READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**12 DECEMBER 2017**	**AGENDA ITEM:**	**10**
TITLE:	**SCRUTINY REVIEW – CONTINUING HEALTHCARE FUNDING**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN**	**PORTFOLIO:**	**ADULT SOCIAL CARE**
SERVICE:	**LEGAL & DEMOCRATIC SERVICES**	**WARDS:**	**BOROUGHWIDE**
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1. EXECUTIVE SUMMARY

1.1 At the ACE Committee meeting on 17th July 2017 Members requested a progress report to the 12th December 2017 ACE Committee meeting on delivering key actions from the Continuing Health Care (CHC) Action Plan, which had been recommended by the Councillor task and finish group.

1.2 This report provides details on progress to date on delivering the CHC Action Plan.

2. RECOMMENDED ACTION

2.1 That the progress of the Continuing Health Care Funding Review and completion of the agreed Joint Action Plan be noted;

2.2 Changes to RBC CHC application process and new action plan be noted;

2.3 That further work is undertaken to identify why Reading still has a relatively low level of CHC funding compared to neighbours and the national average, and to take further action to address as required.

3. BACKGROUND

3.1 Continuing Health Care (CHC) is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a 'primary health need'

3.2 The Adult Social Care and Education Committee on 2nd February 2016 commissioned a Councillor Task and Finish Group to carry out a scrutiny review. this was following a report on Continuing Health Care Funding, which stated that in 2012 a review had been carried out by the Department of Health that had noted that Berkshire had the lowest level of eligible recipients of CHC in England, with the East ranking 148 out of the then 150 Primary Care Trusts, and the West

Berkshire, the Clinical Commissioning Group (CCG) for Reading, ranking 150 out of 150.

3.3 NHS Continuing Healthcare Joint Action Plan for Reading and Wokingham Local Authorities (Appendix 1) was agreed to address the issues, noted in section 4

3.4 The request from ACE on 17th July 2017 was that this report provides information on the following:

3.4.1 That the joint Action Plan be implemented as agreed and reviewed by the CCG and local authority on a monthly basis; joint action plan implemented, section 4 provides an update on progress;

3.4.2 That a report be submitted to the 12 December 2017 meeting detailing progress in delivering the Action Plan with an explanation if any actions had not been achieved or only partially achieved; answered in section 4

3.4.3 That benchmarking data be obtained on a three monthly basis from the CCG as agreed; answered in section 7

3.4.4 That as part of the report to the 12 December 2017 the most recent data on the provision of CHC be included to allow comparison with the data provided within section 2 of the Report by Task and Finish Group On the 12th July 2017; answer in section 7

3.4.5 That a review of the provision of CHC for children and young people be commissioned in consultation with the Lead Councillors for Children's. Discussed in section 6

3.5 This report also provides an update, in Section 5 on the Shared Team, a service commissioned by RBC from Wokingham Borough Council (WBC), to process CHC applications on behalf of RBC, known as the Shared Team.

4 NHS Continuing Healthcare Joint Action Plan for Reading and Wokingham Local Authorities

4.1 Action plan contained within Appendix 1

4.2 Work on the Action Plan began in October 2016. The CCG reported to the Councillor Task and Finish Group in December 2016, and noted that the majority of actions had been completed, relationships and communication had developed and successes against the action plan were:

4.2.1 Consent and Checklists: processes have been improved to reduce delays in assessment

4.2.2 Continuing Health Care referrals are now made by RBC and WBC to the Shared Team direct from Hospital, to support timely assessment and discharge from hospital.

4.2.3 28 day timeframe: 96% for North and West Reading and 92% in South Reading referrals were completed in 28 days in Quarter 2 2017/2018. The CCG have a robust process is in place for sourcing evidence to support the 28 day timeframe.

4.2.4 Amendments to the Dispute Process have revised the timeframe for Disputes which is commensurate with other Dispute Processes in the South Region.

4.2.5 Regular meetings between the Council and CHC Shared Service resolve issues and outstanding case concerns. However, this arrangement will need reviewing and in the light of changes to the joint arrangement with Wokingham Borough Council, see section 5.

4.2.6 Reading Borough Council has appointed the Director of Adult Care and Health and is meeting regularly with the CCG Director. The joint Action Plan requires review in light of internal changes with Reading Borough Council. In the meantime the outstanding actions are being worked on as detailed in section 4.3.The completed actions were reviewed to ensure that they were continuing. Agreed actions in respect of practice have been tested in referrals and assessments. This is following the review and revision of the referral pathway which is now working well. An agreed set of leaflets have been produced for the public about the CHC processes including appeals.

