

BERKSHIRE

NHS CONTINUING HEALTHCARE

JOINT ACTION PLAN

Updated July 2013

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 March 2013 | Progress July 13 |
|-----|--|--|---------------------------|-------------------|--|--|
| 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"> • 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 | C Winfield/ E. Rushton | Immediate effect. | <p>CCG's has provided £400k of additional funding to increase CHC team across Berkshire. Recruitment generally proving difficult. Individuals have been interviewed; accepted and then subsequently withdrawn.</p> <p>New structure of CHC team will be implemented once the team is fully recruited.</p> <p>Proposed new structure has been provided to the AD's group.</p> <p>Recruitment ongoing – appointments already made to both nursing and management posts. Additional recruitment ongoing.</p> <p>Jo Dexter (clinical advisor to the review and NHS South of England – West) to</p> | <p>Recruited additional nursing staff and manager level. Adverts ongoing for nurses – LD and MH</p> <p>Publish structure of team once available – transfer to AD Meetings</p> <p>Ad; 2 x team mgr; y x nurses</p> <p>Retrospective review team project manage by NR</p> <p>Joint training up and running across Berkshire</p> |

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| | | for the purpose of consistency. | | | provide training once programme agreed. | with NHS and LA Current training covers FT but putting on specific FT training circa 1 hr at individual org team meetings LA specialists to attend Complete |
| 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. | <ul style="list-style-type: none"> 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. 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 | E. Rushton | 31 December 2012 Unknown 31 December 2012 Review September 2013 All LAs | Completed Jan Evans and Zoe Johnstone. Completed Audit required once training completed September 2013 Training programme to be agreed. ?? | Completed Audit December 13 Specific issues for CCG FT and any inappropriate - SS instructing individuals Transfer to AD Meeting Completed To be covered by audit – Transfer to AD Meeting |

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| | | of fast tracking based on the feedback in the Review Report. | | | | |

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

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| 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. | <ul style="list-style-type: none"> 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 | <p>ALL UAs and PCT / CCGs</p> <p>Cathy Winfield/ CCG leads</p> <p>E Rushton</p> <p>Ops Group (2 x LA reps and CHC AD)</p> | 30 November 2012 | <p>On-going;</p> <p>1 Nov 2012 10 Dec 2102 23 Jan 2013 18 Feb 2013 11, 18 & 27 Mar 2013.</p> <p>Outcome of meetings:</p> <p>This work has been on-going with facilitation firstly from the Reviewers and currently with Sam Ward. CHC Lead for NHS England. Meetings have been held fortnightly since Feb. see KR 48</p> <p>Operational Policy, Berkshire Local Protocols and Disputes Resolution Procedures all amended. It is believed that final amendments to the Ops</p> | <p>Fortnightly meetings to complete CHC Ops policy work now moved to monthly</p> <p>Completed</p> <p>RE-ablement issues related to discharge - what happens when there is no 'step down' process' Completed as far as related to CHC but wider</p> |

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| | | before long term care commences. This will be included in the operational policy. | | | Policy and Dispute Policy can be finalised by end April. To be discussed and covered in the operational policy. | NHS issue Completed Sign off by all organisations required by NHS England Review date required March 14 Transfer to AD Meeting |

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

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|------|---|---|--|---|--|---|
| 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 | <ul style="list-style-type: none"> 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. | M. Goldie / M. Andrews-Evans Jill Smith ALL UAs and PCT /CCGs ALL UAs and | 1 October 2012 30 November 2012 30 November | This work has been on-going with facilitation firstly from the Reviewers and currently with Sam Ward. CHC Lead for NHS England. Meetings have been held fortnightly since Feb. see KR 48 The jointly agreed Berkshire Training Course will be | Completed Sign off by all organisations required by NHS England Review date required March 14 Transfer to AD Meeting |

