NHS BERKSHIRE

CONTINUING HEALTHCARE

ACTION PLAN

Executive summary – Urgent Recommendations

1) The Strategic Health Authority requires assurance that the Primary Care Trust is operating within the legal framework and guidance around the Fast Track Pathway Tool

No.	Recommendation	Action	Responsible Lead	Completion Date
KR6	All organisations in Berkshire should ensure they have clear arrangements for the timely review of Fast Track applications. This should ensure that the relevant staff are clear on how to complete the fast track tool in line with the National Framework.	• PCT to review correct CHC Nursing structure to include a fast-track team. • Undertake additional training and awareness sessions for provider staff who work in relevant fields. e.g. Specialist Palliative care nurses, District/Community Nursing, Consultants in Care of the Elderly, Oncology, Palliative Care etc and General Practitioners. • Priority for training will be given to clinical staff working in specialist fields which have high referral rates to fast-track. • Local Authority specialist CHC practitioners to be included in this training for the purpose of consistency.	M. Andrews-Evans / E. Rushton	
KR7	NHS Continuing Healthcare funding must be available to patients once a positive Fast Track Tool has been completed by a registered clinician. This funding should be available until a person is assessed as no longer eligible.	• PCT to check that funding is available to fast-track patients. • UAs each to provide a senior named contact in relation to fast-track • Fast Track assessments initiated and completed by registered clinician will be responded to immediately by CHC staff.	E. Rushton	

		• PCT and UAs to undertake a joint audit of cases where the fast-track assessment was rejected to assess the outcome for the patients as a shared learning activity. • The U.A.'s to review their practise in respect of fast tracking based on the feedback in the Review Report.	Retrospective review to September 11 2012	

2) Improvements in Joint working between the NHS and the six local authorities at all levels

KR48	All organisations should prioritise the building and maintenance of constructive strategic and operational working relationships across Berkshire, particularly between the NHS and the six local authorities. This should be led by appropriate senior individuals. Regular joint meetings should take place on at least a monthly basis in the first instance at both strategic and operational levels.	• Regular monthly meetings will be arranged between assistant Directors to exchange ideas and discuss issues relevant to all. This will follow on from the joint development of the operations policy and will review and oversee its implementation. • Meetings to be co-ordinated by PCT / CCGs. • Organisations to agree the definition of reablement in relation to daily living activities and rehabilitation potential where health needs can be proactively lessened before long term care commences. This will be included in the operational policy	ALL UAs and PCT / CCGs M.Andrews-Evans / CCG leads E. Rushton / J.Evans	

3) The approval of an Operational Policy which makes all procedures clear will smooth the whole process and procedure and allow for better working relationships

KR27	A clear concise operational policy, taking account of the NHS Continuing Healthcare (Responsibilities) Directions 2009 and the principles laid out in the NHS Continuing Healthcare framework, which is drafted in consultation with relevant partner agencies, and in particular the local authorities is required as a matter of urgency for ratification by the Primary Care Trust Board (suggested timescale within four weeks – to be agreed in action plan). This must include terms of reference for relevant Panels.	• Three identified Assistant Directors (1 East UA, 1 West UA & PCT) will be facilitated to develop a joint operational policy. Samples will be provided by review team as a template for the group to follow. • The PCT & 6 UAs will jointly agree and implement the operational policy. • PCT and 6 UAs will consult with legal services to ensure compliant with legislation.	M. Goldie / M. Andrews-Evans Jill Smith ALL UAs and PCT /CCGs ALL UAs and PCT /CCGs	1st October 2012 30th November 2012 30th November 2012

4) Further work is required on the draft dispute resolution policy between the NHS and Local Authorities to put into place a signed and agreed policy as required in the NHS Continuing Healthcare Responsibilities/Directions

KR28	A local dispute resolution policy must be agreed with the six local authorities urgently (suggested timescale within two months – to be agreed in action plan).	• Disputes policy will be considered by the Assistant Director's group. • Joint policies working well in other areas will be used to inform policy development. • Final Document to be ratified by	M.Goldie / M. Andrews-Evans All UAs & PCT / CCGs	1st November 2012 14th December

		PCT and 6 UAs and implemented.		2012

5) Further work is required to resolve the current polarised view on the use of the NHS CHC Checklist Tool and information requirements to accompany the tool, in order to avoid delayed discharges from the acute setting and ensure a patient centred approach

KR10	All organisations need to reach an agreed understanding and appropriate use of the checklist tool when individuals are in hospital. They should pay particular attention to this with particular reference to Section 6 of the Practice Guidance and appropriate arrangements when individuals are in hospital
	
	Clarity is also required regarding information required with checklist is required, keeping this as simple as possible.
		• A facilitated meeting with PCT / WBC to consider disputed cases.
		
