

## HSC Action Plan update February 2013

	<b>Recommendation</b>	<b>Plan</b>	<b>Update February 2013</b>	<b>Update November 2013</b>
1	That a protocol is developed to ensure the Joint Decision Meeting (JDM) process within the assessment of CHC remains robust to include appropriate quality assurance checks.	Establish Multi agency CHC Quality Assurance Task force to develop audit tool and quality assurance framework.	Terms of Reference developed for Health and Social Care Quality Assurance Group (see attached) which will look at audit. There are no audit tools available or being applied in the South West Region at this time.	Internal audit tool in development. This will be ratified by the Health and Social Care Assurance Group.
2	That consideration be given to the weighting of the appeals panel to reflect an independent review of the process to ensure robustness of the decision made.	Review of CHC Operational Policy in light of changes to National Framework and to take into account the NHS and Social Care Act in relation to the transition of services to Clinical Commissioning Group or Commissioning Support Services. This will include framework for panels, Appeal Panels taking into account the cessation of PCTs and	The CHC Operational Policy will be reviewed following Clinical Commissioning Group authorisation in April 2013.	CHC Operational Policy currently being reviewed to incorporate updated guidance and Funded Nursing Care. Local Appeal panels will now consist of GP Executive Leads as Chair.

		SHA for Independent Review Panel with this responsibility being moved to Sector Level( South of England).		
3	That clearer guidance on CHC and joint packages of care should be developed for use by members of the public including that the draft 'Patient Experience' flowchart compiled for the Working Group's benefit be further developed to provide simplified guidance for members of the Public and as a reminder tool of the process for those working within CHC.	CHC Quality Assurance Task Force to lead development of Patient Information in relation to CHC and FNC to ensure it is accessible, consistent and user friendly and offers appropriate signposting to advocacy and advisory services.	Patient Information will be considered as part of the Quality Assurance groups remit.	Review of patient Information will be completed by March 2013.
4	To acknowledge the existing work already undertaken in relation to training of staff and that a continual improvements programme be implemented to ensure consistency for all those involved with CHC.	CHC Quality Assurance Task Force to develop work programme and monitor	This will be a core component for the Quality Assurance Group	Training has been rolled out to social care staff regarding the revised guidance and will be commenced in January 2014 to community nursing teams
5	To ask that the Committee make a recommendation to the Children's Services Select Committee to request that information about CHC is considered as part of the Disabled Children and Adults	Disabled Child and Adults Review Team confirmed information relating to Continuing Healthcare will be considered within the scope of their review.	The disabled children and adults work will look at improving interfaces with health care providers, including CHC. As from 1 <sup>st</sup> April 2013 there will be an extended social care disability service supporting children and	Work has commenced to include Adult CHC in transition panels to ensure that potential transitions cases are flagged early and Adult CHC eligibility is established as early as possible.

	Review		young people with disabilities until the age of approx 25 (at the point of stability). This service will continue to examine this interface	
6	That the HASC Committee via a joint scrutiny exercise, review the Joint Resourcing and Joint Funding Protocol prior to consideration by Cabinet and the NHS Board.	Develop Joint Resourcing Arrangements Policy with NHS Wiltshire Commissioners (NHS Commissioning Lead representative not CHC), to progress report back to HASC.	A joint resourcing protocol has been drafted and is being tested with the CCG. This will apply to people who have a mix of health and social care needs, but who are not eligible for CHC. Work is underway between the Council and the CCG to look at the opportunities for pooled budgets for individuals with very complex health and care needs.	Work is continuing towards joint commissioning in Learning Disabilities and Mental Health. Further work has commenced to develop a process for identifying health and social care tasks and this will form part of the Community Transformation project
7	That an update report is presented to the HASC Committee on developments made in approximately 6 months from the Executive response to this report.	Update report at the end of Quarter 3 (including activity data for Q3) which informs progress and also advises on transition plans prior to NHS Wiltshire stand down prior to transfer to Clinical Commissioning Group/ Commissioning Support Services.	Activity Data will be monitored and reviewed through the Quality Assurance Group. Q3 activity data performing as expected against trajectory. Main concern relates to retrospective applications following DoH cut off as Wiltshire received 583 enquiries, of which 408 are ongoing (of this cohort 118 are alive).  CHC will transition in existing state to Wiltshire CCG from 1	Latest benchmarking data shows an increase in the last 3 quarters conversion rate. The conversion rate has been affected by the large volume of CHC positive screens which are being received. In a significant proportion of these the screen has not been completed accurately in terms of application of the criteria and there appears to be re-requests for screening from individuals who have been assessed previously as not eligible.

			April 2013 where full responsibility is retained by the CCG.	
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