

Continuing Healthcare Strategy 2017 - 19

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EXECUTIVE SUMMARY

This two year strategy for Surrey Continuing Healthcare is the culmination of collaborative working and feedback from each of the six Surrey Clinical Commissioning Groups, our partners and those who use our services. Continuing Healthcare is an important component in the NHS response to supporting those with continuing health care needs, that through appropriate support, personalisation and choice can live either independent, semi-independent or supported lives.

This Strategy, once delivered through a sound Strategic Plan will be used to reinforce, articulate and guide the team to strengthen and focus on what matters, aligned to the following strategic drivers

- Driving up quality
- Improving Integration and developing partners
- Optimising Workforce to deliver operational excellence
- Guaranteeing robust Governance
- Ensuring Value for money

The strategy focuses on five areas of priority (strategic aim); quality, integration, workforce, governance and better value. A detailed implementation plan is located at appendix 2.

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GOVERNANCE SUMMARY

Compliance:	Finance: None, strategy delivered within existing resources.
	Engagement: Wide engagement has taken place with partners.
	Formal impact assessments: To be completed pending Governing Body approval.
	Risk: N/A.
	Legal: N/A.
CCG principal objectives relevant to this paper (delete those that do not apply):	<p>P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme</p> <p>P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality</p> <p>P4) Ensure that the CCG's Organisational Development programmes support the delivery of both strategic objectives and business as usual.</p>
CCG Operating plan objectives relevant to this paper (delete those that do not apply):	<p>OP1) Implement the quality improvement strategy</p> <p>OP3) Enabling work programmes</p> <p>OP5) Delivery of other priorities</p>
CCG core functions relevant to this paper (delete those that do not apply):	<p>CSF1 Commissioning of services, including patient choice</p> <p>CSF2 Meeting required national and local performance standards</p> <p>CSF3 Improving quality, including research</p> <p>CSF4 Compliance with standards including patient safety</p> <p>CSF5 Reducing inequalities</p> <p>CSF6 Patient and Public engagement</p> <p>CSF7 Governance and leadership, including standards of conduct</p> <p>CSF10 Procurement of services</p> <p>CSF12 Adult safeguarding and associated legal duties (including mental capacity)</p> <p>CSF17 Continuing Health Care</p> <p>CSF18) Collaborative arrangements – NHS, local authority and other</p>



Continuing Healthcare Strategy 2017 - 2019

December 2016
V1.5

Version Control:

Version	Change	By who	Date
V1	<ul style="list-style-type: none"> Draft Continuing Healthcare strategy 	Lorna Hart – Head of Continuing Healthcare Steve Hams – Interim Director of Clinical Performance and Delivery	23 rd August 2016
V1.1	<ul style="list-style-type: none"> Formatting; grammatical changes; draft Executive Summary; draft Conclusion 	Jack Barton – Executive Assistant	1 st September 2016
V1.2	<ul style="list-style-type: none"> Refreshed content following feedback from the CHC Programme Board Additional Principle added Objectives for each of the Principles added Revised formatting 	Sara Barrington – Acting Head of Continuing HealthCare Steve Hams - Interim Director of Clinical Performance and Delivery	30 th November 2016
V1.3	<ul style="list-style-type: none"> Identified explicit Strategic Goals Grammatical changes Inserted implementation paragraph Diagram – Drivers and enablers 	Brenda Corby - Interim CHC Support Manager Michaela James – CHC Business Manager	1 st December 2016
V1.4	<ul style="list-style-type: none"> Revisions following approval of the CHC Programme Board Adding an action plan Strengthening the localism and integration narrative 	Steve Hams – Interim Director of Clinical Performance and Delivery	22 nd December 2016
V1.5	<ul style="list-style-type: none"> Revisions following approval from the Surrey CCG Collaborative Actions updated. 	Sara Barrington - Acting Head of CHC	22 nd March 2017

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Executive Summary

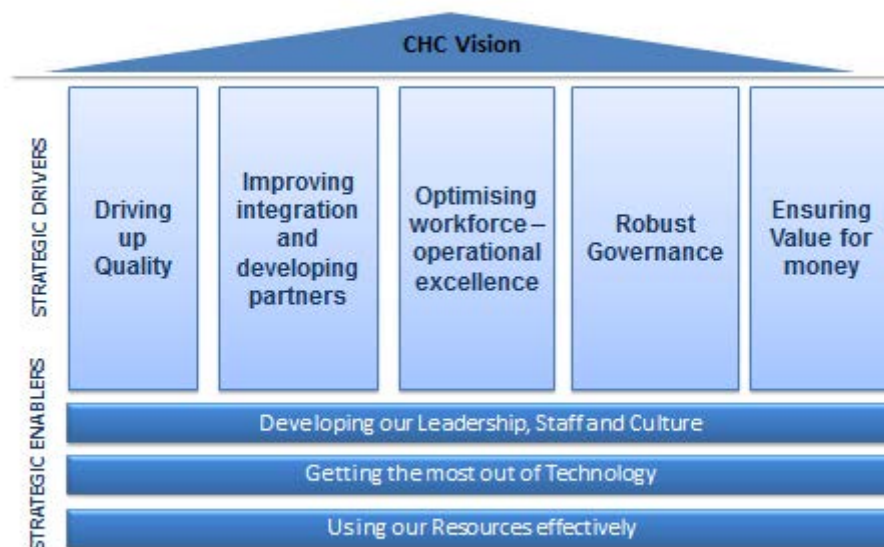
The Surrey Continuing Healthcare Team is now well placed to commit to a service-wide Strategy which will help achieve the vision, principles and Values we aspire to, supporting a focus which aligns to both national and local policy (and priorities).

This Strategy, once delivered through a sound Strategic Plan will be used to reinforce, articulate and guide the team to strengthen and focus on what matters, aligned to the following strategic drivers

- Driving up quality
- Improving Integration and developing partners
- Optimising Workforce to deliver operational excellence
- Guaranteeing robust Governance
- Ensuring Value for money

The vision for CHC is described as:

Every individual who experiences Surrey Continuing Healthcare will feel valued, heard, and acknowledged. Patients are at the heart of everything we do, we are committed to the NHS Constitution and to strive for excellence in patient service. We are a highly skilled, motivated, dedicated, and cohesive workforce who values patients, partners, and each other.



