

## Continuing Health Care Overview and Scrutiny Management Committee



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### Definition

- NHS Continuing healthcare is a package of continuing care arranged and solely funded by the NHS where the individual has a primary health need.
- National Framework for NHS Continuing Care 2007 - statutory guidance



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### Eligibility Criteria

- WBC
  - eligibility for social care “critical”
  - chargeable
- CHC :-
  - Complexity, unpredictability, intensity nature.
  - Non chargeable



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## CHC Process

- ❑ Checklist – referral stage with low threshold
- ❑ Decision Support Tool (DST) – Collation of evidence
- ❑ Multi Disciplinary Team (MDT) – reviews evidence and makes recommendation
- ❑ Panel (CCG) - Decision makers
- ❑ Disputes process if disagree with Panel




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## Outcomes and Waiting Lists

**When O&S considered this issue on 21<sup>st</sup> January 2014 the figures for the year were as follows;**

16 completed cases – 3 found eligible (19%)  
 38 cases open (includes residents who had self referred and referrals by health professionals) – 29 over 3 months old (76%)

**Today**

38 completed cases – 13 found eligible (34%)  
 26 cases open – 18 over 3 months old (69%)  
 (10 new referrals made in the period since O&S)




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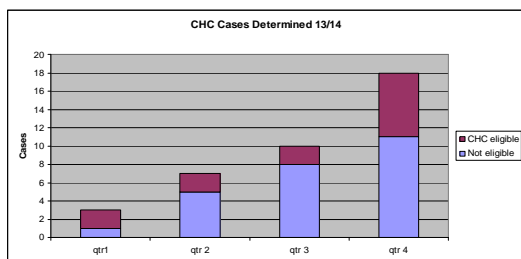
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## Summary for 2013/14




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## Waiting List

### Key Points to Note

- ❑ Arranging the MDT meetings is a challenge as obtaining all the evidence and agreeing dates with all interested parties can be very difficult.
- ❑ MDT dates have been set for 10 of the 18 over 3 months old. 5/6 MDTs being held each week so backlog should be cleared by end of April.
- ❑ New checklists are submitted every week so whilst focus on backlog there is a need to make sure adequate resources to deal with new cases



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## Joint Working

- ❑ Fortnightly meetings held between Head of ASC and Assistant Director for Berkshire NHS CHC
- ❑ Case lists discussed and actions agreed. Areas of disagreement being discussed in constructive manner.
- ❑ WBC CHC specialist attending majority of MDTs and, whilst not always agreeing with outcomes, is providing generally positive feedback on the fairness of decisions.
- ❑ CCG has outsourced the work required to address the backlog and will continue to do so until the backlog has gone and the ongoing workload can be managed.



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## Further Work

Whilst good progress has been made in the last few months there is more to do

- The Council needs to improve the identification of potential CHC cases as an earlier stage
- The quality of submissions made needs to be more consistent
- The CCG needs to ensure appropriate resources are in place to prevent further backlogs



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