4.2.7 Information on the CCG and Reading Borough Council website has been refreshed and has to date information.

4.3 For the 3 actions that have not been completed within the action plan:

4.3.1 Bench marking data. A quarterly benchmarking template was agreed at the December 2016 Councillor Task and Finish Group, and the information will be available to a reformed oversight group. It is recommended that this sits within the Integration Board, rather than a separate group. The joint oversight arrangements which were proposed in the action plan will be implemented to ensure that Reading Borough Council Head of Service and CCG Director jointly review CHC activity and expenditure on a quarterly basis to report to the Reading Integration Board.

4.3.2 Training. - The revised National Framework for CHC in due to published in 2018, which will assist in informing the revised joint training programme. During the transition period the previously jointly agreed training programmes are available for staff in line with the current National Framework for CHC. In the meantime the existing training remains available and transition arrangements are as per the current National Framework for CHC.

4.3.3 End of Life, meetings have been scheduled between CCG and RBC to deliver the outstanding actions. These are planned for December 2017.

5 CHC Shared Service

5.1 The CHC Shared Service was a shared service commissioned from Wokingham Borough Council to process CHC applications on behalf of RBC. Following a review the service RBC de commissioned the service. Notice was given to Wokingham to end the service on the 31st December 2017, however due to a number of staff changes within the shared service; Wokingham Borough Council could only deliver a service to RBC until the 20th October 2017.

5.2 The shared service provided a detailed handover of progressing CHC cases to RBC; this is now being allocated within the Adult Social Care Teams as this is part of the assessment and care planning function.

5.3 The CHC Shared Service handed over 41 applications to RBC that are being processed. In addition there are 8 cases assessed as eligible for CHC that are currently being validated to ensure that the correct funding stream has been set up and CCG invoiced where appropriate.

5.4 The CHC process for RBC will be managed by the locality teams as part of their day to day responsibilities. DMT have agreed to appoint a resource to support the administration of all CHC applications.

5.5 A management plan is in place and can be seen in Appendix 2 of this report.

6 Review of the provision of CHC for children and young people be commissioned

6.1 The Childrens directorate had access to the CHC Shared Service. However the number of referrals received by the CHC Shared Service from the Children's directorate was low. When the decision was made to end the CHC Shared Service a meeting was held between: Jo Hawthorne, Head of Wellbeing, Commissioning and Improvement, and Helen Redding, Senior SEN Consultant. This meeting explored the possibility of ASC providing a service to the Children's Directorate to process CHC applications on their behalf, via a service level agreement, when the CHC Shared Service ended. It was agreed that at this time during the scoping for the Children's Services they will manage their own CHC applications. The Directors of both Adults and Childrens have agreed that Adults will provide the administrative support function and advice on the process when needed by Children's Services. Handover information was shared with the Children's Directorate when the CHC Shared Service ended.

7 Benchmarking Data

7.1 Data is not available to provide a direct comparison between CHC eligibility figures now and the data presented in July 2017 for Quarter 1 2015/16, as per the request of ACE.

7.2 Table below provides a snapshot of CHC eligibility for Quarter 1 2017/18 (April-July 2017)

	Number Eligible (snapshot) 2017		Numbers assessed as Eligible (in quarter) 2017	
Organisation	**Total**	**Per 50k**	**Total**	**Per 50k**
England	**57,165**	**61.49**	**25,277**	**27.19**
South Commissioning	**12,784**	**53.70**	**6,738**	**28.31**
South Central	**2,287**	**37.62**	**1,199**	**19.72**
Bracknell & Ascot	79	36.00	15	6.84
Newbury & District	28	15.05	6	3.23
North & West Reading	28	16.15	16	9.23
Slough	74	31.78	23	9.88
South Reading	20	8.62	5	2.16
Windsor, Ascot & Maidenhead	97	39.51	24	9.78
Wokingham	46	18.12	8	3.15

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/

7.3 The data evidences that Reading CHC eligibility remains lower than our neighbours and the national average. The reasons for this will be explored as part the Reading Integration Board, as detailed in section 4 of this report.

8 CCG Performance information

8.1 The CCG forecast spend for the North and West and South Reading CCGs on CHC in 2017/18 is £8.96m an increase of 1.5% on the 2016/17 outturn.

