

**BERKSHIRE**

**CONTINUING HEALTHCARE**

**JOINT 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	Progress/comment December 2012	Progress January 2013
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.	<ul style="list-style-type: none"> <li>• PCT to review correct CHC Nursing structure to include a fast-track team.</li> <li>• 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.</li> <li>• Priority for training will be given to clinical staff working in specialist fields which have high referral rates to fast-track.</li> <li>• Local Authority specialist CHC practitioners to be included in this training for the purpose of consistency.</li> </ul>	M. Andrews-Evans / E. Rushton	31 March 2013  Review September 2013.	<p>Additional resources have been agreed and recruitment is underway. This will increase establishment from 23 to 39 staff.</p> <p>Structure will include fast-track teams, and other focussed specialisms.</p> <p>External trainers to be engaged (subject to PCT and UA approval) as interim measure until joint Berkshire Training Course developed and agreed.</p>	<p>Resource generally proving difficult to obtain. Individuals have been interviewed; accepted and then subsequently withdrawn</p> <p>Jo Dexter (clinical advisor to the review and NHS South of England – West) to provide interim training</p>
KR7	NHS Continuing Healthcare funding must be available to patients once a positive Fast Track Tool has been completed	<ul style="list-style-type: none"> <li>• PCT to check that funding is available to fast-track patients.</li> <li>• UAs each to provide a senior named contact in relation to fast-</li> </ul>	E. Rushton	31 December 2012  Unknown	No fast track tool is refused unless withdrawn by the clinician.	<p>Completed</p> <p>Unknown</p>

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress/comment December 2012	Progress January 2013
	by a registered clinician. This funding should be available until a person is assessed as no longer eligible.	track <ul style="list-style-type: none"> <li>Fast Track assessments initiated and completed by registered clinician will be responded to immediately by CHC staff.</li> <li>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.</li> <li>The U.A.s to review their practise in respect of fast tracking based on the feedback in the Review Report.</li> </ul>		31 December 2012  Review September 2013  Unknown	To be discussed	Completed  Audit required once training completed September 2013  To be discussed

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

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress/comment December 2012	Progress January 2013
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	<ul style="list-style-type: none"> <li>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.</li> <li>Meetings to be co-ordinated by PCT / CCGs.</li> <li>Organisations to agree the</li> </ul>	ALL UAs and PCT / CCGs  M.Andrews-Evans / CCG leads  E. Rushton / J.Evans	30 November 2012	Meetings between East and West AD UA reps and PCT have commenced and more are planned  To be discussed and	Completed and on-going  To be discussed and

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress/comment December 2012	Progress January 2013
	individuals. Regular joint meetings should take place on at least a monthly basis in the first instance at both strategic and operational levels.	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.			covered in the operational policy	covered in the operational policy

**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**

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress/comment December 2012	Progress January 2013
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	<ul style="list-style-type: none"> <li>• Three identified Assistant Directors (1 East UA, 1 West UA &amp; 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.</li> <li>• The PCT &amp; 6 UAs will jointly agree and implement the operational policy.</li> <li>• PCT and 6 UAs will consult with legal services to ensure compliant with legislation.</li> </ul>	M. Goldie / M. Andrews- Evans Jill Smith  ALL UAs and PCT /CCGs  ALL UAs and PCT /CCGs	1 October 2012  <del>30 November 2012</del> <del>30 November 2012</del>  Mid February 2013 as this is not completed	Development is underway and final Policy and Berkshire Practice Guidance, compliant with 2012 revised Framework, will be in place for April 2013.  An agreed Berkshire Training course will be based on the above.	Policy is with PCT legal services and due back on 28 January 2013  The policy will be available for 18 February 2013 for final agreement and sign off  The joint Berkshire Training Course will be based on the policy.  Draft Practice Guidance to support

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress/comment December 2012	Progress January 2013
	within four weeks – to be agreed in action plan).  This must include terms of reference for relevant Panels.					the Operational Policy was circulated to ADs for comment before Christmas 2012 and again on 24 January 2013 due nearer completion of the Operational Policy  The Practice Guidance will be reviewed on 18 February 2013

