

READING BOROUGH COUNCIL

REPORT BY DIRECTOR LEGAL AND DEMOCRATIC SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	6 JUNE 2017	AGENDA ITEM:	10
TITLE:	SCRUTINY REVIEW UPDATE - CONTINUING HEALTHCARE FUNDING		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	LEGAL & DEMOCRATIC SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICERS:	RICHARD WOODFORD SIMON HILL	TEL:	0118 9372332 / 9372303
JOB TITLE:	PRINCIPAL COMMITTEE ADMINISTRATORS (SCRUTINY)	E-MAIL:	Richard.woodford@reading.gov.uk Simon.Hill@reading.gov.uk

1. EXECUTIVE SUMMARY

- 1.1 This report provides the Adult Social Care, Children's Services and Education Committee (ACE) with an update on the progress of the scrutiny review of Continuing Health Care (CHC) Funding.

2. RECOMMENDED ACTION

- 2.1 That the progress of the Continuing Health Care Funding scrutiny review be noted;
- 2.2 That the progress of an action plan jointly devised and implemented by the Clinical Commissioning Group and the Local Authorities be noted;
- 2.3 That quarterly benchmarking data of levels of Continuing Health Care funding be agreed and monitored to determine if levels of funding appear equitable;
- 2.4 That the final report of the Task and Finish Group be submitted to the next meeting on 12 July 2017.

3. BACKGROUND

- 3.1 At the ACE Committee meeting that took place on 3 February 2016 it was agreed to carry out a scrutiny review of CHC funding to investigate the reasons for the significantly lower than average level of CHC and NHS funded Nursing Care funding in Reading, and the impact this was having on individuals and the local authority.

4. PROGRESS TO DATE

- 4.1 The Task and Finish Group are investigating the level of CHC funding in Reading because, along with Wokingham Borough Council, the level of funding is significantly lower than the national and regional average. This affects residents who may be ruled ineligible, and also has an adverse impact on the financial sustainability of the Council's Social Care services, as they are required to fund a larger proportion of high care placements than other local authorities.
- 4.2 The Task and Finish Group have held four question and answer sessions, the first with Lindy Jones, former Services Manager Care Governance, Contracts and Continuing Health Care, Wokingham Borough Council, two sessions with Cathy Winfield, Chief Officer, Gabrielle Alford Director of Joint Commissioning and Elizabeth Rushton Head of CHC for North West Reading, South Reading, Newbury and District and Wokingham CCGs and finally a meeting with Paula Johnston, Locality Manager, Older and Physically Disabled People, Reading Borough Council.
- 4.3 Following a jointly commissioned external review an action plan was jointly agreed between the CCG and Reading and Wokingham Local Authority's (LA) to address issues raised by the LAs about the CCG's implementation of the CHC National Framework. The majority of actions have been completed, relationships and communication have developed and successes so far are:
- The implementation of a new Best Interests form to evidence the individual's consent to the process. This had not been evidenced consistently and checklists were being returned by the CCG. Where there are any minor technical issues with the recording of consent the CHC process will continue while this is rectified. The effectiveness of this is due to be reviewed in July.
 - Joint mechanisms are now in place between the CCG and the LA for aspects of the process such as deciding whether a checklist should be returned due to a lack of information, and whether a significant change in need has occurred triggering further assessment. Regular meetings are held to identify shared learning and training needs.
 - The CCG and LAs have begun to work jointly on cases where process issues appear to have influenced the outcome, on a planned and phased basis. 12 cases were initially identified with more added recently. Meetings are scheduled to discuss and progress these, to share learning and to identify training needs.
 - The CCG is now accepting referrals which have been completed by professionals who have not completed CHC training if they have been countersigned by a professional who has. These referrals were previously being rejected, but the completion of training is not a requirement of the CHC National Framework.
 - A process is in place for resolving differences in professional opinion about the evidence in a CHC checklist, which it has not yet been necessary to implement.
 - The CCG had already stopped closing down a referral after 28 days if insufficient evidence has been submitted, but a process is now in place for the CCG or the LA to actively pursue this evidence.
 - The CCG and LA agree that the intention of the CHC National Framework is that a meaningful and joint discussion should be held in relation to eligibility. The CCG includes the views of all relevant parties giving them equal weight.

- The CCG and LA have reviewed the dispute process, adjusted the timescale and confirmed that it is consistent with other CCG dispute processes in the South.

Ongoing actions working towards completion include:

- An agreed process to ensure that the Multi-disciplinary team meeting robustly collects both verbal and written evidence when completing assessments. There has been disagreement between the CCG and LA about whether this has happened in all cases.
- The CCG and the LA will produce a leaflet for staff and guidance for members of the public to inform their participation in CHC assessment meetings.
- The CCG and the LA will review the documentation for individuals in relation to appeals to ensure that it is accessible, plain English and includes signposting to advocacy.
- E-learning and jointly delivered training for staff to be made available.
- Quarterly benchmarking data to be provided by the CCG to the LAs.
- The CCG and the LA will jointly agree to draft a form of words for communication to staff regarding appropriate use of fast track process and relevance of CHC at end of life.
- Joint transition (from child to adult) protocols to be agreed between the CCG and the LAs.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The review of Continuing Health Care contributes to the strategic aim to promote equality, social inclusion and a safe and healthy environment for all.

5.2 The Council is committed to:

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- Changing the Council's service offer to ensure core services are delivered within a reduced budget so that the Council is financially sustainable and can continue to deliver services across the town.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Any community engagement as part of the scrutiny review will be considered.

7. EQUALITY IMPACT ASSESSMENT

7.1 Implementation of the policy impacts on those with long term health needs and those at the end of their life. the very low level of funding of CHC from CCG would seem to indicate that there may be some patients who may not be getting specialist healthcare that they need or are being charged for care services when in another post code they would be seen to be eligible for free care

LEGAL IMPLICATIONS

- 8.1 National Framework for NHS Continuing Health Care and NHS Funded Nursing Care November 2012 (revised) provides the legislative framework for the provision on Continuing Health Care and NHS Funded Nursing Care.

9. FINANCIAL IMPLICATIONS

- 9.1 From a revenue point of view Reading has the lowest level of eligible recipients of CHC in England. This potentially highlights that the Council may be providing funding for clients that actually should be receiving CHC and therefore having a detrimental impact on the current financial position.

10. BACKGROUND PAPERS

- 10.1 National Framework for NHS Continuing Health Care and NHS Funded Nursing Care November 2012 (revised):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213137/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf

- 10.2 ACE Committee 3 February 2016 - Minutes and report.