8.2 The percentage of Individuals eligible for CHC has risen from 6% of all checklist CHC referrals (113) in 2016/2017 to 29% of all checklist referrals (29) to the end of Quarter 2 (September 17) in 2017/2018.

8.3 Nationally the conversion rate from checklist to full CHC eligibility is 17% In addition to checklist CHC referrals 95 fast track referrals were received in 2016/2017. 53 fast track referrals have been received to the end of Quarter 2 (September 17) in 2017/2018.

8.4 Fast Track referrals are made for individuals with a rapidly deteriorating condition that may be entering a terminal phase and may require 'fast tracking' for immediate provision of NHS continuing healthcare. The Fast Track Tool is completed by an appropriate clinician, who provides the reasons why the person meets the criterion required for the fast-tracking decision. The purpose of the Fast Track Tool is to ensure that individuals with a rapidly deteriorating condition are supported in their preferred place of care as quickly as possible.

9. REPORT AND RECOMMENDATIONS

9.1 That the progress of the Continuing Health Care Funding Review and progress on the agreed joint action plan be noted.

9.2.1 Changes to RBC CHC application process and action plan be noted

10. CONTRIBUTION TO STRATEGIC AIMS

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

10.2 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.

11. COMMUNITY ENGAGEMENT AND INFORMATION

11.1 Any community engagement as part of the scrutiny review was considered.

12. EQUALITY IMPACT ASSESSMENT

12.1 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 could indicate that there may be some patients who may not be getting specialist healthcare that they need, or they are individuals who are being charged for care services when in another geographical area they would be seen to be eligible for free care

13. LEGAL IMPLICATIONS

13.1 From a revenue point of view Reading has had the lowest level of eligible recipients of CHC in England. CHC funding of cases has increased over the last 12 months (1.5% or £135,000 forecast increase based on CCG figures) though the latest benchmarking indicates that Reading still has a relatively low level of CHC funding compared to many other Councils. Further work is planned to identify why this remains the case through the Reading Integration Board, and if necessary, further action taken to address the low level

of CHC funding. The withdrawal from the shared service agreement gives an opportunity for more direct control to ensure that robust challenge is taking place on all CHC assessments and ensure that both the individual's and Council's interest are protected and potential CHC cases are appropriately assessed and determined. The introduction of a revised CHC referral pathway and the robust Reading Borough Council Eligibility, Risk and Review Panel process is identifying those people who could be eligible for CHC funding in a timely manner.

14. FINANCIAL IMPLICATIONS

14.1 From a revenue point of view Reading has had the lowest level of eligible recipients of CHC in England. However, with introduction of a revised CHC referral pathway and the robust Reading Borough Council Eligibility, Risk and Review Panel process is identifying those people who could be eligible for CHC funding in a timely manner.

15. BACKGROUND PAPERS

15.1 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

15.2 ACE Committee 17th July 2017 Minutes and report.

15.3 Joint action plan – Appendix 1

15.4 RBC CHC Action plan – Appendix 2

APPENDIX 1

NHS CONTINUING HEALTHCARE JOINT ACTION PLAN FOR READING AND WOKINGHAM LOCAL AUTHOROITIES UPDATED 7TH SEPT 2017

Ref.	Issue:	Action taken:	Assigned to:	Specific Case Issues:	Date to be completed:	Status:
1	**CHECKLISTS AND CONSENT**					
1a	Agree to accept Social Services consent forms provided these sufficiently cover CHC	**CHC Service and L.A. have agreed:** SS consent not suitable. ER & JG agreed new simplified BI consent - start 1st Jan 2017 May 2017 – Update It was confirmed that the new Best Interest Consent form has been in operation for some time and it has been well received. The previous version of a BI consent is no longer accepted. It was confirmed that the new BI Consent form is covered in current CHC training. Other training issues would be addressed under item 14 – Training. It was noted that a document explaining the process for those completing Checklists had been prepared by the LA and distributed to the RBC and WBC team managers. CHC have not been copied into this document. 7 September 2017 – Update	ER/JG		START 1ST Jan 2017 then on-going. Review effectiveness – 6 months – July 2017	Completed

		Continuing to work well				
1b	Look at how it might be possible to move the CHC process forward whilst written consent is finalised.	**CHC Service and L.A. have agreed:** • Where there is a minor technical issue but it is clear that consent has been given to begin the process whilst consent is resolved – admin staff in place. • Liaise with L.A. team where appropriate • Where there is doubt on whether there is consent no action taken other than to return to the referrer to remedy • Full compliant consent must be in place before the MDT takes place 7 September 2017 - Update Dedicated admin staff in place – working well	ER/JG		START November 2016 then on-going. Review – 6 months	Completed

