

Report on the implementation of the Berkshire Continuing Healthcare joint action plan

Introduction

In June 2012 an independent review took place on behalf of the Strategic Health Authority (SHA), into the processes and practices with respect to the delivery of Continuing Healthcare Commissioning in Berkshire and made suggestions for improvement as necessary. The final report identified 5 key areas for urgent action and in addition had 54 recommendations which would improve the continuing healthcare working arrangements both in the NHS and Social Services. Following receipt of this report NHS Berkshire and West Berkshire Council Social Services worked together to prepare a joint action plan, which was subsequently agreed by all the unitary authorities in Berkshire for implementation. This report highlights the progress with the implementation of the action plan and an up dated copy of the plan containing details on progress to date on each of the recommendations is attached.

It has been recognised that progress with some aspects of the action plan have been slower than originally anticipated. This has been in part due to the staff shortages within the CHC team, who have not had the capacity to take forward some areas of work. Recruitment to the team is continuing, which should assist in moving forward with the implementation of the action plan over coming weeks, so the revised milestones can be achieved.

Implementation of the Action Plan

1. Following the development of the action plan it was agreed to establish a joint working group across the Local Authorities and the PCTs to take forward some of the main recommendations. The working group comprised 2 assistant Directors of Social Services from councils in East and West Berkshire, along with the Assistant Director for Continuing Healthcare (CHC) in the PCT. The group was further facilitated by some of the review team as required and was joined on one occasion by a representative of the SHA.
2. The group has focused its initial work on the development of the Operational Policy which is now at its final stage of approval between all parties. The PCT has recently received the guidance in relation to the role of CCGs and continuing healthcare. It was therefore felt to be beneficial to delay for a short time the production of the operational policy, to ensure these responsibilities of the CCGs are included. This policy will be supported by Berkshire Practice Guidance documents which are currently in draft form, as they are being reviewed to ensure compliance with the recently issued 2012 CHC Framework document.

3. Once the practice guidance documents have been completed joint training will commence with operational staff. Training plans have been developed with the aim of the guidance being used from April 2013.
4. A draft disputes resolution policy has been prepared and is currently out for comment. In the meantime, in agreement with the UAs, should a dispute arise then the PCT has agreed to fund an independent CHC expert advisor to review cases and provide advice on eligibility.
5. The PCT is compliant with the Fast-Track referral process and no fast-track tool has been refused following the review, unless it has been withdrawn by a clinician involved in the patients care. The new staffing structure for CHC in the PCT has within it a team that will focus on Fast-Track and acute discharges from hospital.
6. The use of the 'checklist' continues to be an issue in some areas, though improvements have been seen in acute hospital discharges. Joint training on the appropriate use of the 'checklist' will form part of the training planned for operational staff.
7. The development of performance information was not an early priority for the action plan but work is due to start on identifying performance indicators that can be used and shared by the CCGs and UAs in the future. The CHC team will be appointing a business manager who will have in their remit performance reporting and monitoring.
8. With the help of external advice, the PCT has reviewed and amended the information it provides to patients / carers regarding the CHC process. This is due to be available in February under the auspices of the CCGs and will be on their new websites.
9. The review identified a significant short-fall in the number of staff in the CHC department in the PCT. At the time of the review there were 23 WTE staff for a population of approx. 1 million. An additional £400K has been added to the CHC staff budget in 2012/13. Recruitment to an extra 4 band 6 posts has been undertaken and an additional 4 posts will be recruited to in the New Year. A further three 8a senior nurses and a band 7 nurse will also be advertised shortly along with the post of Business Manager. Additional administrative staff have also been recruited. This will bring the total staffing to 39 on completion of the recruitment process.
10. To facilitate joint working the new PCT CHC structure will have identified teams of nurses that will work with specific UAs, so that relationships and joint working can be improved. In addition there will be a new Berkshire-wide team for children's CHC.

11. It is envisaged that the additional CHC staff will assist in reducing the current waiting time for assessment in some UA areas.
12. A meeting has taken place with senior staff in West Berkshire council and PCT CEO, Directors and CCG lead, which included discussions regarding CHC and hospital discharge. It is envisaged that this type of dialogue will take place with all the UAs and CCGs through the Health & Wellbeing Boards in the future.

Conclusion

The production of the independent review report has provided an impetus for the PCT and UAs to work together to deliver the necessary actions as recommended by the report. Since difficulties with joint working were highlighted in the report it was to be expected that it took time to establish an effective working group to take the work forward. With the assistance of external facilitation the group is now working effectively and work has been progressed in addressing the recommendations as described above.

The action plan has been reviewed and updated to reflect areas where the actions have not been possible within the original time-scales. The revised milestones are contained within the plan attached to this report. All the major activities are planned for completion prior to the close-down of the PCT at the end of March 2013. Other on-going activities will be passed to the CCGs for them to take forward through the quality Handover process.

The main areas for action over the next 2 months are the implementation of the operational policy supported by the necessary joint training; the recruitment of additional CHC staff and implementation of the new staffing structure; as well as the transfer of responsibility for CHC to the CCGs by March and the development of effective working relationships between the UAs and the new CCGs in Berkshire.

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