SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL
CONTINUING HEALTHCARE (CHC) PROVISION, TO ENSURE THE HEALTH ECONOMY FUNDS HEALTH NEEDS – ACTION PLAN

DATE: 7 October 2014

	SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST	TIMESCALE
a)	That NECS provides the South Tees Health Scrutiny Joint Committee with up-to-date/current statistical information and data pertaining to NHS CHC rates. That statistics for 2013/14 be reported in the first instance and thereafter on a quarterly basis, providing the committee with an ability to monitor rates.	**CCG Response;** NECS on behalf of the CCG provides statistical information to Local Authority colleagues, which includes: - Number of Check lists received - Numbers of people eligible for CHC - Number of Decision Support Tools completed to determine individual eligibility for CHC funding - Number of fast tracks approved - NECS to share this statistical information with Overview and Scrutiny.	NECS on behalf of the CCG	In budget	Sept 2014
b)	That NECS monitors the number of individuals who have an initial assessment and records outcomes, in addition to how many are referred for a full assessment.	**CCG Response;** NECS will continue to:- - Keep records of the numbers of yes and no checklists. - The numbers of referrals of CHC Assessment.	NECS on behalf of the CCG	In budget	On-going

	- The numbers of people who have had a full DST assessment. - The numbers who are eligible and not eligible for CHC following DST. - Monitor outcomes for those people eligible for CHC and FNC, through an initial 3 monthly review, and then annual reviews as a minimum. There is neither a requirement nor mechanism for monitoring outcomes for patients not found to be eligible for either Free Nursing Care or CHC. Many of these patients are already in receipt of social care support and social care will continue to monitor their outcomes and can make another referral for a CHC assessment if required.			
c) That the inter-agency group develops a joint protocol for all health and social care professionals to assist in ensuring national guidelines and policy, in relation to NHS CHC, is implemented correctly and to ensure consistent approaches across the Tees Valley. .	**CCG Response:** A local protocol is being developed by the CHC Team which will be shared as a draft with Local Authority colleagues at the next Interagency Working Group in October 2014 based on current practice. This will stimulate discussion and ongoing involvement in the development	NECS, South Tees CCG, Middlesbrough B.C Redcar & Cleveland B.C.	In budget	October 2014

	In parallel with this NECS is developing a regional standard operating procedure for CHC to ensure compliance with the National Framework and to standardise practice so far as reasonably possible across the north of England. This regional work will also be shared with local authority colleagues at the Interagency Working Group and will inform future iterations of the local protocol as required. • The local protocol will be presented to the CCG Executive for sign-off following consideration at the Interagency Working Group in October 2014. • The protocol will be updated as required in collaboration by the Interagency Working Group and formally reviewed annually each October. • A copy of the final protocol will be shared with the Overview and Scrutiny Committee in October 2014. Position as at 08/09/14: Development of the Local Protocol has been delayed pending agreements within the draft regional protocol. It will be tabled at the Inter-Agency Working Group in October 2014.			

d)	That NECS: • Reviews the training package to include local case studies, examples of good practice and potential problems/issues that may be encountered. • Regularly reviews the training package to ensure it is up-to-date and appropriate for different health professionals and social care professionals. • Undertakes further work to actively encourage health and social care professionals to complete the training.	**CCG Response:** The CHC team confirms that the training provided meets all of these requirements. • Training is well publicised with all agencies. • Take up is very high e.g. Since April 2013 there have been 8 full day training sessions held • 30 people attended each class with a total of 240 attendees • 55% of those attending were nursing staff – and 45% attending were social care staff The CHC team will continue to provide this training and will focus on staff members in partner agencies, such as Social Workers and ward nurses who fulfil key roles within the process.	NECS on behalf of the CCG	In budget	On-going
e)	That NHS CHC training and completion of the e-learning programme is made mandatory for all of Middlesbrough's Adult Social Workers.	• Training in CHC has now been established as mandatory for all Social Workers within adult social care with training courses already underway. • Priority having been given to the previous action, the appraisal of available eLearning resources is now taking place with the intention of making the most appropriate training package mandatory for all assessment staff.	Lisa Brett/Jackie Simms	To be confirmed following appraisal of eLearning packages	April 2015

f)	That NECS develops and manages an NHS CHC advice and support service. The service must offer specialist knowledge and must be adequately resourced to answer general enquiries, in addition to providing the necessary support throughout the process.	**CCG Response:** • The CCG is of the opinion that the CHC service already provides a high standard of advice, information and support to patients, their families / carers involved in the FNC / CHC but will work alongside local authority colleagues to seek any opportunities for the improvement of the service. • The CCG is also of the opinion that the service already provides a high standard of advice, information and support to other health and social care colleagues but will continue to seek opportunities to further develop these arrangements. • Work is being carried out to review written information provided to patients and their families and the CHC Team will continue to explore ongoing improvements in this within the agenda of the local Inter-Agency Working Group on CHC.	CCG	In budget	On-going
g)	That the CCG and NECS undertake a review of how information is disseminated to the public and implement actions to raise awareness of	**CCG Responses:** • The CCG agrees to review current practice and how this can be improved.	NECS on behalf of the CCG	TBC	August 2014

	the availability of NHS CHC and the support available. The scrutiny panel proposes that: • Detailed NHS CHC information is made available on the CCG, NECS and South Tees Hospitals Foundation Trust websites. • Leaflets are designed, distributed to, and displayed in local GP surgeries, health centres, hospitals and care homes. The leaflet should also be circulated to leading care associations, organisations and charities. • Public information pertaining to NHS CHC provides details of the complaints procedures, appeals process, deadlines for making NHS CHC claims and contact details for advice and support.	• The CHC Team will work with the NECS communication and engagement service. • The CHC Team will seek to involve Healthwatch.			
h)	That the Council website and documentation be updated to include information on the availability of NHS CHC and the support available.	• NECS to provide Middlesbrough Council with content for inclusion on web site & Adult Social care Directory of Services "Middlesbrough Matters" – as at 08/09/14, information regarding CHC is now available through Middlesbrough Council's website via the "Middlesbrough Matters" directory.	NECS on behalf of CCG liaising with Saul Cleary	N/A	Complete

i)	That a forum be established, specifically for those in receipt of NHS CHC, whereby patients, families and carers can provide feedback and their views/opinions on the NHS CHC process to assist in establishing best practice and improving current working practices.	**CCG Response:** • Focus groups for patients, carers and their families have been attempted in the past but to date these have been poorly attended. The CCG will therefore work with the LA to explore how engagement and feedback on the CHC process can most effectively and productively be achieved. • The CCG will seek the support of the NECS Comms and Engagement Service and Healthwatch			
j)	That, in six months' time, the CCG and NECS submits an update/progress report, on the implementation of the proposed recommendations, to the scrutiny panel.	**CCG Response:** The CCG will provide a report as required by the recommendation.			