		• Learning from this exercise use experience to inform future practice; e.g.
		  • Quality and quantity of information required to ensure checklist is not rejected.
		  • All organisations to make appropriate use of CHC checklist tool whether in hospital, care home or own home
		
		• Facilitated meeting with PCT/WBC and RBH to jointly consider the appropriate use of the checklist.
			E. Rushton / J.Evans
			
			ALL ADs in UAs & PCT
			
			AD PCT / AD WBC / Discharge Nurses RBH
				17th August 2012
				
				On-going
				
				23rd August 2012

		• To prepare a set of guidelines for nurses on how to complete the checklist. To be agreed by UAs / PCTs and NHS Providers • U.A.'s to review their practise in respect of check listing based on the feedback in the Review Report and Reviewers. • Guidelines to be incorporated in operational policy. • Agreement re: interim funding of care to be achieved to release acute bed whilst CHC / long-term care assessment processes are completed.	AD PCT & AD WBC UAs AD PCT & AD WBC PCT/ UA ADs	1st October 2012 1st October 2012 1st October 2012 On-going

Summary of Remaining Actions

Activity and Cost

No.	Recommendation	Action	Responsible Lead	Completed By
KR1	Primary Care Trusts and Local Authorities review all possible opportunities to improve activity and outcomes for patients and improve compliance with the National Framework;	To develop, agree and implement a robust: • Operational Policy • Disputes Policy • Review the feasibility of interim NHS funded beds for CHC patients after 4 weeks in a hospital	M. Goldie / M. Andrews-Evans PCT / CCGs	1st October 1st November November 2012
KR2	NHS Berkshire is encouraged to maintain the quality of data returns under the benchmarking project;	To appoint an analyst to establish and maintain a database for the 7 CCGs and prepare monthly reports to CCG AOs.	E. Rushton	1st December
KR3	NHS Berkshire and the six Local Authorities jointly and regularly meet to use the benchmarking data to monitor their performance both regionally and nationally;	From 1st October CCGs will establish a system for meeting with UAs to consider CHC / FACS information together To provide CCG lead contact details to Directors of Social Services.	CCG AOs – Cathy Winfield & Alan Webb / UA DSSs Marion Andrews-Evans	1st October 2012 September 2012
KR4	The NHS Berkshire Board and the Local Authorities review the benchmarking data and consider the factors influencing the local performance on NHS Continuing Healthcare.	Joint meeting with CCGs / UAs to consider benchmarking and develop joint strategic intentions to improve provision and access to long-term care.	CCG AOs - Cathy Winfield & Alan Webb UA DSSs	1st December 2012
KR5	NHS South Central scrutinises the benchmarking data at a regional level and undertakes further analysis in relation to the issues listed above in support of all its Primary Care Trust areas, and	Action by SHA and subsequently the LAT		

	ensures that best practice is shared.			

Compliance with the National Framework

KR8	All organisations should consider how to engage clients and their representatives appropriately at all stages in the process including information on how to appeal and to agree a local resolution process which could form part of the operational policy.	To undertake a review of patient /carer engagement processes and information provided. To include in operational policy.	E. Rushton & PCT Communications team E.Rushton	1st October
KR9	All organisations should ensure consent for assessment is explicitly obtained at the appropriate stages and is clearly recorded.	• All referrals made to CHC will be checked to ensure a consent form is attached to the documentation and feedback provided to the provider and UA. • UA Social Workers to get signed consent forms prior to undertaking the checklist assessments. • UA Social Workers to complete MCA decision specific to consent to CHC application should applicant's lack of capacity be an issue on this point.	E. Rushton UA Directors of Social Services UA Directors of Social Services	1st September 2012 On-going On-going
KR11	The process for completion of the multi-disciplinary assessment and Decision Support Tool must be consistent, transparent and clear. It should include the views of both NHS and local authority organisations and any dissent should be recorded.	• An Independent audit of documentation will take place to assess the robustness of documentation and actions will be agreed if necessary. Methodology and scope for audit to be agreed.	E. Rushton / UAs	1st December 2012