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1c	Have mechanism between CCG and LA to agree whether checklist should be returned and any learning from this	CHC Service and L.A. have agreed: • Checklist over banded but screens in – checklist accepted – letter to referrer to highlight over banding and issues to be resolved at MDT. • Checklist over banded but does not screen in or outcome unclear - T/C to referrer – follow up with letter and AP/JG to discuss at regular meetings • Learning to be collated at regular CHC and L.A. meetings – addressed via training Shared learning from meetings with AP and JG to be circulated appropriately	**ER/JG**	Two legacy cases identified by the LA – have already been allocated to a nurse to review. The LA have identified four new cases however a review of actions show that three cases are currently proceeding . The fourth case is to be discussed by JG from the LA and AP from CCG as per the agreed action.	**START NOVEMBER 2016 then on-going.** **Review – 6 months** **Training to be addressed later in action plan.**	**PART 1 Legacy Cases Completed**

		NOTE: Telephone call to the referrer is not always successful and to avoid delay the issue is then addressed in a letter. Some discussion with regard to whether this could be improved but no appropriate solution could be found at this time. 7 September 2017 - Update This issue and identified cases is being successfully managed through joint CHC and LA meetings				**PART 2** Completed
	RE-REFERRALS AT CHECKLIST STAGE					
2a	Agree that if someone has had a DST they should only have another full assessment	**CHC Service and L.A. have agreed as per the slide and:** • Referral to document the change in need including where the evidence can be found		The LA have identified three new cases one of which was not known to the LA at the time the previous DST had	START – as required. Review – 6 months	Completed

	where there is a relevant and evidenced change in need – agree mechanism between health and social care to discuss these cases before a decision is made to either reject or agree to a new full assessment.	• Cases to be discussed at fortnightly meetings (or by phone if urgent) between CHC and L.A. (Senior level) • Discussion with CHC, outlining the changes, before checklist. If progressing complete checklist jointly. • Learning to be collated at regular CHC and LA meetings – addressed via training • Possible Information Governance issue identified. LA has on several occasions requested duplicate documentation and the CCG has requested assurances that PID is kept securely. LA advised that document are now stored electronically but were previously send to secure archive. 7 September 2017 - Update Identified cases completed and this issue kept under review where necessary through joint meetings		been completed and thus the LA had no previous knowledge that the individual had been assessed. Two other cases known both to LA and CCG. All three scheduled to be discussed between JG/AP for agreement and progress.	Training to be addressed later in action plan.	
2b	Wherever possible agree to jointly complete the Checklist in such	AGREED AS ABOVE				Complete d

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	situations.					
2c	Agree also to work jointly on cases where process issues clearly seem to have influenced the outcome – on a planned and phased basis.	**CHC Service and L.A. have commenced this work:** • 12 cases identified to date – 5 RBC, 7 WBC: • Update (May 2017) – Further Individual cases also identified in this Plan • Query – whether there are any more cases. Update (May 2017) – more cases are being added definitive list needed. • Meetings already scheduled to discuss and progress • Learning to be collated at regular CHC and L.A. meetings – addressed via training 7 September 2017 - Update Identified cases are completed. Any process issues addressed through regular joint meetings			START October 2016 – then ongoing Training to be addressed later in action plan.	Completed and Ongoing
2d	Reviews					
3	**REFERRALS FROM LA WHEN INDIVIDUAL IS IN AN ACUTE HOSPITAL SETTING**					
3a	It has already been	Staff need to have completed either the local			COMPLETED –	All

	agreed that referrals from social care staff in hospital will be accepted	Berkshire Checklist training and/or the National e-learning (Local Berkshire West training is available dates are circulated regularly). It was noted that as e-learning is not yet available. If an individual has not completed the training, they can have the Checklist countersigned by someone who has completed the training.			October 16	Berkshire actions completed . National e-learning tool out of local control
3b	Cathy will check that the IG issues around LA accessing records in hospital are being addressed.	RBH have confirmed that LA staff can access the relevant records to enable them to checklist where appropriate. ER advised that CEO CW has confirmed her understanding that the LA does have access to all records.			COMPLETED – October 16	Complete d
3c	If checklists are disputed between hospital staff and LA these will be escalated to CHC team	**CHC Service and L.A. have agreed:** • Acute and LA Disputed Checklists to be escalated to CHC Service • Tri-partite (L.A.CHC and Acute) completion of these checklists. • Learning to be collated at regular CHC and L.A. meetings – addressed via training 7 September 2017 – Update			START – as required – then on-going Training to be addressed later in action plan.	Process completed – no cases to date