Our five strategic aims (below) describe what we want to accomplish through implementing our strategic plan. We will support the population of Surrey, to achieve and maintain the outcomes they want through working in partnership with others across our health economy. We will shape and support our committed workforce, further developing our clinical and leadership practice.

- 1 •To continuously improve the quality of services so that they are safe, with patients and carers having excellent experiences and achieving the outcomes they want
- 2 •To work as partners in health and social care to increase the value of services, making ourselves and the system sustainable
- 3 •To develop and invest in our workforce, providing sound leadership within a culture of mutual support and respect
- 4 •To ensure robust Governance, providing assurance that CHC is fit for purpose, with risks and operational performance managed
- 5 •To procure and commission services that provide 'better value' and target where efficiencies can be achieved

1. Introduction

This two year strategy for Surrey Continuing Healthcare is the culmination of collaborative working and feedback from each of the six Surrey Clinical Commissioning Groups, our partners and those who use our services. Continuing Healthcare is an important component in the NHS response to supporting those with continuing health care needs, that through appropriate support, personalisation and choice can live either independent, semi-independent or supported lives

This strategy will be used to guide a programme of Continuing Healthcare transformation over the next two years building on the work already completed to deliver better outcomes, experience and value. This transformation will be further articulated in a fully formulated Strategic plan which aligns to our 2017/2018 Operational Policy and agreed Service Delivery Model.

2. Background

Continuing Healthcare Surrey delivered through a collaborative Service Level Agreement (SLA) between six Clinical Commissioning Groups:

- NHS North West Surrey Clinical Commissioning Group
- NHS Surrey Downs Clinical Commissioning Group
- NHS Surrey Heath Clinical Commissioning Group
- NHS East Surrey Clinical Commissioning Group
- NHS North East Hants and Farnham Clinical Commissioning Group
- NHS Guildford and Waverly Clinical Commissioning Group

The main objective of Continuing Healthcare Surrey is to deliver a service that fully complies with the National Framework for NHS Continuing Healthcare and NHS Funded Care (2012) and to provide the Clinical Commissioning Groups with comprehensive assurance that they are meeting the requirements stipulated within the Framework and as evidenced within case law.

The Clinical Commissioning Groups work under a risk share agreement which is based on a three year rolling average of outturn, whereby Clinical Commissioning Groups agree to financially support Continuing Healthcare through an agreed percentage split.

Nationally, Continuing Healthcare is supported by the National Framework for NHS Continuing Healthcare and NHS Funded Care (2012)¹ and the NHS England Operating Model for NHS Continuing Healthcare (2015)². The foundations of Continuing Healthcare are based on the Health and Social Care Act (2012) whereby Clinical Commissioning Group Standing Rules Regulations have been issued under the National Health Service Act 2006 and under the Local Authority Social Services Act (1970).

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213137/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf

² <https://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf>

NHS Surrey Downs Clinical Commissioning Group hosts Continuing Healthcare Surrey which includes a team of approximately 80 whole time equivalent staff which include registered nurses, allied healthcare professionals, administration staff and the Learning Disabilities Health Care Planner Team. The total budget for Continuing Healthcare in Surrey is approximately £90 - £95 million.

During 2015/16 there were 5,872 referrals for Continuing Healthcare and 5,745 assessments completed by the Continuing Healthcare team. At the end of March 2016 there were 3,679 patients receiving Continuing Healthcare funded packages of care (2,638 Funded Nursing care, 616 Continuing Healthcare and 425 Fast Track).

Continuing Healthcare is a 'needs-led' service which commissions care for individuals who meet the criteria in the National Framework (2012). The basis of these Continuing Healthcare criteria is described as having a 'Primary Health Need'.

Individuals who are identified as having a Primary Health Need are provided care and or funding by the NHS. For individuals who are at the end of life the Continuing Healthcare Fast Track criteria are utilised to ensure appropriate care is provided and funded. For individuals entering a Nursing Home, the potential need for Funded Nursing Care is assessed which, if positive, will result in the NHS making available a weekly payment towards the cost of providing nursing care for that patient.

A small, but increasing number of patients are choosing to hold a Personal Health Budget (PHB), this allows them to commission their own services based on needs jointly agreed between the patient, their family and the Continuing Healthcare Team. Continuing Healthcare Surrey also manages specialist neurological rehabilitation, organic section 117 clients, and the Winterbourne View Health Care Planner Team. These elements of provision are closely aligned to the National Framework and national policy direction.

Continuing Healthcare can be provided in any setting. The majority of care commissioned is in a patient's home or in a nursing home or through identified specialist placements.

Continuing Healthcare is an identified commissioning function, but it remains close to patients and their families. It continues to be integral to the individual Surrey Clinical Commissioning Groups' priorities, of providing high-quality, value based care, which is centred on every patient.

Continuing Healthcare is a highly specialised service and thus requires a specialist workforce. Continuing Healthcare Surrey employs specialists in neurological rehabilitation, mental health and learning disability.

Continuing Healthcare Surrey commissions the majority of its services from the independent care sector. The sector in Surrey is facing considerable funding and workforce challenges. Surrey is not unique in this regard; however the close proximity to London provides additional challenges for attracting a high calibre workforce. The care home market has received inconsistent development over a number of years and is increasingly having to consider innovative value for money options for meeting the complex needs of patients.

Continuing Healthcare Surrey's expertise in contracting with the independent sector has built up a knowledgeable understanding of the private sector market economy both in Continuing Healthcare and domiciliary care. Continuing Healthcare Surrey is central to integration within and across communities, working with both health and local authority partners and across district and borough boundaries.

Continuing Healthcare Surrey is leading personalisation through the personal health budget process and via the Continuing Healthcare Choice Policy (2016) and review of Continuing Healthcare Operational Policy (2016).

Continuing Healthcare has delivered on the 2014 Oakleigh Review (2013) which cited 92 recommendations for improvement.