		• The guidance that moves a criteria to a higher scoring on the DST where there are dissensions between agencies and supported by the necessary documentary evidence will be included in the operational policy • PCT to clarify role of CHC Nurse Assessor as distinct from CHC Co-ordinator at MDTs .	E. Rushton	October 2012
KR12	When a multi-disciplinary team recommendation is not accepted by the Panel a full rationale and explanation must be given (or the case referred back to the MDT for further work/additional evidence)	• CCGs / PCT will review how the panels operate and consider whether the use of an independent chair is appropriate. • Panel meetings and decisions made will have minutes which are distributed to panel members as a record. • Terms of Reference of Panel to be agreed to be included in operational policy. • PCT will write to all applicants with outcome and reasons for rejection within 2 weeks of that Panel.	E. Rushton E.Rushton	1st December 2012 1st December 2012
KR13	Decisions regarding a person's eligibility for NHS Continuing Healthcare must be clearly distinct from decisions regarding the approval and funding of care packages and/or Funded Nursing Care.	CHC Checklists will always be completed prior to the Nurse assessment for FNC. CHC Nurses will be reminded of this requirement.	E. Rushton	1st September 2012
KR14	Eligibility decisions should be based on the four key indicators of primary health need which should be	An audit of documentation will be undertaken to ensure compliance with the	E. Rushton	1st December 2012

	supported by the Decision Support Tool. A clear rationale should be given on all the relevant documentation.	four key indicators and rational is provided in the documentation.		
KR15	The right to Appeal and how to do so must be transparent to applicants during each part of the process.	Letters to patients / carers will be reviewed to ensure appeals process is transparent.	E. Rushton	1st October 2012
KR16	It is recommended that Appeals are held as a separate process to regular decision making Panels	• As an interim arrangement the appeals panel for East and West will manage appeals for each other to ensure independence. There will be a different chair for the two panels • A review will be undertaken with the CCGs to determine future appeal arrangements.	E. Rushton CCG AOs – Cathy Winfield & Alan Webb	August 2012 January 2013
KR17	The Primary Care Trust should set up a resolution process prior to an applicant progressing to Independent Review.	A resolution process will be included within the operational policy, including instructions on how they will be organised.	ADs Group	1st October 2012

Timescales

KR18	The Primary Care Trust must ensure that there are arrangements in place for achieving timely eligibility decisions alongside the six local authorities. This includes ensuring that fast track referrals are dealt with in a timely way.	• Due to high volume of referrals additional nursing staff will be recruited to ensure the 28 day timescale is achieved. • Timescale for fast-track referrals will be monitored to ensure compliance and information provided monthly to CCGs / UAs.	E. Rushton / PCT AD HR E. Rushton	1st September and on-going 1st October and on-going
KR19	New regulations must be communicated to the public and to staff in a systematic and timely way. The Primary Care Trust must ensure that there is a	• Adverts will be placed in 4 local newspapers	E. Rushton / PCT Comms.	End August 2012

	process in place to achieve this, and that capacity of teams to meet this need is addressed. Numbers of retrospective cases received will be collected in the national benchmarking figures	• PCT will communicate with nursing Homes and GP surgeries information regarding the cut-off date for retrospective claims. • A log of all retrospective cases will be maintained.	E. Rushton / PCT Comms E. Rushton	Beginning September 2012 August 2012

Retrospective Cases

KR20	The backlog of retrospective cases needs to be given clear priority and resources allocated appropriately.	• The PCT will recruit additional staff to manage workload. Appointment of temporary nurses and admin staff will be considered in the short-term • Councils will notify the PCT before 30th September of any self-funding deceased individuals they are aware of who they consider may have been entitled to CHC retrospective funding.	E. Rushton / PCT HR	September 2012 On-going
KR21	It is recommended that the Primary Care Trust assesses the potential for both activity and finance in this area and plans accordingly over the next twelve months.	Financial risk assessment will be made by PCT to establish the potential liabilities for the PCT and CCGs. This information will be presented to the PCT Board and CCG Governing Bodies.	E. Rushton / J. Meek (PCT DoF)	27th November 2012
KR22	The recent announcement with regard to retrospective cases needs to be communicated effectively to both the public and to staff in all	A communication plan to be prepared and implemented.	E. Rushton / PCT Comms	August 2012

	agencies. A national communication toolkit was made available to all Primary Care Trusts together with a comprehensive nationally agreed retrospective review policy for Primary Care Trusts to follow or adapt locally.			