		Process tested through individual cases and working well				
4	**CO-ORDINATION OF CASES AFTER 28 DAYS**					
4a	The CCG no longer operates a 28 day close down but we agree the need for a mechanism between health and social care to address situations where there are difficulties obtaining necessary information between positive checklist and DST	CHC Service and L.A. have agreed: CHC evidence letter offers assistance in evidence provision Each letter followed up with T/C Final letter copied to individual and/or their representative CHC Service to consider arranging to collect records Where LA funded, LA can chase for records CHC evidence request letter sent x 3 and offers assistance in evidence provision. Each letter followed up with a telephone call 7 September 2017 - Update Dedicated admin staff member in place and relationships being formed with care homes etc. leading to more provision of information.	ER/JG		START – November 2016 – then on-going	Completed

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5	**ELIGIBILITY DECISION MAKING BEFORE MDT**					
5a	CCG agree that prior work should not include prejudging domain weightings and recommendation	**CHC Service to address this:** • QA process before draft DST is circulated • Draft evidence summaries to be clear they are based on written evidence received to date. • It is possible these will change following MDT discussion – to be monitored if issues arise • ER sent QA form to JG 7 September 2017 - Update LA have not identified any concerns with the QA form	ER/JG		START – November 2016 then ongoing	Completed
5b	Intent of Framework is for a meaningful discussion at MDT about correct weightings and recommendation	**CHC Service and L.A. both agree this principle to be addressed through nos 6 – 9 in this action plan**				
6	**CORRECT INVOLVEMENT OF MDT MEMBERS**					

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6a	Accept Framework doesn't envisage a hierarchy of professionals within the MDT but also recognise need to develop trust between organisations – MDT members should be involved in 4 key indicator discussion and recommendations	**CHC Service and L.A. agree:** • Current practise records, in each domain, the views of Individuals and/or their representative **And** • All appropriate and relevant professionals that are known to the CHC Service are invited to the MDT. – This practice to continue. • In addition the CHC Service will ensure all professionals are present at and are in involved in the in 4 key indicator discussion and recommendations. • There are cases where the CHC and LA representatives disagree with regard to what was and was not said at the MDT meeting • These cases will need to be managed on a case by case basis as the Decision Support Tool is not the right place to document what is essentially a disagreement between Health and Social Care. 7 September 2017 - Update Identified cases completed through regular	ER/JG	The LA have identified two legacy cases. One of which has proceeded through the Appeal process and may go to IRP and the other where the person has had a change in circumstances and required a new assessment. In both cases the LA have fully articulated their views. The LA have identified one new case where an administrative error meant that the referrer was not invited to the MDT. Remedial action including reconvening the MDT has taken place to resolve.	Current practice to continue. Current practice to continue	Complete d

		meetings between CHC Services and Local Authorities.				
6b	Can have useful learning from IRPs					Completed
6c	Social Care reps for IRPs would be welcome	• Both JG and GG have put themselves forward to become IRP Panel members. • JG confirmed training sessions completed for JG and GG and they have put forward dates they are available to participate in IRPs. 7 September 2017 - Update Local Authoroities reps have now sat as IRP members	JG/GG		November 2016	Completed
6d	Co-ordinators can be members of the MDT	This is current practise in the CHC Service and 6a applies. • Important to LA that the co-ordinators role does not take more precedent that anyone else. • There will be differences but practice is to agree to disagree and document different professional rationales in the DST.	ER/JG		Current practise to continue	Completed
6e	Agree to work on a joint leaflet and a	Berkshire CHC MDT leaflet already in use – to be reviewed with the L.A. –JL made no comment.	ER/JG		2017 November 2016	Complete