Continuing Healthcare Surrey is now ready to plan for the next phase of service development, which includes a plan to enhance current Governance arrangements, to achieve an optimal model within the near future, aiming for full implementation being realised over the next 2 to 3 years. This will take effect against a planned programme approach.

3. Intentions

Continuing Healthcare Surrey aims to meet the needs of Surrey patients by remaining compliant with national and local policy and encouraging personalisation and patient choice. We plan to achieve this objective against a background of strong governance and excellent communication.

Our compliance requirements include, but are not limited to adhering with the following National and Local policy:

National Policy

- National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (2012)
- Leading Change, Adding Value (2016)³
- NHS England Operating Model for NHS Continuing Healthcare (2015)
- The Care Act (2014)
- The Health and Social Care Act (2012)
- Five Year Forward View (2014)⁴
- The NHS Constitution (2013)⁵

Locally Policy

- Clinical Commissioning Group Operating Plans
- Continuing Healthcare Operating Policy
- Transfer of Care Policy
- Transition Policy

³ <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁵

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf

- Continuing Healthcare Choice policy

4. Surrey Continuing Healthcare vision

Our collective vision is outlined below:

‘Every individual who experiences Surrey Continuing Healthcare will feel valued, heard, and acknowledged. Patients and their families are at the heart of everything we do; we are committed to the NHS Constitution and strive for excellence in patient service. We are a highly skilled, motivated, dedicated, and cohesive workforce who values patients, partners, and each other.’

Continuing Healthcare Surrey is also committed to the 7 commitments which are the foundation of the NHS Constitution (2012):

1. The NHS provides a comprehensive service for all
2. Access to NHS Services is based on clinical need not an individual’s ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. The NHS aspires to put patients at the heart of everything it does
5. The NHS works across organizational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
6. The NHS is committed to providing value for taxpayers’ money and the most effective fair and sustainable use of finite resources
7. The NHS is accountable to the public communities and patients that it serves

5. Principles

The local principles underlying this Strategy support a consistent approach, and fair and equitable access to NHS Continuing Healthcare in accordance with the National Framework (2012).

These principles are as follows:

- Work together across boundaries to support best practice;
- Seek to integrate where appropriate to prevent duplication and to enable efficiency;
- Drive up value by collaborating through economy of scale where appropriate and understand the value of local community through health and wellbeing and the localism agenda.
- Drive up quality by being patient focused and outcome based;
- Promote the equality, diversity and inclusion of staff in exercising their roles and responsibilities and promoting effective partnership working in day to day practice.
- Act in a way which supports the rights of the individual to lead an independent life based on self-determination and personal choice.
- Recognise that individuals who are unable to make their own decisions and/or protect themselves, their assets or bodily integrity are considered in line with the principles and requirements of the Mental Capacity Act 2005 and Safeguarding protocols.

- Recognise that the right to self-determination can involve risk and ensure that such risk is recognised, understood by all concerned, and minimised whenever possible;
- Ensure that assessments for eligibility for NHS Continuing Healthcare and NHS- funded Nursing Care are organised so that the individual being assessed and their representative understand the process and receive advice and information that will maximise their ability to participate in informed decision making about their future care. Decisions and rationales that relate to eligibility should be transparent from the outset for individuals, carers, family and staff alike.

Based on these local Continuing Healthcare Principles this strategy focuses on five areas of priority, but targets 5 specific Strategic Aims (or Goals)

Areas of Priority

A Quality	B Integration	C Workforce	D Governance	E Better value
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A. Quality

Strategic Aim

To continuously improve the quality of services so that they are safe, with patients and carers having excellent experiences and achieving the outcomes they want

Quality will be driven through innovation, productivity and prevention and for this reason Continuing Healthcare Surrey will be committed to achieving delivery against the requirements set within the National Framework (2012), ensuring we are efficient with public money and tackling unwarranted variation in experience and outcomes for our patients.

Continuing Healthcare Surrey supports quality by reflecting the local Clinical Commissioning Groups' quality frameworks with a focus on:

1. Care that is clinically effective - not just in the eyes of clinicians but by the patients themselves;
2. Care that is safe;
3. Care that provides as positive an experience for patients as possible.

(NHS England 2016)

Continuing Healthcare Surrey will encourage an open, learning and transparent culture, which crosses boundaries and shares best practice, supporting innovation. Treating and caring for patients in a safe environment protecting them from harm, is a priority and is at the centre of everything we do.

Continuing Healthcare Surrey is accountable for holding providers, who are mainly in the independent and private sectors, to account if they fail to deliver high quality care. Continuing Healthcare Surrey procures services with providers through an NHS Contract Framework, to ensure compliance with set quality standards and maintains a monitoring role of performance against these standards.

Continuing Healthcare Surrey is committed to working with Surrey County Council through maximising co-commissioning opportunities where appropriate. Continuing Healthcare Surrey is driven by quality and safety and recognises that complex patient care requires standards of care that assure Clinical Commissioning Groups of best value. Without exception Continuing Healthcare Surrey will use the NHS National Contract unless there is an agreed co-commissioned contract mechanism in place.

Providers (where possible) will be incentivized through inclusion within contracts of Commissioning for Quality and Innovation (CQUIN) schemes. This will ensure incentives are directly linked to quality outcomes. For co-commissioned services Continuing Healthcare Surrey will seek to agree local incentives that can be jointly performance and contract led. Quality measures, used to incentivise providers, will include encouraging greater integration in developing networks and partnerships between Community Hubs and through matrix working.

The Team will work closely with safeguarding teams, Clinical Commissioning Groups and Surrey County Council's Quality Directorate to ensure information is shared, providers are managed appropriately, and patients remain safe. To achieve this Continuing Healthcare Surrey will ensure contractual expertise is identified within the Team and there a Communication and Engagement Strategy, is agreed with all relevant stakeholders.

The patient and carer voice will be heard through feedback, assessment and review. This will include feedback on the experience of care as well as the 'Continuing Healthcare' process employed within the service. It is expected that close liaison with patient reference groups will ensure all plans to improve service user experience, will be reviewed with actual patients and carers.

