HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health and Adult Care Scrutiny Committee held on 3rd May 2013 in the Acorns Room, Park Lane Centre, Park Lane, Woodside, Telford TF7 5QZ

PRESENT:
Councillors D. White (Chair), V. Fletcher , J. Loveridge, J. Seymour, C. Turley, Co-optees R. Shaw, J. Gulliver, Ralph Perkins, J. Gulliver and D. Davies.

Also Present**:** Cllr. A. England, M. Kelly (Shropshire Partners in Care) and F. Bottrill (Scrutiny Group Specialist)

HACSC-44 MINUTES

RESOLVED - The minutes of the previous meetings of the Health and Adult Care Scrutiny Committee held on 25th March 2013 be agreed as an accurate reflection of the meetings and signed by the Chairman subject to the following amendments on page 4 paragraph 5 " people did" and page 5 paragraph 3 "of supporting".

HACSC-45 APOLOGIES FOR ABSENCE

None

HACSC-46 DECLARATIONS OF INTEREST

Cllr. Seymour declared an interest as a Member of the Health and Wellbeing Board.

The Chair thanked Cllr. Seymour for her work on this report and as a valued Member of the Committee.

HACSC-47 SCRUTINY REVIEW OF CONTINUING HEALTHCARE IN TELFORD AND WREKIN (APRIL 2013)

The Chair set out that the report will be presented to the CCG Board on the 14th May and the Health an Wellbeing Board on the 15th May. He reported that Cabinet Members were very supportive of the report. He had met with the CCG the previous week to discuss the report and recommendations and that their response had been

more positive than at the last Committee meeting. The Scrutiny Committee has carried out its work and come to conclusions and recommendations – it will now be for the 2 organisations to consider these and negotiate a way forward – it will be the responsibility of the Health and Wellbeing Board to ensure that this issue is resolved. A report will then come back to the Scrutiny Committee from the Health and Wellbeing Board setting out the Board's response.

The Chair stated that this report had been a good piece of work which considered the impact of the changes in Continuing Healthcare funding on individuals and the Council.

Cllr. Seymour commented that she would have liked the recommendations to be worded more strongly that the CCG 'must' but she recognised that what is important is how the recommendations are implemented and this will reported to the Committee.

Cllr. Fletcher added that it is the Scrutiny Committee's duty to ensure that these recommendations are implemented. The Committee has the power to refer to the Secretary of State. She said that following the Chair's discussion with the CCG she was confident that the recommendations will be implemented.

The Chair recognised that the report did not cover every aspect of CHC funding but it had been important to raise the issues that had been identified and link this to the wider discussions that were taking place.

Cllr. Fletcher reported that the effect of strokes on mental health have been reported recently and that this links with recommendation 10 in the Scrutiny Report.

The Chair thanked M. Kelly for attending and asked for any comments from Shropshire Partners in Care on the report.

M. Kelly responded that she thought the report was excellent and it identified the important issues. In her view the report was well balanced but hard hitting. She said that SPIC will be interested to know how the recommendations will be implemented over the next 6 months.

F. Bottrill reported that the CCG had not been asked to provide a written response to this meeting as it will be presented to the CCG Board later in the month. While there have been discussions with the CCG it is difficult to anticipate their full response. During the discussion the previous week the CCG did question some of the content of the report but reported that they did not have problems with the majority of the recommendations. The CCG did question the evidence regarding the level of funding.

The Chair commented that some funding that had previously been recorded as part of

CHC now came under mental health services – but this did not account for the reduction in CHC funding over the last 3 years.

Cllr. England said that he had been the Cabinet Member for Leisure and Wellbeing for 2 years and was a member of the Health and Wellbeing Board but that there will be some changes in Cabinet roles and he had come to this meeting to learn. He stressed the importance of the link between health and exercise and he had experience of working in health and social care and he recognised the need for the Council to make savings and hit targets. He made two comments on the report:

Firstly that the report put the patient first – which he commended.

Secondly that this is a very complex area - he referred to page 17 which set out guidance on primary health needs.

He added that the increase in the number of older people is also an issue for local services.

Cllr. Fletcher said that she recognised the importance of the link between health and exercise but was concerned that the healthy walks were being stopped. The Chair also expressed concern at this.