**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**

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress/comment December 2012	Progress January 2012
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).	<ul style="list-style-type: none"> <li>Disputes policy will be considered by the Assistant Director's group.</li> <li>Joint policies working well in other areas will be used to inform policy development.</li> <li>Final Document to be ratified by PCT and 6 UAs and implemented.</li> </ul>	M.Goldie / M. Andrews-Evans  All UAs & PCT / CCGs	1 November 2012  14 December 2012  31 March 2013	Under development alongside Policy and Berkshire Practice Guidance – will be agreed by 1 April 2013.  In meanwhile, each dispute to be considered on an individual basis with the relevant UA,	Reviewed dispute policy on 23 January 2013  The policy will be available for 18 February 2013 for final agreement and sign off

					supported by independent advice as necessary.	
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**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**

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress/comment December 2012	Progress January 2013
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.	<ul style="list-style-type: none"> <li>• A facilitated meeting with PCT / WBC to consider disputed cases.</li> <li>• Learning from this exercise use experience to inform future practice e.g. <ul style="list-style-type: none"> <li>• Quality and quantity of information required to ensure checklist is not rejected.</li> <li>• All organisations to make appropriate use of CHC checklist tool whether in hospital, care home or own home</li> </ul> </li> <li>• Facilitated meeting with PCT/WBC and RBH to jointly consider the appropriate use of the checklist.</li> <li>• To prepare a set of guidelines for nurses on how to complete the checklist. To be agreed by</li> </ul>	<p>E. Rushton / J.Evans</p> <p>ALL ADs in UAs &amp; PCT</p> <p>AD PCT / AD WBC / Discharge Nurses RBH</p> <p>AD PCT &amp; AD WBC</p> <p>UAs</p>	<p>17 August 2012</p> <p>On-going</p> <p>23 August 2012</p> <p>1 October 2012</p> <p><del>1 October 2012</del></p>	<p>Completed</p> <p>This will be contained within the Berkshire Practice Guidance</p> <p>Completed</p> <p>No action to date</p>	<p>See KR27</p> <p>Part of joint Berkshire Training Course</p>

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress/comment December 2012	Progress January 2013
		UAs / PCTs and NHS Providers <ul style="list-style-type: none"> <li>• U.A.s to review their practise in respect of check listing based on the feedback in the Review Report and Reviewers.</li> <li>• Guidelines to be incorporated in operational policy.</li> <li>• Agreement re: interim funding of care to be achieved to release acute bed whilst CHC / long-term care assessment processes are completed.</li> </ul>	AD PCT & AD WBC  PCT/ UA ADs	On-going	To be discussed   50:50 funding arrangements with West Berks UA and PCT will continue until 31/3/13 to facilitate early discharge.	To be discussed  Inclusion in operational policy  Inclusion in dispute policy

### Summary of Remaining Actions

#### Activity and Cost

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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: <ul style="list-style-type: none"> <li>• Operational Policy</li> <li>• Disputes Policy</li> <li>• Review the feasibility of interim NHS funded beds for CHC patients after 4 weeks in a hospital</li> </ul>	M. Goldie / M. Andrews-Evans  PCT / CCGs	1 October 2012 1 November 2012  November 2012	<ul style="list-style-type: none"> <li>▪ See KR27</li> <li>▪ See KR28</li> <li>▪ To be resolved within Operational policy.</li> </ul>	

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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	1 December 2012	Work on Performance "Dashboard" to commence February 2013	
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 1 <sup>st</sup> 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	1 October 2012  September 2012	See KR3	
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	1 December 2012	See KR2	
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 ensures that best practice	Action by SHA and subsequently the LAT				Circulated post JSG (5 December 2012) and ongoing



No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
	is shared.					

### Compliance with the National Framework

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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 Comms team E. Rushton	<del>1 October 2012</del>  February 2013	Sam Ward to review publications by end December 3012.	PCT publications and changes made to documentation. Completed.
KR9	All organisations should ensure consent for assessment is explicitly obtained at the appropriate stages and is clearly recorded.	<ul style="list-style-type: none"> <li>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.</li> <li>UA Social Workers to get signed consent forms prior to undertaking the checklist assessments.</li> <li>UA Social Workers to complete MCA decision specific to consent to CHC application</li> </ul>	E. Rushton	1 September 2012	Process in place	Completed
			UA Directors of Social Services	On-going	Process in place	Completed
			UA Directors of Social Services	On-going	Process in place	Completed



No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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)	<ul style="list-style-type: none"> <li>• CCGs / PCT will review how the panels operate and consider whether the use of an independent chair is appropriate.</li> <li>• Panel meetings and decisions made will have minutes which are distributed to panel members as a record.</li> <li>• Terms of Reference of Panel to be agreed to be included in operational policy.</li> <li>• PCT will write to all applicants with outcome and reasons for rejection within 2 weeks of that Panel.</li> </ul>	E. Rushton  E. Rushton	1 December 2012  1 December 2012	To be reviewed 6 months after implementation of Policy and Practice Guidance Implemented  Under development – see KR27  New resources should assist implementation	
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	1 September 2012	Implemented	Completed
KR14	Eligibility decisions should be based on the four key indicators of primary health need which should be supported by the Decision Support Tool. A clear rationale should be	An audit of documentation will be undertaken to ensure compliance with the four key indicators and rationale is provided in the documentation.	E. Rushton	1 December 2012		Due to lack of capacity in CHC dept. this was not possible. Audit planned for March 13.