Continuing Healthcare Surrey will regularly attend Provider and Commissioner Forums, to enable information and best practice sharing. Continuing Healthcare Surrey will also seek to support productive working relationships with the Surrey Care Association, in partnership with Surrey County Council.

The commitment to ensuring better outcomes, better service user experiences, and better use of resources is articulated within 'Leading Care, Adding Value' (2016). Achieving these objectives will be realised through direct and sincere patient and staff engagement and extensive investment in workforce education and development.

We will continually strive for better outcomes for patients by completing 'individual service user placement agreement forms' where appropriate, to identify the cost of care and align this to the assessment of need. This will ensure patient needs are centre stage and the cost of care is negotiated to best effect.

We are committed to achieving the NHS Outcomes and aligning our services to both the Adult Social Care Outcomes and NHS Public Health Outcomes. We aim to achieve this through effective contractual monitoring, extending staff awareness and education, identifying and acting on lessons learnt and celebrating success. In order to achieve this, the following commitment is made, which reflects the 10 commitments to support action for nursing, midwifery and care staff and relate to the adult social care 'I' statements:

1. We will provide a culture where improving the populations health is a core component of the practice of all nursing and care staff;
2. We will increase the visibility of Continuing Healthcare;
3. We will work with individuals, families and communities to equip them to make informed choices and manage their own health;
4. We will be centred on individuals experiencing high value care;
5. We will work in partnership with individuals and their families / carer(s) and others important to them;
6. We will actively respond to what matters most to our staff and colleagues;
7. We will lead and drive research to evidence the impact of what we do;
8. We will have the right education, training and development to enhance our skills knowledge and understanding;
9. We will have the right staff in the right places at the right time;
10. We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes.

In summary we will:

- Work with partners to ensure there are robust quality assurance mechanisms in place so as to protect patients.
- Share information with Surrey system partners and the Care Quality Commission if we are concerned about the care provided within a commissioned provider.
- Develop a range of mechanisms such as the CQUIN scheme to incentivise the higher attainment of quality.
- Ensure that all commissioned providers are placed on the standard NHS Contract.
- Work with system partners to strengthen our approach to safeguarding, ensuring that where appropriate the Mental Capacity Act and Deprivation of Liberty standards are adhered too.
- Work with patients, their families and Health-Watch Surrey to better understand the experience of commissioned services.
- Ensure the assessment process for Continuing Healthcare meets the national Framework standards and timescales.
- Support a learning culture for our staff so that we can improve our services.
- Where appropriate develop and deliver innovative solutions through the use of technology and service development to better meet the needs of our patients and partners.

B. Integration

Strategic aim

To work as partners in health and social care to increase the value of services, making ourselves and the system sustainable

Continuing Healthcare Surrey will achieve integration by working collaboratively with Surrey County Council and the six Surrey Clinical Commissioning Groups via Strategic Transformational Plans to identify strategies that reflect local commissioning intentions, supported by the Five Year Forward View (2014) and the Care Act (2015).

Continuing Healthcare Surrey is committed to developing Localism Plans with our partner Clinical Commissioning Groups, to identify the 'best fit' for our services with Community Hubs and to utilise local community resources to best effect and where patients feel it matters most. During 2016 we have strengthened our presence within CCGs and are working collaboratively to deliver innovative solutions that broaden localism and integration at a local level.

Continuing Healthcare Surrey is dedicated to the value and benefits of local delivery but also appreciates the need for economy of scale, striving for the delivery of the best quality care and success in achieving the Triple Aim.

Continuing Healthcare will:

- Network with Community Hubs in a two way process to support patients;
- Integrate with acute and community hospitals discharge teams to support discharge in a timely manner and reduce length of stay;
- Identify a menu of opportunity / resource in local communities to support better patient outcomes; and
- Develop processes to share contractual performance data with other commissioners proactively.

To support accomplishing broader economies of scale, Continuing Healthcare Surrey will also work to identify further integration opportunities with Surrey County Council. It is anticipated this may be identified in:

Placement and brokerage, where appropriate, through:

- Pooling of / alignment of budgets, where appropriate – especially in relation to hospital discharge;
- Contracting for aligned patient cohorts;
- Quality assurance across the provider landscape – including implementing qualitative risk stratification measures to drive up improvement and prevent decline in quality

Integration of processes to reduce gaps in service, through:

- The alignment of decision making processes;
- Elevating the importance of 'Lessons learnt' and effective relationship management.

Continuing Healthcare will influence Clinical Commissioning Group commissioning intentions in innovative ways to utilise Continuing Healthcare functions and levers to achieve better patient outcomes.

In summary we will:

- Seek to explore the opportunities being developed through the Strategic Transformation Plans for better integration with system partners.
- Build and strengthen our relationship with Surrey County Council through developing a shared understanding and framework for working together.
- Work with CCGs to further strengthen our work on localism, ensuring that our service delivery model achieves the benefits of working at scale whilst delivering to local priorities.
- Work with Surrey County Council to consider greater alignment of market development, management and commissioning to ensure that we achieve better outcomes and better value.

C. Workforce

Strategic aim

To develop and invest in our workforce, providing sound leadership within a culture of mutual support and respect

Continuing Healthcare employs a significant workforce and has historically continued to manage other closely aligned services, but outside the National Framework (2012).

Workforce satisfaction is an integral part of a highly performing team and for this reason Continuing Healthcare Surrey is committed to equality, diversity and inclusion as a central pillar to enable better patient outcomes.

Continuing Healthcare Surrey works with the hosting organisation, NHS Surrey Downs CCG, to agree workforce strategies that are inclusive, staff and appraisal centred, championing both leadership and. being such a significant team, Continuing Healthcare Surrey has a regular turn-over of staff. It is therefore important to ensure that staff are engaged and that their experience in working within the Team is both productive and satisfying.

Continuing Healthcare Surrey is committed to all staff benefiting from regular appraisals and that talent management is capitalised through adherence to robust and comprehensive workforce policies provided by NHS Surrey Downs CCG. The management team works closely with hosting HR team and through the collaborative six Clinical Commissioning Group Quality Directorates, Health Education England's Kent, Sussex and Surrey networks, to develop training and education programmes.