Cllr. England said that he had been involved in the development of the exercise on referral scheme and as Cabinet Member for leisure service had to make savings and generate income. He also recognised the role of arts and entertainment for example with older people and dementia. He said there was a need to have discussion with voluntary groups about how the walks are set up. Dr. Bird, an expert in this area, will be making a presentation to the next meeting of the Health and Wellbeing Board.

A discussion followed about the walking groups it was recognised that there were successful groups at Asda in Donnington. J. Gulliver asked how training for the walk leaders and insurance would be paid if funding is withdrawn. The Chair said that there is a need to understand the costs and options.

Cllr. Fletcher asked if all Scrutiny reports go to Cabinet?

The Chair said that this is not essential.

F. Bottrill responded that the Health and Wellbeing Board has been established as a Committee of the Council and the issues on the CHC report are within the remit of this Committee. It was agreed that the procedure to will be confirmed with the Monitoring Officer.

RESOLVED:

a) **That Committee unanimously approve the report and recommendations**

b) **That the report be presented to the CCG Board and Health and Wellbeing Board.**

HSCSC-48 SCRUTINY REVIEW OF MEALS ON WHEELS

The Scrutiny Group Specialist reported that at the scoping meeting for this review it was agreed that the work of the Scrutiny Committee would focus in ensuring that the views of volunteers and service users are part of the review of this service. To achieve this it had been agreed that Members would hold a meeting with volunteers from the RSV and carry out interviews with service users.

Following the scoping meeting further suggestions had been made to:

- Open up the opportunity to all Members, including Cabinet Members to take part in the interviews
- To look at how the Meals on Wheels service link to the other work of RVS volunteers e.g. the Good Neighbours Scheme.

It was agreed that these points will be incorporated into the review. Following a discussion about the interview procedure it was also agreed that :

- All Members who take part in this work will be briefed before carrying out interviews.
- That where possible interviews will be carried out by Members and co-optees in pairs so one person can make notes of the interview.
- That a questionnaire schedule is drafted and will focus on the meals on wheels service but there will be an open question at the end to ask if there are any other issues the interview wants to raise.
- That any issues that require a response will be reported to the Scrutiny Group Specialist who will collate these and pass the issues to the Senior Management Team to respond to appropriately. Any urgent issues will be referred to the relevant officer immediately.

RESOLVED – that the scope of the Scrutiny Review on Meals on Wheels be amended.

HACSC – 49 SCRUTINY WORK PROGRAMME

The Chair reported on the work of the Joint Health Overview and Scrutiny Committee with Shropshire which is a sub- committee of the Health and Adult Care Scrutiny Committee. He set out that the priority for this committee was scrutinising hospital services and ensuring that the two hospitals in Shropshire and Telford and Wrekin are sustainable. The Trust has declared 3 Level 4s in the last year and is being monitored closely. The Scrutiny Committee must make sure that it is scrutinising this thoroughly. The Chair reported that he had spoken to the Leader of the Council and the Chief Executive. Scrutiny of the hospital services is a major piece of work and it is important that other areas of Scrutiny do not suffer. It was recognised that the issues facing the local hospital Trust are reflected around the country.

D. Davies asked about the need for the NHS Trusts to achieve Foundation Trust (FT) status.

The Chair responded that he had been informed that the Trust is focusing on getting service right before pursuing FT status.

R. Shaw asked if the scrutiny of the hospital trust is the role of the Joint HOSC or the Health and Adult Care Scrutiny Committee.

The Chair responded that in relation to Scrutiny it is the role of the Joint HOSC – but the Health and Wellbeing Board has a role as well. It is important that this does not become a divisive issue between the Local Authorities. The strength of the Joint HOSC has been that Members from both authorities work together. It is important the hospital Trust and Community Trust work together.

R. Shaw commented that finance is a key issues and that there will be implications from the intervention at Mid Staffordshire hospital.

Cllr. Seymour asked why there had been such an increase in demand for A&E when there were no epidemics?

The Chair said that the Scrutiny Committee cannot wait any longer for answers – the Committee needs to start asking the right questions.

Cllr. Fletcher said that it is important that the Committee has the facts and figures and that the problems are clearly identified.

The Chair said that there is a huge amount of work being carried out following the previous reconfiguration but the patient survey showed low satisfaction and the staff survey showed low morale.

J. Gulliver said that she had been involved in visiting 3 wards in Telford over 3 weeks and that this will result in improvements.