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| | <p>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).</p> <p>This must include terms of reference for relevant Panels.</p> | <ul style="list-style-type: none"> 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. | PCT /CCGs | <p>2012</p> <p>Mid February 2013 as this is not completed</p> | <p>based on the Operational policy and Berkshire Local Protocols.</p> <p>As content of Ops Policy and Ops guide are almost finalised, dates for training to be scheduled in advance of training package being agreed.</p> | |

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

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| KR28 | A local dispute resolution policy must be agreed with the six local authorities urgently (suggested | <ul style="list-style-type: none"> Disputes policy will be considered by the Assistant Director's group. Joint policies working well in other areas will | <p>M.Goldie / Cathy Winfield</p> <p>All UAs & PCT / CCGs</p> | <p>1 November 2012</p> <p>14 December 2012</p> | <p>See KR 48 above</p> <p>Dispute process circulated by CCG. Amended by Ops Group.</p> | <p>Completed</p> <p>Sign off by all organisations required by NHS England</p> |

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| | timescale within two months – to be agreed in action plan). | be used to inform policy development. <ul style="list-style-type: none"> Final Document to be ratified by PCT and 6 UAs and implemented. | | 31 March 2013 | Further amendments completed – and Director level agreement re checklist disputes – April 2013. | Review date required March 14 Transfer to AD Meeting |
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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

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| 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 | <ul style="list-style-type: none"> A facilitated meeting with PCT / WBC to consider disputed cases. Learning from this exercise use experience to inform future practice e.g. <ul style="list-style-type: none"> 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 | E. Rushton / J.Evans ALL ADs in UAs & PCT AD PCT / AD WBC / Discharge Nurses RBH AD PCT & AD WBC | 17 August 2012 On-going 23 August 2012 1 October 2012 | Use of Checklist to be finalised in Joint Training Programme and rolled out across Berkshire. Facilitated meeting achieved. This led to an interim proposal of WBC, CHC team and RBH meeting weekly to agree the checklist contents for those WBC identify as needing to be considered for CHC. This continues until training programme agreed and delivered. 50:50 funding to discharge to care home once PCT agree to assess has also reduced DTOCs. 50.50 funding arrangement | Completed in training programme Interim facilitated meeting – no longer required |

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| | with checklist is required, keeping this as simple as possible. | <ul style="list-style-type: none"> Facilitated meeting with PCT/WBC and RBH to jointly consider the appropriate use of the checklist. 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. | <p>UAs</p> <p>AD PCT & AD WBC</p> <p>PCT/ UA ADs</p> | <p>1-October 2012</p> <p>On-going</p> | <p>ceased 31st March 2013. CHC Service, WBC and RBH staff still meeting to progress checklists, assessments and discharge in a timely way to avoid unnecessary delay.</p> <p>National Framework for CHC clearly identifies that interim funding whilst waiting for the PCT to assess is to be funded by the NHS. Included in the Operational Policy and will be implemented 1.4.13. Risk to CCGs is possible if there is an increase in DTOCs due to lack of CHC team capacity or financial risk if there is an increase in interim funding for those individuals who ultimately will not meet the criteria for CHC funding.</p> <p>?? See KR27</p> <p>Part of joint Berkshire Training Course</p> <p>To be discussed</p> | <p>Completed</p> <p>Review date required March 14</p> <p>Transfer to AD Meeting</p> <p>Completed</p> |

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| | | | | | Inclusion in operational policy Inclusion in dispute policy | Completed Review date required March 14 Transfer to AD Meeting |

Summary of Remaining Actions

Activity and Cost

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress March 2013 | Progress July 13 |
|-----|---|---|--|--|---|---|
| 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"> 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 | 1 October 2012 1 November 2012 November 2012 | Ongoing within Review Implementation Group | Completed Review date required March 14 Transfer to AD Meeting |
| KR2 | NHS Berkshire is encouraged to maintain the quality of data returns under the benchmarking | 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 | The CHC Service has an excellent database which assists in the provision of its data. | Balance of LA info and NHS info LA can draw off RAS to get reports / internal |