It is recognised internationally and nationally that the strategic direction for nursing and allied health professional resources are at risk, as demand, the complexity of care, population and comorbidities increase. As a result, the Continuing Healthcare Surrey team will work in partnership with commissioners and providers to identify ways to pool ideas and manage recruitment processes; this may include international recruitment in the future. Administration resource is highly valued and career pathways and progression for talented staff is supported by smart appraisal objectives and commitment to team values.

Achieving a better understanding of the provider landscapes workforce, supports the commitment to developing joint Market Strategies with Surrey County Council and partner Clinical Commissioning Groups, to enable opportunities for staff migration, including housing and other workforce needs. It is recognised that the additional challenge that Surrey faces, having such a close proximity to London, the attraction of working in Continuing Healthcare Surrey needs to be maximized.

In summary we will:

- Review the shape and size of our workforce so as to meet the increasing needs and complexity of activity.
- Improve productivity by embracing technology.
- Develop our clinical and leadership practice so that our workforce is engaged and focused on delivering our mandate from Surrey CCGs.
- Recruit and retain a highly motivated workforce.

D. Future governance

Strategic aim

To ensure robust Governance, providing assurance that CHC is fit for purpose, with risks and operational performance managed

Recognising that in meeting the challenges of increasing complexity and frailty, it is anticipated that Continuing Healthcare Surrey will grow through needs - led demand. However, as Clinical Commissioning Group commissioning plans emerge via the ambitions set down in the Five Year Forward View (2014) this demand is likely to be off set, as prevention and proactive care improves outcomes.

Currently, there is no formula to define what this might look like. However, there is an expectation that Continuing Healthcare Surrey has a fundamental role to play in supporting improved integration and tailoring care through better working practices.

Continuing Healthcare Surrey expects to stay focused on the National Framework (2012) but must remain sustainable, through:

- Identifying governance structures which are fit for purpose and focused on compliance and delivery;
- Determining a business strategy, and pursuing 'best fit' to drive up efficiency, value and quality;
- Providing a transparent service to all the Surrey based Clinical Commissioning Groups;
- Identifying with our own brand;
- Developing localism, giving the freedom for Clinical Commissioning Groups to work with and influence Continuing Healthcare contracts and workforce plans.
- Taking managed risks;
- Entering into alliances and sub-contracts simply and quickly;
- Securing flexible investment funding;
- Attracting and retaining expert staff that are in short supply.

It is recognised that meeting the challenges facing the NHS, now and in the future, will require lean, agile, clinically led commissioning, enabled by expert commissioning support delivered at scale. Clinical Commissioning Groups have a responsibility to secure the best support services so as to improve outcomes for patients and secure best value for money for taxpayers.

To ensure that Continuing Healthcare Surrey is fit for purpose in the future, there is a need to review the current governance structure and arrangements, to ensure sustainability going forward. This new robust Governance Framework will need to balance allowing Continuing Healthcare Surrey the necessary freedom to deliver services aligned to the National Framework, championing localism in a transparent and cost effect way, against the need to protect the public interest and those of partner Clinical Commissioning Groups, while being adaptable to local needs and potential changes associated with local Sustainability and Transformation Plans (STP).

Continuing Healthcare Surrey's autonomy and success will be achieved by:

- Identifying the best organisational forms;
- Strong and effective local leadership;
- Meaningful engagement of staff and customers;
- Robust assurance to ensure Continuing Healthcare Surrey is fit for purpose, viable and sustainable;
- Incorporation of essential safeguards to protect patients' and taxpayers' interests and ensure that existing staff are treated fairly;

Since the implementation of turn around initiatives as a consequence of the Oakleigh review in 2013, Continuing Healthcare Surrey has delivered significant savings in support of the QIPP agenda. It is expected that further efficiencies can realised through the 'Plan, do, and review' cycle, focusing on achieving SMART outputs.

Good governance is central in order to provide assurance on compliance with the required standards, to identify and manage risk and to achieve the best care for patient. With this in mind, Continuing Healthcare Surrey's Governance Framework will remain high profile and will continue to be clearly articulated across all partner Clinical Commissioning Groups and STP. The CHC Programme Board is expected to set direction, agree an enhanced Governance Framework which reflects the points mentioned above.

The current Integrated Governance structure of Surrey Continuing Healthcare is provided in appendix 1.

In summary we will:

- Review our organisational alignment and best organisational fit to better meet the aspirations of CCGs and the emerging STPs.
- Strengthen internal governance and the management of risks.
- Develop and deliver a revised operational performance management framework.
- Continue to strengthen accountability to constituent CCGs through the CHC Programme Board.

E. Better value

Strategic aim

To procure and commission services that provide 'better value' and target where efficiencies can be achieved

As with all parts of the health and social care system there is an increasing requirement to ensure that public money is spent in a way to achieve maximum outcomes. The Surrey CCGs invest significantly in ensuring that those patients, who meet the eligibility criteria for receiving CHC or FNC, are provided with safe options to meet their care needs. In doing this it is essential that we make funding decisions based on achieving better outcomes and better value.

The Surrey Continuing Healthcare team have a good track record of delivering better value, while utilising the local care home sector our decisions on awarding packages of care are based on patient needs, using the Decision Support Tool, which is mandated within the National CHC Framework. However, we do need to ensure that we maximise through better efficiency, the funding we receive from CCGs, in order to deliver better outcomes for our patients

We will await further guidance from NHS England on any developments within 'Funding Nursing Care', following the temporary increase in tariff in 2016 from £112 to £156 per week. Any further increase in FNC funding for providers, is likely to have a significant impact on financial arrangements within the CHC Surrey Collaborative.

We believe that the way we procure and commission CHC and FNC services for our patients, could be considerably smarter. We will work with Surrey County Council, who have significantly more experience in commissioning care from the private care home sector and seek all opportunities to align our procurement and commissioning decisions.