The Chair said that the role of care homes will be increasingly important in hospital discharge and it is important that staff have relevant training on dementia. He referred to the work the Committee had previously undertaken on dementia.

M. Kelly informed the Committee that SPIC and the Local Authority have been involved in dementia leadership training but that the hospital did not take part.

Cllr. Fletcher raised concerns about the bed capacity at the Trust following bed closures. She was also concerned about the cost of prescriptions being passed on to patients who are told to go to the GP to get a prescription rather than the medication being provided by the hospital.

Cllr. Seymour commented that the occupancy rate at the hospital is too high and that there is a need for the Joint HOSC to consider Shropshire Adult Care services.

The Chair reported that the Shropshire HOSC is starting an inquiry into Continuing Healthcare.

Cllr. England said that he was aware of some care homes that have made a lot of money by providing services to local authorities.

M. Kelly said that many care homes are struggling and are working hard to take patients who are in hospital as early as possible but it is important that the care homes get all the relevant information from the hospital when a patient is discharged.

The Chair said that he was aware that the Local Authority had negotiated hard when agreeing contract with care homes. During the review the Committee had found that some patients remained at care homes even when the funding does not cover the full cost of care. If care homes in Telford close then people will need to go out of county.

Cllr. Fletcher said that some care homes are not for profit organisations and have been subsidising care but cannot do this indefinitely.

With regard to the other issues on the Committees work programme it was agreed:

- The Committee agreed to receive a report on Healthwatch at a future meeting

and that J. Gulliver will continue as a co-opted member.

- Transition of Public Health – A report will be requested to a future meeting once the Director of Public Health position has been appointed.
- Draft Comments on the Quality Accounts for the West Midlands Ambulance Service, the Shropshire Community Health NHS Trust and the Shrewsbury and Telford Hospital NHS Trust will be circulated for comment.
- The Committee will scope work on mental health at a future meeting
- The scrutiny suggestions regarding homelessness will be referred to the Housing, Economy and Infrastructure Scrutiny Committee
- The scrutiny suggestion regarding child poverty will be referred to the Co-operative and Communities Scrutiny Committee as part of the work on the impact of welfare reform.
- Following a discussion at Scrutiny Management Board the Chair of the Health and Adult Care Scrutiny Committee agreed to write to the CCG regarding the provision of out of hours pharmacy services in south Telford.

RESOLVED - the Scrutiny work programme be amended to include the above comments.

The Meeting ended at 12.03 pm

Chairman: .....

Date: .....

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31 May 2013

Cllr Derek White
Chair Health and Adult Social Care Scrutiny Committee
Telford and Wrekin Council
Darby House
Lawn Central
Telford TF3 4JA

Dear Councillor White

Scrutiny Review of Continuing Healthcare in Telford and Wrekin

Thank you for attending the CCG Governance Board public meeting on 14th May 2013 to share the report from the Health and Adult Care Scrutiny Committee.

The CCG has taken the scrutiny report very seriously and has considered its response after discussion and consultation. As discussed, we welcome the interest in this matter by the Committee as we are continually reviewing our services to ensure they meet both the needs of our population and our statutory responsibilities as a new CCG.

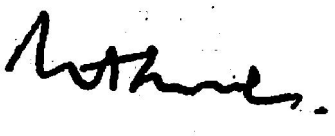
Please find enclosed the CCG's formal response to the document and its recommendations.

We believe that the report brings together a range of information from various sources in a way that does not describe the situation as clearly or effectively as is necessary. This has then led to some recommendations whose wording we cannot accept.

However, in large part, the CCG is able and content to support the recommendations.

We are happy to discuss this response further should this be required and ask that the CCG team's willingness to work with all partners in a positive and productive manner is duly noted by the Committee, this can only serve to benefit our population.

Yours sincerely



Dr Michael Innes
Chair

Enc

Cc Fiona Bottrill

NHS
Telford and Wrekin
Clinical Commissioning Group

29th May 2013.

Formal Response from Telford and Wrekin Clinical Commissioning Group to Health and Adult Care Scrutiny Committee Report on Continuing Healthcare.

Introduction

The Telford and Wrekin Clinical Commissioning Group (CCG) has received a report from the Telford and Wrekin Health and Adult Care Scrutiny Committee in relation to NHS Continuing Healthcare (CHC) in Telford and Wrekin. This report was formally presented to the Health and Wellbeing Board on 15th May 2013.