Capacity

KR23	NHS Continuing Healthcare is a significant risk area for NHS Berkshire. Senior managers need to be assured of the processes and procedures within their organisation. This includes assessing that sufficient capacity at the right level is available to undertake the work required as well as maximising and sharing resources across East and West Berkshire.	A review of staffing requirements will be undertaken and additional staff (nursing and Admin) will be recruited and identified.	E. Rushton / M. Andrews-Evans	September 2012
KR24	Any new structure in relation to NHS Continuing Healthcare should be based on needs not on the present numbers and grades of staff available. The structure must be fit for the future with particular reference to Clinical Commissioning Groups.	Discuss with the CCG federations (east & west) to ensure the staffing structure meets their requirements and enables joint working with UAs.	M. Andrews-Evans / CCG AOs	September 2012
KR25	Evidence suggests that resources in Berkshire are low for both NHC Continuing Healthcare work and Funded Nursing Care. It is suggested that further benchmarking takes place to ensure that assessment teams are adequately resourced to achieve the necessary assessment and review requirements.	As part of the staffing review benchmarking will be undertaken to inform the new staffing structure is fit for purpose.	E. Rushton	September 2012

KR26	Local Authorities must ensure that they have sufficient staff to be part of multi-disciplinary teams and be available to attend members of Primary Care Trust Panels/joint decision making processes and Appeal Panels. This should be within a co-ordinated approach across all of the Local Authorities.	6X UA Assistant Directors to agree how to resource MDTs and attend panels The feasibility of developing local communication systems between relevant UA and CHC staff will be explored.	J. Evans J.Evans/ E.Rushton	September 2012

Operational Policy

KR29	The Primary Care Trust must make the operational policy available on their website.	Once completed the operational policy will be available on the PCT and 7 CCG's websites and LAs website.	PCT Comms Lead LAs	November 2012

Patient Centred

KR30	Local and regularly updated information should be available on the website and also in paper format if required.	Information will be provided in various formats to the public that reflects people's entitlements and processes to be jointly agreed. The PCT staff in communications dept. will ensure the website is kept up to date and is user friendly. This will transfer to the CCGs later in the year ready for 1st April 2013	PCT Comms Lead	On-going
KR31	Applicants should systematically be involved in all assessments including Decision Support Tools, and should be invited to Appeal Panels as applicable.	An audit of documentation will be undertaken to ensure that this requirement is complied with.	E. Rushton	December 2012
KR32	Opportunity for local resolution meetings should be offered to patients and families as a way of explaining the processes and reasons for the decisions made.	This will form part of the operational policy. Resolution meetings will be offered to all patient / carers, which they will be supported to participate in.	E. Rushton	October 2012

KR33	All letters should be revised to ensure that they convey appropriate information, are user friendly in plain English and include the reasons for decisions as well as identifying the next steps for appeal or complaint. It is suggested that NHS Berkshire contacts other areas for examples of letters used.	A review of CHC letters will be undertaken. Sample letters will be obtained from other PCTs to inform the review. Revised standard letters will be prepared and available for use by the PCT and CCGs in the future.	E. Rushton	September 2012

Management of Appeals, Complaints and Disputes

KR35	Local Appeal/Review Panel membership should be different to the original decision makers wherever practicable.	• East and West panels will hear each other's appeals to ensure independence in the process. • This will be reviewed following establishment of the CCGs.	E. Rushton CCG AOs	August 2012 Spring 2013
KR36	All decision makers on panels should contribute fully to the decision making processes at Panels with any differences in opinion noted.	• Training will be provided to panel members to ensure they are cognisant of the process and support their input. • An independent chair will be used for specific cases as necessary. • See KR12	E. Rushton & Independent Trainer E. Rushton	September & on-going September & on-going
KR38	All organisations should ensure they agree and have in place an up to date local dispute policy agreed between NHS Berkshire and the six local authorities.	Disputes policy to be prepared by ADs group for agreement by the PCT (CCGs) and 6 UAs.	PCT & UA ADs	November 2012
KR39	Information should be clear regarding what can be appealed and what should be dealt with through local complaint processes.	Information leaflet / website information will be provided and checked for usability.	PCT Comms team	October 2012