In summary we will:

- Work with Surrey County Council to stabilise and strengthen the care home market.
- Consider targeted financial incentives to improve quality.
- Through effective contracting get the best value from the care home market.
- Develop and deliver a programme of 'better value' and efficiency.
- Work with Surrey County Council on procurement and commissioning decisions to achieve better system value.

6. Implementing our strategy

It is important that we are able to fully realise our vision and demonstrate the successful implementation of the commitments set out in this strategy.

We intend to work in partnership, with our key stakeholders to deliver this strategy, as this Strategy is a high level framework it will be supported by a range of plans and initiatives, which will each add more detail around the improvements we intend to achieve. Every year we will review both the national and local drivers for change and reset our Strategic Goals accordingly.

We believe that by using this framework coupled with robust implementation plans, we will be able to provide a high-quality, cost effective service, that meets the continuing healthcare needs of our patients across Surrey.

Appendix 2 has a detailed implementation plan.

Appendix 1

Surrey Continuing Care Integrated Governance Framework

Monthly updates provided by SDCCG
Director of Clinical Performance and
Delivery

CCG Governing Bodies X 6

NHS England oversight

Surrey Collaborative Strategy Group

Chosen delivery vehicle

Receives quarterly and annual reports
from CHC Management Team –
cascaded to each CCG's Quality
Committee

CHC Programme Board Meets quarterly

Chaired By Guildford and Waverly CCG AO

Accountable for CHC Service
Provide Strategy and Direction
Ensure planned outputs are delivered
Address escalated issues and risks

SMT meets monthly– decision
making and risk mitigations

CHC Senior Management Team

Led by Head of CHC – Meets monthly

Monitors and provides assurance for
the board

Meets weekly and reviews operational
performance

CHC Operational Meeting

Meets weekly

Delegated responsibility for operational
delivery
Provides the SMT with Assurance
Monitors Operational performance

Delivery Model

Locality Teams

- Referrals
- Assessments
- Outcomes
- Placements
- Case management
- Reviews

HUB Functions

- Retrospectives
- Appeals
- PUPoC
- Consistency

CHC Projects

- Service improvements
- QIPP delivery

Business Management

- Business management/ administration functions
- Data reporting and management functions
- Information Governance Assurance

Contract Management

- Contract negotiation and management

Financial Management

- Financial oversight, reporting and management

Key relationships /Interfaces with partners and stakeholders– 'Transforming Care Team' (HCP), Transitional Children's Service, work with Mental health commissioners and the Mental Health Trust to deliver a comprehensive service to patients subject to Section 117 of the Mental Health Act., Liaise with LA for commissioning joint packages, Participate in the CHC Patient's Forum

Appendix 2 Implementation Plan

	Owner	Actions	Update
<p><u>Quality</u></p> <p>Work with partners to ensure there are robust quality assurance mechanisms in place so as to protect patients.</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> • With effect from January 2017: Continuing Healthcare Assurance Tool (CHAT) completed by SDCCG and viewable by the collaborative partners. • Consider including CHC Contract Manager in the distribution of quality Teams meeting minutes. • By end June 2017: Review partners' existing quality assurance mechanisms, including quality assurance in care homes undertaken by LA. • By end July 2017: Develop and agree 'best practice' based on the review, including the implementation of Datix for risks and complaints management. 	<ul style="list-style-type: none"> • CHAT tool has been fully loaded and is updated accordingly. Performance monitored by Business Manager and escalated if required. • Exploring opportunity for Contracts Manager to be involved with QA visits in care homes undertaken by LA.
<p><u>Quality</u></p> <p>Share information with Surrey system partners and the Care Quality Commission if we are concerned about the care provided within a commissioned provider.</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> • By end April 2017: Hold a workshop to review existing safeguarding processes including managing information on 'soft intelligence'. • Ensure appropriate feedback to relevant collaborative partners as required and on-going reviews of the process. 	<ul style="list-style-type: none"> • Head of CHC to meet with Safeguarding Lead.

	Owner	Actions	Update
<p><u>Quality</u></p> <p>Develop a range of mechanisms such as the CQUIN scheme to incentivise the higher attainment of quality.</p>	<p>Head of Continuing Healthcare</p> <p>CHC Contract Manager</p>	<ul style="list-style-type: none"> • By end February 2017: The Contract Manager to meet with partners and providers to identify potential areas for quality improvement. • By March 2017: The agreed areas to be developed into incentivised schemes. 	<ul style="list-style-type: none"> • CQUIN incentives developed and agreed for 2017/18
<p><u>Quality</u></p> <p>Ensure that all commissioned providers are placed on the standard NHS Contract.</p>	<p>CHC Contract Manager</p>	<ul style="list-style-type: none"> • Continue maintaining the tracker of providers' contractual status, ensuring timely response and escalation if required. • Continue to include contractual information in the Quarterly Report. • By April 2017: Schedule the renewal of NHS contracts. 	
<p><u>Quality</u></p> <p>Work with system partners to strengthen our approach to safeguarding, ensuring that where appropriate the Mental Capacity Act and Deprivation of Liberty standards are adhered to.</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> • By end June 2017: Arrange a workshop with system partners and legal representatives to define the safeguarding approach and how MCA and DoLs is implemented locally. • By end August 2017: Plan the implementation of this agreed approach including dementia and other specialist training. 	<ul style="list-style-type: none"> • Head of CHC to discuss with Safeguarding Lead.