A draft response to the report was prepared in consultation with the Regional Lead for CHC from NHS England and the CCG's solicitor, to enable full consideration and discussion at the CCG Governance Board's public meeting on 14th May 2013.

The CCG welcomes the Scrutiny Committee's interest in this area and has given full consideration to the contents of the report as all are keen to ensure that that potentially vulnerable individuals receive the care required to meet their needs.

The CCG is though, very concerned about the content of this report, in that it would appear the Committee do not appreciate the legal framework that the CCG is required to operate within, failure to do so could result in Judicial Review.

Furthermore, the Committee has referred to unsubstantiated issues and evidence in the report that the CCG previously had not been informed about and is still unaware of, such as staff and patient concerns.

The CCG considers this report is presented in a one - sided manner by the Committee without due consideration given to submissions by the CCG.

The CCG is clear that the National Framework for Continuing Healthcare (2012) is appropriately adhered to and implemented in the spirit for which it is intended. The CCG has assurance of this via several mechanisms:

- external peer review of 45 cases selected by the LA
- review of challenged cases at the Independent Review chaired by NHS Midlands and East.
- Internal audit of CHC carried out in August 2012- "significant assurance" given

The CCG, as a new organisation, has given a real commitment to work with the Local Authority (LA) and others to build effective working relationships.

2.0 The Content of the Report and the CCG's response

2.1 - Page 2

The historical description of how continuing healthcare (CHC) has developed is accurate within the introduction of the report. The Government sought to try to apply a consistent framework across the NHS for the consideration of when the NHS should pay for a person's care.

The National Framework for Continuing Healthcare was introduced in 2007, revised in 2009 and again in 2012.

CHC process is about whom pays for a persons care. It's not about "cost shunting" to either the Local Authority or the individual.

In simple terms, the process involves a holistic view of an individual's overall needs to determine their health needs and their need for personal and social care. (Personal care being washing, dressing, mobility and moving, nutrition, elimination needs, maintaining a safe environment.)

This process of review will lead to a determination of whether a person's needs are primarily for health care (and not personal and social care). If so, then the NHS is responsible for meeting the entirety of their care costs - including those that support social care activities to meet that persons assessed needs.

2.2 - Page 3

Reference is made of the report to Funded Nursing Care (FNC) being:

"applied to each nursing home resident whether or not they had been assessed as meeting CHC criteria"

This is factually incorrect- each person is entitled to have a CHC assessment if their level of need, as identified on the screening tool, triggers the need for a full assessment. CHC eligibility should be considered first, then if criteria not met Funded Nursing Care to be considered. FNC is not an automatic right if an individual is placed in a nursing home, but awarded when the level of assessed needs are duly considered.

2.3 - Page 7

"CHC Funding in Telford and Wrekin"

The national benchmarking across England commenced in 2009/2010. At this time guidance on data submission was unclear and PCTs did not readily have information in the required format to submit. This resulted in widely different data sets being submitted across the country. All reports from this data still carry with them a "health warning".

What the PCT did at this time, was to realign expenditure that was previously within CHC expenditure to the appropriate budget line e.g. supports for

patients receiving NHS funding as a result mental health formal detention (section 117) was removed from the CHC expenditure and moved to the PCTs mental health lines. In essence the PCT continues to fund this care for patients but not from the CHC budget. In the accounts this realignment of expenditure will demonstrate a reduction in CHC funding but an increase in the resulting PCT spend on mental health care.

A further example is evident in the increase of specialist placement costs:

2009/2010	2010/2011	2011/2012	2012/2013
£1.356m	**£1.744m**	**£1.724m**	**£1.85m (FOT)**

Therefore the reported 73% reduction in CHC expenditure is not an accurate reflection of PCT (now CCG) expenditure in relation to ongoing care funded by the NHS. Furthermore, this figure does not reflect additional funding given to the LA to support care of individuals in Telford and Wrekin.

The point made at the meeting was that comparisons are not easy to make across the country as each CCG will commission services that support individuals in a different way e.g. some areas fund 24/7 community nursing teams and have a resultantly low incidence of CHC in their population.

It must be made clear that Graph 1 within the report (page 11) is incorrectly referenced and as such is misleading. The graph relates to the number of individuals funded per 50,000 population and not to the “comparative funding rates” as referenced. It must be noted that the NHS does not cap the cost of care if a patient is awarded NHS CHC funding, but care is funded aligned to assessed need.