	joint script for members of the public to set the scene for MDT meetings	Leaflet has been sent to JG – awaiting discussion 7 September 2017 - Update Leaflets reviewed by Local Authorities				d
6f	Also look at joint health and social care leaflet for staff	Professionals leaflet drafted by CCG. Comments returned from JL. Sent to JG for comment/discussion. 7 September 2017 - Update Leaflets reviewed by Local Authorities.	ER/JG			Completed
7	**EVIDENCE AT MDT STAGE**					
7a	Agree that the MDT does and should collect both verbal and written evidence through MDT process	AGREED and this is current practise in the CHC Service. **CHC Service and L.A. agree:** • Both written and verbal evidence to be recorded accurately in the DST. • Where verbal evidence is not supported by written evidence consider whether a behaviour or 72hrs intervention chart would support the proper assessment of the Individual's needs. • Address where Professionals have not	ER/JG	The LA identified two legacy cases and it was discussed that it will not be possible to revisit all issues related to legacy cases. The LA also identified three new cases. The CHC Service agreed in one case that all the evidence had not been put into the DST. In the other two cases the CHC Service believed it had sought and documented the	Current practise to continue	Completed and ongoing

		recognised or taken action where there is no recording of verbally reported needs. • Where possible identify at checklist stage and ask for care interventions to be recorded prior to MDT. • MDT to be clear what evidence the banding is based on. 7 September 2017 - Update Completed through regular joint meetings. This process has been tested and has been working well.		appropriate evidence. The LA disagreed.		
7b	Agree importance of using professional skills to weigh up evidence in order to gain accurate picture of needs – including eliciting and weighing up evidence from family etc	AGREED as per 7a above				
7c	Agree need for clarity with providers (in	**CHC Service and L.A. agree:** • This issue to be raised formally with Providers	ER/JG		Ongoing	Completed

	contract and quality assurance) about need for good quality recording in order to substantiate statements about need	by the relevant Commissioner. • LA confirmed that they have drafted a letter to providers				
7d	The issue of recorded evidence may relate to the need to improve professional practice – absence of written evidence is not necessarily evidence of absence of need	Each individual case to be assessed on its own merits.				Completed
8	**RECORDING INFORMATION ON DST**					
8a	Agree useful to pre-populate DST with information so long as this is shared with MDT members and is open to discussion and appropriate amendment at the	AGREED and this is current practice in the CHC Service. • Current practise means pre -drafted information can be removed if inaccurate. • Discussion on all aspects of the DST and other information to be recorded.	ER		Current practise to continue	Completed

	MDT stage	• Post MDT the DST will be updated to reflect discussion.				
8b	Agree that record of MDT discussion needs to reflect where there are material disagreements	AGREED and this is current practice in the CHC Service • This applies to all aspects of the assessment, evidence, domain bandings, rationale and eligibility recommendation. • The L.A. to provide their notes of the meeting and if disagreement re content is subsequently raised, these can be reviewed. • Where there continues to be disagreement this will be discussed at the LA/CHC meeting. 7 September 2017 - Update Specific issues are managed through the regular CHC Service and Local Authority meetings.	ER/JG	The LA identified a new case where they felt it had been difficult to get information into the DST. Agreed JG and AP to review the DST. This has not delayed this case and meeting will provide ongoing learning for LA and NHS.	Current practise to continue	Completed
8c	Agree all MDT members should have opportunity to correct the record of what they said	AGREED and this is current practice in the CHC Service. 7 September 2017 - Update Ongoing discussion with LA re time frame for DST comments.			Current practise to continue	Completed and ongoing
9	**ACCEPTING MDT RECOMMENDATIONS**					

9a	Agree that where there is a disagreement over eligibility or where there are substantial concerns over an MDT recommendation the principles in the Framework will be followed in referring cases back to MDTs where required **Page 31 (Para 92) of the National Framework Document**	AGREED and current practise • Where there is an agreed MDT recommendation – the case is ratified, by the CCG, without the need for Panel process. These cases can be returned to the MDT for additional work if the evidence does not support the bandings or recommendation. • CCG ratification process to identify where there are issues. • Where the MDT are not agreed in their recommendation , the case can be returned to the MDT if the DST requires more work or if the evidence supports the domain bandings but the recommendation is not agreed, be presented to Panel for an eligibility recommendation.	ER		Current practise to continue	Completed
9b	Agree to establish regular operational forum/group across health and social care to proactively discuss how to improve processes	Currently fortnightly meeting between ER/JG to take forward this plan and any other CHC issues arising. 7 September 2017 - Update Regular meetings ongoing and working well.	ER/JG		Started October 2016 - ongoing	Completed
10	**DISCRIMINATION AT PANEL STAGE**					