	Owner	Actions	Update
<p><u>Quality</u></p> <p>Work with patients, their families and Health-Watch Surrey to better understand the experience of commissioned services.</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> • By April 2017: Schedule regular forums with SDCCG's Patient Advisory Group. • By June 2017: Agree a first point of contact for patients and their families • From February 2017: Review the complaints and comments register, at the monthly management meetings and include in the quarterly reports. 	<ul style="list-style-type: none"> • First Forum recently held chaired by CHC Relationship Manager. Following review actions are being taken to improve the effectiveness. Meetings will remain under review. • Complaints and compliments are shared and discussed at weekly operational meetings and appear on performance dashboard. Themes beginning to emerge.
<p><u>Quality</u></p> <p>Ensure the assessment process for Continuing Healthcare meets the national Framework standards and timescales</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> • Fortnightly performance and workforce meetings scheduled for 2017. • Performance metrics are sent to system partners via the monthly dashboards and quarterly reports. • From February 2017: Include performance updates in monthly clinical consistency meetings and administration meetings. • By June 2017: develop a quality review process. 	<ul style="list-style-type: none"> • Operational meetings with SMT and wider management (Locality Leads, Office Managers, Relationship Manager, Specialist Lead, and Hub Lead) held weekly. • Performance updates added to consistency meeting's agenda. • Quality Assurance Framework being developed with plan to implement pilot audit programme by the beginning of June 2017. Audit data will be reviewed monthly and formally reported quarterly.

	Owner	Actions	Update
<p><u>Quality</u></p> <p>Support a learning culture for our staff so that we can improve our services.</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> • From January 2017: Include best practice as an agenda item for the clinical and admin consistency meetings • From April 2017: Ensure training is included in appraisals and discussed at regular PDRs and 1:1's • From July 2017: Develop training identified by the quality review process. 	<ul style="list-style-type: none"> • Best Practice added to agenda. • All appraisals must be signed off by Head of Service- once satisfied that relevant areas are covered. • Training matrix being developed. • Internal operational processes are under review to ensure best practice is consistently being applied by both administration and clinical staff. Once new Process manual is completed, staff will be trained in the new standardised processes.
<p><u>Quality</u></p> <p>Where appropriate develop and deliver innovative solutions through the use of technology and service development to better meet the needs of our patients and partners.</p>	<p>Head of Continuing Healthcare</p> <p>CHC Business Manager</p>	<ul style="list-style-type: none"> • By March 2017: Work with Broadcare to explore opportunities for joint development. • By April 2017: Establish a working party to develop a digital roadmap for the development of Broadcare and associated technology. 	<ul style="list-style-type: none"> • Business Manager liaising with Broadcare to plan the deployment of Broadweb, introducing a new 'front-end' to the patient database, enhancing ease and accuracy of use. Plan to transition to new software by June 2017. • PDB have confirmed that we can commence development of a research and development project with Broadcare to develop an electronic assessment and workflow process.

	Owner	Actions	Update
<p><u>Integration</u></p> <p>Seek to explore the opportunities being developed through the Strategic Transformation Plans for better integration with system partners.</p>	<p>Director of Clinical Performance and Delivery</p> <p>Head of Continuing Healthcare</p> <p>CCG Directors of Quality</p>	<ul style="list-style-type: none"> From January 2017: Ensure the STP planning phase includes consultation with CHC and its partners. (Three STPs could affect CHC.) Ensure STP sign-off includes the Director of Clinical Performance and Delivery. 	
<p><u>Integration</u></p> <p>Build and strengthen our relationship with Surrey County Council through developing a shared understanding and framework for working together.</p>	<p>Director of Clinical Performance and Delivery</p> <p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> Continue to meet regularly with SCC. To optimise and review the operational policy with a view to full commitment to joint working. By April 2017 accommodate two SCC Practitioners at CCG offices to improve communication between partner organisations. 	<ul style="list-style-type: none"> Bi-monthly meetings arranged between Dir of CP and D, Head of CHC, Adult Services Area Dir and Head of Continuing Care to explore joint working opportunities, strategic direction and troubleshoot. Access pass given to Head of Continuing Care for use by SCC Practitioners, hot desk space planned and agreed.
<p><u>Integration</u></p> <p>Work with CCGs to further strengthen our work on localism, ensuring that our service delivery model achieves the benefits of working at scale whilst delivering to local priorities.</p>	<p>Head of Continuing Healthcare</p> <p>CCG Directors of Quality</p>	<ul style="list-style-type: none"> By March 2017: Schedule regular update meetings with head of CHC and/or Locality Leads and CCG's Quality Leads. From March 2017: Engage with CCG's on local initiatives eg. Hydrate to ensure maximum effectiveness of initiatives and opportunities. 	<ul style="list-style-type: none"> Monthly meetings between CCG Quality Leads and Head of CHC/Locality Leads established. Local initiatives to form part of the meetings.

	Owner	Actions	Update
<p><u>Integration</u></p> <p>Work with Surrey County Council to consider greater alignment of market development, management and commissioning to ensure that we achieve better outcomes and better value</p>	<p>Director of Clinical Performance and Delivery</p> <p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> Continue joint Home Based Care working with SCC. By April 2017: Establish possible joint working with SCC on new initiatives ie. LD costs 	<ul style="list-style-type: none"> CHC Contracts Manager attends all HBC meetings. Joint commissioning planned from Oct 2017. LD commissioning by SCC scoping paper presented to March Programme Board. Approval given to proceed with working up a proposal. Looking to join e-brokerage system used by LA for sourcing home based care packages.
<p><u>Workforce</u></p> <p>Review the shape and size of our workforce so as to meet the increasing needs and complexity of activity.</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> By March 2017: Decisions about future operational structures will be informed by: <ul style="list-style-type: none"> The staff engagement feedback, November 2016 Our performance and quality metrics, Feedback from the CCGs By April 2017: Recommendations for change to be presented to Surrey CCG's. By April 2017: Plan the delivery of the operational changes to test new workforce models. i.e.. Specialist leads 	<ul style="list-style-type: none"> Review of operational service model undertaken in conjunction with feedback from staff survey. Proposed new staffing model developed which includes specialist clinical support roles. Proposed structure now awaiting approval. Some essential posts identified as business critical (e.g. Business support roles and PHB Clinical lead) are being recruited to prior to full approval of new structure.