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
	given on all the relevant 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	1 October 2012	See KR8	See KR8 Completed
KR16	It is recommended that Appeals are held as a separate process to regular decision making Panels	<ul style="list-style-type: none"> <li>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</li> <li>A review will be undertaken with the CCGs to determine future appeal arrangements.</li> </ul>	E. Rushton  CCG AOs – Cathy Winfield & Alan Webb	August 2012  January 2013	Agreed and in place  To be arranged	Completed  To be arranged once CCGs are fully established.
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	1 October 2012	In development, but consideration to be given as to whether this additional stage is beneficial.	A resolution process is in place that is being reviewed with a view to minimising the stages that applicants need to go through prior to IRP

## Timescales

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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.	<ul style="list-style-type: none"> <li>• Due to high volume of referrals additional nursing staff will be recruited to ensure the 28 day timescale is achieved.</li> <li>• Timescale for fast-track referrals will be monitored to ensure compliance and information provided monthly to CCGs / UAs.</li> </ul>	<p>E. Rushton / PCT AD HR</p> <p>E. Rushton</p>	<p>1 September and on-going</p> <p>1 October and on-going</p>	<p>Underway – complete by March 2013</p> <p>Ongoing</p>	<p>New fast-track team should assist with this action once established.</p>
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 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	<ul style="list-style-type: none"> <li>• Adverts will be placed in 4 local newspapers</li> <li>• PCT will communicate with nursing Homes and GP surgeries information regarding the cut-off date for retrospective claims.</li> <li>• A log of all retrospective cases will be maintained.</li> </ul>	<p>E. Rushton / PCT Comms.</p> <p>E. Rushton / PCT Comms</p> <p>E. Rushton</p>	<p>End August 2012</p> <p>Beginning September 2012</p> <p>August 2012</p>	<p>Completed</p>	

## Retrospective Cases

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
KR20	The backlog of retrospective cases needs to be given clear priority and resources allocated appropriately.	<ul style="list-style-type: none"> <li>The PCT will recruit additional staff to manage workload. Appointment of temporary nurses and admin staff will be considered in the short-term</li> <li>Councils will notify the PCT before 30 September 2012 of any self-funding deceased individuals they are aware of who they consider may have been entitled to CHC retrospective funding.</li> </ul>	E. Rushton / PCT HR	September 2012 On-going	Ongoing  Completed	Aim to complete recruitment by March 13
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)	27 November 2012	??	Business manager to be appointed who will lead this work.
KR22	The recent announcement with regard to retrospective cases needs to be communicated effectively to both the public and to staff in all agencies. A national communication toolkit was made available to all Primary Care Trusts	A communication plan to be prepared and implemented.	E. Rushton / PCT Comms	August 2012	Completed	

	together with a comprehensive nationally agreed retrospective review policy for Primary Care Trusts to follow or adapt locally.					
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## Capacity

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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	See KR6	Review of staffing completed and recruitment in progress.

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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	See KR6 / KR23	
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	See KR6 / KR23	



No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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	To be considered in West UAs	

### Operational Policy

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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	Dependent upon K27	CCG websites will contain the relevant information.

### Patient Centred

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
KR30	Local and regularly updated information should be available on the website and also in paper format if	Information will be provided in various formats to the public that reflects people's entitlements and processes to be jointly agreed.	PCT Comms Lead	On-going	To do discussed	CCG website development has been commissioned. Websites will go live

	required.	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 1 April 2013				in March 13.
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	Completed	
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	Currently in operation, but to be reviewed to determine extent of benefit.	
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	See KR8	