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| | project; | | | | No plans for any change. | <p>monitoring</p> <p>NHS to share benchmarking and feedback from Broadcare</p> <p>AD group to agree common dataset to discuss at AD Meeting using benchmarking and LA data</p> <p>Transfer to AD Meeting</p> |
| 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; | <p>From 1st October CCGs will establish a system for meeting with UAs to consider CHC / FACS information together</p> <p>To provide CCG lead contact details to Directors of Social Services.</p> | <p>CCG AOs – Cathy Winfield & Alan Webb / UA DSSs</p> <p>Marion Andrews-Evans</p> | <p>1 October 2012</p> <p>September 2012</p> | Not achieved. | <p>Completed</p> <p>See KR2</p> |
| KR4 | The NHS Berkshire Board and the Local Authorities review the benchmarking data and consider the factors influencing the local performance on | 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 | Not achieved | <p>Completed</p> <p>See KR2</p> |

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| | NHS Continuing Healthcare. | | | | | |
| 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 is shared. | Action by SHA and subsequently the LAT | | | Circulated post JSG (5 December 2012) and ongoing | Completed See KR2 |

SW ask benchmarking group re sharing with LA

Compliance with the National Framework

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| KR8 | All organisations should consider how to engage clients and their representatives appropriately at all stages in the process including | To undertake a review of patient / carer engagement processes and information provided. To include in operational policy. | E. Rushton & PCT Comms team E. Rushton | 4 October 2012 February 2013 | PCT publications/ website and changes made to documentation. Completed. Joint discussion WBC and PCT re advocacy service. | Completed - to go on website Agreed and pilot Transfer to AD Meeting |

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| | information on how to appeal and to agree a local resolution process which could form part of the operational policy. | | | | | |
| 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"> • 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. | <p>E. Rushton</p> <p>UA Directors of Social Services</p> <p>UA Directors of Social Services</p> | <p>1 September 2012</p> <p>On-going</p> <p>On-going</p> | <p>Completed</p> <p>Completed</p> <p>Completed</p> | <p>Transfer to AD Meeting re feedback on training</p> |

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| 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"> • 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 | 1 December 2012 1 December 2012 | See KR 27 | <p>Completed – in Ops Policy and Guidance due for review in March 2014</p> <p>Query re admin support for minutes at panels – look at improving this across by using Broadcare</p> <p>Pulled all retrospective review out of current team so released capacity</p> <p>Transfer to AD Meeting</p> |
| 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 | Completed | |

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| 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 given on all the relevant documentation. | 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 current lack of capacity in CHC Dept this has not been possible but will be undertaken 4 months after roll out of joint training to monitor success of training programme. | Audit after completion of training programme and use of new procedures - December 2013 Transfer to AD Meeting |
| 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 Completed | Completed |
| KR16 | It is recommended that Appeals are held as a separate process to regular decision making Panels | <ul style="list-style-type: none"> 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 | E. Rushton CCG AOs – Cathy Winfield & Alan Webb | August 2012 January 2013 | Completed WBC concerned at use of East Panel as accountability for both Panels sits with AD for CHC in PCT. Agreement reached that where the L.A. disputes an eligibility decision a Dispute Panel will be convened with an Independent Chair. | Completed - Dispute Policy due for review in March 2014 Transfer to AD Meeting |

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| | | arrangements. | | | From 1 st April L.A | |
| 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 | 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. Included in the Ops Policy | Completed by dispute policy which is reviewed in March 14 |

Timescales

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress March 2013 | Progress July 13 |
|------|--|---|--|--|--|--|
| 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"> 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 | 1 September and on-going 1 October and on-going | <p>PCT has a duty nurse to deal with emergency requests under Fast Track.</p> <p>Due to recruitment difficulties there is currently a waiting list for assessments. PCT currently unable to achieve the 28 day turnaround for some assessments.</p> <p>DoH Refunds Guidance exists to enable refunds due to delay in assessment.</p> | <p>Completed</p> <p>Completed, checklists completed in 48 hours. Delay is MDT / reviews not earlier</p> <p>Transfer to AD Meeting</p> |
| KR19 | New regulations | <ul style="list-style-type: none"> Adverts will be placed | E. Rushton / | End August | Completed and ongoing | Completed |