10a	Agree that the Framework applies equally to adult client groups	AGREED				
11	**DELAYS IN RESPONDING TO LA DISPUTES**					
11a	View that this has been addressed, but interagency dispute policy to be revisited					
12	**INTERAGENCY DISPUTE POLICY**					
12a	Agree Jan and Liz to revisit interagency dispute arrangements, particularly in terms of timescales. Maybe consider independent chair arrangements.	• Interim discussion that timescales need to change particularly around timescale to first and second stages after the dispute is received. Currently 28 days to lodge the dispute and 10 days to first stage meeting. Change from 10 days to 28 days. • Current process already allows for Independent Chair or Panel. • Agreed a shorter dispute notice with detail in the subsequent position statement	ER/JG		Discussion started – ongoing.	Completed
12b	Agree to look for any useful learning elsewhere	ER to contact other CHC Leads Update (May 2017) ER sent emails to South CHC Leads and those who have responded do not have	ER		October 2016	Completed

		a Dispute Policy that is materially different.				
13	**APPEALS BY INDIVIDUALS**					
13a	Agree that documentation for individual 'appeals' will be reviewed jointly to ensure they are user friendly, including appropriate language and signposting to advocacy	• Berkshire CHC Appeal leaflet already in use – to be reviewed with the L.A. • Advocacy Services in leaflets – Healthwatch and SEAP 7 September 2017 - Update Leaflets provided to and agreed with LA	ER/JG		2017	Complete
14	**TRAINING**					
14a	Agree that all relevant health and social care staff should undertake the E-learning	**CHC Service and L.A. agree:** • Currently being reviewed - To discuss with Jim Ledwidge when this may be available for use. • Consider developing on-line training ourselves The review of the National Framework for CHC is due to be published in 2018; in light of this the action is to review the training aspects in line with expected changes.	ER/JG ER to contact JL		2017	Awaiting outcome of the National CHC Improvement Programme and Review of the National Framework

						Existing training continues
14b	Agree to jointly develop and jointly deliver a training programme	**CHC Service and L.A. agree:** • To explore the development of jointly delivered training in 2017 for date. JG like LA to jointly deliver the training. • ER to explore the possibility of an L.D. training event for the CHC and L.A Team. • 7 September 2017 UPDATE – Option explored - suitable Trainer identified but unfortunately could not be secured. • Previously agreed joint CHC training which was initially rolled out by Local Authority and NHS nominated Independent Trainers was rolled out in 2013/2014. • 75 Reading Local Authority staff has received training. • The above joint training has been available throughout the year and/or offered to Teams i.e. Palliative Care Team, Service Navigation or Local Authority Teams.	ER/JG ER		2017	As above
15	**TENSIONS**					

APPENDIX 1

NHS CONTINUING HEALTHCARE JOINT ACTION PLAN FOR READING AND WOKINGHAM LOCAL AUTHOROITIES UPDATED 7TH SEPT 2017

	BETWEEN STAFF					
15a	It is hoped that the other actions agreed will address this issue					
16	**BENCHMARKING DATA**					
16a	CCG happy to be open over benchmarking data	Template being developed for agreement May 2017 Update Template agreed to provide quarterly at meeting with Councillors in December 2016 7 September 2017 - Update Quarterly data collected and provided	CW/GA/ ER		START – January 2017	Completed and ongoing
16b	Equally ASC happy to share their data	A meeting has been arranged to agree content and template for sign off.	SD/CW			Work in progress
16c	Agree need to understand benchmarking position relative to other statistical neighbours – this to be monitored through the Joint CHC Oversight Group	Joint CHC Oversight Group to be established 7 September 2017 - Update GA has contacted and met recently appointed Director of Adult Care and Health Services. The Head of Service for RBC will continue to progress this work stream. It is recommended that it sits within the reading integration board.	GA/GW GA/JH			Work in progress
17	**END OF LIFE CARE**					

17a	Agree to jointly draft a form of words for communication to staff about appropriate use of fast track process and relevance of CHC at end of life	RBC recent end of life letter to be reviewed and agreed Meeting has been arranged to agree context for the letter which will ensure that the response meets the needs for Health and RBC.	ER/GW ER/JH			Work in progress.
17b	Where a clinician is not using the Fast Track tool appropriately this will be escalated to the CCG	L.A. staff to be made aware through jointly agreed end of life letter In the interim the CCG has emphasised to all health professionals including GPs the need for appropriate use of the Fast Track tool. As per 17a, issues to be discussed at meeting.	ER/GW ER/JH		START – January 2017	Work in progress.
17c	Vehicle for Implementation and Partnership Development	Joint CHC Oversight Group to be established – integration board 7 September 2017 - Update As per 16c above. Take over	GA/GW GA/JH			Work in progress.
17d	Agree need for joint transition (children to adults) planning protocols across	Current arrangements as per the current National Framework The review of the CHC National Framework is due	SMc/ER			To be completed following the review

	whole system – Wendy to pick up with Judith	to be published in 2018 in light of this work will				of the National Framework due in 2018
17e	Gabrielle and Jo H to lead on joint plan going forward for CHC – co-opt others as required	7 September 2017 - Update As per 16c above.	GA/JH			Completed and ongoing