	Owner	Actions	Update
<u>Workforce</u> Improve productivity by embracing technology	Head of Continuing Healthcare Business Manager	<ul style="list-style-type: none"> By April 2017: Include workforce in the Broadcare digital roadmap working party to ensure effective change management and engagement. 	
<u>Workforce</u> Develop our clinical and leadership practice so that our workforce is engaged and focused on delivering our mandate from Surrey CCGs.	Head of Continuing Healthcare	<ul style="list-style-type: none"> By April 2017: identify further development needs based on staff engagement feedback, November 2016 and the mandate with Surrey CCGs. Ensure full understanding of the mandate. 	<ul style="list-style-type: none"> Identified needs training underway. Specialist Broadcare training completed with further individual training planned.
<u>Workforce</u> Recruit and retain a highly motivated workforce.	Head of Continuing Healthcare Deputy Head of Continuing Healthcare	<ul style="list-style-type: none"> From January 2017: With HR establish and maintain workforce information to be reviewed monthly by the management team. By May 2017: Establish and maintain a staff matrix to plan appraisals and encourage CPD. By June 2017: Commence recruitment process for any vacant positions following presentation of proposals for organisational change to CCG's (April 2017). 	<ul style="list-style-type: none"> HR attend monthly CHC SMT meeting and report on HR specific metrics for CHC team. Office Manager has partially developed matrix. Work still to do on appraisals/CPD. Recruitment process underway for business critical posts. Further recruitment planned when structure proposals agreed.
<u>Future governance</u> Review our organisational alignment and best organisational fit to better meet the aspirations of CCGs.	Director of Clinical Performance and Delivery	<ul style="list-style-type: none"> By September 2017: Work with CCG's to identify their requirements and how to best demonstrate these. 	

	Owner	Actions	Update
<p><u>Future governance</u></p> <p>Strengthen internal governance and the management of risks.</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> • From January 2017: The risk register will be reviewed monthly and presented at the quarterly CHC Programme Board. • The risk register is maintained on the corporate Datix system and reviewed at corporate level. • From February 2017: The top three risks will be included in the monthly dashboards. • By April 2017: All (meetings) Terms of Reference to be re-written to align with SDCCG's format. 	<ul style="list-style-type: none"> • Risk actions completed. • Risk register reviewed as standing item at monthly SMT meeting • ToR's being re-written and presented in SDCCG format, expected completion and complete implementation by end April 2017.
<p><u>Future governance</u></p> <p>Develop and deliver a revised operational performance management framework.</p>	<p>Head of Continuing Healthcare</p>	<ul style="list-style-type: none"> • By April 2017: Arrange a workshop with CHC senior management team and system partners to agree content of the performance management framework. Demonstrating compliance with the National Framework, the Operational Policy and monitoring the quality/consistency of assessments. • By July 2017: Plan the delivery of this information. 	<ul style="list-style-type: none"> • Initial planning workshops have taken place in March with the establishment of a focused "task and Finish' group to develop an assurance/audit framework. • The Quality Assurance framework includes an internal audit of operational processes. As audit tools are developed they will be presented to the monthly SMT meeting for approval. The initial audit plan will be launched in June 2017. • The Quality Assurance Framework will be presented to the CHC Programme Board in June 2017.

	Owner	Actions	Update
<p><u>Future governance</u></p> <p>Continue to strengthen accountability to constituent CCGs through the CHC Programme Board.</p>	<p>Head of Continuing Healthcare</p> <p>Chair of the CHC Programme Board</p>	<ul style="list-style-type: none"> By April 2017: Update the CHC Programme Board's ToRs to reflect the change from 'Programme Delivery to 'Operational'. Provide information to system partners as required i.e. present the Annual report to each CCG's Quality Board. Attend local Boards/executives as required/ad hoc. 	<ul style="list-style-type: none"> All ToRs in final stages of review and update. Request at March board to provide dates for Annual Report to be presented to CCGs in Q1. Dashboards compiled with requested information from CCGs, will be reviewed with CCGs and adjusted accordingly.
<p><u>Better value</u></p> <p>Work with Surrey County Council to stabilise and strengthen the care home market.</p>	<p>Head of Continuing Healthcare</p> <p>CHC Contract Manager</p>	<ul style="list-style-type: none"> By April 2017: Consider future plans for possible joint working opportunities. 	
<p><u>Better value</u></p> <p>Consider targeted financial incentives to improve quality.</p>	<p>Head of Continuing Healthcare</p> <p>CHC Contract Manager</p>	<ul style="list-style-type: none"> By February 2017: With system partners, develop CQUINSs and other financial incentives. By March 2017: Launch CQUIN scheme to providers – care homes. By June 2017: Include incentives in future Home Based Care KPIs. 	<ul style="list-style-type: none"> CQUINS agreed for 17/18. Comms to providers by 27/03. Work on-going in developing incentives for HBC KPIs.
<p><u>Better value</u></p> <p>Through effective contracting get the best value from the local market.</p>	<p>Head of Continuing Healthcare</p> <p>CHC Contract Manager</p>	<ul style="list-style-type: none"> By April 2017: Implement the ABI/Neuro Rehabilitation framework. On-going analysis and re-negotiation of High Cost, Low Volume Placements. 	<ul style="list-style-type: none"> Meeting with potential providers arranged for 10/04 (partnership with Hants) HC/LV reviews continue.

	Owner	Actions	Update
<p><u>Better value</u></p> <p>Develop and deliver a programme of 'better value' and efficiency.</p>	<p>Head of Continuing Healthcare</p> <p>CHC Contract Manager</p> <p>CHC Business Manager</p>	<ul style="list-style-type: none"> • Continue reviewing rationale for high cost placements • By February 2017: Check consistency in decisions for FNC and FT • Monitor for trend analysis and consider improving the review process. • By March 2017: When undertaking assessments, utilise the opportunity to re-visit patients in the same location. • By February 2017: Monthly patient lists to be identified by location. 	<ul style="list-style-type: none"> • All high cost placements only signed off by B8 after scrutinising rationale and considering alternative placements. • FT decisions through duty desk scrutinised by B7. Plan to recruit FT specialist within team. • Bookers arranging multi co-location assessments where appropriate.
<p><u>Better value</u></p> <p>Work with Surrey County Council on procurement and commissioning decisions to achieve better system value</p>	<p>Head of Continuing Healthcare</p> <p>CHC Contract Manager</p>	<ul style="list-style-type: none"> • Continue to participate in joint meetings regarding the evaluation of services and future directions. 	