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| | <p>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</p> | <p>in 4 local newspapers</p> <ul style="list-style-type: none"> • 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. | <p>PCT Comms. E. Rushton / PCT Comms</p> <p>E. Rushton</p> | <p>2012 Beginning September 2012</p> <p>August 2012</p> | | |
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Retrospective Cases

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress March 2013 | Progress July 13 |
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| KR20 | The backlog of retrospective cases needs to be given clear priority and resources allocated appropriately. | <ul style="list-style-type: none"> • 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 | E. Rushton / PCT HR | September 2012 On-going | <p>Retrospective cases will now be managed through a CCG led claims unit.</p> <p>A team of staff are currently being recruited and project plan is being developed.</p> | <p>Project manager and team in place / completed, resources allocated</p> <p>Completed</p> |

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| | | 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. | | | | |
| 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. The JD has been completed and gone to HR for matching and/or advert. 19 applications – to be shortlisted and interviews to be held late March. | Completed |
| 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 | |

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| | 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 March 2013 | Progress July 13 |
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| 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 | Review of staffing completed and recruitment in progress. | Completed |

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| 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 | Completed | |
| 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 | Completed |

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| 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 | No delays | Completed |

Operational Policy

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress March 2013 | Progress July 13 |
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| 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 | CCG websites will contain the relevant information. | Sign off and post on website Transfer to AD Meeting |

Patient Centred

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|------|---|---|------------------|---------------|--|--|
| 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 1 April 2013 | PCT Comms Lead | On-going | CCG website development has been commissioned. Websites will go live in March 13. | Completed – use DH literature |
| 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 | Reviewers noted we were doing this and included this recommendation so that those reading the Review understood this was good practice. Applicants and/or their representative are invited to attend Appeal Panel Hearings. | Completed |
| KR32 | Opportunity for local resolution meetings should be offered to | This will form part of the operational policy. Resolution meetings will | E. Rushton | October 2012 | Local resolution meetings and/or appeal panels (depending on the | Completed – in Ops Policy and Guidance |

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| | patients and families as a way of explaining the processes and reasons for the decisions made. | be offered to all patient / carers, which they will be supported to participate in. | | | circumstances), are offered to individuals and/or their family/representative. | |
| 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 | Completed | |

Management of Appeals, Complaints and Disputes

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress March 2013 | Progress July 13 |
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| KR35 | Local Appeal/Review Panel membership should be different to the original decision makers | <ul style="list-style-type: none"> East and West panels will hear each other's appeals to ensure independence in the process. This will be reviewed | E. Rushton CCG AOs | August 2012 Spring 2013 | Currently East cases that are appealed are sent to the West CHC Panel and vice versa. This may be reviewed by | Completed – in ops Policy, Guidance and Dispute Policy |

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| | wherever practicable. | following establishment of the CCGs. | | | 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"> • 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 | <p>All Panel members are encouraged to contribute and where there are differences in opinions this is noted.</p> <p>Jo Dexter one of the Independent Review Team has recently attended a Berks West Panel for assurance re the Panel process, discussion and decision making.</p> <p>Once CCGs have established the appeals system, training will be given to panel members after April 13.</p> | Completed |
| 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 KR 48 | Completed - Dispute Policy |
| KR39 | Information should be clear regarding what can be | Information leaflet / website information will be provided and checked | PCT Comms team | October 2012 | See KR8 | Completed – Use DH leaflet / pre-meet with family |

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| | appealed and what should be dealt with through local complaint processes. | for usability. | | | | |
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Training

