

<b>Title of paper:</b>	<b>Review of Continuing Health Care</b>
<b>Meeting</b>	Governing Body 31 <sup>st</sup> January 2014
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<b>Purpose</b>	To Agree	
	To Advise	
	To Note	

**Development:** The review was undertaken using independent consultants who used a variety of methods such as audit, interviews, stakeholder consultation and process mapping. This was shared with other CCGs within the collaborative and a governance process establish to take forward the findings for implementation.

### **Executive Summary and Key Issues**

The aim of the review was to ensure that the service meets its aspirations of providing a high quality, personalised and cost effective service for the local population. It also considered the wider commissioning context and local health and well-being priorities. The three questions were:

- Is the existing service fit for purpose, compliant and does it offer value for money?
- Is the existing model right? Is it properly resourced and are resources deployed effectively?
- How does the existing service perform and how do others do it?

The review produced 94 findings which can be summarised under the following key headings:

- Heavy reliance on paper-based systems and administration and some overly bureaucratic processes
  - Weak assurance systems in some areas
  - Lack of robust performance management processes
  - Some issues around compliance with the National Framework
  - Limited quality assurance around placements
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- Issues around information management
- Lack of strategic leadership
- External relationships need to be improved
- Lack of insight and challenge outside of the team
- Poor contract negotiation
- Lack of service user engagement
- Patient not always at the centre
- Team perceived as inaccessible
- Poor relationships with local authority

Options considered were:

- Service continues in current format
- Local authority joint model
- Variation of the existing model
- Implement an alternative model (hybrid of best practice) and move to closer integration

**Based on review findings and recommendations, on 21st November 2013 the CCG Collaborative agreed model 4 as this would bring real benefits for patients and commissioners.**

Next steps:

- Agree an Operational Policy that will enable the service to move towards compliance with national guidance and best practice
- Identify and agree preferred model for 'locality' service provision ensuring equal access to CHC across Surrey for service users
- Agree a Single Eligibility process involving clinicians from CCGs to support CCG verification of MDT recommendations (Panel and/or clear process)
- Develop a training plan for providers to implement the Operational Policy across providers and increase greater understanding of CHC process

<b>Recommendation(s):</b> To note
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<b>Attachments / references:</b> CHC Slide Pack
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### **Implications for wider governance**

<b>Quality and patient safety:</b> Of central relevance to patients and carers who are clients of the CHC team
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<b>Patient and Public Engagement:</b> Has been incorporated into the review process
<b>Equality Duty:</b> Although no formal Equality Impact Assessment has been conducted, there is no evidence that the review's process or findings disadvantage any of the nine groups with protected characteristics described under equality legislation. The move to more local working should mean that responsiveness to equality issues is enhanced.
<b>Finance and resources:</b> Significant – the expenditure in this area is approximately £90m and the requirements for best value are high.
<b>Communications Plan:</b> This paper is available on the CCG's website and other communications activities have taken place as part of the review.
<b>Legal or compliance issues:</b> There are specific national compliance issues associated with this area and monthly returns to NHS England are undertaken. Also key to CCG's requirement to break even.
<b>Risk and Assurance:</b> Assurance Framework 2.7 and 4.5 relate to risks of collaboration and the risk that the CHC review does not achieve its objectives.

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# Continuing healthcare review

## Progress to date and next steps

# Where we started

- Following the NHS reforms, since April 2013 **Surrey Downs Clinical Commissioning Group (CCG)** has hosted the **Surrey continuing healthcare service** on behalf of Surrey clinical commissioning groups
- To ensure quality and safety and value for money, **the Surrey CCGs commissioned an independent review** of the service.
- **The aim of the review was to ensure that the service meets its aspirations of providing a high quality, personalised and cost effective service** for the local population. It also considered the wider commissioning context and local health and well-being priorities including:
  - Improving older adults' health and well-being including more support for patients who need end of life care
  - Developing a preventative approach with partners to ensure services are more closely integrated and provided closer to home
  - Safeguarding the local population and ensuring the needs of vulnerable adults are being met

# What the review asked

- Is the existing service **fit for purpose, compliant** and does it offer **value for money for our local population**?
- Is the existing **model right**? Is it properly **resourced** and **are resources deployed effectively**?
- How does the existing service **perform** and **how do others do it**?