2.4 - Page 8

The numbers include all eligibility decisions made by clinicians and Multi disciplinary teams accepted by the CCG. This will include those individuals who received care for a short period e.g. via the fast track process and who may have subsequently died, as well as those in ongoing receipt of funding.

2.5 - Page 9

The PCT and now CCG have supported the Local Authority with the costs of care for individuals through use of additional funding in this and previous years. The LA then applies its Fair Access to Care criteria to determine whether individuals are required to funding their own care or not. There is no requirement on CCGs to support LAs in this way; in fact the NHS cannot lawfully pay for social care unless the individual is in receipt of CHC.

External peer review was requested by the LA and jointly agreed terms of reference and the process for the review were produced. The cases reviewed were selected by the LA and the review team reported appropriate application of the NHS national framework. The LA subsequently stated this was flawed. This comment is not agreed by the CCG.

2.6 - Page 10

Shropshire Partners in Care letter has not been shared with the CCG. It must be noted that all nursing homes/companies are businesses and do not provide services free of charge. Each home is required to ensure that it can meet the needs of each patient placed with it within the quote agreed – there is a process in place that should the needs of an individual change (which may result in higher costs) then a request for a clinical review can be made. The CCG works with SPIC to agree contract processes and costs and are happy to discuss concerns should they arise.

As reiterated at the meeting with the Health and Adult Care Scrutiny Committee there has been no agreed change in policy that would warrant a consultation process; the PCT was responding to changes in the revised national framework which was consulted on nationally.

2.7 - Page 11

Issues identified by the Committee

The CCG wishes to reiterate that patients and families are engaged in the process of assessment aligned to the national framework and practice guidance wherever possible.

The principles of the Mental Capacity Act need to be applied before discussing personal health issues with family members and this is explained to individuals when consent is taken for the process to begin.

National CHC information booklets are used and staff in the hospitals and community nursing teams are encouraged to attend training, which the CCG provides, to help them understand their roles in the assessment process.
The capping of care costs is not an issue for the CCG. The CHC process takes no account of an individual's ability to pay. This is carried out by the LA.

2.8 - Page 12

The Executive Nurse for the CCG would want to know about instances where the Complex Care Team, or indeed any member of CCG staff were considered to be anything but caring and compassionate. There is no evidence held by the CCG to suggest this is a problem, however if concerns were formally raised this would be fully investigated by the CCG.

Issues related to the LAs fee structures with providers are not for the CCG to comment on. Top up policies are not the business of the NHS. It must be pointed out that the LA has a duty to promote advocacy services and provide support for those individuals going through these complex health and social care process at a time when they are often most vulnerable.

The CCG request that actions for the LA are transparent within the recommendations of the Committees report.

2.9- Page 13

Anecdotal information cannot be verified by the CCG. We are happy to explore specific incidents should the need arise, to ensure families and patients are clear about the processes.

2.10 - Page 14

The Full assessment process

The CCG strongly disagrees with the Committee's statement that the assessment process is "*fundamentally flawed*".

The CCG process follows the National framework and practice guidance and incorrect application has not been demonstrated on review via various means.

2.11 - Page 15

"Multi disciplinary approach to the full assessment for CHC Funding"

The CCG is happy to reconsider how non NHS professionals can be more engaged in this assessment process, ensuring there is no conflict of interest.

The CCG Leads were very concerned to learn that LA staff felt their views were not considered in the decision making process and reportedly feel disillusioned and pressured by CHC assessors. No complaints or issues have been formally raised with the PCT or the CCG and therefore formal investigation of this matter has not taken place to date. Should staff feel this is the case there is a process for them to report to the CCG Leads. The LA has responsibility to follow process to support its staff in such circumstances and open dialogue in the event of such issues should take place to ensure effective working relationships. It is suggested that this matter is formally raised by the LA with the CCG Executive Nurse to ensure all staff are supported at work. The LA should also make clear to their staff what their role is in the MDT process, and if they cannot advocate on behalf of the social needs of the individual they are not effectively representing the needs of their client.

2.12 - Page 16

Comments related to the peer review process are not accepted by the CCG as previously discussed.

The CCG lead Executive has been working effectively with the LA Lead on the planning of a workshop to bring the 2 teams together to facilitate improved relationships.