## Management of Appeals, Complaints and Disputes

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
KR35	Local Appeal/Review Panel membership should be different to the original decision makers wherever practicable.	<ul style="list-style-type: none"> <li>East and West panels will hear each other's appeals to ensure independence in the process.</li> <li>This will be reviewed following establishment of the CCGs.</li> </ul>	E. Rushton  CCG AOs	August 2012  Spring 2013	In place	New system will be established by CCGs once established after March 13.
KR36	All decision makers on panels should contribute fully to the decision making processes at Panels with any differences in opinion noted.	<ul style="list-style-type: none"> <li>Training will be provided to panel members to ensure they are cognisant of the process and support their input.</li> <li>An independent chair will be used for specific cases as necessary.</li> <li>See KR12</li> </ul>	E. Rushton & Independent Trainer  E. Rushton	September & on-going  September & on-going		Once CCGs have established the appeals system, training will be given to panel members after April 13.
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	See KR28	
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	See KR8	

## Training

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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 i.e. whether they complete the checklist, undertake fast track assessments, represent the local authority or are a continuing healthcare assessor or manager.	Following the development of the operational policy, training will be provided by an independent trainer to a joint team 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.	PCT & UA ADs	November – December 2012	To be discussed further. Interim training arrangements agreed in principle, to be commissioned from external provider – January 2013	<p>Jo Dexter (clinical advisor to the review and NHS South of England – West) to provide interim training</p> <p>In light of changes to the National Framework and the finalisation of the Operational Policy / Guidance this interim training is being written and developed for sign off by the ADs group on 18 February 2013</p>
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	<p>See Above</p> <p>Need to ensure that newly recruited CHC nurses to be trained before they take up their role.</p>	As Above	As Above	As above	

	instance.					
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	As above	

### Quality Assurance/Standards

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
KR43	Executive Directors should be appropriately briefed and engaged across the field of NHS Continuing Healthcare and should provide strategic direction where required.	<p>A quarterly briefing will be provided to the Governing Body, containing both activity and financial information.</p> <p>Health Scrutiny and CCG Governing bodies to be provided with briefing on regular basis re: activity and financial information.</p>	<p>CCG AO</p> <p>CCG AO – Cathy Winfield &amp; Alan Webb /LAs</p>	<p>January 2013 &amp; on-going</p> <p>On-going</p>	Not yet discussed: January/February 2012	<p>Meeting with West Berks CEO and Director of Social Services and PCT CEO, Nurse Director and CCG AO and Lead took place in December and discussed CHC and discharges. CCGs will take forward this action.</p> <p>The West Berks. HOSC and H&amp;WB board have had briefings on CHC.</p>
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	UAs and CCGs will agree a system of annual audit of CHC / long-term care to inform H&WB strategy and commissioning processes.	UAs		As above	To be led by CCGs and UAs after March 13.

	may be able to share audit tools.					
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## Joint Working

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
KR49	Assessment and review is the joint responsibility of health and social care and organisations should work collaboratively to ensure this is achieved.	<ul style="list-style-type: none"> <li>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".</li> <li>The production of the operational policy will support joint working.</li> <li>The appointment of joint posts will be explored and staff exchanges promoted</li> </ul>	PCT/LAs  PCT / CCGs / UAs	1 <sup>st</sup> December 2012  On-going	See KR27	
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	Not yet discussed: January/February 2013	Investigating advocacy services of Age UK
KR51	NHS Berkshire should ensure that partner organisations and in particular the mental health trust recognise the importance of NHS	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		The service providers will be included in the training once the operational policy is finalised.

	Continuing Healthcare assessments and make staff available as required by the National Framework.					
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### Networking/Best Practice

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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		PCT has contacted a large number of PCTs in the South Region area and have used their documents and processes to inform the development of the operational policy and the new staffing arrangements.
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		Complete – assistant directors group has been established and will be reviewed once the CCGs take over the CHC function after March 13.

## Information and Activity

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
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				Business manager for CHC to be appointed who will lead this work and provide reports for the CCGs in the future.
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		See above
KR56	CCGs and UAs should undertake comprehensive forecasting taking account of all relevant factors including a provision for retrospective cases and	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	CCGs / UAs			Discussion at the HWB Boards with the CCGs has commenced and will inform 13/14 planning



	the transition of children into adult services. This will enable realistic budgets to be set for NHS Continuing Healthcare.	planning, budget setting and delivery of community services.				arrangements.
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## Transition

No.	Recommendation	Action	Responsible Lead	Completed By	Progress/comment December 2012	Progress January 2013
KR57	A Transitions agreement should be part of or referred to in the overall NHS Continuing Healthcare Operational Policy.	Transition arrangements from children to adults will form part of the operational policy.	ADs development group	October 2012	See KR27	
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		A senior nurse (8a) will be appointed to the new structure to lead on children's CHC and will take forward this action.