# What the review considered

- **Performance and compliance**
- **Governance and assurance**
- **Processes**
- **Contracting and procurement**
- **Patients with complex needs**
- **Complaints and safeguarding**
- **Stakeholders and partnership working**
- **Team and staffing**

# The review process

- **Independent review** led by Oakleigh Consultancy
- Review team **spoke to 85 individuals** (including 40/70 CHC team members)
- **Reviewed data** and spoke to identified benchmarking sites
- **Audited 70 case files**
- **Mapped current processes**
- **Attended operational meetings and a joint panel**
- **Hosted a stakeholder day** with 50 participants
- **Reviewed findings from previous reviews**

# Headline findings

- **Heavy reliance on paper-based systems and administration** and some overly bureaucratic processes
- **Weak assurance systems** in some areas
- **Lack of robust performance management** processes
- **Some issues around compliance** with the National Framework
- **Limited quality assurance** around placements
- Issues around **information management**
- **Lack of strategic leadership**
- **External relationships need to be improved**
- **Lack of insight and challenge** outside of the team
- **Poor contract negotiation**
- **Lack of service user engagement - patient not always at the centre**
- Team perceived as **inaccessible**
- **Poor relationships** with local authority

# Review recommendations

- **94 recommendations** in total

Key themes:

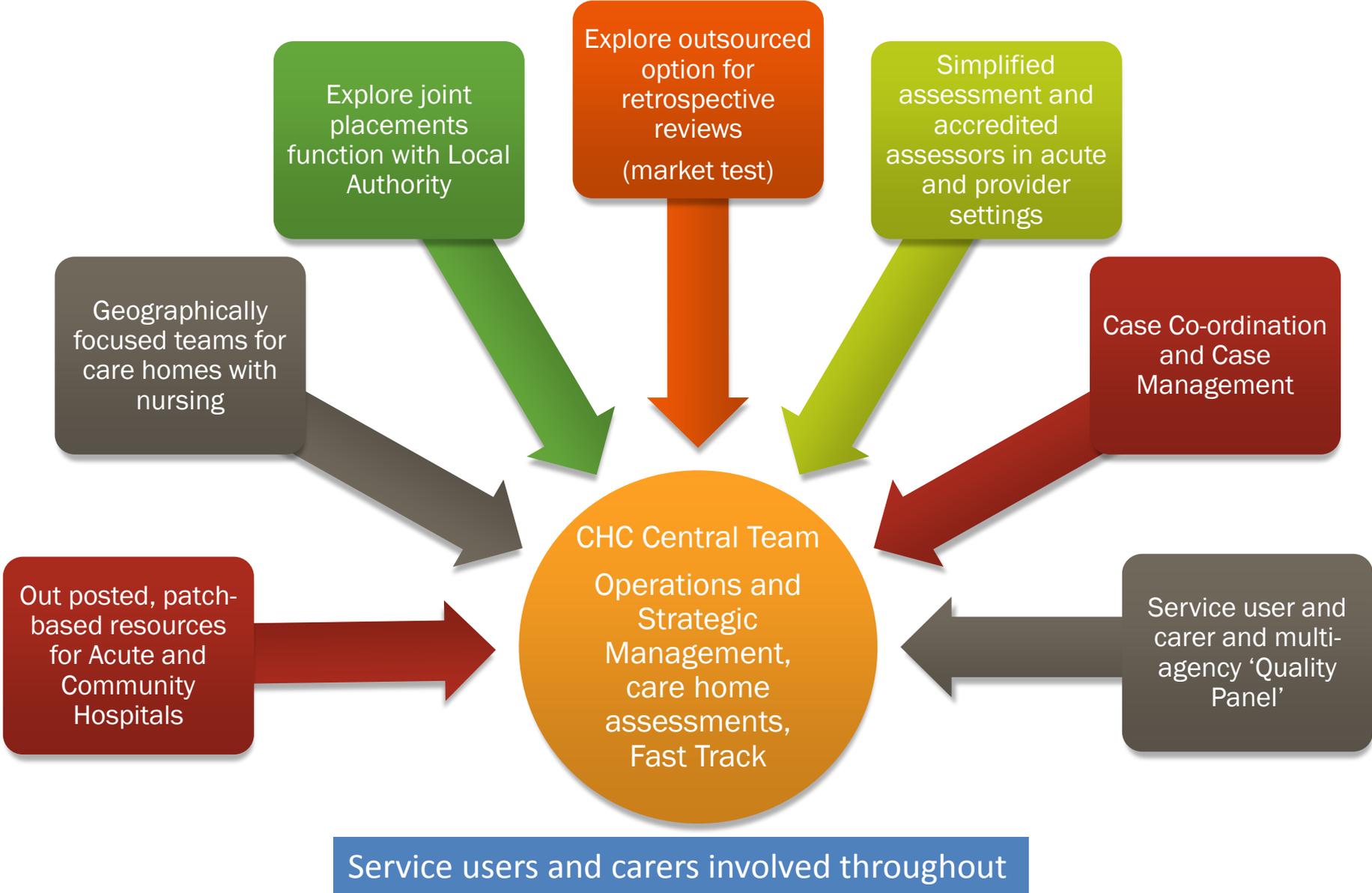
- **Service users and carers should be more actively engaged** in planning and decision-making
- **Processes need to be streamlined** to ensure effective and timely assessment in line with the national framework
- To develop improved partnership working, **teams should have a geographical focus**
- To improve efficiencies and effectiveness, **some back-office contracting functions should be integrated with the local authority**
- **Opportunities for assessing clients following rehabilitation need to be maximised**, with greater focus given to assessing clients in the most appropriate care setting