Training

KR40	NHS Berkshire and the six local authorities should invest in a suitable training strategy/programme which covers the training needs of each level of staff	Following the development of the operational policy, training will be provided by an independent trainer to a joint team	PCT & UA ADs	November – December 2012

	i.e. whether they complete the checklist, undertake fast track assessments, represent the local authority or are a continuing healthcare assessor or manager.	from health and UAs. This will ensure common understanding of the policy, the process of assessment and decision-making and the use of the tools for assessment and documentation.		
KR41	Training should be joint and meet the needs of both the NHS and the six local authorities. Urgent training is required at all levels, and should follow shortly after the agreement of the operational policy. It is suggested that external facilitation and training is procured in the first instance.	See Above Need to ensure that newly recruited CHC nurses to be trained before they take up their role.	As Above	As Above
KR42	The training strategy and policy should be explicit within the operational policy or at least referred to within that document.	A joint training strategy will be developed led by the PCT training and development manager. This will ensure on-going training for operational staff.	PCT Training & Development manager	November 2012

Quality Assurance/Standards

KR43	Executive Directors should be appropriately briefed and engaged across the field of NHS Continuing Healthcare and should provide strategic direction where required.	A quarterly briefing will be provided to the Governing Body, containing both activity and financial information. Health Scrutiny and CCG Governing bodies to be provided with briefing on regular basis re: activity and financial information.	CCG AO CCG AO – Cathy Winfield & Alan Webb /LAs	January 2013 & on-going On-going
KR46	NHS Berkshire together with its Local Authority colleagues should jointly audit practice on a yearly basis. They are advised to contact other areas who may be able to share audit tools.	UAs and CCGs will agree a system of annual audit of CHC / long-term care to inform H&WB strategy and commissioning processes.	UAs	

Joint Working

KR49	Assessment and review is the joint responsibility of health and social care and organisations should work collaboratively to ensure this is achieved.	• As described in the CHC framework a review protocol will be agreed within the operational policy which will address the issue of a "well managed need". • The production of the operational policy will support joint working. • The appointment of joint posts will be explored and staff exchanges promoted	PCT/LAs PCT / CCGs / UAs	1st December 2012 On-going
KR50	Brokerage and/or advocacy services should be considered, and where possible currently available services used to support patients in their NHS Continuing Healthcare applications.	The PCT / CCGs will explore with the UAs a shared advocacy service. Looking at what services are currently available in the UAs and BHFT.	PCT / CCG / UAs / BHFT	Autumn 2012
KR51	NHS Berkshire should ensure that partner organisations and in particular the mental health trust recognise the importance of NHS Continuing Healthcare assessments and make staff available as required by the National Framework.	The PCT will raise this matter as part of the contract monitoring process with BHFT to ensure accessible, timely access to specialist advice when necessary.	PCT Mental Health Contract lead	September 2012

Networking/Best Practice

KR52	NHS Berkshire should look outwardly as well as locally to glean ideas and develop practice.	PCT and CCGs will attend and participate in the joint strategy group and leads meetings. Contact will be made with other CHCV departments to provide an exchange of ideas and benchmarking information.	PCT / CCG	On-going
KR53	NHS Berkshire and the six local authorities should consider setting up a local operational group that meets regularly to discuss issues relating to NHS Continuing Healthcare processes and procedures.	Local operational group to be established with the 3 ADs, which can be augmented with additional NHS / UA members as necessary.	PCT / UAs	September 2012

Information and Activity

KR54	NHS Berkshire should scrutinise performance on the national benchmarking measures and to share this information with their Board and local authorities. This should include both activity and finance and further understanding of why NHS Berkshire is the lowest in the country in terms of numbers of people receiving NHS Continuing Healthcare yet costs are high in comparison to numbers.	See KR2, KR3 & KR4		
KR55	NHS Berkshire should continually assure themselves of the quality of their data relating to NHS Continuing Healthcare performance.	CCGs / CSU will ensure systems are in place to periodically check the maintenance of data quality.	CCG AOs	January 2012 & On-going
KR56	CCGs and UAs should undertake comprehensive forecasting taking account of all relevant factors including a provision for retrospective cases and the transition of children into adult services. This will enable realistic budgets to be set for NHS Continuing Healthcare.	CCGs with the UAs through the use of the H&WB strategy, with the support of public health, will undertake an annual joint needs assessment of CHC and long-term care to influence the service planning, budget setting and delivery of community services.	CCGs / UAs	

Transition

KR57	A Transitions agreement should be part of or referred to in the overall NHS Continuing Healthcare Operational Policy.	Transition arrangements will form part of the operational policy.	ADs development group	October 2012
KR58	NHS Berkshire must ensure the identification of children for whom adult NHS Continuing Healthcare may be required at age 14 and planning organised accordingly. This includes customer centred planning as well as ascertaining resource implications.	A joint database will be established for children to ensure appropriate planning for future care requirements & timely assessments.	CCGs / UAs	March 2013