Continuing Health Care	
Report being considered by:	Health and Wellbeing Board
On:	08 December 2022
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Councillor Jo Stewart

Information



# 1. Purpose of the Report

**Report Sponsor:** 

Item for:

To provide an update on work relating to the management of Continuing Health Care (CHC) in West Berkshire.

#### 2. Recommendation(s)

That the Health and Wellbeing Board notes the outcomes and recommendations of the peer review of CHC in Berkshire West and notes that a full report on the implementation of the associated Transformation Plan will be presented to the next meeting on 23 February 2023.

# 3. Executive Summary

- 3.1 West Berkshire Council's Adult Social Care (ASC) department has had very longstanding concerns regarding the management of CHC locally. Those concerns are mirrored in neighbouring authorities which sit within the Berkshire West Locality (Reading Borough Council and Wokingham Borough Council).
- 3.2 There is now a clear plan for the transformation of CHC within the Buckinghamshire, Oxfordshire and Berkshire West footprint. The Terms of Reference for the Transformation Plan are provided at Appendix A. Further detail or the approach is provided at Appendix B.

#### 4. Supporting Information

- 4.1 NHS England has commissioned the LGA to deliver a short series of peer reviews of continuing healthcare (CHC) services.
- 4.2 The Peer Review took place across Buckinghamshire, Oxfordshire and Berkshire West on the 19<sup>th</sup> and 20<sup>th</sup> July 2022.
- 4.3 The reviews were intended to:
  - Support systems to identify and share improving practice which support personalised, high-quality and safe care.
  - Help system leaders understand better their strengths and areas for development to strengthen system leadership and lead to improvements in service delivery.

- Provide a safe space for system partners together to consider new and better ways of working together, build shared understanding and agree next steps.
- 4.4 The peer review was delivered by an experienced team of peers drawn from senior leaders in health and care, with experience of both CHC and its role within wider service planning and delivery. Insight was collected and triangulated from interviews across each workstream over two days and discussed as a team to reach the position reflected in the feedback session on 20<sup>th</sup> July 2022.
- 4.5 Detailed findings were shared, including the following extracts:

# Performance

- The peer team saw a focus on process over practice, from both health and social care perspectives. The team heard staff found it difficult to reflect on practice in a constructive and developmental way, assuming a defensive position when professional challenge is offered.
- There was considerable mention from staff of the variation in CHC process and delivery compared to other places within BOB, and the peer team considered whether the local population are achieving their best outcomes.
- There is tension between the different ways of working with each local authority and the different resource challenges faced by each.
- Significant communication issues between health and social care and an inability for colleagues to identify their counterparts in the other organisations.

# Leadership, Behaviour and Culture

- Demographic and inflationary pressures have put huge pressure on health and social care budgets. It was evident to the peer team that there is a lack of trust and collaboration between leaders, which we believe is preventing them from coming together to resolve the financial challenges for CHC in the system.
- The challenges between health and social care organisations in Berkshire West are very visible to partner organisations, which have serious concerns for the individuals at the centre of these.
- There is a focus on old cases a significant amount of time in sessions was spent discussing previous CHC reviews and the issue of disputed cases.
- The peer team heard of significant constraints in workforce capacity in both health and social care, making it difficult to meet local CHC demands, and both training and recruitment were noted as issues.

#### Recommendations

• The very visible issues in Berkshire West need resolving for staff, the local population, and the ICS, and this will need senior executive health and social care oversight and commitment, to ensure the transformational change required is driven forward, underpinned by a clear shared vision and person-centred approach.

- There is a need to work together to understand the wider pressures and create ways of working which support all organisations.
- Significant work needs to be done to bring a close to those cases still in historic dispute via a task and finish group or using external support.
- It would also be helpful to consider commissioning a generalised advocacy contract for the locality, to ensure there is a clear offer to all individuals receiving services including those moving through their CHC journey.
- The approach to partnership within the CHC structures should be wider than just between NHS and local authority representation, including also ICS senior leadership, provider and voluntary sector representatives, and individuals and their families and carers. This should be designed into a refreshed and inclusive meeting structure, which could support system leaders, clinicians and partners (including voluntary sector and advocacy groups) to come together to build trust in a shared process.
- Experience from elsewhere in the ICS around both CHC delivery (process and practice) and developing improvement in partnership working in this area could inform a co-designed OD programme with individuals and carers; this could support staff through a significant cultural and practice transformation with a focus on people's experience and outcomes.
- There is a need for a user guide for individuals, and their families and carers to navigate CHC in the system, including helpful contacts and mapping of organisational processes and timelines.
- There were pieces of good practice identified by health colleagues that could offer some 'quick wins' to improve working and offer more streamlined practice.
- There is a need to regularly evaluate processes to enable partner organisations to constructively feedback where things are not working for example family carer form or care home checklist.
- Where appropriate, Berkshire West colleagues should call upon the ICB's responsibility to audit fast track activity and provide feedback to referees when a fast track has been used inappropriately; fast tracks should not be turned down.

# 5. **Options Considered**

None.

# 6. **Proposal(s)**

It is proposed that West Berkshire Council Adult Social Care (ASC) cooperate fully with the planned work to improve the management of CHC within the district and make it an area of priority, and that a full report on the Transformation Plan be brought to the next meeting of the Health and Wellbeing Board on 23 February 2023.

# 7. Conclusion(s)

Following the Peer Review a transformation Programme for All Age Continuing Care (AACC) has been approved to support BOB ICS implement a programme for change

for adult NHS Continuing Healthcare and NHS-funded Nursing Care (CHC) and for Children and Young People's Continuing Care (CYPCC).

# 8. Consultation and Engagement

8.1 Holly Whitwham, WBC Legal Services.

#### 9. Appendices

Appendix A – Transformation Board ToR Final

Appendix B – Programme Board Presentation

# Background Papers:

None

# Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

Reduce the differences in health between different groups of people

Support individuals at high risk of bad health outcomes to live healthy lives

- Help families and young children in early years
  - Promote good mental health and wellbeing for all children and young people
  - Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by improving the management of CHC within the District.