# Options considered

1. Service continues in current format
2. Local authority joint model
3. Variation of the existing model
4. Implement an alternative model (hybrid of best practice) and move to closer integration

**Based on review findings and recommendations on 21 November  
CCG Collaborative agreed model 4**

# The hybrid model



# Benefits of this model

- **Better outcomes for patients, families and carers**
- **Improve quality of referrals**
- **Improve timeliness of decision making**
- **Compliance with national guidance and best practice**
- **Better value for money** and reduced financial risk
- **Performance orientated**
- **Better for staff:** job satisfaction, closer to patients, job security etc.
- **Improved partnership working**
- A more open and transparent process with **improved scrutiny and quality monitoring**
- **Reduction in CHC related delayed discharges**
- **Supports move towards health and social care integration and Personal Health Budgets**

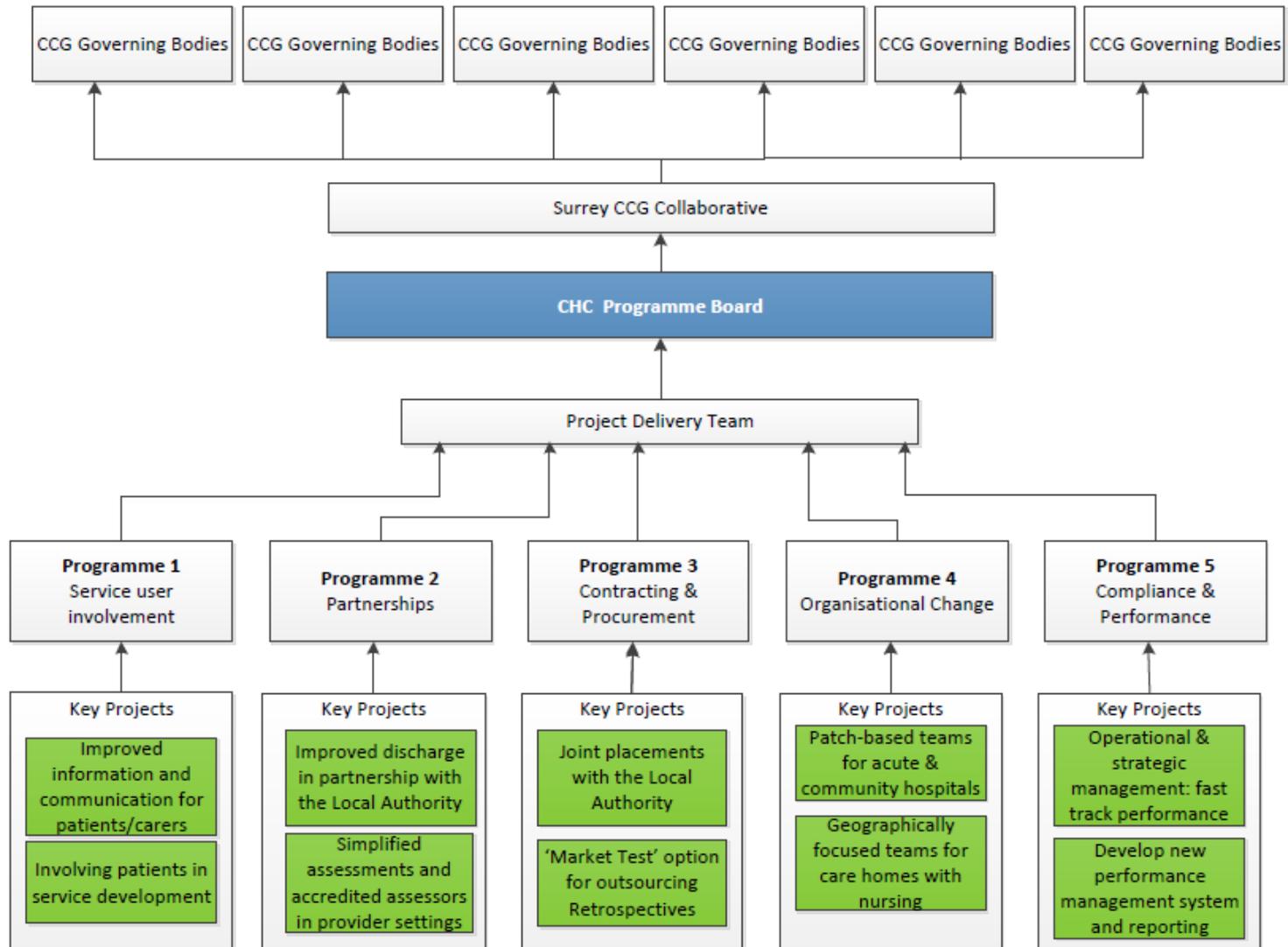
# What we have achieved so far

- **A summary report including the review recommendations has been developed and shared** with CCG partners, NHS and social care colleagues and Surrey stakeholders
- **A Programme Board has been established** with representation from the Surrey CCGs, Healthwatch, local NHS providers, social care and Surrey and Sussex Area Team to oversee delivery of five specific programmes:
  - Organisational change
  - Service user involvement
  - Contracting and procurement
  - Partnerships
  - Compliance and performance
- **A Programme Delivery Group is established** to oversee day-to-day delivery

# What we have achieved (continued)

- The **94 review recommendations have each been aligned** to the 5 programmes with **each programme having a clinical and management lead**. Key areas of work are progressing i.e. developing locality working, draft Operational Policy, reviewing and changing current systems and processes to reduce delays in assessment, nurse recruitment
- **An interim and experience programme business manager and senior nurse lead have been recruited** to lead the process. SDCCG aligned resources to projects