2.13 - Page 17

"Other issues"
As part of the work across the health and social care economy the CCG is committed to improving discharge processes with all partners, to help improve

flow in and out of hospital. The CCG has agreed to work with partners to review the documentation in place.

The CCG is not aware that the full assessment "will take 16 weeks to complete" this is not agreed.

2.14 - Page 18

"Re-assessment"

The CCG follows the nationally set timelines for review of individuals and their eligibility status. As previously discussed providers or patients and their families may request a reassessment outside of these timelines should needs change.

The current agreed process between both the LA and the PCT now CCG (that was shared with the Committee) follows the same process for reassessment as for initial assessment and unilateral removal of funding is not in place.

This LA is one of few LAs that always provides a Social Worker for every case, whether it is a first or reassessment. This is agreed as best practice nationally, however the LA should ensure that their representatives in this process are clear of their roles and responsibilities in terms of decision making and raising concerns with their managers, via the disputes process when they do not support the decision made by the MDT of which they are an integral part.

2.15 - Page 19

Well managed needs require careful consideration in the assessment process and the evidence collated to support this should be fully considered by the MDT in making their recommendation to the CCG. Nationally, this is recognised as a complex issue and it is important that the assessors gain a full picture of an individual's needs when reaching their professional decision on eligibility. The care homes documentation will be fully considered as part of the assessment and review processes.

It is important to stress that the eligibility for CHC is needs based and not based on a diagnosis whether this be cancer or dementia. The Alzheimer's Society has been lobbying at a high level in this area. At present, a persons needs will form the basis on which the decision of eligibility is made and most of the time the person will require considerable levels of personal and social care to meet their needs as opposed to complex health care support (which is usually in the form of GP, Community Nurses and Mental Health Specialists which are already commissioned by the NHS).

"Appeals and reviews"

The CCG cannot comment on anecdotal information in this format but are willing to speak with individuals who feel they wish to raise concerns.

The CCG has an appeals process and advocacy signposting is integral to this. The CCGs Complex Care recognises this is a complicated and often distressing process and aim to tailor their support with the needs of the individual and/or their family. There are established relationships with Age UK in this process.

2.16 - Page 20

The LA does have a responsibility to support individuals who do not meet eligibility criteria. They can carry out a financial assessment and carer's assessment and can signpost to advocacy services such as Age UK as appropriate. The CCG team do sign post to such advocacy services as part of the assessment process and are always willing to help.

"Effect on LA Care services, Shrewsbury and Telford Hospital Trust, Shropshire Community NHS Trust, Care/Nursing Homes and Domiciliary Care Services"

The LA position on expenditure and austerity measures is for them to plan and is challenging all Local Authorities across England at this time. The CCG has committed to working together where this is lawful to do so to support the needs of the Telford and Wrekin population.

Transitional support from CCG to LA has been provided by both the former PCT and now the CCG as previously discussed; this has been in place to support the LA there is no requirement on the NHS to do this and the CCG will not to be able to continue this indefinitely without challenge from NHS auditors, as recognised by the Committee. The NHS cannot lawfully pay for social care unless as part of an individuals continuing healthcare package.

The CCG is very concerned to read in the report that LA staff feel that their input is not valued. The LA has a duty to formally raise this with the CCG in order for investigation of this claim to be carried out. The LA is failing its staff if they do not support their teams and the CCG.

2.17 - Page 21

Nursing Homes beds have increased in T&W over the past 3 year period therefore there is no reason to suggest that the market is unsustainable. The LA is the biggest user of Nursing home beds and therefore their actions to sustain this should be proactive in nature.

The CCG works on a daily basis with the Hospital Trust to facilitate safe and appropriate discharges and have over the winter period commissioned additional nursing home beds and packages of care in T&W to help improve the flow, working very successfully with LA colleagues on this process

Problems with the delivery of care should be raised with the CCG if the care is NHS funded, or if any vulnerable person is subject to harm via the safeguarding process. Substandard care should be reported to the LA who manages the provider contracts with those who are supported with social care

funding. The CCG and LA work together to promote all aspects of adult safeguarding.

2.18 - Page 22

The CCG is clear that there has been no policy change that would warrant a public consultation in relation to CHC. Each case is individually assessed using national framework and practice guidance. The revised National framework has not significantly changed the eligibility criteria and therefore there is no requirement for the CCG to consult with the public on its use of a national process.

