

DRAFT V2

Continuing Healthcare Review July 2017

Action Plan

Executive lead	HCCG – Helen Richardson Chief Nursing Officer	LA – Steven Vickers Director of Adults Social Services
Operational Lead	Nicky Warman Lead Nurse CHC	Robert Vickers Assistant Director of Adults Social Services

Issue	Action	Lead	Completion date
1. Recommendations from Joint Review Report			
Joint redesign of the pathway with local partners (health, social care, voluntary sector)	Undertake joint process mapping exercise in two parts in workshop format A. Joint pathway re-design B. Process mapping internally to mirror Ops policy	HCCG	September 18
Issues to be raised and resolved in a workshop format – look at our culture and understand how each organisation operates	To be undertaken as part of previous action	HCCG	September 18
Local CHC protocol to be devised and implemented (as per revised CHC guidance)	Ops Policy to be revised to reflect CHC in-housing within CCG, National Framework revisions and any process changes which happen as a result of this action plan.	HCCG	October 18

Clear escalation process when decisions are disputed (in process, to be finalised)	Dispute Resolution Process to be finalised and agreed by CCG/ LA	HCCG/LA	August 18
CHC Ratification Panel to be agreed, Discuss the possibility of rotation of Chair or develop a Vice Chair role	Terms of reference to be reviewed and agreed	HCCG/LA	September 18
Finance/performance to report on trends monthly to a central meeting for overview of the impact of any changes in	This already occurs report is presented at finance and resource committee. Additional reports now to be presented quarterly at quality committee	HCCG	Complete
Match and understand local and regional data with national data on a quarterly basis (across both organisations)	CCG quarterly reporting to HCCG Quality committee	HCCG	Complete for HCCG
Continued advice and information to self funders and families about the process (particularly in care homes)	Post funded via BCF to provide support to patients that are self-funding	LA/HCCG	Complete
Consider the potential of implementing a "Trusted Assessor Model"	This potential development will be considered following the embedding of changes to current operational practices. To be discussed as part of STP development work to ensure consistency of approach The CCG will work with Worcestershire CCG (STP)	HCCG	October 18
Monitoring and action re: high profile delays	Already in place and reviewed weekly with CCG and reported to NHSE as part of assurance meeting To be included in regular meeting with LA	HCCG/LA	September 18
Clarity from the CCG that there has been change to the CHC approach in Herefordshire and clarity for the Council as to where, within the process, this change has taken place. This will give the Council and understanding of why	Review of processes by regional team using KLOE re eligibility Review of current processes to ensure alignment with new national framework	HCCG	October 18

<p>numbers have fallen so dramatically.</p>			
<p>Embed SW professionals to be embedded within the CHC team</p> <ul style="list-style-type: none"> ▪ Consider CHC funding for one SW to permanently sit within the team (guidance is clear that all management is funded by the CCG) ▪ Consider rotating nurses and SWs through both SW and CHC teams to encourage a “team” culture across disciplines 	<p>Review the role of the current social worker within the quality team with potential to remodel role to support CHC</p> <p>This recommendation is not supported by the LA</p>	<p>HCCG/LA</p> <p>LA</p>	<p>September 18</p>
<p>Clear recording re: H@H – how many cases are diverted away from CHC and what is the ongoing impact</p>	<p>This will be monitored as part of contact monitoring KPI at monthly contact meetings with Hospice at Home</p>	<p>HCCG</p>	<p>September 18</p>
<p>CCG to investigate reasons for reduced CHC eligibility (bottom quartile) whilst population trends place the county in the top quartile of +65s and top third of +85s</p>	<p>Review of processes by regional team using KLOE re eligibility</p> <p>Review of current processes to ensure alignment with new national framework</p> <p>All contested DST to have peer review</p>	<p>HCCG</p>	<p>October 18</p>

<p>Incorporate a person centred approach to CHC package planning (July 2017 Skills for Health – Framework) in order to remove concerns when service users move to full CCG package care</p>	<p>Review of current processes to ensure alignment with new national framework Review of operational policies.</p>	<p>HCCG</p>	<p>October 18</p>
<p>Independent desktop reviews of contested DSTs and of a set number each quarter (dip sampling)</p> <ul style="list-style-type: none"> ▪ This will ensure that there is agreement between both parties re: application of the guidance 	<p>All contested DST to have peer review Additional set number of DSTs to have quarterly review Disputes policy and process agreed</p>	<p>HCCG</p>	<p>Complete Complete September 18</p>
<p>Joint DST workshops for joint learning and a consistent approach</p>	<p>Update training to be provided to all HCCG CHC and LA staff</p>		<p>September 18</p>
<p>Note takers/ admin who can independently minute key meetings (example: safeguarding)</p>	<p>Administration support in place</p>	<p>HCCG</p>	<p>Complete</p>
<p>Continue the good work re: reducing acute setting assessment and remove CHC screening from hospitals Develop a local tool to decide health or social care pathways out of hospital (Norfolk 5Qs?)</p>	<p>This practice is in place and further opportunities to enhance will be explored Review Norfolk 5Q in partnership with STP CHC approach</p>	<p>HCCG HCCG</p>	<p>Complete October 18</p>

<ul style="list-style-type: none"> ▪ Clarity around what an acute setting is in Herefordshire – e.g. community hospitals 	<p>This work is also linked to evolving joint work allied to D2A pathway development</p>		
<p>Regular commissioning reviews of high cost packages (also for CHC funded packages) that focus on the package rather than eligibility (as per new CHC guidance)</p> <p>Training Training for key ASC staff who attend MDT meetings</p> <ul style="list-style-type: none"> ▪ Non clinical CHC Guidance (social work perspective) ▪ Joint training re: DST to be provided by agreed trainers ▪ Joint training re: Outcomes and Person Centred Care 	<p>Jointly agreed revisions to operational process regarding reviews of high cost packages of care in line with the new National Framework</p> <p>LA and HCCG to agreed joint training with an agreed provider</p>	<p>HCCG/LA</p>	<p>October 18</p>
<p>Management of the CHC team and pathway to sit within the CCG</p>	<p>CHC Team management already transferred to CCG as of May 2018</p>	<p>May 18</p>	<p>Complete</p>

<p>(rather than CSU) to offer a more localised approach to CHC and to package management and to address some of the perceptions around the local CHC team</p> <ul style="list-style-type: none"> It has been made clear in the new guidance that where CHC processes are outsourced to Commissioning Support Units, CCGs remain responsible for all decisions of eligibility. It would make sense for the team to sit within the CCG for this reason. <p>CCG to test cases where FNC has been awarded with regard to complexity to ensure confidence with regard to high numbers of FNC eligibility and to take a joint approach with HCC on scope and findings</p>	<p>Review of the process that is in place for the ongoing review patients in receipt of FNC</p>	<p>HCCG</p>	<p>October 18</p>
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Review the understanding of “managed need” across the organisations (with independent support) to reach a common understanding	Update training to be provided to all HCCG CHC and LA staff with a jointly agreed training provider	HCCG/LA	September 18
Review the understanding of “double scoring” within domains (with independent support) to reach a common understanding <ul style="list-style-type: none"> ▪ Primary Health Need is about whether the totality of a person’s health needs are more than incidental or ancillary to their social care needs – regardless of whether arbitrary thresholds are met. 	Update training to be provided to all HCCG CHC and LA staff with a jointly agreed training provider	HCCG/LA	September 18