix B



Continuing Healthcare Action plan Update October 2012

Central Bedfordshire Council

	Recommendation	Comments	Action	Lead Officer	Update
1 (G)	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.	<p>Work underway to develop joint needs assessments.</p> <p>Currently monitoring numbers of referrals received</p> <p>Monitoring Checklists - both those that screen in and screen out</p>	<ul style="list-style-type: none"> Spreadsheet developed and used as monitoring tool showing total referrals each month from acute, community and LA's. Audited by joint Funding group Develop forum to review planning assumptions and pathway for transitions 	<p>S.Jordan, BCCG</p> <p>S Mitchelmore, Central Bedfordshire Council</p>	<p>Referral and activity rates have increased since last LA report</p> <p>Currently monitoring numbers of referrals received</p> <p>Strategic review of CHC funded services to be undertaken and completed by March 2013. (see 4)</p>
2 (G)	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.	<p>Develop system to ensure collection of negative checklists.</p> <p>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.</p> <p>Information currently being received from acute trust.</p>	<ul style="list-style-type: none"> Ensure that all partner organisations are sending copies of completed CHC checklists in a timely manner Establish and agree a process for collecting both positive and negative checklists Information to be 	<p>S.Jordan, BCCG</p> <p>S Mitchelmore, Central Bedfordshire Council</p>	<p>Increased number of checklists being received</p> <p>Process in place</p>

	Recommendation	Comments	Action	Lead Officer	Update
			<p>captured on a geographical basis</p> <ul style="list-style-type: none"> • Review QA system to establish if additional fields can be added to capture source of referral • Identify IT support • Acute Trusts to ensure information forwarded to NHSB • 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 		<p>Further Updates to QA system to be taken forward following strategic and operational review. (see 4)</p>
<p>3 (G)</p>	<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</p>		<ul style="list-style-type: none"> • Investigations will take place on the appropriate recording on Swift. The proposal will be to set up a new questionnaire to record the CHC 	<p>S Mitchelmore, Central Bedfordshire Council</p>	<p>Work has commenced looking at the recording of CHC on the swift system. Initial issues have been identified and resolved. Further work required in relation to the inception of a questionnaire</p>

	Recommendation	Comments	Action	Lead Officer	Update
	decisions and whether the reason for a case being 'closed' is that the individual is now in 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>checklist and outcomes. Investigation will include the identification of the appropriate process to attach the questionnaire to.</p> <ul style="list-style-type: none"> • A process mapping session will be held to ensure all processes in relation to CHC are captured. 		Workshop on Swift development taking place in October focused on improving the recording of application, decision making and reporting.
4 (R)	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 CHC Group consist of attendees from both LA's and NHSB.	Agenda for meeting will include appropriate data set	S.Jordan	<p>Following changes in CHC Team Leadership within BCCG the Joint CHC Group is now being re-established and will meet regularly to lead both Strategic reviews of CHC funded care and ensure effective operational systems</p> <p>Joint CHC Group to take forward follow-up review of CHC arrangements. Review to be externally facilitated.</p>

	Recommendation	Comments	Action	Lead Officer	Update
					<p>Review will need to include</p> <ul style="list-style-type: none"> -Strategic Commissioning of services. -Effectiveness of assessment processes, -decision making re eligibility, -case management and co-ordination -Performance and governance, -Training programmes <p>Review programme to be completed by March 2013</p>
5 (A)	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 also ensuring that the Checklist is undertaken at a time when ongoing needs are sufficiently clear.	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.	<ul style="list-style-type: none"> • Develop training strategy • Develop training programme and deliver in partnership • Approach Jim Ledwidge to consider delivering suitable training package for both Health and Social Care 	S.Jordan, BCCG S. Mitchelmore, Central Bedfordshire Council	<p>JL agreed in principle to deliver training package.</p> <p>Training delivered December 2011.</p> <p>New Training programme to be commissioned</p>
6 (A)	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	The CHC lead nurses act as coordinator however on occasions the role of	<ul style="list-style-type: none"> • The role of the coordinator is detailed in job 	S.Jordan,BCCG S Mitchelmore, Central	Review process needs to ensure that the Coordinator role is clearly defined with line managers ensuring that

	Recommendation	Comments	Action	Lead Officer	Update
	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.	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.	descriptions of CHC lead nurses and reflected within process documents. <ul style="list-style-type: none"> • Agreement to be disseminated to front line staff 	Bedfordshire Council	staff have full understanding (see 4) Coordinator identified aligned to Lead Commissioner if appropriate
7 (G)	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. (Links to Recommendation 9)	Develop and deliver a joint training package	Jim Ledwidge approached to take on role due to his extensive knowledge of NHS CHC	S.Jordan BCCG S Mitchelmore, Central Bedfordshire Council	Training programme developed by Jim Ledwidge(JL) Two days joint training delivered December 2011 New training programme to be Commissioned as part of Review process
8 (G)	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	CHC structure reviewed and staff recruited to current identified posts. CHC team will continue to be reviewed during ongoing transition to clinical commissioning group.	Arranging meetings with colleagues in LA to look at service delivery in Nursing homes, value for money	S.Jordan, BCCG	CHC Team has been recently re-structured and a successful recruitment programme taken forward. Operational arrangement re the working of the team will be considered in the context

	Recommendation	Comments	Action	Lead Officer	Update
	expected handover of responsibilities to GP consortia. Opportunities for further work across agency boundaries should be explored, for example with regard to case management.				of the review process over future months.
9 (A)	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	S, Jordan BCCG	Two days joint training delivered December 2011 with attendance of staff from NHSB, Central Bedfordshire Council and Bedford Borough. New training programme to be commissioned (see 5 and 7 above)
10 (A)	NHS Bedfordshire and Central Bedfordshire Council should explore opportunities for co-operating over systems for commissioning and purchasing care packages/placements where individuals are in receipt of NHS Continuing Healthcare Funding.	Identify stakeholders in Bedford Borough and Central Bedfordshire and explore potential opportunities for joint working within this area. Further discussion/work to be undertaken during transition to clinical commissioning groups.	Contacts to be identified for Central Bedford via the Joint Funding Group. Joint work in place with regards to monitoring nursing homes with Central contract and	S. Jordan, BCCG S Mitchelmore, Central Bedfordshire Council	A collaborative strategic and operational commissioning programme should be taken forward as part of the review process (see 4)

	Recommendation	Comments	Action	Lead Officer	Update
			<p>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>		
11 (A)	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	Stakeholders to be involved in agreeing arrangements in relation to interim funding meeting	S.Jordan, BCCG S Mitchelmore, Central Bedfordshire Council	Interim funding arrangements to be clarified as part of the strategic review process.