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress March 2013 | Progress July 13 |
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| 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 | Jo Dexter (clinical advisor to the review and NHS South of England – West) to provide interim training where necessary. 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 27 March 2013 | Completed |
| KR41 | Training should be joint and meet the needs of both the NHS and the six | See Above Need to ensure that newly recruited CHC | As Above | As Above | See KR 40 | Complete |

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| | 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. | nurses to be trained before they take up their role. | | | | |
| 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 | See KR 40 | Complete |

Quality Assurance/Standards

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress March 2013 | Progress July 13 |
|------|--|---|--|---|--|---|
| 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 | CCG AO CCG AO – Cathy Winfield & Alan Webb /LAs | January 2013 & on-going On-going | 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. | Potential agenda item for Health and Wellbeing Board and Overview and Scrutiny when required Transfer to AD Meeting |

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| | | and financial information. | | | The West Berks. HOSC and H&WB Board have had briefings on CHC. Further briefing to West Berks HOSC planned for June 2013. | |
| 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 | | To be led by CCGs and UAs after March 13. | Transfer to AD Meeting |

Joint Working

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress February 2013 | Progress July 13 |
|------|---|---|---------------------------------|---|------------------------|---|
| 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"> 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. | PCT/LAs PCT / CCGs / UAs | 1 st December 2012 On-going | See KR 48 | Completed - Ops Policy and Dispute Policy |

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| | | <ul style="list-style-type: none"> The appointment of joint posts will be explored and staff exchanges promoted | | | | |
| 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 | <p>Investigating advocacy services of Age UK</p> <p>Meeting between West Berks Council, the CHC Service and Age Concern CHC Advisory Service took place in early March – there is a proposal that this service, which works very well in Oxfordshire, is piloted over the next 12 months in the West Berkshire Council area. Jointly funded by health and social care.</p> | <p>Completed</p> <p>Pilot to be undertaken</p> <p>Transfer to AD Meeting</p> |
| 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 | 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 | Health service and other providers (such as nursing homes) will be included in the training once the operational policy is finalised. | <p>Completed</p> <p>Once training completed can LA / NHS be updated about staff attending</p> <p>AD group to push for final training opportunities</p> <p>Transfer to AD Meeting</p> |

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| | National Framework. | | | | | |
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Networking/Best Practice

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress February 2013 | Progress July 13 |
|------|---|--|------------------|----------------|--|------------------|
| 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 CHC 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. | Completed |
| 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. | Completed |

Information and Activity

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress February 2013 | Progress July 13 |
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| 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. | Completed |
| KR55 | NHS Berkshire should continually assure themselves of the quality of their data relating to NHS Continuing | CCGs / CSU will ensure systems are in place to periodically check the maintenance of data quality. | CCG AOs | January 2012 & On-going | See above | Completed Transfer to AD Meeting |

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| | Healthcare performance. | | | | | |
| 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 | | Discussion at the HWB Boards with the CCGs has commenced and will inform 13/14 planning arrangements. | Agenda item for H&W broad Retrospective review completed with team Transition of children – see below |

Transition

| No. | Recommendation | Action | Responsible Lead | Completed By | Progress March 2013 | Progress July 13 |
|------|---|---|-----------------------|--------------|--|--|
| 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 | CHC service has a children's nurse and agreement for a Band 8a Lead Nurse for Children to lead on children's work including transitions. Transitions will included in the Ops Guide | West review CHC for transition of children and potentially look at using East system. Needs to feed into AD group as CHC for transition for children Transfer to AD Meeting |

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| 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. | Berkshire to review children's care Nurse Assessor in West to look ops policy / guide and dispute for children Wider piece of work across Berkshire to engage with LA across Children services generally including CHC – may need separate group outside of AD group |
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AD Meeting

- Meet monthly
- Date of next meeting 11 September 4-5.30pm or earlier if Jan can move meetings
- get feedback forms from training programme and analyse / share
- SW to be resource if required at further meetings