Initial	Name	Job Title
ER	Elizabeth Rushton	Assistant Director for Berkshire NHS Continuing Healthcare (Adults and Children)
JH	Jo Hawthorne	Head of Wellbeing, Commissioning & Improvement
SD	Seona Douglas	Director of Adult Social Care & Health Services
GW	Graham Wilkin	Interim Director of Adult Social Care & Health Services (now left)
WF	Wendy Fabbro	Director of Adult Social Care & Health Services (now left)
JG	Janet Gryglaszewska	Manager, CHC Shared Service
GA	Gabrielle Alford	Director of Joint Commissioning – West CCG
CW	Cathy Winfield	Chief Officer Berkshire West CCGs BW ACS Lead
SMc	Simon McGuick	Reading Borough Council Interim Safeguarding Lead
GG	Gemma Garside	Senior Co-ordinator, CHC Shared Service

Transfer from CHC Shared Service to RBC – November 2017

Name Key

LM – Lynne Mason, Senior Commissioner
MA – Mechelle Adams, Team Manager, Short Term Team
PJ – Paula Johnson, Locality Manager, Short Term Services
JP – Jo Purser, Locality Manager, Long Term Services

Action	Reason	Lead	Progress	Status
CHC Shared Service provide handover to RBC on all live CHC applications	**To ensure that all applications are continued.**	**LM/MA/Shared Service**	**Completed**	**CHC Shared Service provided update of all live cases on Mosaic and on tracking spreadsheet.**
Informing CCG of changes	**To ensure CCG have the correct lead names for RBC in relation to CHC**	**MA/LM**	**Completed**	**No further action needed**
Working with the CCG	**Shared Team met with the CCG's on a regular basis to discuss any issues arising, this needs to be established between RBC and the CCG's**	**PJ/MA**	**Due date for commencement - Jan 2018**	**Dates in the diary**
Recruitment of business support	**DMT approve admin support for CHC process**	**MA/LM**	**In progress**	**Currently a Business support officer in covering the work until job description is finalised and signed off**
Internal Monitoring System Implemented	**To ensure that all CHC applications are tracked**	**MA/LM**	**Completed**	**Tracking spreadsheet in place, managed by MA who will have admin support**
CHC Training	**To ensure staff are appropriately trained to complete the CHC process**	**MA**	**In progress**	**Identifying training gaps and will arrange training to address gaps.**

Attendance at CHC Panel	**Shared Team used to attend panel meetings on behalf of RBC, RBC need to ensure that there is representation**	**PJ/LM**	**Completed**	**MA attends panel, this will be shared across the locality management teams**
Ratification of eligible cases	**8 cases handed over from the shared service where eligibility has been approved, need to be checked to ensure funding streams have been set up correctly and monies invoiced accordingly.**	**LM**	**In progress**	**Work in progress.**
Communication with Locality Teams	**Informing of end of Shared Service and how CHC applications will be processed going forward**	**LM/PJ**	**In Progress**	**Initial email sent to all staff informing them of the end of the shared service. A follow up email required to inform staff of ongoing arrangements.**
Processing eligible CHC applications	**All eligible CHC cases are tracked, a formalised process for ensuring financial systems are set up in a time effective manner are required going forward**	**LM**	**To Start**	**Currently tracked via a excel spreadsheet as MOSAIC options are explored.**
Agreeing performance measures	**To agree performance data, to be presented to DMT on CHC applications**	**LM**	**To Start**	**Proposal to submit to monthly report to DMT.**
Ensuring CHC applications are made as appropriate	**All new care packages go through RBC Eligibility, Risk and**	**Panel**	**Completed**	

	Review panel where CHC eligibility is discussed. If deemed necessary, panel will instruct the CHC application process to continue.			
Review of RBC CHC Process	**To ensure that systems set up to replace the CHC Shared Service are working well**	**LM**	**Review to take place in April 2018, unless issues identified prior to this date.**	