- A **communications and engagement plan** has been developed
- **Detailed programme and project plans** will be completed by Friday 31<sup>st</sup> January 2014 to focus delivery of recommendations
- **Ongoing staff engagement** (and consultation as required)

# The governance framework



# Next steps

Between now and April 2014 we will:

- **Agree an Operational Policy** that will enable the service to move towards compliance with national guidance and best practice
- **Recruit more nurses** to address backlog
- **Identify and agree preferred model for 'locality' working** ensuring equal access to CHC across Surrey for service users (enhancing relationships with partners, specifically Local Authority)
- **Agree a Single Eligibility process** involving clinicians from CCGs to support CCG verification of MDT recommendations (Panel and/or clear process)
- **Develop a training plan** for providers to support implementation of the Operational Policy and increase greater understanding of CHC process
- **Still meet key day to day challenges** (winter pressures, Personal Health Budgets, backlog and retrospectives, safeguarding)

# Immediate challenges

- **Operational Policy has implications across the health and social care system** and would require significant change to current ways of working. A lot of work is required to **clarify processes with providers on changes to process** and expectations of actions required by providers
  - **Retaining our local workforce whilst agreeing and implementing our emerging 'locality' model.** Significant cultural and management of change issues
  - **Managing competing priorities impacting across all areas of CHC:**
    - Backlog of initial assessments in nursing homes (400+)
    - Introduction of Personal Health Budgets
    - Locality modelling
    - Winter pressures
- (Competing priorities pull experienced resources away from the core team)
- **Recruitment of staff with the right skills and experience is proving difficult** and is being addressed through an extensive recruitment campaign

**Thank you for your time**

**Any questions?**