Conclusion

The Committee's view that the assessment process is "fundamentally flawed" is not accepted by the CCG however the CCG is committed and willing to work constructively with the LA teams to re-establish working relationships and processes.

Similarly, there is a willingness to engage with patient groups on explaining processes if required.

Recommendations

The CCG should again point out that that this is a nationally prescribed process and it is not the HoSCommittee's remit to change this - in fact this could lead to a judicial review.

Practice in other areas can be shared to demonstrate best practice if required. It must be stated that the decision of individual's eligibility for NHS CHC is one made by the NHS/CCG following the Department of Health framework.

The CCG is clear there is no requirement for a public consultation on CHC within Telford and Wrekin as this process has already been followed as part of the National Framework and its subsequent revisions by the Department of Health. The CCG is merely following the national process, as it is required to do.

CCG Response to the Recommendations

1. Involving patients and families

Use of "patient opinion" website is welcomed if individuals chose to use this. The CCG PALS service and complaints processes are available for use if required.

2.& 3. Advocacy

Use of advocacy services before checklist may slow down the hospital discharge provision. In most referrals/cases the checklist is completed by a Community Nurse, a Hospital Nurse or Social Worker- outside of the control of the CCG. The CCG can ensure that all referrers are aware of this suggestion through training; however there is a

requirement to carry out the assessment in a timely manner within 28 days therefore this should be timely. This may not be practical.

4. MDT working

The CCG has committed to the workshop approach. The LA must ensure their representatives are aware of their roles and remit within the decision making process. There is space within the national assessment tools to record differences of opinion amongst professionals. Social workers should ensure they take this opportunity if they do not agree with the recommendation made.

5. The names of all professionals are recorded within the National Framework tools.

6. Joint training has already been agreed in the form of a workshop event

7. SPIC to work with CCG on training of care workers.

8 Initial Checklist
The CCG collates this information on its database- already in place.

9. The CCG carries out training for those who complete checklists. Further advocacy can be included in training programmes as required.

10. The Process between SaTH and the CCG for completion of checklists/IHA will be considered as part of health economy discharge planning work that is already planned.

11. Assessment Process.

The CCG cannot change the national framework and develop its own criteria. This is outside the law and would lead to judicial review.

12. The use of panel for decision making constituted in the recommendations is contrary to the guidance in the National framework. This recommendation is not agreed by the CCG or aligned to the national process. The decision on eligibility is a CCG decision based on the recommendation from the individual's MDT.

13. The disputes process will be jointly reviewed by both CCG and LA lead Officers to ensure suitability and then promote use when required.

14. Reassessment Process

The National framework and practice guidance should be followed. There is no requirement to have operational local polices on well managed needs.

15. Appeals Process

The CCG has a database that is in use to store all information.

16. **Advocacy signposting** is included in the CCGs letters to individuals. Providers, such as Age UK, should inform others who use their services of what they have to support them. The process is not a legal one and there is no requirement for legal advice. The CCG treats each case the same regardless of legal representation or not.

17. **The CCG is obliged to have a process** in place to reconsider cases that are appealed. There is no requirement for this to be an independent review at the first stage of appeal. However, the CCG has a Nurse from a Provider Trust – unrelated to the CCG to chair its panel to provide external challenge and scrutiny of its decisions. The second stage in the appeals process is that the individual can request an independent review carried out by the Commissioning Board (previously the Strategic Health Authority).

18.&19. **Funding**

The option to consider joint packages of care has always been available and where appropriate in line with practice guidance the CCG will consider. The CCg though cannot agree to moving funding to national and regional levels as funding decisions are based on individual cases.

20. **The CCG is willing to provide a report to the Health and Wellbeing Board** as required.

21. **For LA to address**

22. **For LA to address**

23. **CCG database has this information.** Not age based though as eligibility is not age but needs based.

24. **Operational processes are to be refreshed.**

Closing comments

The report has little regard for the national process laid down for NHS organisations to adhere to.

There is little regard to the report submitted by the CCG to the Committee prior to its meeting Committee or latterly in submissions.

The CCG considers the report is heavily focussed from the LA perspective and the CCG is concerned that is not usually the stance of a HoSC.

The Committee should note the genuine commitment made by the CCG to progress improved working relationships with the LA, Providers and not withstanding patients and families to ensure an equitable provision.

Christine Morris

Executive Nurse, Lead for Quality and Safety

Telford and Wrekin CCG

29th May 2013